Title:	Mobile Phone Guidance – Staff
Purpose:	To provide guidance and standard operating procedures to staff members on the use and management of the Trust mobile phone estate.
Applicable to:	To all managers and members of staff who have and use a work mobile phone.
Document Author:	Steve Lobb – IG and Records Management Lead Gareth Pitt – Technical Services Manager
Freedom of Information:	This document **can** be released
Ratified by and Date:	Sharon Linter – Director of Nursing 14 May 2018
Review Date:	November 2020 *6 months prior to the expiry date*
Expiry Date:	May 2021 *3 years after ratification unless there are any changes in legislation or changes in clinical practice*
Document library location:	Information Management and IT: Information and Records Management

Related legislation and national guidance:	• Department for Health's Information Governance Toolkit • The International Standards Organisation Standard for Information Security Management, • Confidentiality: NHS Code of Practice • Information Security Management: NHS Code of Practice
Associated Trust Policies and Documents:	• Data Protection • Information Security Policy • Freedom of Information Policy • Policy and Procedure for the Reporting and Management of Accidents, Incidents and Near Misses • Confidentiality Code of Conduct Policy and Procedures • Lone Working Policy
Equality Impact Assessment:	The Equality Impact Assessment Form was completed on 16/01/2018
Training Requirements:	*The organisation trains staff in line with the requirements set out in its training needs analysis and published in its Corporate*

	Curriculum.
	Training which is categorised as statutory or essential must be completed in line with the training needs analysis and Corporate Curriculum.
	Compliance with statutory and essential training is monitored through the Learning and Development team with monthly manager's reports and staff individual training records twice yearly.
	Training reports are also submitted quarterly through the Trust Quality and Governance Committee Meeting.
	Staff failing to complete this training will be accountable and could be subject to disciplinary action.
Monitoring Arrangements:	This policy will be reviewed every three years or earlier if significant changes in mobile phone usage or management occur. Monitoring compliance with this guidance will be via incident reviews.
Implementation:	The guidance will be published on the Intranet and made available to all authorised users of the Trust's computer systems.

Version Control

Version	Date Reviewed	Changes	By Whom
1	8 February 2012	Added Appendix 1	D Watson / Mike Marshall
2	14 February 2015	Minor changes and refresh	R Ward
3	16 January 2018	Minor changes and refresh	S Lobb / G Pitt
This document Replaces:			
IRM/018/15 – Mobile Phone Guidance – Staff			

Contents

Guidance on the Operational Use of Mobile Telephones

1. Introduction

The Trust recognises that mobile phones and devices are an effective form of communication for clinical and operational emergencies. Mobile devices are now often the chosen form of media for many social groups, and many patients receiving services from Cornwall Partnership NHS Foundation Trust (CFT) use mobile devices to maintain contact with their key workers.

The Trust acknowledges that service users already have access to staff work mobile numbers, and that staff store the personal numbers of service users on their works mobile.

However, the use of mobile communication devices also raises a number of information and clinical risks that need to be addressed and managed accordingly.

This guidance applies to standard mobile phones and smartphones.

2. Responsibilities

The Chief Executive is accountable for the management of all communications within the Trust.

The Finance Director is responsible for ensuring that IM&T department manage the mobile phone estate under contract.

The Caldicott Guardian is responsible for ensuring that the confidentiality of service users is not breached through the use of mobile communications.

The Senior Information Risk Owner has responsibility for assessing and implementing appropriate mitigations for any information risks associated with the mobile communications estate.

All Operational Services Managers (Asset Owners) are responsible for the management of mobile devices and the manner in which they are used within their service lines.

Cornwall IT Services (CITS) are responsible for the provision of software and hardware support of all mobile devices for the Trust.

Line Managers are responsible for ensuring that staff are made aware of this guidance and its implementation.

All staff that use mobile devices are responsible for adhering to the requirements of this guidance.

3. General Guidance

Mobile telephones must only be obtained from an approved NHS Supplier and purchased through the IM&T Department.

All models are supplied on a two year contract providing best value. New equipment and recurring costs are charged to the relevant department budget within the Trust.

Trust provided mobile phones should only be used for work purposes. The Trust recognises that

there are some circumstances, such as personal emergencies, when incoming calls may be received.

Outgoing personal calls should only be made in an emergency situation where there is no other option. Consistent personal use of a Trust device will result in HR procedures and any incurred costs being transferred to the employee.

Personal phones must not be used for Trust business unless in an emergency and there is no alternative. Under no circumstances should staff store service user information (telephone numbers, texts, photos) on personal devices, or give personal numbers to service users.

Trust mobile devices that have access to the internet are bound by the Trust IM&T Acceptable Use Policy.

Devices with cameras should only be used in conjunction with the Recordings (Audio and Visual) Policy which is available on the document library.

Trust provided SIM cards must not be removed from Trust mobile phones and inserted into personal mobile phones under any circumstance.

All smartphones must have appropriate security in place which must not be tampered with or changed – Smartphones must be password protected or PIN protected. All Android devices (devices that are not Apple iPhone or Windows phone) must have NHS Mail installed for encryption purposes. Further details can be found on the Intranet or from Cornwall IT Services.

Mobile phones **must not** be operated by a member of staff whilst a vehicle is in motion; this includes using satellite navigation apps. Fixed or hands free car kits are not promoted for purchase and will not be supplied to users with mobiles. Staff prosecuted for mobile phone use whilst driving will not be supported by the Trust in any legal action and may also be subject to disciplinary action.

Before using a mobile phone on a hospital site, employees should check that such usage would not interfere with sensitive equipment. In general, it is preferable to use landlines in such circumstances.

Trust employees are reminded to ensure confidentiality and security is upheld when using mobile phones in public places.

To protect the identity of the mobile phone user, all phones have the facility to switch off their own number transmission to avoid inadvertent disclosure of the mobile number; instructions can be found on the Trust Intranet.

4.   Staff Responsibilities

Mobile numbers should only be given out by the relevant staff member or by their immediate line manager. When a service user, or their carer and family, is given a member of staff's work mobile number, this must be recorded within the appropriate clinical system as a progress note, and tagged as significant. For services using manual records this must be recorded within the health record history sheets.

All service users must be made aware of the purposes and conditions for being provided with staff

work mobile numbers.

All significant contacts by text must be recorded in the patient record. For RiO users this should be entered as a progress note. For services using manual records this should be recorded as a history sheet entry. Texts are legally considered to be part of a patient record.

Staff must not send picture messages to service users, unless there is a valid clinical reason to do so. In the event that a service user sends a picture message (other than for a valid clinical reason) to a staff member, the staff member should advise the service user to refrain from sending such communications as this may result in their number being blocked. Should a team consider that having the ability to do this would be appropriate for their service an appropriate case must be recorded and made to the Service Line Manager. All such messages need to be recorded in the patient record.

Employees should not access their personal mobile phones when on duty as incoming phone calls can impact on the quality of clinical or therapeutic interaction between service users and employees. For non-clinical services, (comfort and lunch breaks should be used for checking personal messages and/or for making calls).

When a staff member is officially working and not on an NHS site, the mobile device should be switched on. This will assist in the security of the individual and lone workers policy. If the staff member is working on an NHS site, and is contactable via alternate routes, the mobile device need not be switched on. Devices can be switched to silent when privacy or non-interruption is needed.

All Trust mobile phones or smartphones must have an active answer phone message explaining that the user is unavailable. The caller must be instructed not to leave an urgent message but to contact the main number applicable to the mobile user.

The example below should be tailored to suit the service need:

"You have reached the messaging service for ……. I am presently unavailable to answer your call. Should you have an urgent query, please call the team office directly on 0123456789 during working hours, or the Trust switchboard on 01208 251300 who will be able to help further".

Staff are required to check their messages during each working day; all messages left by a service user, colleague, manager etc. should be responded to as soon as is practical.

Staff must report loss, theft and damage immediately to the relevant line manager, Cornwall IT Services on 01209 881717 and reported as an incident via the online reporting system. Staff will have to complete an online procurement form to arrange repair\replacement of the mobile phone with relevant Team budget code.

Any abusive messages or texts received on Trust devices should be reported as an incident in line with the Policy and Procedure for the Reporting and Management of Accidents, Incidents and Near Misses.

Staff using a Trust provided smartphone must only install Trust approved apps and a list of these is available on the Intranet.

Staff should not add personal email accounts, or use personal social media apps on Trust

provided smartphones.

Staff who use the hotspot facility should only use this for work based purposes in line with Trust IM&T Acceptable Use Policy. Use of data is monitored; staff will receive an alert when approaching the tariff limit. Excessive data usage may result in additional charges.

Staff must not change any security settings in place on the phone.

5. Manager Responsibilities

The manager is responsible for issuing mobile phones only to employees who need them to carry out the duties of their role.

The manager must recover any issued mobile devices before any user leaves the Trust.

If a smartphone is returned the manager must follow the relevant reassignment guide prior to the staff member leaving to ensure it is securely wiped ready for re issuing. All guides are available on the Intranet.

The manager must inform Finance if a phone is being transferred from one cost centre to another (i.e. when an employee moves from one team to another and takes their phone with them).

Managers are responsible for ensuring that their staff use NHS supplied phones appropriately and to monitor usage.

Managers should assess the risks associated with having Trust or staff devices with recording facilities being used in their services. Particular consideration should be given to inpatient units and short break facilities.

Equality Impact Assessment Proforma Initial Screening

Name of Procedural document to be assessed:		**Mobile Phone Guidance - Staff**	
Section:		Information Management and IT: Information and Records Management	
Officer responsible for the assessment:		Steven Lobb	
Date of Assessment:	16/01/2018	Is this a new or existing procedural document?	E

1. Briefly describe the aims, objectives and purpose of the procedural document.	To provide guidance and standard operating procedures to staff members on the use and management of the Trust mobile phone estate.	
2. Are there any associated objectives of the procedural document? Please explain.	N/A	
3. Who is intended to benefit from this procedural document, and in what way?	All users of Trust issued mobile phones.	
4. What outcomes are wanted from this procedural document?	A consistent and legal approach to handling and using mobile phones.	
5. What factors/forces could contribute/detract from the outcomes?		
6. Who are the main stakeholders in relation to the procedural document?	Staff	
7. Who implements the procedural document, and who is responsible for the procedural document?	All staff and others issued a Trust mobile phone.	
8. Are there concerns that the procedural document **could** have a differential impact on RACIAL groups?	**N**	Please explain Mobile Phone Guidance – Staff does not discriminate on any grounds.

What existing evidence (either presumed or otherwise) do you have for this?		
9. Are there concerns that the procedural document **could** have a differential impact due to GENDER	**N**	Mobile Phone Guidance – Staff does not discriminate on any grounds.
What existing evidence (either presumed or otherwise) do you have for this?		
10. Are there concerns that the policy **could** have a differential impact due to DISABILITY?	**N**	Mobile Phone Guidance – Staff does not discriminate on any grounds.
What existing evidence (either presumed or otherwise) do you have for this?		
11. Are there concerns that the policy **could** have a differential impact due to SEXUAL ORIENTATION?	**N**	Mobile Phone Guidance – Staff does not discriminate on any grounds.
What existing evidence (either presumed or otherwise) do you have for this?		
12. Are there concerns that the procedural document **could** have a differential impact due to their AGE?	**N**	Mobile Phone Guidance – Staff does not discriminate on any grounds.
What existing evidence (either presumed or otherwise) do you have for this?		
13. Are there concerns that the procedural document **could** have a differential impact due to their RELIGIOUS BELIEF?	**N**	Mobile Phone Guidance – Staff does not discriminate on any grounds.
What existing evidence (either presumed or otherwise) do you have for this?		

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14. Are there concerns that the procedural document **could** have a differential impact due to their MARRIAGE OR CIVIL PARTNERSHIP STATUS? (This MUST be considered for employment policies).	N	Mobile Phone Guidance – Staff does not discriminate on any grounds.
What existing evidence (either presumed or otherwise) do you have for this?		
15. Are there concerns that the procedural document **could** have a differential impact due to GENDER REASSIGNMENT OR TRANSGENDER ISSUES?	N	Mobile Phone Guidance – Staff does not discriminate on any grounds.
What existing evidence (either presumed or otherwise) do you have for this?		
16. Are there concerns that the procedural document **could** have a differential impact due to PREGNANCY OR MATERNITY?	N	Mobile Phone Guidance – Staff does not discriminate on any grounds.
What existing evidence (either presumed or otherwise) do you have for this?		

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17. How have the Core Human Rights Values of: • Fairness; • Respect; • Equality; • Dignity; • Autonomy Been considered in the formulation of this procedural document/strategy If they haven't please reconsider the document and amend to incorporate these values.	The organisation requires that the Human Rights of staff, service users and carers are respected. The policy will take into account the Human Rights of all participants, and reinforces the Trust position.

Signed (completing officer) Steven Lobb   Date 16 January 2018

Signed (Service Lead)   Date