



HPFT

Mobile Phone & Smartphone usage by Service Users and Visitors Policy

HPFT Policy

Version	3
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Target Audience	All staff working in inpatient services and those areas where the use /access to phones is prohibited or restricted

Document on a Page

Title of document	Mobile Phone & Smartphone usage by Service Users and Visitors Policy		
Document Type	Policy		
Ratifying Committee	SBU Quality and Risk Committee		
Version	Issue Date	Review Date	Lead Author
3	04/12/2018	04/12/2021	Team Leader, Forensic Services
Staff need to know about this policy because (complete in 50 words)	Staff need to be aware of this policy to ensure high standards of safety for service users and all staff regarding service user mobile phone usage whilst in HPFT services.		
Staff are encouraged to read the whole policy but I (the Author) have chosen three key messages from the document to share:	<p>1 – All service users should have access to mobile phones unless otherwise stated.</p> <p>2- All Clinical areas have different policies regarding the use of mobile phones by service users, it is essential all staff are aware of this.</p> <p>3 – All mobile phone usage by service users should be clearly documented.</p>		
Summary of significant changes from previous version are:	<p>Section 4 amended under the child protection, line added:</p> <p>If inappropriate images of children were found on a phone that it would need to be reported to the police.</p> <p>New guidance for the use of Trust mobile phones to contact service users/young people</p>		

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PART 1 – Preliminary Issues:

1. Summary

Hertfordshire Partnership University NHS Foundation Trust (the Trust) supports service users maintaining contact with family, carers and friends. Mobile 'phones are an important means of communication for people using the Trust's services.

However, the extended functionality of mobile 'phones (smartphones), which include camera, e-mail, video recording capability and music players has the potential to be intrusive, inappropriate and illegal.

This guidance sets out the Trust's response and action to be taken to ensure the rights of service users and members of staff are protected and to avoid any breaches of the law.

The Department of Health guidance on using mobile 'phones in NHS hospitals was published in 2009. It states that *"patients will be allowed the widest possible use of mobile 'phones in hospitals, including wards, where the local risk assessment indicates that such use would not represent a threat to: patients' own safety or that of others; the operation of electrically sensitive medical devices in critical care situations, the levels of privacy and dignity that must be the hallmark of all NHS care"*.

The [Mental Health Act Code of Practice](#) makes specific reference to email and internet access as well as mobile 'phones. It states that *"many mobile phones have cameras and give access to the internet. This creates potential for the violation of the privacy and dignity of other patients, staff and visitors to the ward, and may constitute a security risk. It would therefore be appropriate to stipulate the circumstances in which photographs and videos can be taken, for example only with specific permission from hospital staff"*.

The Mental Capacity Act (2005) Deprivation of Liberty Code of Practice states that denying social contacts constitutes restraint and therefore is a significant factor as to whether the care and treatment amounts to a deprivation of liberty.

2. Purpose

This guidance offers a legal framework and evidence based guidance with regard to the use of mobile 'phones by service users and their visitors.

The document highlights the issues that can arise due to the use of mobile 'phones, the requirements that need to be in place and the response by staff in order to prevent intrusion to service users and staff.

3. Duties and Responsibilities

The Trust has a responsibility leading from the Board and Chief Executive to ensure effective risk management for service users with regard to their privacy, dignity and safety and provide a suitable infrastructure to establish and continue support for these activities.

The Executive Director of Quality and Safety is the lead director and is directly accountable to the Trust Board.

The Trust's operational management has the responsibility to ensure the implementation of this guidance and compliance throughout the organisation. Service Line Leaders must support the direct care teams with regard to the implementation of this guidance.

Team Leaders must ensure that members of their teams understand their responsibilities within this document, any local guidance and are empowered to challenge the misuse of mobile 'phones.

Team Leaders must also ensure that service users and patients under their care receive an explanation and understand the local procedures on the use of mobile phone within their location.

Individual health and social care professionals should, within their area of responsibility, implement the requirements set out in this document with regard to the use of mobile 'phones and report any concerns. This duty extends to the supervision of all staff when duties are delegated.

4. Legal Considerations

Privacy and Dignity

There is a legal duty to respect a service user's private life. 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.

Therefore, in order to protect fully these rights, the Trust considers the need to take the positive action of putting in place a policy which states that the use of cameras and mobile 'phones with cameras are not permitted in certain areas of the Trust.

Equally, the notion of private life under Article 8 encompasses the right of a service user to establish and develop relationships with other human beings and the outside world.

Therefore, the Trust will consider its duty to protect service users' rights to communicate with the outside world whilst in hospital, including access to alternative forms of communication where the use of mobile 'phones is not to be allowed in certain areas.

Service User Confidentiality

The Information Commissioner's Office states that all public and private organisations (i.e. The Trust) are legally obliged to protect any personal information they hold. In relation to this, any individual who takes a photograph of another individual using the camera on their mobile 'phone, will be processing personal data and must comply with the Data Protection Act 1998 (DPA) in relation to the circumstances in which the photograph is taken and the use of that photograph.

The use of camera 'phones and other photographic devices can result in the creation of sensitive personal data such as the racial or ethnic origin of the individual or information about an individual's mental or physical health.

Where a photograph contains sensitive personal data, it will generally be necessary for the individual being photographed to give their explicit consent to the photograph being taken and they should also be notified of all of the purposes for which the photograph will be used.

Child Protection

The Children Act 2004 places a duty on the Trust to make arrangements for ensuring that their function are discharged having regard to the need to safeguard and promote the welfare of children. The Trust will safeguard and promote the welfare of children, by taking into account that mobile camera 'phones are a potential risk in that inappropriate photographs could be taken either of them, or of confidential information pertaining to them, within a hospital and could be disseminated further.

If inappropriate images of children were found on a mobile 'phone that it would need to be reported to the police.

Mental Health Act Code of Practice

The Mental Health Act Code of Practice outlines the following:

- Individual care plans are fundamental to the appropriate management of disturbed behaviour. Problems may be minimised by promoting the therapeutic culture of the ward or other environment and by identifying and managing problem areas, among such measures includes ensuring that patients (service users) are able to make telephone calls in private wherever possible
- Hospitals should make every effort to support the patient (service user) in making and maintaining contact with family and friends by telephone and to enable such calls to be made with appropriate privacy. Most wards contain coin-operated and or private telephones. Team Leaders should ensure that patients can use them without being overheard. Installing booths or hoods around them may help to provide the necessary level of privacy or being place in a private room. These will need to be risk assessed
- The principles that should underpin hospital or ward policies on all telephone use is that detained patients (service users) are not, of course, free to leave the premises and that individual freedom to communicate with family and friends should therefore be maintained as far as is possible. Any restrictions imposed should be the minimum necessary, so as to ensure that this principle is adhered to. It is unlikely to be appropriate to impose a 'blanket ban' on their use except in units specifically designed to provide enhanced levels of security in order to protect the public
- It is necessary to recognise that each patient (service user) has a right to expect a peaceful environment, and that constant interruptions from ringing telephones have a potentially anti-therapeutic effect
- It may be reasonable to require mobile 'phones to be switched off except where their use is permitted and to restrict their use to designated areas to which detained patients (service users) have access;
- Many mobile 'phones (smartphones) have cameras and give access to the internet. This creates potential for the violation of the privacy and dignity of other patients (service users), staff and visitors to the ward, and may constitute a security risk. It would therefore be appropriate to stipulate the circumstances in which photographs and videos can be taken
- The difficulty in identifying when camera functions are being used may be an additional reason for restricting the areas in which mobile 'phones may be used
- It may be appropriate in certain circumstances to confiscate 'phones from patients (service users) who consistently refuse to comply with the rules
- Any decision to prevent the use of cameras or to confiscate a mobile 'phone should be fully documented and be subject to periodic review
- There should be rules on when staff and visitors can bring mobile 'phones into a secure setting
- Staff need to be fully informed of the hospital's policy, and steps must be taken to communicate it to all patients (service users) and visitors.

5. Risks Associated with the Use of Mobile 'Phones

Restrictions need to be a proportionate response.

The use of mobile 'phone cameras or recording devices can intrude into the lives of other service users, for example the use of cameras and video to take images of service users and staff which:

- Can compromise the dignity and privacy of service users and staff
- Can create sensitive personal data about an individual's mental or physical health
- Can be used as a tool for the harassment and abuse of service users and staff
- Can be used to obtain images of confidential information/sensitive personal data
- Can be transmitted anywhere and to large numbers of people within moments of taking
- Are taken **without** the consent of the individual.

The use of mobile 'phone cameras is seen as an infringement of the service users rights under the Data Protection Act 1998, the Children's Act 2004 and the Human Rights Act 1998.

6. Procedure for Using Mobile Phones on Trust Premises

The working presumption should be that service users will be allowed the widest possible use of mobile 'phones in hospitals, including units/wards, where the local risk assessment indicates that such use would not represent a threat to service users' own safety or that of others.

For inpatient units ', service users should be made aware of the units local mobile 'phone policy prior to admission to the unit. The information should be reinforced on admission through welcome packs, discussion with staff and posters.

Specific guidance for specific units/service is available in Appendix 2 or the relevant operational policy or available on the unit itself.

For outpatients and clinics if there are any restrictions, posters should provide guidance to service users and visitors.

This information should state:

- Any restrictions e.g. where mobile 'phones **cannot be used** in the unit/department, reasons should be given if there are restrictions on the use of mobile 'phones

- Local requirements regarding the **type** of mobile 'phone i.e. if mobile 'phones with a camera and/or recording facilities, are **not** allowed in the unit due to the need to protect each service user's right to respect for his/her private life.

The alternatives facilities provided i.e. pay 'phones with the necessary level of privacy, e.g. hoods around them; access to the internet for e-mails.

Alternatives must take into account an individual's communication needs

Should the mobile 'phone be removed, a receipt must be given and the reasons for the removal entered into the care record. The service user should be asked to delete any recording or photograph which breaches the privacy, dignity and confidentiality of others before it is removed.

The variety of mobile 'phone ring tones can be confused with alarm signals by staff, which could have a direct impact on safety. In this situation, the individual should be asked to change their ring tone or switch to vibrate/silent.

The Trust cannot take responsibility for loss or damage to personal equipment while in the service users' possession including unauthorised use by others.

In some inpatient services, based on the individual's risk assessment, mobile 'phone chargers and their leads could be a risk and may be removed by staff where there are concerns. In these circumstances staff should facilitate the charging of the individual's 'phone. Mobile 'phones require charging via the mains power supply are also required to be PAT tested.

Should an individual not adhere to the guidance in this policy, they will, in the first instance, be asked to refrain from using their 'phone and service users found to be in breach of restrictions identified in section 5 will have their 'phone removed.

An entry of all breaches should be recorded in the appropriate case notes relating to the service user concerned.

Restrictions need to be a proportionate response, pursuing a legitimate aim of protecting the health and safety of the patient and/or others. Alternative options must be considered and valid reasons for restrictions demonstrated in the patients notes.

The clinical team may therefore restrict the use of a mobile 'phone of service users who are assessed not to have the capacity to manage the identified risk for the duration that that risk exists. This should be clearly outlined within their care plan and be reviewed at least weekly during the clinical team review.

Risks include the use of telephones accessing inappropriate numbers or receiving inappropriate telephone calls placing themselves and/or others at risk, in terms of abuse, emotional distress, or the use of numbers to high cost lines, to safeguard the service user.

Complaints arising from the use of mobile 'phones are addressed through the Trust's complaints procedure.

Incidents arising from the use of mobile 'phones should be reported using the Trust's Learning from Incidents procedure.

7. Use of 'phones with medical equipment

Due to the potential for interference with electronic medical equipment, there are restrictions to the use of mobile 'phones in the Trust. Signs will be placed in areas that mobile 'phones cannot be used and they should be switched off in these areas.

8. Guidance for visitors

Visitors in breach of this policy, and specifically section 5, will be asked to delete any such recordings improperly obtained and asked not to use their 'phone for the duration of their visit.

9. Training/Awareness

Trust employees are introduced to this guidance on local induction and their local processes.

This document links to training provided by the Trust, including:

- Clinical risk management of the individual
- Safeguarding vulnerable adults and children.

10. Embedding a culture of Equality & RESPECT

The Trust promotes fairness and RESPECT in relation to the treatment, care & support of service users, carers and staff.

RESPECT means ensuring that the particular needs of 'protected groups' are upheld at all times and individually assessed on entry to the service. This includes the needs of people based on their age, disability, ethnicity, gender, gender reassignment status, relationship status, religion or belief, sexual orientation and in some instances, pregnancy and maternity.

Working in this way builds a culture where service users can flourish and be fully involved in their care and where staff and carers receive appropriate support. Where discrimination, inappropriate behaviour or some other barrier occurs, the Trust expects the full cooperation of staff in addressing and recording these issues through appropriate Trust processes.

Access to and provision of services must therefore take full account of needs relating to all protected groups listed above and care and support for service users, carers and staff should be planned that takes into account individual needs. Where staff need further information regarding these groups, they should speak to their manager or a member of the Trust Inclusion & Engagement team.

Where service users and carers experience barriers to accessing services, the Trust is required to take appropriate remedial action.

11. Process for monitoring compliance with this document

Action:	Lead	Method	Frequency	Report to:
Incidents and complaints with regard to the use of mobile phones by service users and visitors are responded to and monitored following the procedure set down in the Trust Complaints and Learning from Incidents policies.	Team Leader / Matron for the Unit	Investigation following incident or complaint	When incidents and complaints take place or occur	Local practice Governance Groups

12. Version Control

Version	Date of Issue	Author	Status	Comment
V1	24th August 2010	Practice Standards Facilitator	Superseded	Archived
V2	30 th November 2014	Compliance and Risk Manager	Superseded	Full review
V3	4 th December 2018	Team Leader, Forensic services	Current	Full review

13. Archiving Arrangements

All policy documents when no longer in use must be retained for a period of 10 years from the date the document is superseded as set out in the Trust Business and Corporate (Non-Health) Records Retention Schedule available on the Trust Intranet

A database of archived policies is kept as an electronic archive administered by the Compliance and Risk Facilitator. This archive is held on a central server and copies of these archived documents can be obtained from the Compliance and Risk Facilitator on request.

12. Associated Documents

- Audio/Visual Recordings of Service Users for Treatment Policy
- CCTV Policy
- Clinical Risk Assessment and Management of Individual Service Users
- Learning from Incidents
- Mental Health Act Policies and Procedures
- Safe and Supportive Observations of Service Users
- Searching Service Users, their Property and Environments
- Prevention and Management of Physical and Non-Physical Assaults
- Safeguarding Adults from Abuse
- Safeguarding Children

13. Supporting References

- Department of Health (January 2009) Using Mobile 'Phones in NHS Hospitals
- Department of Health (2008) Chapter 15, the Mental Health Act Code of Conduct
- Department of Health (2009) Guidance on provisions to deal with Nuisance or Disturbance Behaviour on NHS Premises in England
- The National Patient Safety Agency, Reported Incidents of Mobile 'Phone Interference on Medical Equipment www.npsa.nhs.uk
- NHS Constitution
- The Human Rights Act 1998

- Data Protection Act 1998
- The Children Act 2004
- Mental Health Act Code of Practice 1983

14. Comments and Feedback – List people/ groups involved in developing the Policy.

Team Leaders	Matrons
Service Line Leads	Directorate Manager for Mental Health Legislation
Information Governance Manager	Health Safety and Security Manager
Practice Governance Leads	Heads of Nursing
Clinical Directors	West SBU Quality & Risk Meeting
East & North SBU Quality & Risk Meeting	LD & F SBU Quality & Risk Meeting

Contract for Service User's Use of a Mobile 'Phone

Service User's

Name.....

Ward/Unit.....

.....

Risk Assessment:

Is the mobile 'phone a camera 'phone which would affect levels of privacy and dignity?

Is the mobile 'phone capable of audio recording?

Does the mobile 'phone have email or internet capabilities?

If yes to any of these, consent is required from the service user that they will not use the mobile 'phone for any of these purposes.

Would use of the mobile 'phone represent a threat to service users' own safety or that of others?

If yes, use must be denied

The above service user has been granted the use of a mobile 'phone subject to the following conditions:

1. That the mobile 'phone will only be used within the designated agreed area
2. That the mobile 'phone will only be used for the purpose of conversations and texts
3. That the mobile 'phone is not charged in any service user area
4. That the mobile 'phone is used subject to any other conditions required by the multi-disciplinary team
5. That the mobile 'phone may be removed if conditions are not abided by

The other conditions are:

.....
.....
.....
.....

I agree to abide by the above conditions

Signed.....

Signed.....

(Service user)

Designation.....
(On behalf of the MDT)

Date.....

Date.....

West SBU Inpatient Units

Acute Assessment Units

- Mobile phones can be used on the unit. Chargers must be left with the staff who will charge your mobile for you.

Acute Day Treatment Units

- Mobile phones can be used on the unit. The ADTU expects you to switch off your mobile phone during sessions

Rehabilitation Units

- Mobile phones are permitted on the rehabilitation units.

For further information see the Adult MH Operational Policies)

East & North SBU Inpatient Units

Forest House Adolescent Unit

- Mobile phones are prohibited on the ward; there is a pay phone available for service users.

Older People Inpatient Units

- Mobile phones are permitted in the Older People Inpatient Units

Learning Disability and Forensic SBU

Eric Shepherd Unit – 4 Bowlers Green (Low Secure Rehabilitation Unit)

- Mobile phones are prohibited on the ward; there is a pay phone available for patients.
- On admission mobile phones are removed and this is recorded in the property book and also in the clinical notes
- Service Users are provided with easy read information on all items that are prohibited
- Service Users would be allowed to use mobile phones are part of their granted unescorted leave as part of their unescorted leave plan. The phone must not be capable of recording, photographing or connecting to the internet. There may also be restrictions relating to numbers which may be contacted while on unescorted leave. These phones would be kept locked away in the ward office and only handed over as the service user is leaving the unit.

(Further guidance is part of the 4 Bowlers Green Operational Policy)

Eric Shepherd Unit – Warren Court (Medium Secure A&T Unit)

- Mobile phones are prohibited on the ward; there are landline telephones available for service users to use.
- On admission mobile phones are removed and this is recorded in the property book and also in the clinical notes
- Service Users are provided with easy read information on all items that are prohibited

(Further guidance is part of the Warren Court Operational Policy)

Oak Psychiatric Intensive Care Unit (PICU)

- Mobile phones are prohibited on the ward; there is a pay phone available for Service Users.

Beech Ward (Low Secure Service)

- Mobile phones are prohibited on the ward; there is a pay phone available for service users.
- Please see appendix 4 for the service users mobile phone contract form.

Specialist Residential Service (Learning Disability)

- There are no generic restrictions on the use or access to mobile phones

Lexden Hospital (Learning Disability)

- Assessment & Treatment and Recovery- Assessed on an individual basis – decision recorded in the care plan and may have specific care plan linked to mobile phone use.

Dove Ward

- Assessed on an individual basis – decision recorded in the care plan and may have specific care plan linked to mobile phone use.

Little Plumstead Hospital

Broadland Clinic (Medium Secure Unit)

- Mobile phones are prohibited on the ward; there are landline telephones available for service users to use.
- On admission mobile phones are removed and this is recorded in the property book and also in the clinical notes
- Service Users are provided with easy read information on all items that are prohibited
- The Broadland Clinic has a local Audio Visual Media and Adult Literature Policy which must be consulted.

Astley Court (Learning Disability)

- Assessed on an individual basis – decision recorded in the care plan and may have specific care plan linked to mobile phone use.

RECORD OF DECISION TO REMOVE A MOBILE PHONE FROM AN INPATIENT

(Detained under Mental Health Act 1983 only)

Name		RT Number	
Date of Removal		Consultant	
Mobile Phone Type		Statement by Consultant in Notes?	Yes / No Date.....
Incident Form Number		MHA Office Notified	
Patient provided with a receipt?	Yes / No Date.....	Section & Date of MHA	
Reason for Removal (Include details of any other action taken or any other agency involvement. Reasons MUST demonstrate reasons for protecting the health and safety of the patient and/or others)			
Next Review Date (maximum one week)		Reviewed by	
Action following review		Patient informed by	
Next Review Date (maximum one week)		Reviewed by	
Action following review		Patient informed by	
Next Review Date (maximum one week)		Reviewed by	
Action following review		Patient informed by	

COPY TO: MEDICAL NOTES / PATIENT / MHL OFFICE

USE OF MOBILE DEVICES/PHONES BY PATIENTS ON BEECH UNIT

1 INTRODUCTION

- 1.1 Beech unit recognises that when a patient is in hospital, communication with family and friends is an essential element of support and comfort. Communication is made easier today with the widespread use of mobile phones and other devices and their integrated functionality.
- 1.2 However, these devices also often provide additional functionality i.e. Information & Communication Technology (ICT) including the capability to access the internet and use camera and video recording functions and music players.
- 1.3 All new policies relating to our patients take into account Deprivation of Liberty (DOL) and incorporate the principles of "best interest" and "least restrictive intervention" whenever possible as per the MHA Code of Practice (2015). However incorporation of DOL guidance needs to be balanced against the potential risk of harm to vulnerable patients (and visitors) from the inappropriate use of mobile devices, e.g. access to detrimental material and/or taking unauthorised photographs or video recordings which could interfere with patient safety, dignity and privacy and compromise patient confidentiality.
- 1.4 In addition, the use of mobile phones can be intrusive and impact adversely on the environment of others. Patients have a right to, and a need for, a peaceful environment, both day and night time, uninterrupted by a number of different ringtones. Also the mobile device/phone chargers can pose a ligature risk.
- 1.5 Therefore it is important that we control/restrict the use of mobile devices/phones/chargers within our hospitals by taking the following factors into consideration:
 - (a) Providing a therapeutic environment.
 - (b) Promoting safety & recovery.
 - (c) Protecting confidentiality.
 - (d) Protecting people from abuse.
 - (e) Protecting the human rights of individuals (including DOL).
 - (f) Promoting socially acceptable standards of behaviour.
 - (g) Promoting positive contact with carers, friends & family.

2 AIM AND SCOPE

- 2.1 This Policy aims to help everyone understand the importance of ensuring that patients remain safe from harm and intrusion, that they are treated with dignity, and enjoy privacy and comfort during their stay on Beech unit.

3 USE OF MOBILE DEVICES/PHONE

- 3.1 Patients will be permitted to keep mobile devices/phones and chargers subject to the satisfactory completion and ongoing review of their individual risk assessment process by the Multi-disciplinary team.
- 3.2 All staff are subject to ongoing training on risk assessment processes & implementation of risk management plans in order to reduce the risk of harm to self and others. Controls may include the removal of all mobile devices/chargers until any identified risks have been

reduced or resolved.

- 3.3 Chargers maybe be removed on admission following a risk assessment and stored by Nursing staff for safe keeping due to the potential ligature risks.
- 3.4 Beech unit encourages all patients to leave their valuables at home. Beech will not be liable for patient valuables or property except where the Mobile device is being stored by Nursing staff in a locked safe as a precaution. In this case the property will be checked and details recorded by two staff in the ward property book.
- 3.5 All Patients must agree to restrictions being placed on the use of mobile devices as follows:
- (a) No use of the recording or photographing facility.
 - (b) No 'ring tone' (silent/vibrate setting).
 - (c) No lending to other patients.
 - (d) Avoid use of social media as breaches of confidentiality pose a risk to the patient and others.
 - (e) Beech will accept no liability for damage or loss of mobile phones.
 - (f) The phone should not be used during therapy/education times.
 - (g) The phone must not be used during meal times.
 - (h) The only mobile phone allowed on the unit will be a Samsung E1 205 and a sim card from tesco
- 3.6 If a patient is observed using their mobile device in breach of these conditions they will be asked to hand their phone in to the Nursing staff for safe keeping. Clear explanations will be given as to why this policy is necessary within the ward environment.
- 3.7 If the patient refuses to comply with the request, then the risks will be assessed and discussed within the ward Multi-disciplinary team. Actions will be agreed and recorded in the patients care plan and discussed with the patient and reviewed regularly. When patients are admitted, staff should assess the risk and appropriateness of patients having access to mobile phones and other electronic devices and this should be detailed in the patient's care plan.
- 3.8 The patient's use of their mobile phone may be closely monitored/supervised if necessary. If however the patient is using their phone for an illegal act or an act that is felt to be detrimental to their mental health it may be necessary to contact the patients Consultant for agreement to remove the mobile phone for an agreed period of time.

4 ADDITIONAL POINTS

- 4.1
- (a) Where mobile phones cannot be used by patients, alternative arrangements (supervised or otherwise) are available through use of payphones or landline.
 - (b) Mobile device theft is commonplace in society. Beech cannot take responsibility for loss or damage to privately-owned equipment while on the premises except when the device has been submitted to staff for safe keeping.

Contract for use of the mobile phone on Beech unit:

- Patients will only be allowed to purchase one mobile phone and this will be a Samsung E1 205.
- Patients will provide their mobile telephone numbers to staff before being issued their phone.
- Patients will give a list of people they wish to have contact with or who will be able to contact them. This list will be kept in the patient's file.
- Patients should not contact other patients across site.
- Patients must not lend their mobile phone to other patients or staff.
- Patients should not take mobile phones to any OT/education sessions or group session on or off the unit.
- Patients must turn off their mobile phones when attending meetings and treatment groups.
- Patients who wish to use or receive calls should go to the designated area of their ward.
- Should the patient damage or lose their mobile phone they should inform staff immediately.
- The patient is personally responsible for keeping their mobile phone in credit: it is not a task to be given to another patient, hospital staff or family members.
- Should patients come across a fire/incident they should not phone the emergency services, they should inform staff immediately.
- Patients will not be allowed to sell mobile phones to other patients or staff.
- Patients will permit the phone history to be examined by hospital staff upon request. Call history should not be deleted without the permission of the staff. Staff will carry out random checks and this will be documented.
- Should a patient wish to change the outer covering of their mobile phone they must inform staff.
- No other SIM cards are allowed to be purchased by patients.
- Staff will confiscate any unauthorised mobile phones found in a patient's possession at the time of random checks.

I understand that if I do not comply with these requirements I may have my use of the mobile phone withdrawn and subsequently reviewed by my clinical team.

Patients Name _____

Signature _____

Date _____

Staff Name:

Signature:

Date:

Guidance for the use of Trust mobile phones to contact service users/young people

Staff that use Trust mobile phones to contact their service users/young people either through text messaging or telephone calls should follow the guidance below to ensure that the safety of the service user is maintained at all times:

- Personal mobile phone numbers **should not** be given to service users/young people.
- Give clear instructions to the service user/young person of the times that the phone will be on. Your answer phone message should also be set with your working hours.
- Record that this information has been communicated to the service user/young person in a clinical entry.
- Any planned leave must be communicated to the service user/young person and inform them that the mobile phone will not be on during this time and remind them to contact the service if needed and record this communication in a clinical entry.
- Ensure that the service user/young person has the team contact details.
- For emergency leave for example, sick leave, contact your service users/young people to inform them that the mobile phone will not be on. This can be done via a text message and include the team number for them to contact should they need to. If this is not possible then the team should make arrangements to contact the service users/young people that use your Trust mobile phone to communicate with you.
- If the emergency leave develops into long term leave, your answer phone message should be changed to reflect this. If this is not possible arrange for the phone to be collected and given to the team to monitor messages received during working hours.

It would be advisable that the team know which service users/young people contact you via a Trust mobile phone, good practice would be for the team to keep a list, therefore minimising the risk of someone not being contacted should you not be available.

	<i>we are...</i>	<i>you feel...</i>
Our Values	Welcoming	✔ Valued as an individual
	Kind	✔ Cared for
	Positive	✔ Supported and included
	Respectful	✔ Listened to and heard
	Professional	✔ Safe and confident

Our  values
Welcoming Kind Positive Respectful Professional