

## STANDARD OPERATING PROCEDURE MOBILE PHONE USE ON INPATIENT UNITS (NON-SECURE)

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

### CHANGE RECORD

Version	Date	Change details
1.0	12 April 2024	New SOP. Approved at Mental Health Legislation Steering Group (17 April 2024).

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## 1. INTRODUCTION

### **Mental Health Act Code of Practice 2015 Guiding Principles**

It is essential that all those undertaking the functions under the Mental Health Act 1983 (MHA) understand the five sets of overarching principles which should always be considered when making decisions in relation to care, support or treatment provided under the Act.

The five overarching principles are:

1. **Least restrictive option and maximising independence** - Where it is possible to treat a patient safely and lawfully without detaining them under the Act, the patient should not be detained. Wherever possible a patient's independence should be encouraged and supported with a focus on promoting recovery wherever possible.
2. **Empowerment and involvement** - Patients should be fully involved in decisions about care, support and treatment. The views of families, carers and others, if appropriate, should be fully considered when taking decisions. Where decisions are taken which are contradictory to views expressed, professionals should explain the reasons for this.
3. **Respect and dignity** - Patients, their families and carers should be treated with respect and dignity and listened to by professionals.
4. **Purpose and effectiveness** - Decisions about care and treatment should be appropriate to the patient, with clear therapeutic aims, promote recovery and should be performed to current national guidelines and/or current, available best practice guidelines.
5. **Efficiency and equity** - Providers, commissioners and other relevant organisations should work together to ensure that the quality of commissioning and provision of mental healthcare services are of high quality and are given equal priority to physical health and social care services. All relevant services should work together to facilitate timely, safe and supportive discharge from detention. Staff must apply all the principles to all decisions.

All five sets of principles are of equal importance, and should inform any decision made under the Act. The weight given to each principle in reaching a particular decision will need to be balanced in different ways according to the circumstances and nature of each particular decision.

Any decision to depart from the directions of the policy and the Code of Practice must be justified and documented accordingly in the patient's case notes. Staff should be aware that there is a statutory duty for these reasons to be cogent and appropriate in individual circumstances.

All decisions must be lawful and informed by good professional practice. Lawfulness necessarily includes compliance with the Human Rights Act 1998 (HRA) and Equality Act 2010.

Article 8 of the European Convention of Human Rights requires public authorities to respect a person's right to a private life; this includes people detained under the Act. Privacy, safety and dignity are important components of a therapeutic environment. Communication with family and friends is an essential element of support, recovery, and comfort for people who use our services either in hospital or whilst receiving care as from community teams.

Modern technology has made communication easy particularly with mobile devices having extended functions, access to Wi-Fi and mobile data, including camera and video and audio recording capability. The potential exists for people to use mobile devices in such a way that the confidentiality, dignity and privacy of a vulnerable person is compromised.

Hospital restrictions on the use of mobile devices including access to the internet and social media could breach Article 8, if these restrictions cannot be justified as necessary and proportionate to risks identified for individuals.

Mobile devices and access to NHS Wi-Fi must be used in a way which respects other people's privacy, dignity and confidentiality. Staff should be mindful of enabling patients, staff and visitors to have appropriate access to mobile devices whilst at the same time protecting against the misuse of such technology.

This SOP has been developed in accordance with the following documents; Using Mobile Phones in NHS hospitals, Department of Health 2009, Mental Health Act Code of Practice 2015

Patients who use their mobile device in hospital must not:

- Take anyone's photo without permission, including staff or people in the background of the photos e.g. in busy waiting areas. It is important to remember that taking a photo or video could breach another patient's privacy and cause them distress.
- Make video calls in a way that means the other person can see any other patients, visitors or staff members.
- Make calls or use their phone in a way that disturbs other patients.

Using Mobile Phones in NHS hospitals, Department of Health 2009

### **Aims**

The purpose of this SOP is to provide clear guidance on the use of mobile devices and access to NHS Wi-Fi for people who use our services, visitors and staff, and to clarify the Trust's expectation of staff in relation to safeguarding the rights of people who use our services by ensuring that mobile devices and NHS Wi-Fi are used appropriately, and where this is in doubt that action is taken to protect confidentiality and the right to privacy and dignity.

The SOP aims to strike a balance between the confidentiality and right to privacy of individuals and the need to protect vulnerable adults, maintaining their health and safety in terms of safeguarding them from potential abuse.

### **Overarching statement**

All patients will be permitted to use their personal mobile phones whilst in hospital. Any exception to this will be by individual risk assessment in line with the Mental Health Act Code of Practice.

It is important to ensure patients maintain communications and contact with family and friends whilst protecting people against the misuse of advanced technology.

## **2. SCOPE**

This SOP addresses telephone / electronic device access by patients and visitors in all Mental Health and Learning Disability Units across the Trust with the exception of low and medium secure services which have their own SOP, which describes a more restrictive approach in order to meet the specific needs of the client group.

## **3. DUTIES AND RESPONSIBILITIES**

### **Chief Executive**

The chief executive will ensure that systems are in place and regularly monitored to ensure that all inpatient units ensure the appropriate use of mobile phone and electronic devices.

### **Chief Operating Officer**

The chief operating officer has responsibility to ensure that this SOP is understood and adhered to by all clinical staff, and that all the processes and allocation of resources are in place to ensure the SOP is fully implemented.

### **Divisional General Manager and Clinical Lead**

The divisional general managers and Clinical Leads will ensure that all staff are aware of this SOP and operate within it. Divisions will have a forum within its governance arrangements that addresses the issues described in this SOP, most notably for the reduction of restrictive practices and interventions.

### **Matrons and Unit managers:**

The Matrons and Unit Managers will ensure:

- That people who use our inpatient services are aware and familiar with the SOP and adhere to the principles set out.
- Information explaining the use of mobile devices will be displayed in each unit and discussed with people on admission to inpatient units.
- Wherever possible, the least restrictive option principle shall be observed in order to maximise patient independence and experience.
- Where an individual needs a greater degree of restriction than is usually observed in a particular ward, this is risk assessed, discussed with the patient, clearly documented and reviewed.
- Secure facilities are used appropriately to ensure that equipment is safely stored for the duration of an in-patient stay.

### **Inpatient Staff:**

It is the responsibility of Trust staff to ensure that people who use our services and visitors comply with the SOP. Staff should ensure that own personal mobile devices are not used in clinical or ward areas where they may disturb others or interfere with the provision of healthcare services. Devices left in staffroom lockers should be turned off or set to silent to avoid disturbance.

## **4. PROCEDURES**

Patients, visitors and staff can use their mobile devices to access NHS Wi-Fi but are prohibited from accessing or downloading access to illegal or what would otherwise be considered inappropriate material, e.g. pornography, gambling or websites promoting violence, abuse or hate. (CoP 8.21).

People admitted to inpatient settings have the right to expect a peaceful environment and the noise of others using mobile devices may have a potentially anti-therapeutic effect. As a result there is an expectation that noise from mobile devices will be kept to a minimum whilst in the communal areas of the ward as not to disturb other people.

### **4.1. On admission**

All persons admitted to acute inpatient services will be asked if they have a mobile device charging cable in their possession and if so, these will not be permitted on the unit.

Mobile device charging cables have a ligature risk associated with them and are easy items to get lost and stolen; there is also a need for PAT testing. On admission, patients will be given a Trust charger and short cable for charging their mobile device in their room for the duration of their admission.

NB. For young people admitted to Inspire they are encouraged to have their phones charged in the nursing office (see 4.10).

On admission, patients will be asked to agree to the following guidelines regarding use of their mobile phone:

- No use of the recording or photography facility in communal areas / not to take pictures of staff, other peers, clinical areas and/or clinical information.
- To have equipment on a silent setting except in own bedrooms
- Not to use equipment during therapeutic activities

- Take steps to keep the phone safe and secure at all times.
- Not to lend equipment to other patients
- Not to use for telephone calls in communal areas.
- Not to use to encourage self-harm.
- Not to use to obtain illegal/contraband items.
- Never download inappropriate/illegal images

This may need to be repeated for patients who have fluctuating capacity. Visitors will be informed on their first visit and will be expected to follow the same guidelines. The guidelines will be displayed in the ward area to prevent the necessity for repeating this information on a regular basis. (Appendix 4 - You and your phone / tablet / laptop on the ward – is a useful aid to give out to patients.

If a patient refuses to agree to this restriction the team will need to decide if the patient is allowed to retain their phone. Alternatives will be discussed at the time.

On admission, or as soon as possible the patient will be advised that the trust is not responsible for the loss or damage to mobile phones or other property while on trust premises and that storage of any valuable items can be provided during their stay.

Patients who do not have a mobile phone will be able to access a mobile handset located in the ward office. There will be an iPad available for facilitating video calling with family and friends as required.

#### **4.2. Use of Social Media and Live Streaming**

Use of social media - live broadcast video (live streaming) - on mobile devices and NHS Wi-Fi will not be permitted in communal areas. Patients / visitors must take into account the privacy of others and respect their confidentiality and non-disclosure of personal information or images without explicit consent of those persons identified.

Patients are asked to not search for or contact staff through social media. Staff are encouraged to report such incidents through the Trusts' DATIX incident reporting procedures.

Patients are also asked to not post about their hospital admission or identify peers or staff online.

#### **4.3. Misuse of electronic devices:**

It should be noted that there is no technical way to enforce the disabling of camera, video and recording in a mobile device . If there are concerns in regards to the misuse of mobile phones, in the first instance the patient will be asked to delete any photos' or videos which are deemed inappropriate within the use of mobile devices in inpatient units.

If the person refuses to do this the mobile device will be removed and in some cases not returned to the person unless the recordings / photographs are deleted.

A risk assessment should be undertaken which may result in the phone being removed. Where this action is taken a clear explanation will be given to the patient and their carer / significant other (where appropriate) and should be clearly documented in the service user's clinical notes.

The nursing staff will care plan phone use for individual patients. Individual care plans are fundamental to the appropriate care and treatment of service users and how they safely access and utilise their mobile phones. Any restrictions imposed should be the minimum necessary and ensure this is not a blanket restriction on the ward.

All instances of restricting a patient's use of their mobile device or intervention to manage the misuse should be a decision made as part of the multi-disciplinary team, and include an assessment of risk, assessment of capacity and/or agreement with the patient.

NB. There is a different arrangement in place for patients admitted to Inspire (see 4.10).

If a person is suspected of downloading images of an abusive/illegal nature - consider removing the mobile device from the person and contact the Police. The downloaded images must not be deleted as this could potentially be destroying criminal evidence.

An adverse incident form must be completed by staff so that any action arising can be considered by Senior Managers and incidents involving mobile phones and electronic devices can be monitored.

#### **4.4. Mental Capacity**

If there is concern about a person admitted to an inpatient setting having capacity to retain their mobile device on their person a Mental Capacity Act assessment should be undertaken. In the case of people who use services assessed as having fluctuating capacity information should be repeated using different formats to maximise the possibility of gaining understanding.

If the (best interest) decision is made that the person does not have capacity to retain their mobile device on their person then this will be sensitively removed from their person and stored securely and the decision documented in the patient's electronic care record.

If the decision is made in the best interest of the patient, this should be clearly documented on the best interest document and those restrictions care planned, with the service users and/or family / carer / significant other involvement where appropriate. Capacity should be regularly reviewed to ascertain the earliest opportunity for the patient to have their phone returned to them.

A care plan may include supervised or limited use of mobile phone. If the decision is made to remove a patient's phone, ideally it should be given to the carer or relative for safekeeping, alternatively it must be placed in storage until the patient is granted leave, or until the person regains capacity to retain their phone, or is discharged from the ward.

In the event that a media device is removed from any patient this must only be done so when absolutely necessary and only where there is a risk to self or others which cannot be managed in a less restrictive way.

If a patient's equipment is removed, the reasons for the removal must be fully documented in the patient's electronic care record, until discussion at the next clinical review. It should also be added to the patient's care plan with information about how often the decision will be revisited.

Where a breach of patient's rights, to privacy and dignity, has occurred a safeguarding referral would need to be considered and a datix completed.

Patients should be advised of alternatives such as ward mobile phones / handsets / iPads when needing to communicate with relatives and other services such as community staff, advocates etc. The patient's personal phone may be replaced by themselves or family / significant other with one limited to the capacity to make calls and send texts or alternative arrangements made.

#### **4.5. People detained under the Mental Health Act**

It is recognised that there may be risks in respect of detained patients due to their mental ill health making frequent and numerous phone calls to the police, local politicians, newspapers etc or receiving inappropriate phone calls which may place themselves and/or others at risk.

Consideration to remove a mobile device should be given in respect to those persons detained under the Mental Health Act who may make calls to high cost lines, resulting in them receiving costly telephone bills which they may be unable to pay. Safeguarding and mental health legislation lead should be involved in any such discussions.

Restrictions need to be a proportionate response pursuing a legitimate aim of protecting the health and safety of the person or others. Alternative options must be considered and valid reasons for restrictions demonstrated in the person's risk assessment and subsequent care plan.

#### 4.6. Additional Considerations

Particular considerations for services relate to the application of this SOP with respect to protected characteristics under the Equality Act 2010. In particular:

- **Race** - where mobile devices and access to NHS Wi-Fi may aid communication for those for whom English is not their first language and enable them to remain in contact with friends/family who speak the same language.
- **Religion or belief & non-belief** - Patients with a recorded faith, religion, or belief may want to access information/advice or support online to help them in hospital. Help accessing suitable resources online can be sought from the Chaplaincy team who can also advise about detrimental / radical material online.
- **Disability** - where mobile devices and access to NHS Wi-Fi may be used as an aid to communication by those with various disabilities e.g. access to written information for those with hearing difficulties

#### 4.7. Visitors

Visitors will be asked to follow the guidelines laid out in this SOP. Visitors will be asked to leave the ward area should they need to use their phone in order to maintain a therapeutic environment.

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 discussed with the MDT to decide if the situation requires reporting to the police.

In the event of a visitor refusing to respect the requirements of this SOP they will be asked to leave the clinical area and the multi-disciplinary team may decide to refuse entry to future visits unless they adhere to the restrictions.

An adverse incident form must be completed to record the incident.

#### 4.8. Charging Mobile Phones

On admission, patients will be given a Trust charger and short cable for charging their mobile device in their room for the duration of their admission (see 4.1).

NB. For young people admitted to Inspire they are encouraged to have their phones charged in the nursing office (see 4.10).

#### 4.9. Mobile Devices as a Recording Device in Inpatient AND Community Settings

A person in receipt of care does not need permission to record a medical consultation unlike NHS practitioners. Such recordings made for the purposes of the meeting either covertly or overtly to keep a personal record of what was said during a consultation are deemed to constitute personal "note taking" and are therefore permissible. While a person does not require permission to record a consultation, common courtesy would suggest that permission should be sought in most cases.

For further information please see Trust Procedure - [Photographing Video and Audio Recording Procedure Proc460.pdf \(humber.nhs.uk\)](#)

#### 4.10. Use of mobile phones at Inspire

It is important to differentiate the needs of young people to those in adult inpatient wards. There is a need to maintain the balance between competing needs of:

- ❖ Protecting confidentiality of young people
- ❖ Protecting vulnerable individuals from abuse
- ❖ Protecting the rights of individuals
- ❖ Providing a therapeutic environment, and maintaining routine
- ❖ Promoting maintenance of relationships outside of the unit.



On admission, young people will be asked to agree to the following guidelines and sign an agreement (see Appendix 1):

- ❖ Not to have other young people's mobile number or social media (inc snapchat and tiktok)
- ❖ Not to use the recording or photography facility in communal areas (bedroom only)
- ❖ To have equipment on a silent setting
- ❖ Not to use equipment during planned activities and education
- ❖ Not to lend equipment to other patients

To assist with engagement with the planned therapeutic timetable and promoting sleep hygiene, staff at Inspire will charge patients' phone on a night-time for them, to enable the young people to get a positive night's sleep with less distraction. If patients' phone has poor charge the nursing team will facilitate planned charge time during the day.

Should there be a need for the young person to speak to their parents / carers during the night, and this is appropriate to do so, the nursing team will endeavour to facilitate this.

The following guidance will be shared with patients and displayed for reference on the unit:

- ❖ Phone calls to be made in chill out / GSL / games room / bedroom.
- ❖ Mobile phones to be kept on person or stored in the ward office when not in use.
- ❖ Phones to be handed into the nursing office overnight for charging.
- ❖ Patients are asked not to take pictures of staff, clinical areas and/or clinical information.

The nursing staff will care plan phone use for individual needs where there are concerns in regard to the way the young person uses or needs their mobile phone.

If patients are unable to use their electronic device appropriately, they will be reminded of the agreement in the form of a warning, and if after a third reminder / warning the patient is still unable to use it appropriately, the device will not be charged/handed over to them. Appendix 2 (Diversion from the rules) describes the process. This will then be reviewed with the patient, their parents / carers, and the team at Inspire.

Appendix 3 highlights ways in which young people can stay safe online, the care team will go through this with each patient.

## 5. REFERENCES

MHA Code of Practice (Department of Health, 2015)

Mental Capacity Act Code of Practice (Department for Constitutional Affairs, 2005)

Human Rights Act 1998

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

[Use of mobile devices by patients in hospitals - NHSE Transformation Directorate](#)

Mobile Devices and Access to NHS Wi-Fi in the Care Environment Policy (Devon Partnership NHS Trust)

Mobile Phone Policy for Service Users and Visitors, East London NHS Foundation Trust

[Photographing Video and Audio Recording Procedure Proc460.pdf \(humber.nhs.uk\)](#)

## APPENDIX 1 – MANAGEMENT OF MOBILE PHONE CONTRACT

### Guidance for use of mobile phones

- Phone calls to be made in chill out/GSL/games room/bedroom.
- Mobile phones to be kept on my person or in the nursing office when not in use.
- My phone will be charged overnight in the nursing office, to promote sleep hygiene.
- Young people to hand in all electronic devices by 10pm on weekdays or 11pm on weekends (unless otherwise care-planned).
- I will not record or take photographs in communal areas of the ward.
- My phone will be set to silent/low.
- I will not use my phone during therapeutic activities and education.
- I will not let other peers use my phone.
- I will not use my phone to charge a peer's phone.
- I will let staff know if I lose or damage my phone.
- I will not have other peers' numbers or social media accounts whilst at Inspire.

**I understand that if I do not adhere to the above guidance, I may have the use of my mobile phone withdrawn by staff and a review will be undertaken at the next MDT meeting.**

<b>Signed:</b>	<b>Service user name:</b>	
<b>Date:</b>	<b>Staff member:</b>	

## APPENDIX 2 – DIVERSION FROM THE RULES

Name	Verbal warning	Written warning	Removal of phone
	Date of warning: Staff name: Diversion from the rules:	Date of warning: Staff name: Diversion from the rules:  Letter completed by: Date letter sent:	Date of warning: Staff name: Diversion from the rules:  Where item is being stored: (unit/home) Review date:
	Date of warning: Staff name: Diversion from the rules:	Date of warning: Staff name: Diversion from the rules:  Letter completed by: Date letter sent:	Date of warning: Staff name: Diversion from the rules:  Where item is being stored: (unit/home) Review date:
	Date of warning: Staff name: Diversion from the rules:	Date of warning: Staff name: Diversion from the rules:  Letter completed by: Date letter sent:	Date of warning: Staff name: Diversion from the rules:  Where item is being stored: (unit/home) Review date:

## APPENDIX 3 – STAYING SAFE ONLINE

- ❖ Keep personal information private – do not post personal information like your address, email address or mobile number etc.
- ❖ Be nice to people online.
- ❖ Take care with what you share online.
- ❖ Keep your privacy settings as high as possible.
- ❖ Know how to report posts that cause upset/offence,
- ❖ Keep your passwords safe.
- ❖ Never meet anyone in person you have only met online. Remember people online are not always who they say they are.
- ❖ If you see anything online you don't like or are upset by, tell someone you trust. The nursing team will always offer support with no judgements.
- ❖ Respect other peoples' views even if you do not agree with someone.
- ❖ Think carefully before posting pictures of yourself online. Once it is posted, it is not just yours anymore and other people can download it.
- ❖ Be mindful of sharing details of your care and incidents online- this may cause upset to someone and even to yourself in the future.

## APPENDIX 4 – YOU AND YOUR PHONE / TABLET / LAPTOP ON THE WARD

### You and your phone / tablet / laptop on the ward



*Being on the ward can be a difficult time for anyone, especially the first 24 hours. It is also a very distressing and confusing time for those around you, such as your friends, family and carers and keeping in touch using mobile devices such as Phones, tablets and laptops is import. Also important is for you and those around you to remember the ward is a calm space for healing and recovery. These five points will help you when using your mobile device.*

**Access** – Yes there is Wi-Fi! Ask staff about connecting to the ward network “NHS Wi-Fi”. You can use your own data but been aware of the amount of data you are using and also keep track of the minutes you are using on voice calls. Don’t access sites or information that can have a negative impact on you, instead seek out positive information to help you or maybe switch off your device and take some time for yourself.

**Power** – You’ll notice that staff have to look after your charging equipment and you may have to ask them to charge your phone for you. Whilst on the ward you may want to switch off apps that draw a lot of power such as Bluetooth. You can also download music to your device if you want to listen to it as streaming also drains a lot of battery.

**Privacy** – We live in a social media world now and your stay here is part of your life but don’t take pictures of staff or other people on the ward. Keep your camera pointed at you and be mindful who is in the background when you take a shot. Everyone on the ward deserves their privacy so please respect this and we will ask them to do the same for you.

**Keeping Safe** – You are the best person to look after your device so remember where it is, don’t lend it to other people and staff can look after your device if you ask them. When you are online, use your time to support your recovery. Some people online just want to make you feel bad so avoid such contact and ask staff if you need help to do this.

**Recover** – These rules have to be in place to look after you at this difficult time, not to stop you using you device. Remember though that feeling better should be your aim not your social media presence. There will be time to engage with the staff around you and to stay up date with what’s going on via your device. If you can aim for balance we will help you where we can.

**Thank you for working with us in protecting the privacy and dignity of those people who use our services**

## APPENDIX 5 – EQUALITY IMPACT ASSESSMENT

### For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: Mobile Phone and Electronic Devices use in inpatient Units SOP
2. EIA Reviewer (name, job title, base and contact details): Michelle Nolan, Mental Health Act Clinical Manager
3. Is it a Policy, Strategy, Procedure, Process, Tender, Service or Other? SOP

<p><b>Main Aims of the Document, Process or Service</b></p> <p>The purpose of this SOP is to provide clear guidance on the use of mobile devices and access to NHS Wi-Fi for people who use our services, visitors and staff, and to clarify the Trust's expectation of staff in relation to safeguarding the rights of people who use our services by ensuring that mobile devices and NHS Wi-Fi are used appropriately, and where this is in doubt that action is taken to protect confidentiality and the right to privacy and dignity.</p> <p>The SOP aims to strike a balance between the confidentiality and right to privacy of individuals and the need to protect vulnerable adults, maintaining their health and safety in terms of safeguarding them from potential abuse.</p> <p>Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma</p>
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<p>Equality Target Group</p> <ol style="list-style-type: none"> <li>1. Age</li> <li>2. Disability</li> <li>3. Sex</li> <li>4. Marriage/Civil Partnership</li> <li>5. Pregnancy/Maternity</li> <li>6. Race</li> <li>7. Religion/Belief</li> <li>8. Sexual Orientation</li> <li>9. Gender re-assignment</li> </ol>	<p>Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed?</p> <p>Equality Impact Score</p> <p>Low = Little or No evidence or concern (Green)</p> <p>Medium = some evidence or concern (Amber)</p> <p>High = significant evidence or concern (Red)</p>	<p>How have you arrived at the equality impact score?</p> <ol style="list-style-type: none"> <li>a) who have you consulted with</li> <li>b) what have they said</li> <li>c) what information or data have you used</li> <li>d) where are the gaps in your analysis</li> <li>e) how will your document/process or service promote equality and diversity good practice</li> </ol>
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Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
<b>Age</b>	<p>Including specific ages and age groups:</p> <p>Older people Young people Children Early years</p>	Low	The purpose of this SOP is to describe the arrangements for monitoring and reviewing the use of mobile phones and electronic devices on wards within Humber Teaching NHS Foundation Trust and applies to the care delivered to all service users, regardless of age.
<b>Disability</b>	<p>Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities:</p> <p>Sensory, Physical, Learning, Mental Health (including cancer, HIV, multiple sclerosis)</p>	Low	The purpose of this SOP is to describe the arrangements for monitoring and reviewing the use of mobile phones and electronic devices on wards within Humber Teaching NHS Foundation Trust and applies to the care delivered to all service users, regardless of disability.
<b>Sex</b>	<p>Men/Male Women/Female</p>	Low	The purpose of this SOP is to describe the arrangements for monitoring and reviewing the use of mobile phones and electronic devices on wards within Humber Teaching NHS Foundation Trust and applies to the care delivered to all service users, regardless of gender.
<b>Marriage/Civil Partnership</b>		Low	The purpose of this SOP is to describe the arrangements for monitoring and reviewing the use of mobile phones and electronic devices on wards within Humber Teaching NHS Foundation Trust and applies to the care delivered to all service users, regardless of marital status.

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
<b>Pregnancy/ Maternity</b>		Low	The purpose of this SOP is to describe the arrangements for monitoring and reviewing the use of mobile phones and electronic devices on wards within Humber Teaching NHS Foundation Trust and applies to the care delivered to all service users, regardless of maternal status.
<b>Race</b>	Colour Nationality Ethnic/national origins	Low	The purpose of this SOP is to describe the arrangements for monitoring and reviewing the use of mobile phones and electronic devices on wards within Humber Teaching NHS Foundation Trust and applies to the care delivered to all service users, regardless of race.
<b>Religion or Belief</b>	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	The purpose of this SOP is to describe the arrangements for monitoring and reviewing the use of mobile phones and electronic devices on wards within Humber Teaching NHS Foundation Trust and applies to the care delivered to all service users, regardless of religion.
<b>Sexual Orientation</b>	Lesbian Gay men Bisexual	Low	The purpose of this SOP is to describe the arrangements for monitoring and reviewing the use of mobile phones and electronic devices on wards within Humber Teaching NHS Foundation Trust and applies to the care delivered to all service users, regardless of sexual orientation.
<b>Gender Reassignment</b>	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	The purpose of this SOP is to describe the arrangements for monitoring and reviewing the use of mobile phones and electronic devices on wards within Humber Teaching NHS Foundation Trust and applies to the care delivered to all service users, regardless of gender status.

## Summary

<p>Please describe the main points/actions arising from your assessment that supports your decision.</p> <p>No actions identified – this is a policy that applies to all inpatient areas, regardless of the patient group/profile.</p> <p>There are slight differences to restrictions within our inpatient CAMHS unit as it is important to differentiate the needs of young people to those in adult inpatient wards. There is a need to maintain the balance between competing needs of:</p> <ul style="list-style-type: none"> <li>❖ Protecting confidentiality of young people</li> <li>❖ Protecting vulnerable individuals from abuse</li> <li>❖ Protecting the rights of individuals</li> <li>❖ Providing a therapeutic environment, and maintaining routine</li> <li>❖ Promoting maintenance of relationships outside of the unit.</li> </ul>
EIA Reviewer: Michelle Nolan, Mental Health Act Clinical Manager
Date completed: 12.04.24
Signature: M. Nolan