

<b>Policy Number</b>	IT03
<b>Policy Name</b>	Policy and Procedure for the use of Mobile Phones by Service Users in Inpatient Areas
<b>Policy Type</b>	Trust-wide Non-Clinical
<b>Accountable Director</b>	Executive Director of Nursing
<b>Author</b>	Information Governance Manager
<b>Recommending Committee</b>	Joint Senior Information Risk Officer/Caldicott Committee
<b>Approving Committee</b>	Acquisition Steering Group
<b>Date Originally Approved</b>	June 2014 (Reviewed July 2016)
<b>Next Review Date</b>	September 2017

This document is a valid document, however due to organisation change some references to organisations, organisational structures and roles have now been superseded. The table below provides a list of the terminology used in this document and what it has been replaced with. When reading this document please take account of the terminology changes on this front cover

<b>Terminology used in this Document</b>	<b>New terminology when reading this Document</b>
Mersey Care NHS Trust	Mersey Care NHS Foundation Trust
Executive Director of Nursing and care	Executive Director of Nursing
Service/Executive Directors	Lead Executive Director for the Clinical Division and Chief Operating Officer for the Clinical Division
Information Governance Committee	Joint Information Senior Risk Owner/Caldicott Sub committee
Assistant Chief Executive (Complaints Incidents & Legal Management)	Director of Patient Safety

# CORPORATE POLICY AND PROCEDURE FOR THE USE OF MOBILE PHONES BY SERVICE USERS IN IN-PATIENT AREAS

POLICY NO	IT03
RATIFYING COMMITTEE	Corporate Document Review Group
DATE RATIFIED	June 2014
NEXT REVIEW DATE	June 2016

## POLICY STATEMENT:

This policy specifies the intent of the Trust in helping service users maintain freedoms and communication options, but based on risk and security assessments, use of mobile phone technology is limited and controlled within in-patient areas.

This document is presented in a standard structure and format. It will be made available in appropriate, alternative languages and formats on request.

**ACCOUNTABLE DIRECTOR:**  
Executive Director of Nursing and Care

**POLICY AUTHOR:** eGovernance Manager

KEY POLICY ISSUES
<ul style="list-style-type: none"> <li>• Maintaining the safety and privacy of service users.</li> <li>• Limited use of mobile phones within in-patient areas.</li> <li>• Provision of arrangements to ensure service users can communicate with family and friends.</li> </ul>

## Version Control

Version	Date	Author	Approved by	Ratified by
1	8.4.14	L.Yell		Policy Group
2	June 2016	L Yell	Acquisition Steering Group	

# Contents

Section	Page No
<b>1. Introduction</b>	<b>3</b>
1.1 Rationale	3
1.2 Scope	3
1.3 Principles	4
<b>2. Policy</b>	<b>4</b>
2.1 High Secure Services – Secure Division	4
2.2 The Scott Clinic – Secure Division	4
2.3 Low Secure Unit at Rathbone Hospital	4
2.4 Local Service Division	4
2.5 Specialist LD Division	4
<b>3. Corporate Procedure</b>	<b>5</b>
<b>4. Development &amp; Consultation Process</b>	<b>6</b>
<b>5. Reference documents</b>	<b>6</b>
<b>6. Appendices</b>	<b>7</b>

## 1. Introduction

Communication with family and friends becomes an essential element of support and comfort whilst in hospital. 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.

Our working presumption is that generally, service users and carers will access the widest possible use of mobile phones.

The Trust welcomes this guidance to reflect the rapidly developing principles of service user choice in the matter of mobile phone usage. Indeed there are parts of the Trust that have successfully researched the benefits of the use of texting in keeping appointments.

The purpose of this policy is not to reduce the opportunities of communication but to consider the risks involved in relation to this and other expanding functionality, specifically within the in-patient areas.

### 1.1 Rationale

It is important to find a balance between the needs of service users such as:

- promoting positive contact with carers, friends & relatives
- providing a therapeutic environment
- protecting the rights of individuals
- protecting people from abuse
- promoting recovery
- protecting confidentiality
- promoting acceptable standards of behaviour

and to maintain communications and contact with family and friends versus the need to protect people against the misuse of advanced technology.

The primary concerns are about using the camera facility, which threatens both personal and physical security, and privacy of patients/service users and staff.

The following points from the DH Guidance - Using mobile phones in NHS hospitals January 2009, suggest attention, where the local risk assessment indicates that the usage of mobile phones represents a threat to:

- service users' own safety or that of others,
- the levels of privacy and dignity that must be the hallmark of all NHS care.

### 1.2 Scope

1.2.1 The specific purpose of this policy is to detail the exceptions and acceptable use based on both national security requirements and local risk assessments. Therefore this policy applies to:

- High Secure Service – Secure Division
- The Scott Clinic - Secure Division
- The in-patient wards in Local Service Division
- The Specialist Learning Disabilities Division

## 1.3 Principles

1.3.1 This policy is to ensure public and patient safety, ensure our legal duty to respect both a service user's and staff's private life, and to safeguard and promote the welfare of children.

## 2. Policy

### 2.1 High Secure Services

Section 30 of the NHS Safety and Security Directions 2013 and the 'Electronic Devices' section of the Patient's Possessions Policy govern High Secure Services within the Secure Division.

2.1.1 NHS Safety and Security Directions 2013 state at 30. Each hospital authority shall ensure that –

- (a) no patient has a mobile telephone in his possession or access to such a telephone
- (b) no visitor carries a mobile telephone while in any part of the secure area, and
- (c) no member of staff carries a mobile telephone in the secure area unless it is a phone provided by the Trust for Trust business and the Trust security director has authorised the possession in exceptional circumstances.

2.1.2 Patient's Possessions Policy states "Patients are not under any circumstances permitted the following:- Mobile telephones or similar transmitting or receiving device.

### 2.2 The Scott Clinic – Secure Division

2.2.1 Scott Clinic does not allow service users, staff or visitors to use a mobile telephone within the secure environs of the service, to protect privacy and dignity, maintain security considerations, and to minimise disruption to the delivery of care.

### 2.3 Low Secure Unit at Rathbone Hospital – Local Services Division

2.3.1 The Low Secure Unit will provide Service Users with a ward based mobile phone which only has basic communication capabilities of calls and text messages; the mobile phones will not have internet capabilities. Service Users can then insert their own SIM Card to enable them to make telephone calls. Service Users are permitted to use their personal smartphones outside of the Unit on Section 17. The use of personal mobile phones with cameras / voice recording options attached to them are not permitted for the use of taking photographs whilst on the Low Secure Unit ward or within the hospital grounds the rationale for this is to the protection of confidentiality/safeguarding. (Appendix B attached)

### 2.4 Local Services Division

2.4.1 The inpatient facilities will allow the use of mobile phones in accordance with the Local

Services Division protocol (Appendix A attached).

## 2.5 Specialist LD Division

2.5.1 The management and use of mobile phones in accordance with the Specialist LD Division protocol is attached. (Appendix C)

## 3. Corporate Procedure

There is no corporate procedure for Mersey Care NHS Foundation Trust. Each division sets or is set their own practice and procedures. Each procedure should consider the inclusion of:-

- Provision of arrangements for service users to contact family / friends via the telephone.
  - The removal and storage of mobile phones on admission
  - Provision of information for service users and their carers regarding this policy.
- 3.1 The Trust has a legal obligation 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 Human Rights Act 1998 (HRA) enshrines the right to respect for private and family life set out in Article 8 of the European Convention on Human Rights. The HRA makes it unlawful for public authorities (including NHS trusts and NHS Foundation Trusts) to act in a way which is incompatible with the convention.
- 3.2 Service users who wish to retain their phone during the period of admission must agree that they will not take images or recordings of anything or anyone and that the phone will only be used for the purpose of conversation and texts. If a service user refuses to agree to this restriction then the clinical team will need to decide if the service user is allowed to retain their phone.
- 3.3 Service user's who are found to be using or have used their mobile's recording or photographic facility to record or take pictures of another service user or of situations on Trust premises will be asked to delete these images. If they refuse to do so Trust staff will retrieve the phone and delete the images if necessary.
- 3.4 Should staff discover illegal images have been downloaded the police will be informed and will take appropriate action.
- 3.5 Following any such events the phone will be removed and placed in storage until a discussion at the next clinical review takes place. The reasons for removal and subsequent clinical decisions will be discussed with the service user and should be clearly documented in the service users clinical notes.
- 3.6 If visitors are found to be using their recording or photographic facility 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 senior manager who will decide if the situation requires reporting to the police.
- 3.7 To assist staff in working with service users who are detained under the Mental Health Act 1983 it is important to bear in mind that detained service users have the same rights as informal service users to have contact with family and friends through readily accessible telephone facilities.

#### **4 Development, or review of existing, policy and procedure**

This Policy only needs review if there are developments in technology to counter the risk assessments or if the Department of Health issues alternative guidance.

##### **4.1 Policy Ratification**

The Medical/Exec Nurse Director, Patient's Safety Manager will present to the Information Governance Committee which is responsible for ensuring that each policy complies with legal requirements and national guidance.

##### **4.2 Policy distribution**

All staff need be aware of the scope of the policy and local procedures.

#### **5. Development and Consultation process**

5.1 The Department of Health Guidance and Health and Social Care Information Centre prompted this policy and procedure. The following have directed or influenced its progression: Executive Nurse, Medical Director, Assistant Chief Executive (Complaints Incidents & Legal Management), in consultation with the service and security managers.

#### **6. Monitoring Compliance**

6.1 Monitoring of compliance will be undertaken by the Divisions and Patient Safety Committee review of adverse incidents.

#### **7. Duties**

##### **Service/Executive Directors**

- Ensure that service managers have clearly defined responsibilities for managing the confidentiality of service users and staff within their service
- Monitor and review any adverse incidents in relation to this policy

##### **Senior Managers**

- Ensuring staff whom they are responsible for are aware of and adhere to this policy.
- Ensuring staff are updated in regard to any changes in this policy.
- Ensure that all adverse incidents are reported and reviewed.
- Ensuring that staff are aware of their obligations under the Data Protection Act 1998 and keep staff up to date with any changes of additions to the policy.

##### **All staff**

- All employees of the Trust, or staff working in a voluntary capacity, independent contractors must adhere to the current legislative framework and Trust policies.

#### **8. Reference Documents**

Using mobile phones in NHS hospitals January 2009 – This guidance replaces all previous Department of Health mobile phone usage guidance.

The Human Rights Act 1998

Department of Health – Mental Health Code of Practice 1983

Department of Health – High Secure Directions 2013

Health & Social Care Information Centre Guidance 2015

## **LOCAL DIVISION – Mobile Phone Usage Protocol for Inpatient areas**

The Local Division management agrees that patients can use their mobile phones within the inpatient wards providing that:

Subject to a risk assessment, inpatient facilities will allow the use of mobile phones in clearly designated and signposted areas and clearly state where they should not be used.

The inpatient facility will make explicit the rules with regard to mobile phone use. All ward and clinical areas will display visual notices advising that:

1. The mobile phone is set on silence mode especially when sharing sleeping accommodation.
2. Mobile phones should not be used to breach the confidentiality of any other patient or member of staff on the ward this includes photographs and recording conversations.
3. Pictures of other patients or staff should not be downloaded on any type of social networking site.
4. The mobile phone should not be used to make nuisance calls especially to the emergency services
5. If a patient wishes to make a recording of a conversation with a member of staff or MDT meeting this must have clear consent from the all the individual's involved.
6. The trust cannot take any responsibility for the loss or theft of the mobile phone.

If any patient fails to comply with the above regulations the patient will be asked to surrender their phone or to return them home via their visitors.

Confiscation of a mobile phone should be agreed by the nurse in charge at the time and the justification for this clearly documented in the patients notes. As soon as possible this decision should be reviewed by the multi-disciplinary team.

Visitors attending within the ward area will be asked to silence their mobile phones and may be asked to leave the ward if they do not comply.

Staff working on the inpatient areas must not use their mobile phones for personal and private use whilst on duty. Usage by staff can question their concentration on providing care and treatment to patients, as well as infringing their right to have their personal information kept confidential.

**Low Secure Division - Procedure for Supporting Appropriate Use in Ward Areas****1. Service Users**

- 1.1 The use of mobile phones with cameras / voice recording options attached to them are not permitted for the use of taking photographs whilst on the ward or within the hospital grounds. The rationale for this is that a breach of confidentiality/safeguarding could occur in relation to both service users and staff.
- 1.2 Service Users who have this type of mobile phone will be requested to store them in accordance with local procedure for the safe-keeping of patient possessions. It should be explained to them at the earliest opportunity that the Mersey Care NHS Trust recommends that valuable possessions should be returned home or retained for safe keeping. The Trust will not accept responsibility for loss or damage to such possessions. Disclaimers should be signed if the patient is deemed to have capacity.
- 1.3 Service Users' should be advised that there are free phones available for use, and that they may make calls from these phones to call solicitors, benefits office, or any calls which have a direct impact on their care and treatment if they so wish.
- 1.4 The Low Secure Unit will provide Service Users with a ward based mobile phone which only has basic communication capabilities of calls and text messages; the mobile phones will not have internet capabilities. Service Users can then insert their own SIM Card to enable them to make telephone calls. Service Users are permitted to use their personal smartphones outside of the Unit on Section 17 Leave.
- 1.5 Where ever possible, if space permits, a designated space for people to make call in private should be identified.
- 1.6 In order to provide Service User's with a recording facility the Unit will provide a dedicated Dictaphone which Service User's can then download their recording in order to enable them to have an aide memoir.

**2. Visitors to the Ward.**

- 2.1 This includes anyone one not currently working or resident on the ward.
- 2.2 Mobile phones can present a threat to a calm and therapeutic environment
- 2.3 Signs should be available stating that visitors are not permitted to bring mobile phones onto the Unit
- 2.4 Visitors will be advised to leave their mobile phones in lockers provided in reception.
- 2.5 Visitors who are known or suspected to have a phone will be asked to leave the Unit. In circumstances where there is significant grounds to believe that photographs have been taken the police may be informed, where any form of criminal activity is suspected.
- 2.6 Staff should refer to the Guidelines for Visitors to the Ward for further advice should the actions of any visitor raise cause for concern.

### **3 Staff**

- 3.1 Staff are not permitted to bring mobile phones onto the Unit. Lockers will be provided in Reception in which to store staff mobile phones.
- 3.2 Should staff need to be contacted at work they should ensure that people have their ward telephone number.
- 3.3 Staff who are rostered onto an 'on-call' rota will be permitted to bring their mobile phone onto the Unit for their span of 'on-call' duty.

### **4 Managing Inappropriate Use**

It is acknowledged that these guidelines may infringe upon the rights of an individual in order to protect the rights of the wider community.

#### **4.1 Removing a Service Users' personal phone**

4.1.1 If all efforts are unable to persuade the Service User to return the phone home or hand it in for safe keeping, the Service User should be informed that the staff team are empowered by the Trust to retain the phone for safe keeping.

4.1.2 Two staff should be present when a Service Users' property is removed. The reason for removal should be clearly communicated to the patient.

4.1.3 In the event of a Service Users' phone being removed without their consent and a situation that requires restraint is unavoidable, the Management of Violence and Aggression guidelines should be followed.

4.1.4 If a situation involving restraint is unavoidable the Service User should be afforded as much dignity as possible and have an opportunity, after the event to discuss the situation with a member of staff

4.1.5 The phone should be placed in the ward safe, and a record made in the Service Users' clinical notes and a receipt given

4.1.6 An Adverse Incident form / Datix should be completed.

4.1.7 The ward manager/deputy should be informed at the first available opportunity.

4.1.8 If there is reason to suspect that the Service User has or has had access to equipment in which pictures or images are stored the nurse in charge must communicate this to the MDT at the earliest possibility. The MDT will consider the possibility of referral of the matter to the police for their guidance and or action. If this step is taken the patient must be informed.

### **General Points**

- The Trust will not accept responsibility or liability for loss or damage to personal photographic equipment, personal recording equipment or personal mobile phones belonging to staff, service users or visitors

- All ward areas are responsible for displaying information to patients, visitors and staff about these guidelines in a range of community languages/formats.
- The management team will on a regular basis review the frequency of the use of these guidelines and discuss any amendments that may be necessary.

**Protocol for the use of mobile phones.**

This protocol has been produced to give staff guidance on the use of mobile 'phones when on duty within the Specialist LD Division

**1. Protocol**

- 1.1 As part of effective risk management, the Trust introduced mobile 'phones for each ward/flat, which are available for use when service users/patients access escorted community outing. Mobile 'phones are also used as part of On Site service user/patient support duties.
- 1.2 The use of mobile 'phones is to provide a two way communication facility between base and the member of staff undertaking escort duties away from the base. Staff would use the mobile 'phone to either pass on routine information or, if a problem should arise, relevant Clinical Teams can be immediately appraised of a situation and endeavour to offer appropriate support in line with current policies and procedures.
- 1.3 It is therefore necessary that each ward/flat maintain their allocated mobile 'phones in good working order and allocate them as the protocol specifies.
- 1.4 In order to prevent breaches in security use of personal mobile 'phones is prohibited whilst working in clinical areas/attending training sessions/meetings and when working directly with service users/patients.
- 1.5 All service users/patients will be able to access a mobile phone, except in the following situations;
  - They reside within the Medium Secure Service
  - There is a clear clinical rationale underpinned by a risk assessment.
- 1.6 Elsewhere mobile phones will be kept by the service user, unless there is a clinical rationale underpinned by a risk assessment or it is the service user/patients choice. This must be clearly evidenced within their care plan.
- 1.7 In order to maintain confidentiality, dignity and privacy of other service users, staff and visitors smart phones will not be allowed within the LSU, however, smart phones are allowed within enhanced and step down services.
- 1.8 As part of the risk assessment the Multi Disciplinary Team (MDT) may need to consider the following issues, ensuring that their rationale is clearly detailed as a customised risk within the Individual Risk Profile;
  - Risk factors to other service users/patients, staff, visitors or member of the public.
  - Disruption to other service users/patients - constant interruptions from ringing telephones have a potentially anti therapeutic effect.
  - Violation of privacy /dignity of other service users, staff, visitor or member of the public.

- Risk to the service user/patient from others who may wish to use the mobile 'phone (*temporarily or permanently*) or take the mobile 'phone.
- What to do if the phone is damaged, lost or stolen.
- The specific circumstances under which a mobile 'phone can or cannot be used.
- It may be necessary to restrict their use to certain areas that the service users have access.
- Action to be taken if the service user/patient fails to comply with the plan.
- Service user/patient finances.

It may be necessary to confiscate a service user's/patient's mobile phone, if they consistently refuse to comply with any agreements to their use. However this must be clearly documented within the care notes and there must be evidence of regular reviews.

## 2. TRUST MOBILE 'PHONES

- 2.1 All ward areas will have at least one mobile 'phone, located in the office area.
- 2.2 Each day, the Person in Charge of the ward or flat will check each phone is charged by over  $\frac{3}{4}$  of its battery capacity. If it is below  $\frac{3}{4}$  charged, it must be placed on charge with the appropriate adapter in a secure area (*office*).
- 2.3 When going on outings, or when escorting service users/patients, the mobile 'phone will be issued by the Person in Charge of the ward/flat and signed out whilst the receiving nurse will also sign for the 'phone'
- 2.4 Where more than one 'phone is required by the ward/flat, e.g. more than one outing occurring at the same time, arrangements should be made in service to obtain additional 'phones from other wards.
- 2.5 Where a member of staff has a disability that would affect their use of the Trust mobile 'phones provided for use by staff, consideration will be given as to any aids or adaptations that may be required. Any queries/requests can be made to the Trust Equality and Diversity Officer.
- 2.6 When planning service user/patient holiday, provision must be made with the service to provide a mobile 'phone. This request can be made initially by the Person in Charge of the holiday to the respective Clinical Nurse Manager.
- 2.7 **Medium Secure /Low Secure Units**
- 2.7.1 On this area all mobile 'phones are centralised in reception and signed out when required. The same procedure applies but 'phones are issued from reception. Reception personnel are also responsible for recharging, as set out above, maintenance and upkeep.
- 2.7.2 The escort will turn the 'phone on, on receipt of same. They will ensure the 'phone is working before embarking on the outing and must ensure it remains

switched on until completion of the outing (*unless the mobile 'phone holder is the driver – in which case the 'phone should be switched off or handed to another escort*).

2.7.3 On returning from the outing, the Nurse in Charge will sign the 'phone back in and the Reception staff will check there is sufficient charge for its next use. If not, place it on charge.

2.7.4 A copy of all mobile telephone numbers must be available on every ward/house so contact can be maintained if the phone system 'goes down'.

2.8 Mobile 'phones must be switched off when attending Hospitals and Courts.

2.9 Where a reception/signal cannot be obtained for the mobile 'phone, a public 'phone will need to be accessed.

### **3. STAFF PERSONAL MOBILE 'PHONES**

**NB: Staff must not use their own mobile 'phones whilst on duty.**

3.1 Mobile 'phones should not under any circumstances be taken into the Medium Secure Unit or the Low Secure Unit. Lockers are available for staff use.

3.2 Staff personal mobile 'phones are not permitted in any clinical area including Occupational Therapy. It is the responsibility of staff to ensure mobiles are locked in a locker area when visiting a clinical area.

3.3 Use of a mobile 'phone to take images of service users/patients is not permitted

3.4 Staff are reminded that breaches of this procedure may lead to disciplinary action up to and including dismissal.

**NB: Privately owned mobile 'phones remain the property of the owner. If lost, broken or stolen whilst on duty the Trust accepts no responsibility.**

### **4. SERVICE USER ACCESS TO MOBILE PHONES**

- On admission to the MSU, as part of the inventory check, any mobile phones must be removed for safe keeping and the service user reminded that Mobile phones are not allowed in the MSU.

- For new admissions to the LSU, the mobile phone should be removed for safe keeping until a risk assessment can be fully completed. This assessment can be undertaken prior to the service user/patient's admission

- Mobile 'phones should be recorded on the Personal Property Sheet and a receipt given. The phone will be subject to twice daily security checks and recorded on the daily security checklist.

- Staff must also ensure that the service user's family /carers are aware of the telephone arrangements.

- In both situations it must be clearly explained to the service user/patient how they will

access a telephone to contact family and external professionals.

- In order to maintain confidentiality, dignity and privacy of other service users, staff and visitors smart phones will not be allowed within the LSU.
- Use of mobile 'phones by service users/patients must be subject to an assessment of clinical and security risk which must be undertaken by the Multi Disciplinary Team.
- An individualised plan clarifying the circumstances under which the mobile 'phone can be used by the service user/patient must be produced in partnership and approved by the respective Multi Disciplinary Team. This plan must include respecting other people's privacy and dignity and minimising disruption for others. It may be necessary as part of the plan to identify people that the service user/patient has been requested not to contact.
- Wherever possible the service user/patient must be involved /consulted. Where it is agreed by the Multi Disciplinary Team that it is not appropriate for the service user/patient to be involved in the Multi Disciplinary Team Meeting this should be documented in the service user's/patient's notes.
- Where it has been agreed by the Multi Disciplinary Team that it is not appropriate for the service user/patient to have a mobile 'phone, it is the responsibility of the respective Multi Disciplinary Team to feed this information back to the service user/patient at the earliest opportunity and an entry made in the service user's/patient's notes to this effect. This must be reviewed on a regular basis and be clearly linked to individual risk.

## 6. SECURITY

- 6.1 Mobile 'phones that are not properly managed within the service pose a potential security risk, and this risk is heightened if the mobile 'phone loss occurs **within the grounds of a designated secure area**. Minimising the risk will be achieved by an appropriate assessment of clinical and security risk as described.
- 6.2 For the theft or loss of a Trust mobile 'phone the Clinical Nurse Manager must notify the Trust Secretary.
- 6.3 In the event of a mobile 'phone being lost/stolen on or off site it must be reported to the Person in Charge of the ward/department, who will take the following actions:
- If applicable co-ordinate a search of the area.
  - Inform all other areas of the theft/loss of the mobile 'phone. If the phone is located then all areas need to be notified.
  - Obtain statements from any witnesses describing the circumstances around the loss or theft and a description of the mobile 'phone. In the event of the phone being stolen the following information must also be gathered:-
    - Name of alleged offender if known.
    - Description of offender if not known to victim.
    - Location of incident.

- Date and time of incident.
  - Name and addresses of any witnesses.
  - Whether the phone is lost or stolen, if not located within 10 minutes the Nurse in Charge will contact their Clinical Nurse Manager/Department Manager if within office hours or the On Call Clinical Nurse Manager out of office hours, who will authorise the Person in Charge to:
    - Notify the Police to report the loss and obtain a crime reference number.
    - Notify the mobile 'Phone Company' to block the SIM card.
    - Ensure a Ulysses is completed following the investigation and include in the Ulysses the details of the phone, crime reference number and statement.
- 6.4 Where there is a known offender the Nurse in charge of the ward/department will carry out the following:-
- Contact the department/ward of the alleged offender if applicable and inform the Nurse in Charge of the department/ward about the alleged incident.
  - Establish the whereabouts of the alleged offender.
  - Instruct the Person in charge of the alleged offender's ward/ house and attempt to ascertain whether they have the mobile 'phone or know where it is.
- 6.5 Once the above have been established and the evidence suggests that the individual may have been involved in the theft of the phone this information is reported back to the Clinical Nurse Manager/Department Manager, or On Call Manager who will then inform the Head of Operations who will make a decision on any further action.
- 6.6 Where the offender is not known to the victim the Clinical Nurse Manager/Department Manager/On Call Manager will inform all other wards/departments, issuing a description of the individual if known and asking for teams to be vigilant with regards to the missing phone.
- 6.7 Where the offender is not known to the victim the Clinical Nurse Manager/Department Manager/On Call Manager will inform all other wards/departments, issuing a description of the individual if known and asking for teams to be vigilant with regards to the missing phone.
- 6.8 Where a service user/patient has lost or had a mobile 'phone stolen a Multi Disciplinary Team Meeting must be arranged to discuss whether it is appropriate for the service user/patient to purchase another mobile 'phone and whether the circumstances in which the service user/patient can have access to their phone should be amended.

## **7. VISITORS**

Visitors/service users/patients/relatives/contractors etc. are to be informed by the supervising member of staff that the use of mobile 'phones is prohibited whilst in clinical areas.

## **8. SIGNAGE**

- 8.1 In accordance with the Department of Health Recommendations 2007 there is clear signage stating that mobile 'phones must not be used in clinical areas.
- 8.2 Signs will be placed in prominent areas around the site by Facilities personnel.





# Equality and Human Rights Analysis

<b>Title:</b>
<b>Area covered:</b>

<b>What are the intended outcomes of this work?</b> <i>Include outline of objectives and function aims</i>
<b>Who will be affected?</b> <i>e.g. staff, patients, service users etc</i>

<b>Evidence</b>
<b>What evidence have you considered?</b>
<b>Disability (including learning disability)</b>
<b>Sex</b>
<b>Race</b> <i>Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.</i>
<b>Age</b> <i>Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.</i>
<b>Gender reassignment (including transgender)</b> <i>Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.</i>
<b>Sexual orientation</b> <i>Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.</i>
<b>Religion or belief</b> <i>Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.</i>
<b>Pregnancy and maternity</b> <i>Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.</i>
<b>Carers</b> <i>Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.</i>
<b>Other identified groups</b> <i>Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.</i>

**Cross Cutting** *implications to more than 1 protected characteristic*

<b>Human Rights</b>	<b>Is there an impact? How this right could be protected?</b>
<b>Right to life (Article 2)</b>	<i>Use not engaged if Not applicable</i>
<b>Right of freedom from inhuman and degrading treatment (Article 3)</b>	<i>Use supportive of a HRBA if applicable</i>
<b>Right to liberty (Article 5)</b>	
<b>Right to a fair trial (Article 6)</b>	
<b>Right to private and family life (Article 8)</b>	
<b>Right of freedom of religion or belief (Article 9)</b>	
<b>Right to freedom of expression</b> <b>Note: this does not include insulting language such as racism (Article 10)</b>	
<b>Right freedom from discrimination (Article 14)</b>	

**Engagement and Involvement** *detail any engagement and involvement that was completed inputting this together.*


**Summary of Analysis** *This highlights specific areas which indicate whether the whole of the document supports the trust to meet general duties of the Equality Act 2010*

## Eliminate discrimination, harassment and victimisation

## Advance equality of opportunity

## Promote good relations between groups

## What is the overall impact?

## Addressing the impact on equalities

*There needs to be greater consideration re health inequalities and the impact of each individual development /change in relation to the protected characteristics and vulnerable groups*

## Action planning for improvement

Detail in the action plan below the challenges and opportunities you have identified. *Include here any or all of the following, based on your assessment*

- *Plans already under way or in development to address the **challenges** and **priorities** identified.*
- *Arrangements for continued engagement of stakeholders.*
- *Arrangements for continued monitoring and evaluating the policy for its impact on different groups as the policy is implemented (or pilot activity progresses)*
- *Arrangements for embedding findings of the assessment within the wider system, OGDs, other agencies, local service providers and regulatory bodies*
- *Arrangements for publishing the assessment and ensuring relevant colleagues are informed of the results*
- *Arrangements for making information accessible to staff, patients, service users and the public*
- *Arrangements to make sure the assessment contributes to reviews of DH strategic equality objectives.*

## For the record

**Name of persons who carried out this assessment:**

**Date assessment completed:**

**Name of responsible Director:**

**Date assessment was signed:**

# Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their area of responsibility
Monitoring			
Engagement			
Increasing accessibility			