

Equality Impact Assessment

Section A: Assessment

Name of Policy Safe and appropriate use of Mobile Phones and other Mobile Technologies by staff Patients and Visitors Policy

Person/persons conducting this assessment with Contact Details

Date

1. The Policy

Is this a new or existing policy?

New policy

What is the purpose of the policy? Cardiff and Vale University Health Board (UHB) recognises that in today's society mobile phones and other mobile technologies have become an essential possession for many people.

Whenever anyone is hospitalised or is receiving social or health care, communication with family and friends becomes an essential source of support and comfort. In addition, guidance issued by the Department of Health "Using Mobile Phones in Hospital" (2009) states patients should be allowed the widest possible use of mobile phones where the mobile phone will not represent a threat to the safety, dignity and privacy of patients or staff, or compromise the operation of electronic medical devices. This policy highlights the key principles regarding the safe and responsible use of mobile phones and other mobile technologies to include UHB staff, patients and visitors to the UHB to allow the widest possible use.

Whilst mobile phones and other mobile technologies can be perceived to be of benefit to the user they could also be considered to be a source of nuisance to others, such as patients, visitors and staff. The Human Rights Act 1998 places a duty on the UHB to

respect patients' privacy, and to protect their confidentiality. The Children's Act 2004 places a duty on the UHB to safeguard the welfare of children. With the rapid developments in technology which have the capability to take images, both photographic and moving video, the use of mobile phones presents a potential risk and challenge. In addition, more sophisticated mobile devices having access to the internet brings even more challenges. However safe and responsible use will ensure that the fundamental rights to communicate are not hindered whilst ensuring the privacy and dignity of the user and others is maintained.

Mobile phones may be used subject to the consideration for the sensitivity and feelings of others. Consideration is also needed to ensure the safe use in the vicinity of electronic medical devices. Although evidence has concluded mobile phones have little or no adverse effect on electronic medical devices, they should not be operated within close proximity of 2 metres or less (MHRA 2004; 2006; 2007). This policy outlines the safe and appropriate use of mobile phones and other communication technologies by staff, patients and visitors on UHB premises.

All staff are authorised to take action to restrict the use of mobile phones in line with this policy, as well as outside the policy, if professionally, it is deemed to be in the best interests and safety of patients. Local guidance and patient specific guidance may be required in some circumstances where the policy does not provide adequate controls to limit risks and nuisance. Where needed, local guidance must complement/ build upon the principles set out in this policy and it must be appropriately approved and reviewed.

How do the aims of the policy fit in with corporate priorities? i.e. The aim of this policy is to set out the key principles regarding the safe and responsible use of all mobile phones and other mobile technologies (for example ipads) to include staff, patients and visitors to the UHB. Where appropriate it fits in with the Organisation's Intermediate Medium Term Plan (IMTP) as well as those of the Clinical Board's.

Objectives

This policy will ensure the appropriate balance is achieved between the competing needs of:

- Promoting communication with carers, friends and relatives.

- providing a safe diagnostic and therapeutic environment
- protecting the rights of all individuals
- promoting recovery
- protecting confidentiality
- protecting people from abuse
- promoting professional standards of behaviour

Who will benefit from the policy?

This policy applies to all patients, visitors, contractors, students, bank staff and staff employed by Cardiff and Vale UHB, including those with honorary contracts, whilst working at or visiting UHB premises.

Whilst independent contractors are not mandated to follow the policy within their premises it does support a framework for good practice and may be complimentary to guidance already adopted within that setting. As independent contractors they are responsible for developing their own policies and procedures.

Tetra radios and other hand held radio devices used by security and emergency services are excluded from this policy. The departments issuing these devices will need to ensure that the standard operating procedures are adequate and that staff fully comply with these.

Mobile working netbooks and notebooks supplied by the UHB for use in the community setting are also excluded from this policy. Users of these devices should refer to the guidance documentation received when they are issued with their devices.

What outcomes are wanted from this policy?

The UHB wants to have a clear policy outlining its commitment to ensure that mobile phones are used safely and appropriately by staff, patients, contractors, students and visitors at all times in all settings.

The intention of the UHB is to allow the widest possible use of mobile phones providing that such use does not compromise safety, delivery of therapeutic care, confidentiality, privacy and dignity of staff and patients, or any other persons.

Are there any factors that might prevent outcomes being achieved? (e.g. Training/practice/culture/human or financial resources)

- **Clinical Board Management Teams** must ensure that risk assessments are undertaken in accordance with the DoH guidance (2009) within their Clinical Boards to identify where exceptions to the general rules for the use of mobile communication equipment need to be amended. Local protocols for implementation of specific aspects of the policy will be developed, approved and communicated in the local areas as necessary.

The Clinical Board Quality and Safety Groups will approve and review any Clinical Board/ Directorate or Department specific protocol.

- **Directorate Management Teams** must ensure that risk assessments are undertaken in accordance with the DoH guidance (2009) within their Directorates to identify where exceptions to the general rules for the use of mobile communication equipment need to be amended. Local protocols for implementation of specific aspects of the policy will be developed, approved and communicated in the Directorate and local areas as necessary.

The team will be responsible for ensuring that the policy is communicated to the ward Sister /Charge Nurse /department managers throughout their Directorate. The team will also be responsible for ensuring that implementation is monitored and that any incidents are escalated as appropriate and reported via the Health Board's incident reporting system.

- **Ward Sister/Charge Nurse/Department Managers** are responsible for enforcing compliance with the policy and escalating any problems to their Directorate and Clinical Board Management Teams as appropriate.
- **Individual members of staff** are responsible for ensuring that they adhere to this policy and act as good role models to patients and visitors through compliance with the policy.

They should also ensure that patients under their care are aware of the content of this policy.

2. Data Collection

What qualitative data do you have about the policy relating to equalities groups (e.g. monitoring data on proportions of service users compared to proportions in the population)?

What quantitative data do you have on the different groups¹⁶ (e.g. findings from discussion groups, information from comparator authorities)?

Please indicate the source of the data gathered? (e.g. Concerns/Service/Department/Team/Other)

What gaps in data have you identified? (Please put actions to address this in your action plan?)

An internet search was conducted on 22/23.11.2015 included using the following search terms as well as inserting the particular protected characteristic where appropriate

“NHS SAFE MOBILE PHONE POLICY IMPACT ASSESSMENT”

<https://www.google.co.uk/search?hl=en-GB&source=hp&q=NHS+SAFE+MOBILE+PHONE+POLICY+IMPACT+ASSESSMENT%E2%80%9D&btnG=Google+Search&gbv=2>

Also the term “WHICH AGE GROUP USES MOBILE PHONES THE MOST” was used

https://www.google.co.uk/search?hl=en-GB&source=hp&q=WHICH+AGE+GROUP+USES+MOBILE+PHONES+THE+MOST&gbv=2&oq=WHICH+AGE+GROUP+USES+MOBILE+PHONES+THE+MOST&gs_l=heirloom-hp.12...5641.23047.0.24875.45.12.1.32.33.0.156.1641.1j11.12.0.msedr...0...1ac.1.34.heirloom-hp..23.22.1889.wSgZmlpDeiY

The searches revealed several equality impact assessments and research surveys. Examples can be found by following the links below though it should be noted that this is not an exhaustive list but a representative list of the data collected:

<http://www.northerndeanery.nhs.uk/NorthernDeanery/let-human-resources/policies/MobilePhonePolicy.pdf>

<http://www.google.co.uk/url?url=http://www.worcestershire.nhs.uk/EasysiteWeb/getresource.axd%3FAssetID%3D4575%26type%3DFull%26servicetype%3DAttachment&rct=j&frm=1&q=&esrc=s&sa=U&ei=ev3AVPrcBYaE7gbfsoGoDQ&ved=0CDIQFjAG&usq=AFQjCNHMzEXe9i8W9bXfBH-3LVQywCJJSg>

http://lincolnshireeastccg.nhs.uk/component/docman/cat_view/50-nhsl-policies/55-health-and-safety/56-equality-impact-assessments?Itemid=136

http://www.homerton.nhs.uk/media/85939/mobile_phone_policy.pdf

<http://www.sussexpartnership.nhs.uk/about/equality/e-d-analysis/completed-impact-assessments/finish/966/8102>

It has been well documented that Mobile phones can be the cause of bullying and intimidation. It is known that often the phones are used for power, to intimidate others on Facebook and other social networks and to take and upload videos or pictures. Restricting service user's mobile phones on the wards could eliminate bullying, harassment and victimisation that can sometimes arise from electronic goods in the possession of service users.

All the above examples indicate that there is no impact or that there is overall a positive impact on all those who have or share a protected characteristic.

Other Sources of information

http://www.ons.gov.uk/ons/dcp171778_322713.pdf

Internet Access - Households and Individuals, 2013 by the ONS reported that: Access to the Internet using a mobile phone more than doubled between 2010 and 2013, from 24% to 53%.

There are distinct differences in how individuals make use of the Internet when analysed by age. As 'early-adopters', it is of little surprise that those adults in the two youngest age groups (16 to 24 and

25 to 34) are proportionately the largest users of many of the Internet activities surveyed.

The Internet provides a popular alternative to many of the traditional ways of completing every day tasks. For example, in 2007, approximately only one in five adults (18%) used the Internet to access health information using websites such as NHS direct. In 2013, 43% of all adults had used the Internet to find health information online. Among those aged 25 to 34 the rate of use increased to nearly 6 in 10 (59%).

The Internet has changed the way people go about their daily lives. Almost three quarters of adults in Great Britain used the Internet everyday (73%) in 2013, with 6 out of every 10 adults (61%) using a mobile phone or portable computer to access the Internet 'on the go'.

<http://tees.openrepository.com/tees/bitstream/10149/58462/1/58462.pdf>

Statistics show that in 2003, 88% of the UK population aged 15 to 24 owned mobile phones (ONS 2003) and this figure continues to rise.

<http://stakeholders.ofcom.org.uk/market-data-research/other/research-publications/adults/adults-media-lit-14/>

Adults' Media Use and Attitudes Report 2014 provided detailed evidence on media use, attitudes and understanding among UK adults aged 16+. It covered TV, radio, mobile, games, and the internet, with a particular focus on the latter. It took the view that:

Media literacy enables people to have the skills, knowledge and understanding they need to make full use of the opportunities presented both by traditional and by new communications services. Media literacy also helps people to manage content and communications, and protect themselves and their families from the potential risks associated with using these services.

Key themes from the report include the following:

- “There has been growth in take-up and use by older people, across a range of devices

- There has been growth in a range of online activities, particularly across communication and entertainment activities
- User-generated content is an information source for users, although online users are more likely to receive than to contribute content
- Privacy and security attitudes and behaviour continue to vary considerably by age group
- Among those with app-enabled devices, apps are more popular than browsers for some online activities

More UK adults, especially older adults, are now going online, using a range of devices

Over eight in ten (83%) of adults now go online using any type of device in any location. Nearly all 16-24s and 25-34s are now online (98%), and there has been a nine percentage point increase in those aged 65+ ever going online (42% vs. 33% in 2012).

The number of adults using tablets to go online has almost doubled; from 16% in 2012 to 30% in 2013. While almost all age-groups are more likely than previously to use tablets in this way, use by those aged 35-64 has doubled, while use by 65-74s has trebled; from 5% to 17%.

Six in ten UK adults (62%) now use a smartphone, an increase from 54% in 2012. This increase is driven by 25-34s and 45-54s, and those aged 65-74 are almost twice as likely to use a smartphone now compared to 2012 (20% vs. 12%).

The range of mobile activities has increased, particularly among 25-34s and 45-54s

These increases in take-up of mobile devices mirror an increase in the range of mobile activities that people are doing, many of which are communication- and entertainment-based. Over half (55%) of mobile users ever send / receive emails on mobile, and use their mobile to visit social networking sites or apps. Four in ten mobile users have ever used mobile phones to put photos or videos on sites like YouTube, while the same number (38%) use their phone for instant messaging. Almost three in ten ever use services like Skype or FaceTime on mobile phones.

American research found the following:

<http://www.pewresearch.org/fact-tank/2013/06/06/cell-phone-ownership-hits-91-of-adults/>

The Pew Research Center's Internet & American Life Project has found that Mobile phone ownership among adults has exceeded 90%. Mobile phones are now being used by 91% of adults, according to the survey conducted between April 17 and May 19 of 2,252 adults

<http://www.pewinternet.org/2012/04/13/digital-differences/>

Digital differences

Even beyond smartphones, both African Americans and English-speaking Latinos are as likely as whites to own any sort of mobile phone, and are more likely to use their phones for a wider range of activities. Ultimately, neither race nor gender are themselves part of the story of digital differences in its current form. Instead, age (being 65 or older) and having a low household income are the strongest negative predictors for internet use.

UK research found the following:

<http://diversity.bitc.org.uk/sites/default/files/kcfinder/files/RaceforOpportunity/Retail%20Sector.pdf>

Research Ethnic Minorities and the Retail Sector

It is stated here that there are high levels of mobile phone ownership amongst ethnic minority groups.

<http://www.weareapps.com/digitalreport.pdf>

UK mobile devices usage and demographic roundup- An overview of recent research and data on smartphone and tablet ownership in the UK, compiled in January 2013. Some of the key conclusions are presented below.

Generally speaking, there is a constant rise in smartphone ownership across all age ranges with only the over 60's showing any clear signs of reluctance. Use by the various socioeconomic groups is fairly even too, with only a slight dip from the DE category among males 15-24 but it's also fair to say that in the older age segments, the lower the social category, the sharper the dip in take-up.

There is very strong take-up of smartphones in the AB socioeconomic group, especially among women in the 25-34 age range, where take-up is a staggering 95%.

Tablets are a little way behind smartphones in take-up and the general age profile and SEG is older and more upmarket than the general smartphone ownership

Smartphone ownership is broadly above 50% in most age groups up to 45 for woman and 55 for men, with a distinct drop in ownership in the over 65's. Older men are far more likely to own a smartphone compared to their female counterparts, but in the younger age groups of 15-34 more women own a smartphone.

Like smartphones, tablet ownership is broadly similar across age ranges, with the only significant differences coming in older age groups. Again, as with smartphones, the over 65's are slower to take up the new digital devices. Although not reflected in these statistics, anecdotal evidence and the sheer number of apps for children indicate that tablet devices are heavily used by the very young.

There's little ready-available data on how the devices are being used beyond generalist categories

The research took a look at the impact smartphones are having on day-to-day lives – how important the always-on device is in people's lives and how they are using the devices to replace other media. Smartphones are also starting to take over the role of other media devices as more and more people are browsing the web or watching videos on their smartphones. There are no limitations as to where smartphones are being used. According to research done by Ofcom, 81% of the Smartphone users have their phone switched on all the time, even when they sleep. 51% of adults use their phones when they are socialising with others and 23% during mealtimes, even 22% of adults admit using their phones in the bathroom. The amount of people that find internet access on their phone more important than internet access on other devices has also risen since 2011. As browsing the internet on the phone is winning ground over browsing on our PC's and laptops. (All copyrights for statistics are acknowledged to be owned by those organisations mentioned in the original research)

http://www.gsma.com/mobilefordevelopment/wp-content/uploads/2013/01/GSMA_Women_and_Mobile-A_Global_Opportunity.pdf
Women & Mobile: A Global Opportunity

A study on the mobile phone gender gap in low and middle-income countries. This stuffy found that there is a gender gap in mobile usage in many low and middle income countries. It shows that a female in a low or middle-income country is 21% less likely to own

a mobile phone than a male. It also found Mobile phone ownership provides distinct benefits to women, including improved access to health.

http://dera.ioe.ac.uk/8318/1/gender_ict_briefing.pdf

How do boys and girls differ in their use of ICT? This research found that mobile phones are more popular and more heavily used by girls than boys and that girls are more likely to both suffer from and engage in cyber-bullying than boys.

3. Impact

Please answer the following

Consider the information gathered in section 2 above of this assessment form, comparing monitoring information with census data as appropriate (see www.ons.gov.uk Office National Statistics website) and considering any other earlier research or consultation. You should also look at the guidance in Appendix 1 with regard to the protected characteristics **stating the impact and giving the key reasons for your decision.**

Do you think that the policy impacts on people because of their age? (This includes children and young people up to 18 and older people)

The policy is consistent in its positive approach to keeping patients, carers and staff safe whilst using their mobile phones and other related devices on UHB premises, including people who share this characteristic. From the information gathered above any impact is at worst neutral and at best positive. As the policy is concerned with those who actually use their mobile phone on UHB premises and is not focussed on why people might not have a phone the issue of age difference, though noteworthy, plays a very limited contextual role. Further, it has been well documented that Mobile phones can be the cause of bullying and intimidation. The appropriate restriction of mobile phone usage and other related devices on the wards could eliminate bullying, harassment and victimisation, particularly in regard to young people.

Do you think that the policy impacts on people because of their caring responsibilities?

The policy is consistent in its positive approach to keeping patients, carers and staff safe whilst using their mobile phones and other related devices on UHB premises, including people who share this characteristic. From the information gathered above there does not appear to be any evidence that suggests any impact as a carer. However, the statistic that an overwhelming majority of people own a mobile phone indicates that carers would fall into that category. With that in mind, and taking account of caring roles and responsibilities it is possible that the policy could have a positive impact.

Do you think that the policy impacts on people because of their disability? (This includes Visual impairment, hearing impairment, physically disabled, Learning disability, some mental health issues, HIV positive, multiple sclerosis, cancer, diabetes and epilepsy.)

The policy is consistent in its positive approach to keeping patients, carers and staff safe whilst using their mobile phones and other related devices on UHB premises, including people who share this characteristic. From the information gathered above any impact is at worst neutral and at best positive. Although, one piece of research referred to a potential negative impact. However, the UHB through the Equality Manager knows that being able to use a mobile phone by those with a sensory loss is viewed positive by some patients.

A specific section has been added to ensure that those who are profoundly deaf or hard of hearing and who use a hearing aid are provided with appropriate support if they are unable to use earphones.

It has been well documented that Mobile phones can be the cause of bullying and intimidation. It is known that often the phones are used in hate crime to those who have a disability. The appropriate restriction of mobile phone usage and other related devices on the wards could eliminate bullying, harassment and victimisation that can sometimes arise from electronic goods in the possession of service users.

Do you think that the policy impacts on people because of Gender reassignment? (This includes Trans transgender and transvestites)

The policy is consistent in its positive approach to keeping patients, carers and staff safe whilst using their mobile phones and other related devices on UHB premises, including people who share this characteristic. From the information gathered above any impact appears to be neutral. It has been well documented that Mobile phones can be the cause of bullying and intimidation. It is known that often the phones are used in hate crime. The appropriate restriction of mobile phone usage and other related devices on the wards could eliminate bullying, harassment and victimisation that can sometime arise from electronic goods in the possession of service users.

Do you think that the policy impacts on people because of their being married or in a civil partnership?

No research evidence was found with regard to the impact of marriage or civil partnership. All the impact assessments found stated that there was no impact. The policy is consistent in its positive approach to keeping patients, carers and staff safe whilst using their mobile phones and other related devices on UHB premises, including people who share this characteristic.

Do you think that the policy impacts on people because of their being pregnant or just having had a baby?

The policy is consistent in its positive approach to keeping patients, carers and staff safe whilst using their mobile phones and other related devices on UHB premises, including people who share this characteristic. All the impact assessments found stated that there was no impact. No research evidence was found with regard to the impact of being pregnant or just having had a baby.

Do you think that the policy impacts on people because of their race? (This includes colour, nationality and citizenship or ethnic or national origin such as Gypsy and Traveller Communities.)

Some small amounts of research evidence were found with regard to the impact of race in regard to the high rate of ownership and thus likely usage. However, all the impact assessments found stated that there was no specific impact. This policy is consistent in

its positive approach to keeping patients, carers and staff safe whilst using their mobile phones and other related devices on UHB premises, including people who share this characteristic. It has been well documented that Mobile phones can be the cause of bullying and intimidation. It is known that often the phones are used in hate crime. The appropriate restriction of mobile phone usage and other related devices on the wards could eliminate bullying, harassment and victimisation.

Do you think that the policy impacts on people because of their religion, belief or non-belief? (Religious groups cover a wide range of groupings the most of which are Buddhist, Christians, Hindus, Jews, Muslims, and Sikhs. Consider these categories individually and collectively when considering impacts)

No research was identified or found that impacted on this particular protected characteristic. However, all the impact assessments found stated that there was no specific impact. This policy is consistent in its positive approach to keeping patients, carers and staff safe whilst using their mobile phones and other related devices on UHB premises, including people who share this characteristic.

Do you think that the policy impacts on men and woman in different ways?

The evidence from the research found suggests that mobile phone usage in relation to young girl differs from that of boys. Also that cyber-bullying is an issue that may affect girls more than boys. There does not appear to be that much of a distinction in usage in terms adult gender issues. This policy is consistent in its positive approach to keeping patients, carers and staff safe whilst using their mobile phones and other related devices on UHB premises, including people who share this characteristic. It has been well documented that Mobile phones can be the cause of bullying and intimidation. It is known that often the phones are used in cyber bullying. The appropriate restriction of mobile phone usage and other related devices on the wards could eliminate bullying, harassment and victimisation.

Do you think that the policy impacts on people because of their sexual orientation? (This includes Gay men, heterosexuals, lesbians and bi-sexuals)

No research evidence was found with regard to the impact of sexual orientation. All the impact assessments found stated that there was no impact. It has been well documented that Mobile phones can be the cause of bullying and intimidation in regard to certain sexual orientation. It is known that often the phones are used in cyber bullying. The policy is consistent in its positive approach to keeping patients, carers and staff safe whilst using their mobile phones and other related devices on UHB premises, including people who share this characteristic. The appropriate restriction of mobile phone usage and other related devices on the wards could eliminate bullying, harassment and victimisation.

Do you think that the policy impacts on people because of their Welsh language?

The policy is consistent in its positive approach to keeping patients, carers and staff safe whilst using their mobile phones and other related devices on UHB premises, including those who speak Welsh (as well as other languages). The policy impacts in relation to poster production and dissemination. Any posters distributed and put in public places, e.g. on wards will have to be bilingual as part of the current UHB Welsh language Scheme. By undertaking this action there is a likely that the impact will be positive for Welsh language speakers as well as the public image of the organisation as well as those who support the Welsh language but who do not speak Welsh.

4. Summary.

Which equality groups have positive or negative impacts been identified for (i.e. differential impact).

There is a positive impact on all patients and staff but particularly those who have some forms of sensory loss, as well as gender and issues to do with cyber-bullying.

Is the policy directly or indirectly discriminatory under the equalities legislation? The policy does not appear to be neither directly or indirectly discriminatory.

If the policy is indirectly discriminatory can it be justified under the relevant legislation? Not applicable

Appendix 3

Cardiff and Vale University Health Board Action Plan

Section B: Action

5. Please complete your action plan below. Issues you are likely to need to address include

- What **consultation** needs to take place with equality groups (bearing in mind any relevant consultation already done and any planned corporate consultation activities)

The Equality Manager and Welsh language officer have been consulted and contributed to this EQIA.

A Policy Drafting Group was previously formed consisting of:

Nursing Representation:

Senior Nurse Standards and Professional Regulation

Nurse representation from all Clinical Boards

Representative Therapies

Provided by Occupational Therapist

Representative

IT

Clinical Engineering

Medical Photography

Patient Experience

Governance Department

Human Resources

Staff Representation

Medical Representative

Medical Director's Office

- What **monitoring**/evaluation will be required to further assess the impact of any changes on equality target groups?
 - monitoring will take place retrospectively, following any incidents with any of the groups assessing the impact that the mobile phone policy may have had. Monitoring will be available through verbal or formal concerns raised by patients, visitors, or carers and staff at the UHB.

Equalities Impact Assessment Implementation Action Plan

| Issue to be addressed | Responsible Officer | Action Required | Timescale for completion | Action Taken | Comments |
|---|---|---------------------------------|-----------------------------------|---------------------|-----------------|
| Awareness of patients and carers will be raised through posters displayed across the UHB. Full copies will be made available on request, and made | Senior nurse Standards and professional regulation | Production of bilingual posters | Once the policy has been approved | | |

| | | | | | |
|--|--|---------------------------|--|--|--|
| available in different languages and format including Welsh. | | | | | |
| The policy will be available on the UHB intranet site | Head of Corporate Risk and Governance | To be put on the intranet | Once the policy has been approved | | |
| Health care providers will be made aware of the policy, their role and responsibilities at local induction. | Clinical Board leads | | At every local induction of healthcare providers | | |
| Once approved, an SBAR will be issued to all Clinical Board leads to inform them that the policy is available on the intranet site | Senior Nurse Standards and Professional Regulation | | Once the policy has been approved | | |
| | | | | | |

6. Report, publication and Review

Please record details of the report or file note which records the outcome of the EQIA together with any actions / recommendations being pursued (date, type of report etc)

Quality, Safety and Experience Committee – 10 December 2014

Please record details of where and when EQIA results will be published

Once the policy has been approved the documentation will be placed on the intranet and internet.

Please record when the EQIA will be subject to review.

Three years after the approval date in 2018.

Name of person completing ____ Kiethly Wilson ____

Signed _____

Date: _____

Name of Senior Manager Authorising Assessment and Action Plan for publication

Signed: __ Ruth Walker _____

Date: _____ 4 June 2015 _____

Format for publication of EQIA results

Executive Summary

Cardiff and Vale University Health Board (UHB) recognises that in today's society mobile phones and other mobile technologies have become an essential possession for many people. The aim of this policy is to set out the key principles regarding the safe and responsible use of all mobile phones to include staff, patients and visitors to the UHB. The policy is consistent in its positive approach to keeping patients, carers and staff safe whilst using their mobile phones and other related devices on UHB premises, including people who have protected characteristics. The appropriate restriction of mobile phone usage and other related devices on the wards could eliminate bullying, harassment and victimisation. Based on the research that was found and the equality impact assessments looked at the policy has an overall positive or neutral impact in regard to all the protected characteristics. There are particular beneficial impacts in regard to disability, age and sexual orientation. Welsh language issues will be addressed by the policy being made available in the language upon request and the public posters being bilingual. There is no equality based reason as to why the policy could not or should not go ahead.

Background

Whenever anyone is hospitalised or is receiving social or health care, communication with family and friends becomes an essential source of support and comfort. In addition, guidance issued by the Department of Health "Using Mobile Phones in Hospital" (2009) states patients should be allowed the widest possible use of mobile phones where the mobile phone will not represent a threat to the safety, dignity and privacy of patients or staff, or compromise the operation of electronic medical devices. This policy highlights the key principles regarding the safe and responsible use of mobile phones and other mobile technologies to include UHB staff, patients and visitors to the UHB to allow the widest possible use.

The Human Rights Act 1998 places a duty on the UHB to respect patients' privacy, and to protect their confidentiality. The Children's Act 2004 places a duty on the UHB to safeguard the welfare of children. With the rapid developments in technology which have the capability to take images, both photographic and moving video, the use of mobile phones presents a potential risk and challenge. In addition, more sophisticated mobile devices having access to the internet brings even more challenges. However safe and responsible use will ensure that the fundamental rights to communicate are not hindered whilst ensuring the privacy and dignity of the user and others is maintained. Mobile phones may be used subject to the consideration for the sensitivity and feelings of others.

Those involved in this EQIA included the author as well as the Equality Manager and the Welsh Language Officer.

The scope of the EQIA

The policy is consistent in its positive approach and impact in keeping patients, carers and staff safe whilst using their mobile phones and other related devices on UHB premises, including people who share the protected characteristics as well as Welsh Language speakers.

Information was sourced from legislation, Google searches on equality impact assessments and related research and the involvement of the policy draft group and other staff members.

The Equality Manager and the Welsh Language Officer were consulted as well as the Clinical Boards, Nurse Director and members of the Nursing and Midwifery Board.

Key findings

The key finding is that there is a beneficial impact on people who share the protected characteristics as well as Welsh Language speakers. There is a particular benefit for those who could potentially be on the receiving end of hate crime or cyber bullying, including those with a disability, some young people and those who may not be heterosexual.

It is noted that there is a lack of research in regard to some of the characteristics such as marriage and civil partnership and maternity and pregnancy. However, any gaps in the research are not the responsibility of this health board.

Recommendations

In conclusion, there is nothing from an equalities perspective that should prevent this policy going ahead. The positive impact and intent of the policy clearly indicates and expresses its intent for safety and no evidence was found that there were any negative impacts at this time. As with any other policy it should be reviewed three years after receiving approval by the appropriate Committee/Group.