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Author / Title: Fiona Prestwood, Information Governance Manager	Responsibility: Innovation, Information and Informatics (I ³) Service
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Which Principles of the NHS Constitution Apply? 3 Please list from principles 1-7 which apply	Which Staff Pledges of the NHS Constitution Apply? 3 Please list from staff pledges 1-7 which apply
Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? Yes	
Document for Public Display: Yes	
References check Completed by.....Tracey Roberts Cuffin.....Date...01/05/2018..... To be completed by Library and Knowledge Services Staff	

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BEHAVIOURAL STANDARDS FRAMEWORK

To help create a great place to work and a great place to be cared for, it is essential that our Trust policies, procedures and processes support our values and behaviours. This document, when used effectively, can help promote a workplace culture that values the contribution of everyone, shows support for staff as well as patients, recognises and celebrates the diversity of our staff, shows respect for everyone and ensures all our actions contribute to safe care and a safe working environment - all of which are principles of our Behavioural Standards Framework.

Behavioural Standards Framework – Expectations ‘at a glance’

Introduce yourself with #hello my name is. . . 	Value the contribution of everyone	Share learning with others
Be friendly and welcoming	Team working across all areas	Recognise diversity and celebrate this
Respect shown to everyone	Seek out and act on feedback	Ensure all our actions contribute to safe care and a safe working environment
Put patients at the centre of all we do	Be open and honest	For those who supervise / manage teams: ensure consistency and fairness in your approach
Show support to both staff and patients	Communicate effectively: listen to others and seek clarity when needed	Be proud of the role you do and how this contributes to patient care

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1. SUMMARY

This Procedure is a supporting document to the Acceptable Use Policy for Information Communication & Technology (ICT) Systems and Equipment by providing the Trust with procedures, guidance and rules for management of mobile phones and applications.

2. PURPOSE

This Procedure provides the process for the lifecycle of corporate and BYOD (Bring Your Own Device) mobile devices and applications used by staff within the Trust.

3. SCOPE

The scope of this Procedure covers

- (a) Mobile devices – includes issuing corporate mobile phones, smartphones, laptops and tablets and approval of BYOD devices.
- (b) Software Applications (apps) – applications for mobile devices

4. PROCEDURE

4.1 Mobile Devices (Trust)

4.1.1 Request a Trust Device

Staff need to make requests by email or phone via the I³ Service Desk. It must be accompanied by a Line Manager or budget holder's authorising email containing the budget code. All emails will be attached to the Service Desk call for reference.

4.1.2 Approval for a Trust Device

- (a) Laptop, encrypted data sticks and tablets will be processed by the I³ Service Procurement after approval from the IT Manager
- (b) Smartphones and mobile phones will be processed by I³ 3rd line support after approval from budget holder and IT Manager

The I³ service communicate rejected requests to the prospective user and Line Manager with an explanation

4.1.3 Configuration for a Trust Device

All devices requiring configuration will be configured using the standard device build unless authorised to use a specific build

Encrypted data sticks do not require configuration and will be allocated as packaged

4.1.4 Allocation and Delivery of a Trust Device

The 'Mobile Device Acceptance Form' will be prepared as part of the delivery by an engineer or 3rd line support ready for the user to sign. (Page 1 of the form is for the I³ member of staff to take away and keep, page 2 is to be retained by the user

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The intended user must sign this form only. Equipment can only be issued with a signature.

The form will be scanned and attached to the service desk call as a record of the delivery of the device.

4.1.5 Replacement of a Trust Device

Device to be replaced must be returned to I³ Service before a replacement can be made. Replacements must be authorised by budget holder should a cost be incurred. Replacement of the device will follow the same process as a new device.

4.1.6 Changing Role

Any changes in role should be notified to the I³ Service and any devices which are not agreed for use in the new role should be returned to their former Line Manager who may in-turn return to the I³ Service or ask for re-deployment to another member of staff within the area.

4.1.7 Trust Device no longer Required

Any devices no longer required must be returned to the I³ Service for re-deployment or secure disposal.

4.1.8 Leaving the Trust

All Trust owned devices must be returned to the I³ Service for re-deployment or secure disposal

Any personal items including documents, photos, and contacts must be removed from the device before they are returned, as the device will be wiped.

4.2 Personal Mobile Devices (BYOD)

4.2.1 Requesting Access via BYOD

The personal device needs to meet the minimum technical requirements for the device and iOS version (currently only Apple Device are available by BYOD), this will vary over time so confirmation will be made at the request stage. Note: BYOD is only available for low risk users for calendar and email only

4.2.2 Approval for BYOD

All prospective BYOD users must complete the following pre-requisites before the request can be processed;

- (a) Line Manager approval in writing for 2 costs (up to date costs can be obtained from the I³ Service)
 - 1. One-off for AirWatch and MSOutlook and MSWindows licences
 - 2. Monthly rental
- (b) Read and understood the BYOD User Acceptance Document, Policy for Acceptable Use (these will be sent to the user), this must be signed and returned to the email / address specified on the form

The request will then be approved or rejected; reason for rejection will be communicated to the prospective user.

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4.2.3 Configuration for BYOD

BYOD devices will be configured by the I³ 3rd line support with the standard build for the device.

4.2.4 Changing Role

The I³ Service Desk must be informed when the users changes role so the BYOD arrangements can be reviewed appropriately for the new role.

4.2.5 Leaving the Trust

The I³ Service Desk must be informed prior to the users leaving date so the device can be wiped of Trust data before the user leaves the Trust.

4.3 Personal Mobile Devices (Not Authorised for Trust Use)

May download and use 'green' rated apps as below if agreed within the clinical team. Unauthorised personal devices must not be used to record or store any identifiable data (personal confidential data) this includes images, recordings, photos of ward and clinical areas, patients and documentation.

4.4 Mobile Applications (Apps)

4.4.1 Requesting Access to Mobile Applications

Please refer to Table1: Applications.

The I³ Service provides Information Security risk assessments for applications; it does not provide clinical safety risk assessments or determines fitness for use of applications.

Table1: Applications

RED NOT ALLOWED ON BYOD AND PERSONAL DEVICES	
(a)	Medical or treatment applications. These applications may also request or store patient confidential data. They carry a patient safety risk and require rigorous external conformance testing and clinical safety sign off before being considered for use. They also carry a high information security risk and require information security risk assessment following sign off of the clinical safety case.
(b)	Applications that request / store personal confidential data or sensitive data (other than medical or treatment applications). Any application which requires the input or storage of staff or patient data carry a high information security risk and require information security risk assessment by the I ³ Service before use.
AMBER ASSESSMENT / APPROVAL IS REQUIRED	
(a)	Teaching applications – locally assessed and approved by the service area and recorded as such for governance purposes (ideally endorsed by a respected source). These must not require the input of patient personal confidential data.

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These will generally be suitable for use on personal BYOD and corporate devices

(b) Corporate Applications that have appropriate security approval from the I³ Service e.g. AirWatch, Egress Switch and BoardPad. These are available via the I³ Service. Not suitable for use on personal devices

GREEN

PERMITTED FOR USE ON PERSONAL, BYOD AND CORPORATE DEVICES

You may use application types below freely if they are endorsed by a respected source e.g. a professional body or listed on Health Apps Library

(a) Applications that provide information e.g. BNF, Snomed CT

(b) Applications for use by patients e.g. eHNA

4.4.2 Installation of Mobile Applications

I³ Service will only support the downloading and installation of Corporate Applications.

4.4.3 Leaving the Trust or Changing Roles

If a user leaves or changes roles they must inform the I³ Service Desk.

4.5 Contacts

Information Governance
 Information Security
 I³ Service Desk

Information.Governance@mbhci.nhs.uk
information.security@mbhci.nhs.uk
servicedesk@mbhci.nhs.uk

Extension: 46000 or 01524 516000

5. ATTACHMENTS	
Number	Title
1	Equality and Diversity Impact Assessment Tool

6. OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	Title and web links from the document library
	Mobile Device Acceptance Form available via the I ³ Service
	Bring Your Own Device (BYOD) User Acceptance available via the I ³ Service
Corp/Pol/116	Acceptable Use Policy for Information Communication & Technology (ICT) Systems and Equipment http://uhmb/cs/tpdl/Documents/CORP-POL-116.docx

7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS	
References in full	
Number	References
1	
2	

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8. DEFINITIONS / GLOSSARY OF TERMS	
Abbreviation or Term	Definition
Patient apps	Applications developed for use by patients
Snowmed CT	Collection of medical terms which provides codes, terms, synonyms and definitions used in clinical documentation and reporting.
BYOD	Bring your own device

9. CONSULTATION WITH STAFF AND PATIENTS	
Name	Job Title
Fiona Prestwood	Information Governance Manager
Gail Martin	Informatics Security Officer
Carol Hogarth	Information Governance Analyst
Marie Kincart	Information Governance Analyst
Katie Laytham	Information Governance Officer
Lee Coward	Head of IT

10. DISTRIBUTION PLAN	
Dissemination lead:	Fiona Prestwood
Previous document already being used?	No
If yes, in what format and where?	n/a
Proposed action to retrieve out-of-date copies of the document:	n/a
To be disseminated to:	
Document Library	
Proposed actions to communicate the document contents to staff:	Include in the UHMB Weekly News – New documents uploaded to the Document Library

11. TRAINING		
Is training required to be given due to the introduction of this policy? *Yes / No * Please delete as required		
Action by	Action required	Implementation Date

12. AMENDMENT HISTORY				
Version No.	Date of Issue	Page/Selection Changed	Description of Change	Review Date
1.1	30/10/2017	Page 3	BSF Added	01/12/2017
1.2	20/12/2017	Page 1	Review Date extended (form 217/2017)	01/04/2018
2	18/06/2018	All	Reviewed and updated	18/06/2021

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Appendix 1: Equality & Diversity Impact Assessment Tool



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Equality Impact Assessment Form

Department/Function	Innovation, Information and Informatics (I3) Service			
Lead Assessor	Fiona Prestwood			
What is being assessed?	Mobile Devices and Applications			
Date of assessment	05-07-2018			
What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.	Equality of Access to Health Group	<input type="checkbox"/>	Staff Side Colleagues	<input type="checkbox"/>
	Service Users	<input type="checkbox"/>	Staff Inclusion Network/s	<input type="checkbox"/>
	Personal Fair Diverse Champions	<input type="checkbox"/>	Other (Inc. external orgs)	<input type="checkbox"/>
	Please give details: I3 Risk Management Forum			

1) What is the impact on the following equality groups?		
Positive:	Negative:	Neutral:
<ul style="list-style-type: none"> ➤ Advance Equality of opportunity ➤ Foster good relations between different groups ➤ Address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ Unlawful discrimination, harassment and victimisation ➤ Failure to address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ It is quite acceptable for the assessment to come out as Neutral Impact. ➤ Be sure you can justify this decision with clear reasons and evidence if you are challenged
Equality Groups	Impact (Positive / Negative / Neutral)	Comments
Race (All ethnic groups)	Neutral	<ul style="list-style-type: none"> ➤ Provide brief description of the positive / negative impact identified benefits to the equality group. ➤ Is any impact identified intended or legal?
Disability (Including physical and mental impairments)	Neutral	
Sex	Neutral	
Gender reassignment	Neutral	
Religion or Belief	Neutral	
Sexual orientation	Neutral	
Age	Neutral	
Marriage and Civil Partnership	Neutral	
Pregnancy and maternity	Neutral	
Other (e.g. caring, human rights)	Neutral	

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2) In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation?	Not applicable
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<p>3) If your assessment identifies a negative impact on Equality Groups you must develop an action plan to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised.</p> <ul style="list-style-type: none"> ➤ This should include where it has been identified that further work will be undertaken to further explore the impact on equality groups ➤ This should be reviewed annually.
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Action Plan Summary

Action	Lead	Timescale

This form will be automatically submitted for review for Policies and Procedures once approved by Policy Group. For all other assessments, please return an electronic copy to EIA.forms@mbht.nhs.uk once completed.

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