

FORENSIC – PATIENT TELEPHONE ACCESS (INCLUDES MOBILE PHONES)

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VALIDITY – All local SOPS should be accessed via the Trust intranet

CHANGE RECORD

Version	Date	Change details
1.0	August 2019	Rewrite
1.1	October 2023	Review and reworking of terminology – Kirsty Colley & Adrian Deakin. Approved at Security Committee (2 October 2023).

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1. INTRODUCTION

Overarching statement

Humber NHS Teaching Foundation Trust does not have a policy to manage the use of phones by patients in its low and medium secure wards. Consequently, this Standard Operating Procedure has been devised to support that activity

Historically, the use of mobile phones by patients at the Humber Centre/Greentrees has been universally forbidden. Until recently this had included use whilst on S17 leave. However, it is acknowledged that this is a blanket restriction, and one without justification. However, there are certain risks attached to the use of mobile phones which mean that universal access may not be appropriate. Consequently it has been agreed that there be an approach which will allow the use of mobile phones by individual patients subject to risk assessment.

Guidance specific to this SOP

Standard 95 for Forensic Mental Health Services: Low and Medium Secure Care (RCP, 2019) requires that "Prohibited, restricted and patient accessible items are risk assessed, controlled and monitored". Standard 26 calls for guidance in the use of electronic devices, such as mobile phones.

Blanket Restriction

Nature and degree of access to telephones will vary across the service. All patients will be able to access a minimum of ward payphones, personal mobile phones and other private access to telephones in rooms in clinical areas of the service. Any exception to this will be by individual risk assessment in line with the Mental Health Act Code of Practice. Some patients will have access to smart phones whilst on leave. Consequently, this SOP does not constitute a blanket restriction.

2. SCOPE

This SOP addresses telephone access by patients in low and medium secure services of the Trust.

3. DUTIES AND RESPONSIBILITIES

Review of SOP – Clinical Network.

Implementation of SOP – ward clinical teams, charge nurses.

Adherence to SOP – all service staff.

4. PROCEDURES

4.1. Ward payphones

There will be a payphone available on all wards for general use.

4.2. Making Private Telephone Calls

- It is acknowledged that ward payphones may not be suitable for making phone calls that the patient would prefer not to be overheard. In such instances there are telephones available in other rooms such as (at the Humber Centre) the Social Room, the meeting room on the Oaks Corridor, the Tribunal Room or (at Pine View) the library, the Annexe Meeting Room.
- Staff will strive to facilitate access to these phones as requested in order to meet any arrangements. Advance notice from the patient will assist in allowing for planning use of the staff resource.

4.3. Mobile Phones

Mobile phones will fall into three categories:

1. Personal phones for use within the unit; these will be limited to the capacity to make calls and send texts. In order to ensure that any phones purchased do not breach any of the requirements of this SOP all requests of purchases of mobile phones must be scrutinised by the security team to verify the specification on the phone, this will be recorded on the electronic patient record. Any phone in the possession of the patient that is not recorded in this way may be placed in safe keeping until the patient is discharged. Purchase will be the responsibility of the patient, with support available from staff if required. Arrangements for storage and management will be the responsibility of ward teams. Phones with audio/photo/video recording capacity will not be allowed. Phones with internet connectivity will not be allowed. Phones with additional 'plug in' memory (e.g. SD cards) will not be allowed.
2. Personal phones for use in the grounds and community; the type and capabilities of these will be agreed by the MDT (e.g. internet capability, photographing, video recording, etc.). These are for use outside the secure perimeter only. These will be securely stored and charged on wards. Issue for use will be via the 'sharps' process, i.e. signed out/in and the phones will be given to the patient/taken from the patient in the airlock, in order to ensure that there is no opportunity for use within the unit.
3. Provided by the service for use in the grounds and community; these will be limited to the capacity to make 999 calls and to the receptions at the Humber Centre and Pine View. SIM cards will be covered with tamper-proof tape to ensure that they have not been removed/replaced. Phones with audio/photo/video recording capacity will not be used. Phones with internet connectivity will not be used. Phones with additional 'plug in' memory (e.g. SD cards) will not be used. These phones will be stored and charged in reception.

4.4. Risk Assessment and Management

- Clinical teams will assess the risks associated with the use of mobile phones, with reference to offending histories and known risk behaviours of individual patients. This will inform the suitability of access to such equipment, and any requirement for individual management approaches.
- It may be an individualised requirement to make time or geographical restrictions for access.
- Patients proceeding on leave may choose to use their own mobile phone or a service-issued mobile phone. Whichever is used, that phone number will be recorded on the leave sheet so that the patient can be contacted if necessary.
- Each patient's mobile phone number will be recorded in the electronic patient record and on the Missing Person Information and Patient alert form (section 17 Other Information).

4.5. Charging

- Charging category '1' phones (patient use inside the unit) will normally be the responsibility of the patient and done in the patient's bedroom. There may be individual exceptions to this.
- Charging category '2' phones (patient use in the grounds) will be done by staff on behalf of patients. There will be no exceptions to this.
- Chargers will be issued/returned via the 'sharps' process. They will not be in permanent possession of any patient.
- If risk assessment indicates that even temporary possession of a charger is not appropriate for an individual patient, then charging will be undertaken by ward staff.
- Charging category "3" phones (Provided by the service for use in the grounds and community) will be done by reception staff in the reception area. There are no exceptions to this.

4.6. Payment

- An assessment of capacity must be made when considering the patient's ability to manage payment for mobile phone use. This may need to be included in any considerations regarding a patient's ability to manage their own finances and consequent best interest decisions.
- The type of payment option used will be the decision of the patient, (contract or 'pay-as-you-go').
- As far as possible, patient will be supported in making their own arrangements for payment. It is acknowledged that some patients will need more support than others with this. It may be appropriate to gain the help and support of family members or carers in this activity.
- Staff will not be in possession of any account or financial details such as PIN numbers, etc. Staff will not make financial transactions on the patient's behalf.

4.7. Withdrawal

- Revised risk assessment may require that the nature and degree of mobile phone access is varied. This may include complete cessation of access. In that case the mobile phone belonging to that patient becomes a 'controlled item' and can be removed and securely stored (this may include the need to search for the mobile phone in accordance with the Trust's Search Policy).
- Continued limit to/denial of access will, thereafter, be reviewed within the normal MDT/CPA process.

4.8. Variations of this Procedure in Individual Cases

- MHA Code of Practice Paragraph 8.8 reads as follows:
"Within secure service settings some restrictions may form part of a broader package of physical, procedural and relational security measures associated with an individual's identified need for enhanced security in order to manage high levels of risk to other patients, staff and members of the public. The individual's need for such security measures should be justified to meet the admission criteria for any secure service. In any event, the application of security measures should be based on the needs of and identified risks for individual patients, and impose the least restriction possible. Where individual patients in secure services are assessed as not requiring certain security measures, consideration should be given to relaxing their application, where this will not compromise the overall security of the service. Where this is not possible, consideration should also be given as to whether the patient should more appropriately be managed in a service that operates under conditions of lesser security".
- There may also be cases when additional measures to those usually applied on a ward are necessary.
- Any variation from this SOP or a WSP will be agreed as part of an MDT decision and sanctioned at the weekly Risk Management meeting. It will be fully recorded in clinical notes, and the variation to routine practice will be described in an MDT Care Plan.
- Variation may include permanent possession of smartphones by patients at South West Lodge.

5. REFERENCES

MHA Code of Practice (DoH, 2015)
Mental Capacity Act (DfCA, 2005)

Standards for Forensic Mental Health Services: Low and Medium Secure Care – Third Edition (RCP, 2019)

The Best Practice Guidance: specifications for adult medium-secure services (DoH, 2007)

Brief guide: Use of 'blanket restrictions' in mental health wards (Care Quality Commission, 2017)