USE OF MOBILE PHONES AND MOBILE COMMUNICATIONS

NGH-PO-009

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Responsibility for Review:	Head of Estates and Deputy Director of Facilities
Contributors:	

POLICY

CONTENTS

Version Control Summary

Version	Date	Author	Status	Comment
3.1	January 2015	Stuart Finn	Head of Estates and Deputy Director of Facilities	Draft
3.2	January 2016	Stuart Finn	Head of Estates and Deputy Director of Facilities	Amendments as requested by PDG and as recorded on PDG form 3 Sept 2015. Updated reviewed date from Sept 15 to Jan 16

SUMMARY

Use of mobile phones and mobile devices has become a necessity for the majority of people in their private and work lives. Whenever anyone is in hospital, or receiving health or social care, communication with family and friends becomes an essential element of support and comfort. Communication via the use of mobile phones and mobile devices and their integrated functionality such as texting, e-mailing and social media has become much more widespread.

1. INTRODUCTION

The Medical Devices Agency of the Department of Health (MDA) organised a large study to determine the effect of various transmitter handsets with a variety of medical equipment.

The results of this study were published by the MDA in March 1997: 'Electromagnetic Compatibility of Medical Devices with Mobile Communications' ref MDA DB 9702. This was followed by the publication of safety notice MDA SN 9706, April 1997, recommending formulation of local policy based on the actual equipment use. (MDA SN 9706 page 1 paragraph 6.)

Update issued March 2001 MDA SN 2001 (06) reviewing use of TETRA and media OB's (outside broadcast's).

MHRA supplementary guidance July 2004 and March 2007

2. PURPOSE

This policy is intended to ensure that all staff, patients and visitors are aware of the risks in the use of mobile communications in hospital and to give clear instruction how mobile communication systems should and should not be used.

3. SCOPE

This policy applies to all staff, visitors, contractors and patients to the Trust and addresses the use of mobile communication systems which include the following:

- Hospital Personal Mobile Radio (PMR or 2 way radios)
- Emergency Services radio (Police, Ambulance and Fire)
- Mobile telephones (cellular phones, GPRS, 3G, 4G)
  Cordless
- Telephony
- Paging systems
- Wireless LAN and telemetry
- Wireless microphones

This not to be considered a definitive list and it must be considered that this policy applies to any device using radio / RF communication.

4. COMPLIANCE STATEMENTS

Equality & Diversity
This policy has been designed to support the Trust's effort to promote Equality and Human Rights in the work place and has been assessed for any adverse impact using the Trust's Equality Impact assessment tool as required by the Trust's Equality and Human Rights Strategy. It is considered to be compliant with equality legislation and to uphold the implementation of Equality and Human Rights in practice.

NHS Constitution
The contents of this document incorporates the NHS Constitution and sets out the rights, to which, where applicable, patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with the responsibilities which, where applicable, public, patients and staff owe to one another. The foundation of this document is based on the Principals and Values of the NHS along with the Vision and Values of Northampton General Hospital NHS Trust.

5. DEFINITIONS

TETRA	*Terrestrial Trunked Radio System is a digital system used primarily by the emergency services, with technology based on the cellular radio concept*
2 way radio	*A two-way radio is simply a radio for 2 way communications that can both transmit and receive.*
PMR	*Private Mobile Radio - field radio communications systems which use portable, mobile, base station, and dispatch console radios (as used by the Trust's Facilities directorate*
GPRS	*General packet radio service - is a mobile data service on the 2G and 3G cellular communication system. Used on mobile phones*
3G, 4G	*Third/fourth generation of mobile telecommunications technology*
UHF	*(Ultra-high frequency) designates the ITU radio frequency range of electromagnetic waves between 300 MHz and 3 GHz (3,000 MHz),*
VHF	*(Very high frequency) is the ITU-designated range of radio frequency electromagnetic waves from 30 MHz to 300 MHz*
EMI	*EMI (electromagnetic interference) is the disruption of operation of an electronic device when it is in the vicinity of an electromagnetic field (EM field) in the radio frequency (RF) spectrum that is caused by another electronic device.*
LAN	*Local Area Network (LAN) is a computer network*
PDA	*Personal Digital Assistant, also known as a handheld PC*

6. ROLES & RESPONSIBILITIES

ROLE	RESPONSIBILITY
Chief Executive and the Trust Board	Are responsible for ensuring there is a policy in place.
Head of Estates	• Responsible for the administration of this policy • Provide technical advice regarding the application of this policy to specific technologies and in particular the introduction of new technologies • Ensure that the guidance with in this policy is considered during the purchase of new equipment through Estates Capital or through Estates Capital works
Medical Devices Manager	• Provide technical advice regarding the application of this policy with regard to medical devices • Ensure that the guidance with in this policy is considered during the purchase of all new medical devices • Ensure that where high risk medical devices are affected by this policy users are aware at the time of purchase and through user training
Head of ICT	• Provide technical advice regarding the application of this policy with regard to Information and Communications Technology equipment • Ensure that the guidance with in this policy is considered during the purchase/implementation of all new Information and Communications Technology equipment and schemes
Line Managers, Matrons, Ward Sisters	• Ensure the guidance set out in the policy and additional specific guidance, procedures, information or instruction provided is adhered to by all staff • Ensure staff at all levels challenge users who are not complying with policy (whether patient, visitor or member of staff) and bring to their attention the policy requirements. • Seek advice from Estates with all issues relating to this policy • Report all non-compliance through their Directorate Governance groups
All Trust Employees	Have a responsibility to: • Support the Trust to achieve its Vision and Values • Follow duties and expectations of staff as detailed in the NHS Constitution – Staff Responsibilities

7. SUBSTANTIVE CONTENT

7.1. Interference with Medical Devices

Mobile telephones and electronic devices incorporating GPRS and 3G/4G functionality (tablet devices, PDA devices, etc) which could potentially be used by staff, visitors, contractors and patients, do create radio frequency interference that could affect medical devices. To minimise the risk, restrictions on their use have been applied and detailed within this policy.

Mobile phones, unlike mobile radio, do regularly transmit when switched on but not in use and therefore it is not always apparent that the device is affecting medical equipment.

Mobile phones and other personal electronic hand held devices and associated devices do generally operate on lower power than mobile radios and consequently present a lower risk. Any risk is reduced even further if the device is kept at least 2 metres from any medical equipment.

Staff must be carefully briefed at local induction regarding the conditions of use of mobile phones and other personal electronic hand held devices in restricted areas.

7.2. Mobile Devices with Cameras, Videos and Audio Recording Functions

'Permitting the use of mobile phones with cameras in hospitals is unlikely to sufficiently respect medical confidentiality or indeed each patient's right to respect for his/her private life. The European court and commission have also ruled that there is a duty to ensure that these rights are protected effectively' Department of Health Using Mobile Phones in NHS hospitals May 2009

Mobile telephones and electronic devices (tablet devices, PDA devices etc) often have the facility to record photographic/video images or audio recording. The use of these devices in patient areas by patients, staff, visitor or contractor is likely to result in inappropriate photographs being taken or taken without the correct consents. This would be in breach of: patient privacy & dignity, patient confidentiality and, in the case of children, the Trust's obligation to safeguard and promote the welfare of children.

Attention is also drawn to the Trust's policy on 'photography and video recording of patients' N G H - P O - 0 6 8 which specifically states that photographs must not be taken in areas where there is a possibility of patients being included in the photograph without specific consents being sought.

Non Trust mobile phones / devices (except under any future Bring Your Own Device (BYOD) strategy which may be introduced) must not be used for storing, capture or onward transmission of confidential patient data (Audio, video, still photograph or electronic data)

7.3. Nuisance

Ring tones, audio, gaming, etc of mobile phones / devices can intrude on patients' peace and quiet and therefore must be switched to silent, vibrate mode.

The use of mobile phones / devices will be restricted as per the schedule below.

7.4. Schedule of areas where mobile phones can / cannot be used

For the purpose of this policy all areas within the Trust will fall within the following 3 categories:

7.4.1. Category 1

Safety Critical Patient areas (including: Intensive therapy units, operating theatres, areas where cardiac pacing is performed, Special Care Baby Units, Oncology including Linear Accelerator areas, Radiology including mobile units) where the use of mobile phones by patients and visitors are prohibited, but may be used by clinical staff with extreme caution particularly if within 2m of sensitive medical devices associated with life support. Patients and visitors mobile phones must be switched off in these areas.

7.4.2. Category 2

Clinical Patient areas (e.g. general wards and departments) where mobile phones can be used by staff, patients and visitors, but may be subject to local restrictions if their use is deemed to be affecting patient care, dignity or confidentiality.

7.4.3. Category 3

Non Clinical areas/low risk patient areas (e.g. ward day rooms, clinic waiting areas, corridors, reception areas, hospital grounds, café or restaurant areas, hospital staff residences, offices or non-clinical buildings), where mobile phones can be used by staff, patients and visitors alike.

This is not an exhaustive list however, warning signs will be fixed and maintained (by Estates) at the entrance to each area where mobile phones and other personal electronic hand held devices should be turned off before entering. Additional signage will be installed within the restricted areas to remind staff, patients and visitors of the restrictions that apply in that area.

It is the responsibility of all staff to ensure that these restrictions are strictly enforced.

7.5. Changing Technology

Hospital based personal mobile phone technology is currently being considered which, if transmitting power levels are below interference thresholds, may be used in ward areas. Risk assessment and operational policy to be developed and approved by the Trust's ICT department prior to such technology being authorised for use.

7.6. Hospital Mobile Radio Equipment (2 Way Radios)

See Appendix 1 relating to risk assessment relating to the use of 2-way radio systems in use at Northampton General Hospital:

- The risk assessment has identified that interference to medical equipment can be caused when transmitting. The following precautions should be taken before transmitting. (Radios can be left switched on without causing any interference).

- The radio should not be used to transmit within 7 metres of the Heart Centre, Cath lab and pacing room
- Where there is a possibility of external pacing taking place, advice should be sought before transmitting near A&E Resuscitation, ITU and CCU within Dryden Ward. (Signage to be installed in sensitive areas, by Estates, reminding radio users to ask permission before use)
- The radio should not be used within 4 metres of Linear accelerators in Radiotherapy (warning signs to be erected, by Estates, to remind staff).
- 2-way radios should not be used on wards but, if it is essential, then the radio should be at least 2 metres from any electrical medical equipment in use before transmitting.
- The radio should not be used within 2 metres of medical equipment including infusion pumps. This is particularly relevant to porters transporting patients with medical devices. In this situation, staff should either not transmit, or move at least 2 metres from the medical equipment before transmitting.

Nursing staff and technician staff need to be aware of the effects and risks in the use of mobile 2-way radios less than 2 metres from certain infusion devices. These effects can vary from change of infusion rate to fault alarms. Full details are publicised in the MDA publication MDA DB9702 (1997).

7.7. Emergency services radios

Fire and Police should not use radio equipment within Hospitals although it must be acknowledged that this may be necessary in emergency situations. In these circumstances the emergency services should ask where their radio equipment can be safely used.

Note TETRA or 'Airwave' used by some of the emergency services is a medium power technology and can be used as per mobile phones.

If Hospital staff are asked where emergency services radios can be used they should respond as follows:

- Does the radio have to be used inside the building?
  It is possible that the radio is required to be used whilst searching for an individual, to summon emergency assistance, to maintain communication with their base if individual has to spend long period on hospital premises, in searching for source of smoke etc In these situations then use depends on the power of the transmitter - as below.

- Does the radio have a low / medium power transmitter (below 5 Watts)?
  (Low / medium powered radio could link to a local vehicle based relay transmitter outside the building) If the transmitter is less than 5 watts than they can be used in the hospital but with the same restrictions in use as hospital 2-way radios.

  If the transmitter is above 5 watts then there is a much higher risk of interference to medical equipment, and transmitting using such equipment should not be used. Assuming that there is no alternative, the emergency services personnel should be informed where medical electronic equipment is in use and that they should keep as far away as possible (absolute minimum 2.00 metres) from the medical

equipment when transmitting. The radio should not be used for routine communication but only essential communication.

Note: Where external cardiac pacing equipment is being used (Cardiology, A&E Resus and ITU) then no mobile 2-way radios are to be used within 7 metres of the procedure.

7.8. Media broadcast equipment

Media organisations such as local radio and television use mobile broadcast equipment which can transmit using high power to relay signals back to the studio or relay station. This equipment is usually vehicle mounted but its location can affect equipment with the hospital.

- Radio
  In consultation with the MDA, it has been established that, in the case of the BBC Radio Northampton radio car, it should be positioned so that the transmitter mast is at least 10 metres from nearest medical equipment.
  Details of transmitting equipment (power and frequency) should be established and checked with the Estates department before agreeing to an outside broadcast. Reference may have to be made to the MHRA. Radio microphones used by presenters to link to the radio car should be kept a minimum of 2 metres from electro-medical equipment.
- Television
  Local TV usually uses digital recording or similar media, which does not cause interference to electro-medical equipment. Approval must be sought from Estates department before authorising TV broadcasting from within hospital buildings utilising radio / RF transmission.

  In the event that national and or international TV companies wish to transmit from the site, they will usually employ satellite transmitting equipment. Whilst the effect of such equipment has not specifically been tested by the MDA / MHRA it is recommended that the transmitting equipment is kept at least 20 metres clear of hospital buildings.

  The barrier controlled staff car park in front of A&E and Car Park 1 have been identified as appropriate locations for such equipment to be used.

- Purchasing Policy
  All electro-medical and electronic equipment purchased or donated for use by the Trust shall meet the European Union requirements for Electromagnetic Compatibility (EMC) (BSEN60601-1-2 with any revision or subsequent replacement publication).

- Further Advice
  Further advice on policy or the use of mobile transmitting equipment on Trust premises can be obtained by contacting the Estates Department on Extn 4000

8. IMPLEMENTATION & TRAINING

Training should be provided to all staff that could be expected to use 2-way radio equipment on the hospital site. Training should identify the risks of using PMR near to medical equipment and reinforce the policy on the use of PMR. Training should be arranged by the departmental manager.

Nursing staff need to be made aware of the effects that radio interference can have on medical equipment, what action should be taken if interference is suspected and where PMR can be used safely if asked by the emergency services.

Hospital/departmental induction training shall make staff aware of the effects of radio interference on medical equipment privacy and dignity and patient confidentiality. All staff shall be made aware of this policy.

9. MONITORING & REVIEW

Minimum policy requirement to be monitored	Process for monitoring	Responsible individual/ group/ committee	Frequency of monitoring	Responsible individual/ group/ committee for review of results	Responsible individual/ group/ committee for development of action plan	Responsible individual/ group/ committee for monitoring of action plan
Non compliance with this policy will be monitored through directorate Governance groups	Datix reports and directorate governance reporting	Directorate Governance groups	Continual monitoring and non-compliance reported as required	Directorate Governance groups with support from Estates and Medical devices where required	Directorate Governance groups with support from Estates and Medical devices where required	Directorate Governance groups with exception reporting to ARC as required

10. REFERENCES & ASSOCIATED DOCUMENTATION

British Standards Institute (2007) *BS EN60601-1-2:2007. Medical electrical equipment: General requirements for basic safety and essential performance. Collateral standard. Electromagnetic compatibility. Requirements and tests.* Milton Keynes: BSI

Department of Health (2013). *NHS Constitution: the NHS belongs to us all.* [online]. London. Department of Health. Available from https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/170656/NHS_Constitution.pdf [Accessed 1 June 2013]

Department of Health (2009) *Using mobile phones in NHS hospitals.* [online]. London: DH. Available from: http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_092811 [Accessed 15th September 2015]

Medical Devices Agency (2001) *SN 2001(06) Update on electromagnetic compatibility of medical devices with mobile communications: TETRA (Terrestrial Trunked Radio System) and outside media broadcasts from hospital premises.* London: MDA

Medical Devices Agency (1999) *MDA DB1999(02): Emergency service radio's and mobile data terminals: compatibility problems with medical devices.* [online]. London: MDA. Available from: http://webarchive.nationalarchives.gov.uk/20141205150130/http://www.mhra.gov.uk/Publications/Safetyguidance/DeviceBulletins/CON007355 [Accessed 15th September 2015]

Medical Devices Agency, (1997) *MDA DB9702 March 1997: Electromagnetic compatibility of medical devices with mobile communications*. London: Medical Devices Agency

MHRA (2004) *Mobile communications interference: supplementary information for DB9702 and DB1999(02)*. London: MHRA.

Northampton General Hospital NHS Trust (2013) *Equality and human Rights Strategy 2013-2016.* Northampton: NGHT

Northampton General Hospital NHS Trust (2013) *Photography and video recording of patients.* NGPO-068. Northampton: NGHT

MHRA (2006) *Mobile phones in hospitals: frequently asked questions*. London: MHRA

APPENDICES

Appendix 1 RISK ASSESSMENT

Reference was made to the MDA study into Electromagnetic Interference (DB9702) and SN 2001 (06) where 178 different medical devices were exposed to a wide range of mobile communication equipment.

An assessment has been made of the communications equipment and medical equipment likely to be used at the hospital, together with the type of equipment and the area of its use.

Mobile communications used within Northampton General Hospital:

- Emergency Services radio (Police, Fire and Ambulance)
- Hospital Personal Mobile Radio (PMR)
- UHF used by Security, Portering, Catering, IT, Medical Records and Estates – Motorola 3W
- Mobile telephones, digital with various signalling protocols used by staff and visitors.
- Cordless telephony – used by staff in conjunction with hospital's PBX
- Paging systems UHF paging system
- VHF speech paging system
- Radio based nursed call systems – installed within wards.
- Wireless LAN
- Patient paging systems
- Roving microphones
- Induction loops for hearing aid users

A) Emergency Services radio
The highest risk of interference to medical devices is by Fire and Police Service 2-way radio. Home Office directive reference No. 33 states that Fire and Police should not use radio equipment within Hospitals although it must be acknowledged that this may be necessary in emergency situations. In these circumstances the emergency services should ask where their radio equipment can be safely used.

If Hospital staff are asked where emergency services radios can be used they should respond as follows:-

Does the radio have to be used inside the building?

It is possible that the radio is required to be used whilst searching for an individual, to summon emergency assistance, to maintain communication with their base if individual has to spend long period on hospital premises, in searching for source of smoke etc.

Does the radio have a low power transmitter (below 5 Watts)?

(Low powered radio could link to a local vehicle based relay transmitter outside the building)
If the transmitter is less than 5 watts than they can be used in the hospital but with the same restrictions in use as hospital 2-way radios (see section 7).

If the transmitter is above 5 watts then there is a much higher risk of interference to medical equipment, and transmitting using such equipment should be kept to an absolute minimum and then well away from medical equipment.

Assuming that there is no alternative, the emergency services personnel should be informed where medical electronic equipment is in use and that they should keep as far away as possible (absolute minimum 2.00 metres) from the medical equipment when transmitting. The radio should not be used for routine communication but only essential communication.

Note: Where external cardiac pacing equipment is used (Cardiology and ITU) then low powered mobile 2-way radios should not be used within 7 metres.

Of the medical devices used on the NGH site, External Cardiac Pacing equipment has been identified as being most susceptible to interference from mobile communications including Ambulance radio.

This equipment is used within Resuscitation, Heart centre, Dryden CCU and ITU and the APC model is the most susceptible to EMI and can be affected by high-powered ambulance transmission up to a distance of 25 metres.

A survey has established that equipment situated within Cardiology is greater than 25 metres from potential ambulance location and is consequently highly unlikely to be affected by this source of EMI.

Although the East Mids Ambulance Trust do not use the high powered transmitters quoted in the study, ambulances from other Authorities attending NGH may use this equipment and may offer a potential risk.

Should the Cardiology functions be moved on a temporary or permanent basis to an area within 25 metres of ambulance traffic, then a more detailed investigation should be made of the type of transmitting equipment employed.

The Head of Estates is to contact Police, Fire & Rescue and Ambulance Services on an annual basis, to establish the power of the equipment in use and to ensure that they are aware of Home Office advice regarding use PMR near to patient treatment areas.

TETRA (e.g. Airwave)

- The Terrestrial Trunked Radio System is a digital system used primarily by the emergency services, with technology based on the cellular radio concept.

- MDA tests have established that TETRA system handsets present a similar interference risk to GSM mobile phones.

- Personnel using TETRA handsets within the hospital should comply with the Trust Policy Mobile Phones section.

B) Hospital radio equipment

The risk assessment identified the following 2-way radio systems in use at Northampton General Hospital:

- Security
- Portering
- Catering, Estates
- IT
- Medical Records

The above system uses Motorola UHF radios. The risk assessment has identified that interference to medical equipment can be caused when transmitting. The highest risk relates to external pacing which can take place in A&E resuscitation, ITU, Heart Centre, Dryden ward CCU.

The following precautions should be taken before transmitting. (Radios can be left switched on without causing any interference).

- The radio should not be used to transmit within 7 metres of the Heart Centre Cath lab and pacing room
- Where there is a possibility of external pacing taking place, advice should be sought before transmitting near A&E Resuscitation, ITU and CCU within Dryden Ward.
- (Signage to be installed in sensitive areas, by Estates, reminding radio users to ask permission before use)
- The radio should not be used within 4 metres of Linear accelerators in Radiotherapy (warning signs to be erected, by Estates, to remind staff).
- 2-way radios should not be used on wards but, if it is essential, then the radio should be at least 2 metres from any electrical medical equipment in use before transmitting.
- The radio should not be used within 2 metres of medical equipment including infusion pumps. This is particularly relevant to porters transporting patients with medical devices. In this situation, staff should either not transmit, or move at least 2 metres from the medical equipment before transmitting.
- Nursing staff and technician staff need to be aware of the effects and risks in the use of mobile 2-way radios less than 2 metres from certain infusion devices. These effects can vary from change of infusion rate to fault alarms. Full details are publicised in the MDA publication MDA DB9702.
- Cellular / Mobile phone equipment
- MDA research has identified areas where equipment can be affected by mobile phone / GPRS / 3G transmissions. As a result use of such devices should be limited to outside a radius of 2 metres however there are other risks relating to patient confidentiality and privacy & dignity that require limitations on use to outside patient areas. These are detailed in section 6 of the policy.

Other systems

Paging systems (UHF paging system VHF speech paging system), Radio based nurse call systems (installed within wards), Wireless LAN, Patient paging systems, Wireless roving microphones, Induction loops for hearing aid users, have been assessed and do not present sufficient risk to introduce specific control measures or restriction on use.

Use of Mobile Phones and Mobile Communications
#NGH-PO-009

Area of Work
Facilities

Person Responsible
Clare Topping

Created
2nd September, 2015

Last Review
2nd September, 2015

Status
Complete

Next Review
31st July, 2018

Screening Data

What is the name, job title and department of the lead for this procedural document?

Stuart Finn
Head of Estates and Deputy Director of Facilities
Estates Department

What are the main aims, objectives or purpose of this procedural document?

This policy is intended to ensure that all staff, patients and visitors are aware of the risks in the use of mobile communications in hospital and to give clear instruction how mobile communication systems should and should not be used.

Who is intended to benefit from this procedural document?

Staff, patients and visitors

Is this a Trustwide, Divisional, Directorate only or Department only procedural document?

Trustwide

Is there potential for, or evidence that, this procedural document will not promote equality of opportunity for all or promote good relations between different groups?

No

Is there potential for, or evidence that, this proposed procedural document will affect different protected groups/characteristics differently (including possibly discriminating against certain groups/protected characteristics - see below)?

Age

Disability

Gender Reassignment

Marriage & Civil Partnership

Pregnancy & Maternity

Race

Religion or Belief

Sex

Sexual Orientation

No

If the answer to one or both of the questions above is 'yes', the full Equality Analysis process must be undertaken.

If the answer to both of the questions above is 'no' then the full Equality Analysis process is not required and the Organisational Sign-Off can be now be completed.

Based on the answers given, to the questions above, is a full Equality Analysis required?

No

Recommend this EA for Full Analysis?

No

Rate this EA

Low

Organisation Sign-off Data

Do you have any recommended actions?

No

If you have made any recommended actions have you advised the procedural document lead of these?

N/A

Next Review Date

2018-07-31

Outstanding Actions

No outstanding actions

FORM 1a- RATIFICATION FORM - FOR COMPLETION BY DOCUMENT LEAD Note: Delegated ratification groups may use alternative ratification documents approved by the procedural document groups.	
DOCUMENT DETAILS	
Document Name:	USE OF MOBILE PHONES AND MOBILE COMMUNICATIONS NGH-PO-009
Is the document new?	No
If yes a new number will be allocated by Governance	N/A
If No - quote old Document Reference Number	NGH-PO-009
This Version Number:	Version:3.1
Date originally ratified:	April 2000
Date reviewed:	September 2015
Date of next review: a 3 year date will be given unless you specify different	**September 2018 (3 year)**
If a Policy has the document been Equality & Diversity Impact Assessed? (please attach the electronic copy)	Clare Topping will forward the EQIA separately before next PDG in July/August 15
DETAILS OF NOMINATED LEAD	
Full Name:	Stuart Finn
Job Title:	Head of Estates
Directorate:	Facilities
Email Address:	Stuart.finn@ngh.nhs.uk
Ext No:	5903
DOCUMENT IDENTIFICATION	
Keywords: **please give up to 10** – to assist a search on intranet	Mobile, phone, communication,

GROUPS WHO THIS DOCUMENT WILL AFFECT?
(please highlight the Directorates below who will need to take note of this updated / new Document)

Anaesthetics & Critical Care	General Medicine & Emergency Care	Medical Physics
Child Health	Gynaecology	Nursing & Patient Services
Corporate Affairs	Haematology & Oncology	Obstetrics
Diagnostics	Head & Neck	Ophthalmology
Estates & Facilities	Human Resources	Planning & Development
Finance	Infection Control	Trauma & Orthopaedics
General Surgery	Information Governance	Trust Wide

TO BE DISSEMINATED TO: NB – **if Trust wide document it should be electronically disseminated to Head Nurses/ Dm's and CD's .List below all additional ways you as document lead intend to implement this policy such as; as presentations at groups, forums, meetings, workshops, The Point, Insight, newsletters, training etc below:**

Where	When	Who

FORM 2 - RATIFICATION FORM to be completed by the document lead

Please Note: Document will not be uploaded onto the intranet without completion of this form

CONSULTATION PROCESS

NB: You MUST request and record a response from those you consult, even if their response requires no changes. Consider Relevant staff groups that the document affects/ will be used by, Directorate Managers, Head of Department ,CDs, Head Nurses , NGH library regarding References made, Staff Side (Unions), HR Others please specify

Name, Committee or Group Consulted	Date Policy Sent for Consultation	Amendments requested?	Amendments Made - Comments
Consultants@NGH.NHS.UK>; Generalmanagers@NGH.NHS.UK>; HeadsofDepartment@NGH.NHS.UK>;ClinicalDirectors@NGH.NHS.UK>; CareGroupManagement@ngh.nhs.uk>;ClinicalNurseSpecialists@NGH.NHS.UK>;Generalmanagers@NGH.NHS.UK>; Governance@NGH.NHS.UK>;WardSisters@ngh.nhs.uk>; SeniorNurses@NGH.NHS.UK>	6th March 2015	None	
Christine Malcolmson and Sanjiv Lal	4th June 15	Further clarification requested on the use and effect of iPhones and tablets. Also the use of VitalPac	Advised that these devices will not be issued with sim cards and therefore are not a risk. CM also commented 'Mobile phones / devices must not be used for storing, capture or onward transmission of confidential patient data (Audio, video, still photograph or electronic data) Sorry Stuart – you would need to change this piece of wording on P8 please, to Personal Mobile Phones, or non Trust mobile phones/devices, except under any future Bring Your Own Device (BYOD) strategy which may be introduced. Change has been made.
Discussed separately with Hassan Aghourime, Trust Medical Devices manager.	June 15	HA discussed with other Medical Device managers at NPAG group and approved the policy without further amendment	

FORM 1 & 2 - To be completed by document lead

Existing document only - FOR COMPLETION BY DOCUMENT LEAD		
Have there been any significant changes to this document? *if no you do not need to complete a consultation process*		NO
Sections Amended:	YES / NO	**Specific area amended within this section**
Re-formatted into current Trust format	YES	
Summary/ Introduction/Purpose	YES	
Scope	YES	
Definitions	YES	
Roles and responsibilities	YES	
Substantive content	YES	
Monitoring	YES	
Refs & Assoc Docs	YES	
Appendices	YES	

FORM 3- RATIFICATION FORM (FOR PROCEDURAL DOCUMENTS GROUP USE ONLY) **Read in conjunction with FORM 2**			
Document Name:	**USE OF MOBILE PHONES AND MOBILE COMMUNICATIONS**	**Document No:**	**NGH-PO-009**
Overall Comments from PDG	**Formatting is an issue throughout the document - Amended**		

	YES / NO / NA	**Recommendations**	**Recommendations completed**
Consultation Do you feel that a reasonable attempt has been made to ensure relevant expertise has been used?	**YES / NO / NA**		
Title -Is the title clear and unambiguous?	**YES / NO / NA**		
Is it clear whether the document is a strategy, policy, protocol, guideline or standard?	**YES / NO / NA**		
Summary Is it brief and to the point?	**YES / NO / NA**	Remove last paragraph	Paragraph removed
Introduction Is it brief and to the point?	**YES / NO / NA**	Remove first paragraph	Paragraph removed
Purpose Is the purpose for the development of the document clearly stated?	**YES / NO / NA**		
Scope -Is the target audience clear and unambiguous?	**YES / NO / NA**		
Compliance statements – Is it the latest version?	**YES / NO / NA**		
Definitions –is it clear what definitions have been used in the	**YES / NO / NA**	Define LANS, PDH, PMR & PDA	• LAN and PDA definitions added. • PMR definition was already included. • There is no mention of PDH in the document – there is a comment in 7.2 asking what DH is. This has been amended to read Department of Health
Roles & Responsibilities Do the individuals listed understand about their role in managing and implementing the policy?	**YES / NO / NA**		
Substantive Content is the Information presented clear/concise and sufficient?	**YES / NO / NA**		
Implementation & Training – is it clear how this will procedural document will be implemented and what training is required?	**YES / NO / NA**		
Monitoring & Review (policy only) -Are you satisfied that the information given will in fact monitor compliance with the policy?	**YES / NO / NA**	Do you still report to CQEG?	No this has been changed to ARC
References & Associated Documentation / **Appendices**- are these up to date and in Harvard Format? Does the information provide provide a clear evidence base?	**YES / NO / NA**	References have been updated by the library – Please check and confirm you are happy with them	Checked OK

Are the keywords relevant	**YES / NO / NA**		

Name of Ratification Group: **Procedural Document Group**	**Ratified Yes/No:** **Ratified subject to small amendments and chair approval**	**Date of Meeting:** **17/09/2015**