



Policy for Control of Mobile Devices

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DOCUMENT CHANGE HISTORY		
Initiated by	Date	Author
Head of IS&T		IS&T Security & Resilience Manager
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2.1	February 2015	Reviewed by Andy Marrs
2.1	4 December 2015	Approved by Information Governance Group
3.0	17 th December 2015	Approved by Executive Leadership Board

Policy for Control of Mobile Devices

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Approved at Date	Executive Leadership Board 17 th December 2015
Review date of approved document	February 2017
Equality Impact Assessment	Completed
Linked procedural documents	N/A
Dissemination requirements	All Trust staff
Checklist completed?	Yes
Part of Trust's publication scheme	Yes

The East of England Ambulance Service NHS Trust has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Trust will not tolerate unfair discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity between people from different groups and foster good relations between people from different groups. This policy applies to all individuals working at all levels and grades for the Trust, including senior managers, officers, directors, non-executive directors, employees (whether permanent, fixed-term or temporary), consultants, governors, contractors, trainees, seconded staff, homeworkers, casual workers and agency staff, volunteers, interns, agents, sponsors, or any other person associated with the Trust.

All Trust policies can be provided in alternative formats.

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Under Review

1. Introduction

In certain circumstances having use of a portable mobile device can assist the staff in carrying out their duties therefore the Trust has made a significant investment in mobile devices.

2. Purpose

This policy defines the approach to be taken in the management of these devices to ensure appropriate standards are met, value for money is maximised and appropriate disposal measures are undertaken.

The objectives of the policy are to ensure Trust staff are aware of their responsibilities with regards to these devices and to ensure the reliability, resilience, maintainability, and supportability of these devices.

3. Duties

3.1 All Staff

Are responsible for using the equipment in a safe and controlled manner at all times.

Are responsible for identifying faulty equipment and informing the IS&T Department via the Service Desk so a resolution can be found.

Are responsible for identifying redundant equipment, informing the IS&T Department, and following IS&T processes for the correct disposal of equipment.

Are responsible for using the equipment in accordance with this policy

Are responsible for the safe storage and use of the equipment when not in use.

3.2 Line Managers

Are responsible for identifying which of their team members require mobile devices.

Are responsible for ensuring all requests for devices go through the IT Service desk.

Are responsible for notifying the IS&T Department of any change in business requirements that will necessitate a change in provided equipment, whether that be returning the device to the IS&T department or reallocation to another team member.

Are responsible for ensuring any DSE assessments are reviewed for staff receiving equipment.

3.3 Head of IS&T

Is responsible for implementing an equipment replacement programme as and when applicable.

3.4 IS&T Operational Staff

Are responsible for identifying equipment requiring replacement and managing the process of replacement and disposal in their areas.

3.5 The Head of IS&T and the IS&T Management Team

Are responsible for preparing any required business cases for obtaining capital or revenue funding required for large scale replacement of systems related to these devices.

4 Consultation and Communications with Stakeholders

Consultation will be via the departmental and staff representatives on the Information Governance Group, and when agreed will be communicated to all staff.

5 Definitions

5.1 Mobile Device

Any device capable of data or voice communications. For the purposes of this policy this does not include Airwave radio equipment.

6 Development

6.1 Prioritisation of Work

Devices will be provided by the Trust to staff meeting the following criteria:

- a) Staff are out of the office on business on a regular basis (half the week or more) or by the nature of their role must be contactable; or
- b) Staff who have on call duties or who are required in the event of an emergency; or
- c) Staff who fulfil certain roles and need to be contactable (e.g. signatories for certain key processes)

Ultimately, senior managers are responsible for determining who requires a device in accordance with Trust business needs, and IS&T staff will determine the most appropriate device.

6.2 Identification of Stakeholders

Stakeholders will be all staff requiring a mobile device, their line management and IS&T.

6.3 Responsibility for Document's Development

The development of this document is the responsibility of the IS&T Security and Resilience Manager, in conjunction with other senior IS&T managers.

7. Requesting a Mobile Device

All requests for mobile devices must be submitted to the IS&T Service Desk, either via email or via the self-service portal.

7.1 Issuing of Devices.

To ensure the best use of limited resources a single device will be issued to staff, either a device capable of voice only, or one capable of voice and data communications. Exceptions will only be permitted where it is deemed by senior management that a degree of resilience is necessary.

7.2 Personal Use

The Trust is required by tax legislation to pay national insurance contribution on all benefits in kind given to staff. The use of a Trust mobile devices for personal calls is considered a taxable benefit in kind by the Inland Revenue therefore it is the policy of the Trust that mobile devices are not for personnel use unless it is an emergency.

In order to satisfy the Inland Revenue this policy is being adhered and appropriately monitored spot checks will be carried out on a sample of mobile device users' monthly charges, in particular those where call charges or data usage is deemed excessive. These checks will be carried out by circulating a copy of the users' monthly mobile device bill, asking the user to complete a declaration identifying personal calls or declare all calls were solely for business purposes.

If a mobile device user declares non-emergency personnel calls it will be necessary for these charges to be repaid to the Trust.

7.3 Using Mobile Devices Whilst Driving

Staff should not under any circumstances use any mobile device whilst in control of a vehicle. No member of staff should put their own life or those of other drivers at risk for the sake of making or receiving a phone call, text or email. If it is deemed necessary by senior management that an individual may be required to use a mobile phone whilst driving then arrangements must be made via the Fleet department to have a suitable hands-free kit fitted to the vehicle(s).

7.4 Confidentiality

Staff should be aware of their surroundings when using a mobile device, especially when discussing confidential information. A breach of confidential information whether patient related, commercially confidential, in respect of staff and colleagues or any other sensitive information is a serious incident and will be subject to management action under the Trust's disciplinary policy.

7.5 Use of Mobile Devices on Other Sites

Many organisations, particularly in the NHS, have local rules regarding the use of mobile devices and these must always be respected.

7.6 Disposal of Mobile Devices

Staff should not dispose of any device themselves, they must return them to their local IT Department who will arrange disposal.

7.7 Register of Mobile Devices

A record of all mobile devices will be kept by IS&T. This record will detail the mobile device number, and name of person to whom the mobile device is issued. No mobile device may be transferred to another member of staff without authority from, and in arrangement with, IS&T.

Staff will be responsible for producing the device that is allocated to them if requested by IS&T staff or their manager.

7.8 Loss, Theft or Damage of a Mobile Device

All losses, thefts or damage to a mobile device should be reported to IS&T as soon as is practicable.

8 Equality Impact Assessment

This is attached, Executive Summary is in Appendix B

9 Dissemination and Implementation

9.1 Dissemination

This policy will be held in the document library and advertised in line with the Trust policy on dissemination of procedural documents.

It will be circulated within IS&T via the senior management team

9.2 Implementation

Technical implementation is currently in place in line with this policy, current legislation and best practice. IS&T staff will be expected to be experienced in these areas, any training needs will be identified via the PDR process and arranged.

10 Process for Monitoring Compliance and Effectiveness

As per 7.2 audits will be undertaken on compliance with the policy to ensure that mobile devices are being used for business purposes only.

10.1 Breaches of Policy

Failure to comply with the above procedure or misuse of any mobile device may result in Disciplinary action.

11 Standards/Key Performance Indicators

A service call will be scheduled monthly to carry out audits as per 7.2. See also Appendix B.

12 Associated Documents

Information Security Policy

IS&T Operational Security Policy

Appendices

- A Checklist
- B Monitoring Table
- C Equality Impact Assessment Executive Summary

Appendix A – Template for the Checklist for the Development or Review and Approval of Procedural Document

This should be completed and attached to any procedural document when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes/No/ N/A	Comments
1.	Purpose		
	Are the reasons for the development of the Document stated?	YES	
2.	Definitions		
	Have all key terms been clearly defined?	YES	
3.	Consultation		
	Have relevant stakeholders and/or users been consulted with?	YES	
4.	Equality Impact Assessment		
	Has the Trust Equality Impact Assessment Screening Form been completed and attached by the author and approved by the responsible Executive Director?		
5.	Monitoring		
	Has the Monitoring Table been fully completed and attached?	YES	
6.	References/Associated Documents		
	Are key references cited?	N/A	
	Are linked documents identified where appropriate?	YES	
6.	Approval		
	Does the Document identify which committee/group will approve it?	YES	
7.	Dissemination and Implementation		
	Is there an outline/plan to identify how this will be done?	N/A	
	Does the plan include the necessary training/support to ensure compliance?	N/A	
8.	Review Date		
	Is the review date identified?	No	Will be set upon approval at IGG

Information Governance Lead (or delegated authority)			
This Procedural Document complies with the Policy for the Development of Procedural Documents			
Name		Date	
Clinical Quality Team			
The Procedural Documents complies with the relevant NHSLA standards			
Name		Date	
Please attach to the procedural document and forward to the relevant committee for approval			

Appendix B – Monitoring Table

What	Who	How	Frequency	Evidence	Reporting arrangements	Acting recommendations on	Change in practice and lessons to be shared
Personal use	Designated individual in the Systems and Infrastructure team	Phone bill will be examined and any extraordinary use will be questioned	Monthly	Phone bills	Reports will be sent via line management	The Head of ICT will deal directly with staff line management and Finance	Repeated personal use may lead to disciplinary action being taken.

Under Review

Appendix C**Equality Impact Assessment: Executive Summary**

Executive Summary Page for Equality Impact Assessment:	
Document Reference:	Document Title: Policy for Control of Mobile Devices
Assessment Date:	Document Type: Policy
Responsible Director: Head of IS&T	Lead Manager: IS&T Security & Resilience Manager
Conclusion of Equality Impact Assessment: There are no adverse effects of this policy on any group	
Recommendations for Action Plan: None	
Risks Identified: None	
Approved by a member of the executive team:	
YES	NO
Name: Adrian Matthews	Position: Director of Strategy & Business Development
Signature: Approved via email	Date: 09/10/2012
This whole document should be stored with the master document and a final approved electronic copy must be sent to the Equality & Diversity Lead at Bedford Office	