

## USE OF MOBILE PHONES PROCEDURE

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<b>AUTHOR:</b>	██████████ Advancing Clinical Practice Lead
<b>CONSULTATION GROUPS:</b>	Trust wide: Operational Managers Estates & Facilities  Compliance & Risk Team Mobius / Paris Team Pharmacy
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<b>PROCEDURE SUMMARY</b>		
<p>The purpose of this procedure is to identify working arrangements for the use of Mobile Phones within all areas of the Trust for Staff, Patients and Visitors. The widest possible use of mobile phones for Staff, Patients and Visitors will be considered within patient areas: where local risk assessments indicate that such use would not represent a threat to patients' or others own safety and security. Risk Assessments must include use of the operation of electronically sensitive medical devices in critical care situations or where levels of privacy and dignity may be affected. 'Patient' will be the terminology used throughout this document and will refer to a patient, resident or service user.</p>		
<b>The Trust monitors the implementation of and compliance with this procedure in the following ways;</b>		
<p>Auditing for compliance will be undertaken a minimum of 3 yearly by operational managers/leads and the results presented to the appropriate Trust Committee for consideration.</p>		
<b>Services</b>	<b>Applicable</b>	<b>Comments</b>
Trustwide	✓	
Essex MH&LD		
CHS		

**The Director responsible for monitoring and reviewing this procedure is  
Executive Director of Nursing**

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

PROCEDURAL GUIDELINES ON THE USE OF MOBILE PHONES

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PROCEDURAL GUIDELINES ON THE USE OF MOBILE PHONES

1.0 INTRODUCTION

- 1.1 Whenever anyone is in hospital/Nursing Home or within a residential community, day or resource centre setting, communication with family and friends may become an essential element of support and comfort, the widespread use of mobile phones and their integrated functionality such as texting and e-mailing may provide a positive aspect of support.
- 1.2 Mobile phones may have extended functions which include camera, audio and video recording capability, music players, email and internet functions. There is a potential for patients and visitors to use this functionality to take inappropriate photographs, videos or recordings that present potential to interfere with patient dignity and privacy.
- 1.3 In 2016 NHS Protect which was replaced by NHS Counter Fraud Authority in 2017, produced good practice advice in their "Patients Recording NHS staff in Health and Social Care Settings" May 2016 document for use in health and social care settings. The document provides clarification to NHS clinical and non-clinical staff working within health and social care settings on dealing with situations where patients might record their treatment and care. This advice covers both covert and overt recording of consultations. However, it predominantly concerns overt recording as the patient will generally ask NHS staff for permission for recording to take place.
- 1.4 There are no specific legal requirements that govern an individual making a personal recording of their medical consultation or treatment, either overtly or covertly, for their private use. The position may, however, change once a recording is no longer used as a record of the consultation, for example where the recording is disclosed or publicised in a modified way which is not connected to the consultation. This could include an instance where it is designed to cause detriment to or harass another individual captured in the recording. Any such disclosure or publication, depending on the nature and context, may attract a civil action for damages and may also be a criminal offence which **could include an offence contrary to section 1 of the Protection From Harassment Act 1997, an offence contrary to section 4, 4A or 5 of the Public Order Act 1986, an offence contrary to section 1 of the Malicious Communications Act 1988 or an offence contrary to section 127 of the Communications Act 2003.**
- 1.5 In addition, ring tones or music played via mobile phones could disturb others who are trying to recuperate and constant 'chatter' of other patients, visitors or staff on mobile phones may be equally disruptive to those patients wishing to rest. Mobile phones could also potentially interfere with medical equipment and affect their use.

- 1.6 The Trust has designated mobile phone use areas, these are the only areas in which the use of mobile phones is permitted without a risk assessment being completed.

## **2.0 SCOPE**

- 2.1 This procedure applies to all Staff, Patients and Visitors in all areas of the Trust.

## **3.0 DESIGNATED MOBILE PHONE USE AREAS**

### **3.1 Designated Areas**

- 3.1.1 Non patient areas are defined as those areas where there is no patient access.
- 3.1.2 Non patient areas and Trust reception areas are designated as acceptable for mobile phone use, where issues of privacy and dignity and interference with medical equipment can be kept to a minimum.
- 3.1.3 Reception areas are defined as areas where patients and visitors have unlimited access and which are staffed at all times (this does not include ward reception areas).
- 3.1.4 For all other areas, risk assessments must be undertaken to assess whether the use of mobile phones is appropriate. In these areas a sign should be displayed at the area entrance which directs staff, patients and visitors to contact the unit/department/home manager to confirm whether or not mobile phone use is allowed.
- 3.1.5 The possession or use of mobile phones is strictly prohibited to all staff, patients, contractors and visitors entering clinical areas at Brockfield House, Robin Pinto Unit, Woodlea Clinic, Hadleigh Unit, Edward House, Christopher Unit, Larkwood ward. When entering patient areas in these units mobile phones should either be left in staff vehicle, at home or placed in the lockers within the reception area. However, where someone needs use of a mobile phone for work related tasks then permission must be requested via security or in their absence one of the integrated clinical leads/unit coordinator for their authority. For all other not working on any of the secure wards at Brockfield, Robin Pinto, Woodlea Clinic, Hadleigh Unit, Edward House, Christopher Unit and Larkwood ward will now be able to bring their mobile phone into non patient areas only. Staff in Larkwood ward and on Poplar Unit in Rochford must read this procedure in conjunction with the Unit's protocols on the use of Mobile phones.

### **3.2 Risk Assessments**

- 3.2.1 Some patient areas can also be designated as a mobile phone use area. Local Risk Assessments must be undertaken to determine if a patient area is to be designated as a mobile phone use area, using the Trust General Workplace Risk Assessment Form (RM11 Appendix 2) which is on intranet.

- 3.2.2 Any local area designated as a mobile phone use area must be outlined in local Operational Policies.
- 3.2.3 Camera functions, audio or video record functions may not be used in any Trust area. The only exception to this is for staff and teams where a job role or function demands this use and they must seek permission from a senior manager.
- 3.2.4 Any staff member who witnesses the use of such functions must ask the offender to stop, inform a senior manager, complete a Datix incident form and if the offender is a patient, inform their care coordinator or named nurse (where appropriate).
- 3.2.5 The use of camera phones within patient areas or patient's own home risks breaching patient confidentiality. The only exception to this is for staff where a job role or function demands this use for example in community health services staff take photographs of wounds to monitor healing and the Risk Team when conducting inspections and incident follow up work.
- 3.2.6 Patients and Visitors will be made aware of the Trust procedures concerning the use of mobile phones within the patient areas through information leaflets and local posters.

#### **4.0 STAFF USE OF MOBILE PHONES**

##### **4.1 General Use**

- 4.1.1 Secure services have their own mobile phone operational protocols therefore staff, patients and visitors in these services must refer to Use of Mobile Telephone within Secure Services Protocols.SSOP35 and SSOP40 which are on intranet.
- 4.1.2 For all other services staff on duty may use mobile phones for work related issues within mobile phone use designated areas. Staff may also use mobile phones within patient areas, where a local risk assessment has been undertaken, however, consideration must be given to patients who are resting and only in emergency circumstances should a mobile phone be used within earshot of a patient. Staff can use mobile phones for personal use only when on designated breaks except for emergency use as detailed in section 4.1.5 below.
- 4.1.3 All Trust employees must adhere to the law in relation to the use of mobile telephones whilst driving. With effect from December 2003 the hand-held use by a driver of a mobile phone in a car is in direct breach of road traffic regulations. In no circumstances must a mobile phone be used when driving, unless using 'hands-free' equipment. In such circumstances, it is the driver's responsibility to ensure it is safe to make or receive calls, given the driving conditions at the time. They must:-
- Keep calls as short as possible,
  - Avoid complex or emotionally sensitive calls,

- Never hold the phone or send or read a text message.

In general, drivers must endeavour to stop in a safe place to make or receive calls.

- 4.1.4 Staff may not use the camera function, any of the recording functions, or play music within patient areas, unless this falls within their job role to do so.
- 4.1.5 Staff are reminded that the use of mobile phones must be kept to a minimum and for emergency use only. Whilst it is appreciated that family and friends may need to contact you, or you them, under special circumstances (e.g. illness) the use of mobile phones must not in any way impact on the workplace (e.g. workload, distraction to team members, putting private calls before business calls, during engaging and observation of patients).
- 4.1.6 Where special circumstances occur members of staff must liaise with their line management to apprise them of the situation.
- 4.1.7 If a staff member uses their phone inappropriately this will be addressed by their manager through the Conduct & Capability Policy and Procedure HRP27a.
- 4.1.8 If a mobile phone is lost or stolen the phone user will complete a Datix incident reporting form and advise IT and Purchasing department so the phone can be barred. (Guidance on completing this form can be found in the Trust's Adverse Incident Procedural Guidelines CPG3).

## **4.2 Clinical Use**

- 4.2.1 Secure services have their own mobile phone operational protocols therefore staff in these services must refer to secure services mobile phone protocols which are on intranet.
- 4.2.2 Where possible staff are encouraged not to give out individual telephone numbers.
- 4.2.3 If in any circumstances, it is felt necessary for staff to provide a patient or carer with their work mobile phone number and not personal, they must undertake a risk assessment. The assessment must take into consideration how the staff member will ensure that this work number is not used in place of an emergency number and how the staff member will ensure that it is answered even when not on duty.
- 4.2.4 Both the staff member and the patient or carer must agree the conditions for use of their work mobile phone number using the contract for providing a staff work mobile phone number to a patient / carers (Appendix 1).
- 4.2.5 If it is necessary to provide a work contact number the contact centre number must be used or a locally agreed out of hours number. Hours of contact must be made clear to patients/carers and staff as well as

any alternative arrangements and any specific agreements documented in their care plan. The contact centre number is **0300 123 0808**. They provide a messaging service within agreed working hours and will hold all teams contact numbers that connect patients to staff.

#### **4.3 Text Messaging**

- 4.3.1 Any text message sent to or received from a patient, carer or colleague is classified as patient information and must be treated with the same rules around confidentiality as any other patient information / record.
- 4.3.2 All text messages sent to or received from patient or carers must be recorded in the patient notes.
- 4.3.3 The use of text messaging must be risk assessed before being undertaken.

#### **5.0 PATIENT USE IN INPATIENT / NURSING HOME, DAY AND RESOURCE CENTRE AREAS**

- 5.1 Secure services have their own mobile phone operational protocols therefore, staff in these services must refer to secure services mobile phone protocols which are on intranet.
- 5.2 On admission to inpatient ward, Day Treatment services and Resource centers patients must be made aware of the Precautionary Measures in 6.0 on page 8 of this document.
- 5.3 Any mobile phone retained for use by the patient must be used in a designated Trust or locally risk assessed area under agreed conditions.
- 5.4 A copy of the Risk Assessment and the Contract for Patient Use of a Mobile Phone (appendix 2) must be completed and signed by the patient and a member of the Multi-Disciplinary Team (MDT)/Clinical team. Both must be kept within the patients notes.
- 5.5 Risk Assessments for patient use of a mobile phone must include an assessment of the following for individual patient use:
  - Whether the mobile phone is a camera phone
  - Whether the mobile phone has email or internet functionality
  - If the mobile phone is capable of audio / video recording
  - The management and use of charging leads/wires
  - Whether use would represent a threat to patients' own safety or that of others
  - Whether the operation of electrically sensitive medical devices in critical care situations would be affected
  - Whether levels of privacy and dignity would be potentially affected
- 5.6 Extended functions, on any mobile phone cannot be used on Trust premises. Please see below

- 5.7 If it is assessed that a person continually abuses a mobile phone the issue will be re-assessed by the MDT/Clinical team regarding individual use and potentially removed. However, staff will ensure that patient have access to a phone if required e.g. ward phone. In any situation where the staff member in charge considers a breach of confidentiality or potential breach of confidentiality mobile phone use must be reassessed as soon as possible. Any breach of confidentiality must be reported using guidelines as set out in Adverse Incident and Serious Untoward Incidents Policy CP3
- 5.8 Any mobile phone brought in to the inpatient area which is assessed and not agreed for the patient to use will be retained by staff for safekeeping using Trust Policy regarding property (Patient/Client Property and Money Procedure FP09/02) or will be returned home with agreement from the Patient to a relative or friend.

## **6.0 PRECAUTIONARY MEASURES**

### **6.1 Overt patient recordings**

Although we cannot place restrictions on a patient wishing to record notes of a consultation or conversation with a health professional, where it is felt absolutely necessary by the patient to do so, staff should ensure that:

- Any recording is done openly and honestly.
- The recording process itself does not interfere with the consultation process or the treatment or care being administered.
- The patient understands that a note will be made in their health record stating that they have recorded the consultation or care being provided.
- The patient is reminded of the private and confidential nature of the recording and that it is their responsibility to keep it safe and secure.
- Any recording is only made for personal use.

### **6.2 Covert patient recordings**

Although we cannot place restrictions on a patient wishing to covertly record a consultation or conversation with a health professional, where staff are aware that covert recording has occurred they should ensure that:

- The issue is discussed with the patient as per 6.1 above.
- Relevant staff should consider providing patients with a written record summary, and or a verbatim record (if practical) of their consultation for their own personal use
- Patients are advised that they are entitled to see their notes, if they so wish, by informally asking the healthcare professional in charge of the consultation, or to request a paper copy of their medical notes formally through a Subject Access Request (SAR) made under the Data Protection Act 2018.

Patients are given information on how they can complain if they have an issue with their treatment and care, and their attention is drawn to the relevant guidance from the Care Quality Commission (see below) and Information Commissioner's Office.

## **7.0 MOBILE PHONE CHARGERS**



- 7.1 Mobile phones need to be charged via the mains power supply, consequently there may be a ligature / other health and safety risks involving wires. All patient areas must risk assess this activity before mobile phone chargers are used.
- 7.2 Only approved chargers compatible with the make and model of the phone may be used when charging mobile phones on Trust premises. Whether Trust or personal property, the charger must be up to date in relation to portable appliance testing (PAT) before permitted for use. Failure to observe this requirement will contravene Health and Safety Regulations and could place individuals at risk.
- 7.3 To avoid probability or likelihood of leaving devices unplugged medical devices are not to be unplugged to charge phone.
- 7.4 Recent information has also been identified regarding the potential danger of using an electrical device whilst still attached to the mains electricity supply, therefore, mobile phones must not be used whilst still plugged in to the mains electrical supply.

## **8.0 REPORTING BREACHES**

8.1 Any staff member who witnesses the use of video or audio recording which has not been agreed by all concerned must:

- ask the individual to stop
- inform a senior manager
- inform Information Governance leads via completion of a Datix incident form

If the individual is a patient complete Datix incident form and inform also their doctor, named nurse and care co-ordinator (where appropriate).

## **9.0 MONITORING AND REVIEW**

- 9.1 This policy and procedural guideline will be reviewed and monitored for compliance 3 yearly or as required by legislation/best practice guidelines.
- 9.2 Auditing for compliance will be undertaken a minimum of 3 yearly by operational managers/leads and the results presented to the appropriate Trust committee for consideration.
- 9.3 Following an incident where a mobile phone interferes with medical equipment this must be reported on Datix. The Integrated Risk Team will then be responsible for reporting this to the MHRA and NPSA as required.

## **10.0 REFERENCES**

- NHS Protect, Patients recording NHS staff in health and social care settings (March 2016)
- [http://www.cqc.org.uk/sites/default/files/20150212\\_public\\_surveillance\\_leaflet\\_final.pdf](http://www.cqc.org.uk/sites/default/files/20150212_public_surveillance_leaflet_final.pdf)
- Department of Health, 'Using mobile phones in NHS hospitals', (2009)

- [http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_092812.pdf](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_092812.pdf)
- NHS Protect – Misuse of Social Media to Harass, Intimidate or Threaten NHS Staff May 2016.

END

SAMPLE - DO NOT USE