



THE STATE HOSPITALS BOARD FOR SCOTLAND

**TECHNOLOGY AND ELECTRONIC DEVICES WITHIN THE STATE
HOSPITAL POLICY**

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The date for review detailed on the front of all State Hospital policies/ procedures/ guidance does not mean that the document becomes invalid from this date. The review date is advisory and the organisation reserves the right to review a policy/ procedure/ guidance at any time due to organisational/legal changes.

Staff are advised to always check that they are using the correct version of any policy/ procedure/ guidance rather than referring to locally held copies.

The most up to date version of all State Hospital policies/ procedures/ guidance can be found on the intranet: <http://intranet.tsh.scot.nhs.uk/Policies/Policy%20Docs/Forms/Category%20View.aspx>

REVIEW SUMMARY SHEET

No changes required to policy (evidence base checked)	<input checked="" type="checkbox"/>
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Changes required to policy (evidence base checked)	<input type="checkbox"/>
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1 Introduction

In order to maintain a safe and secure environment for everyone, The State Hospital's Board has exercised its powers under the National Health Service (Scotland) Act 1978, the Mental Health (Care and Treatment) (Scotland) Act 2003 and the Mental Health (Safety and Security) (Scotland) Regulations 2005 to restrict or prohibit certain items from entry to the Hospital.

The State Hospital (TSH) recognises the need for staff, patients and visitors to own and use technology within the Hospital, whilst also providing a safe and secure environment. This guidance provides detail on technology / devices authorised for use within the Hospital and any restrictions that may apply to the use of such technology or devices.

It is recognised that advances and developments in new technology are becoming increasingly rapid and that there is an ongoing need to evaluate and risk assess these new technologies. New technology or equipment should not be introduced until evaluation has been completed and authorisation given. Where staff have any doubts about the status of any technology / device they should seek advice from the Security Department. Failure to follow the terms of the policy may result in investigation and action being taken as appropriate.

2 Scope

The policy covers electronic equipment used by the following groups of people:

- Staff.
- Visitors.
- Patients.

Equipment and devices are covered under four categories:

- 1) Information Technology.
- 2) Entertainment equipment.
- 3) Communications equipment.
- 4) Photographic and video equipment

Examples of devices already approved for use are detailed in this policy. This is not an exhaustive list and all new requests by patients must be approved using the Patient Technology and Electronic Device Request Form (Appendix 1). The Procurement Department will only process orders where approval has been given. Devices being supplied by visitors must be approved using the same procedure. A flowchart detailing the procedure for patient requests is attached to this policy (see Appendix 2).

3 Roles and Responsibilities

- Clinical teams are responsible for assessing each technology request.
- Security Managers are responsible for assessing the technological capabilities of each piece of equipment requested.
- All staff are responsible for ensuring they do not bring prohibited items on site.
- Staff hosting a visit are responsible for informing their visitor of these restrictions.
- Reception staff are responsible for restricting access to authorised items.
- All staff are responsible for reporting any breaches of this policy.
- Any new technologies must be approved by the Security & Resilience Group before being allowed into the hospital.

4 Policy and procedure

Technology excluded from use in the Hospital includes, however is not limited to:

- Any item assisting unauthorised communication.
- Any item that can take a photograph.
- Electrical items that can connect to the intranet via wireless connection.
- Electronic devices capable of recording or recorded media.
- Wireless-enabled wearable technology devices (Activity Trackers, watches) with a screen.
- Items with Bluetooth will be restricted depending on use.

5 Staff

5.1 Information Technology

The State Hospital's Information and Network Security Policy and Mobile IT Equipment Policy applies to all staff.

In general, IT equipment that has not been issued by the Hospital's IT Department should not be brought in to the Hospital. Approved staff can bring in and take out Hospital owned and issued IT equipment. Approval is requested using the existing IT Equipment Request Form, is available on the intranet.

5.2 Entertainment Equipment

MP3 and similar music devices are permitted. Their use is subject to line management approval.

CDs and DVDs are only permitted after virus checking. eHealth Department must scan disks before use.

5.3 Communications Equipment

Authorised staff can bring in and take out Hospital owned and issued smartphone devices or similar equipment. Approval is requested using the Mobile Device Request Form, available on the intranet.

Staff issued with mobile phones are reminded that they should not be used within clinical areas or in the grounds and be kept out of sight of patients where possible. Phones should never be left unattended and are the responsibility of the authorised member of staff.

All other devices, including State Hospital mobile phone used by on call or escorting staff, must not be taken into the Hospital.

5.4 Photographic Equipment

Only Hospital owned photographic and video equipment can be used, subject to the already agreed protocols arranged with individual departments.

5.5 Activity Trackers

Only activity trackers without a LED screen are permitted into the Hospital.

5.6 Medical Equipment

If any staff member is required to wear a medical device they should inform their line manager who should then discuss same with the Deputy Physical Security Manager. Security staff do not need to

know what the device is for or what the device is they will only be informed that the individual is approved to have this on their person. Staff are responsible for checking with their physician if the device is safe to be worn walking through the metal detector or being passed through the x-ray machine.

6 Professional Visitors

Other NHS staff and visiting professional visitors are not allowed to bring any equipment into the Hospital, unless this has been detailed and approved on the Visitor Application Form (VAF). Equipment may also be subject to checking by IT prior to being approved for entry to the Hospital.

The introduction and use of removable storage media devices (CDs, DVDs, USB drives etc.) are subject to the same conditions and restrictions detailed above for staff.

Specific arrangements are in place for clerks to the Mental Health Tribunal Service, who are authorised to bring in laptops and recording equipment.

7 Contractors

Contractors may only bring in equipment essential to their work within the Hospital, which must be detailed and approved on the VAF.

Removable storage media (USB's etc) devices are subject to the same conditions and restrictions detailed above.

8 Visitors and Carers

Visitors and Carers are not permitted to bring any IT, entertainment, communications equipment or removable storage media devices into the Hospital without prior agreement as per the flow chart **not included** and request form.

Photographic equipment is not permitted. All photographs will be taken by Hospital staff in accordance with the agreed procedure.

9 Patients

Patients should not purchase any equipment until the Clinical Team has received approval from Security. A copy of the approval form must accompany any requests to Procurement.

9.1 Personal Computers

Patients are not authorised to own personal computers and any hardware or software including discs from magazines.

Computer equipment will be available for patient use when supplied by the Hospital in ward communal areas and off ward therapy areas such as the Patient Learning Centre, Craft and Design, PAC and Gardens.

9.2 Games Consoles

Recent generations of gaming equipment contains powerful pieces of hardware that contain PC attributes including connectivity.

Patients should not arrange to purchase any equipment or games until approval has been received

from the Clinical Team. The Clinical Team should assess any requests from patients for the use of a privately owned games console and any associated software. Requests including details on any equipment to be purchased should be e-mailed to the Deputy Physical Security Manager.

Most early generation equipment is acceptable. Examples of games consoles already approved include:

- Sony PS1.
- Sony PS2.
- Microsoft X Box.
- Microsoft X Box 360 via Gemma records only with WiFi component removed and security seals attached.

The following games consoles are currently not approved for use:

- Microsoft X Box 360 or x-box one.
- Sony PS3 or PS4.
- Nintendo Wii.
- Nintendo DS Lite.
- Sony PSP portable.

The above lists are not exhaustive. Clinical Teams must request approval for all equipment.

9.3 Console Games

Patients should not arrange to purchase any games until approval has been received from the Clinical Team. The Clinical Team should assess any requests from patients for the use of privately owned games and determine the number of disks allowed within their room but this should not contravene the protocol for the number of items permitted.

Within this policy and the Patient Access to Sexually Explicit & Violent Materials Policy access to console games for patients must meet the following criteria:

- The patient library will only hold up to PEGI rating '12' certificated console games.
- All games would require prior approval by the clinical team. (International rating scales would need to be reviewed using the PEGI rating scale prior to authorisation being sought).
- The clinical team can refuse access to **any** film or game if they believe this to be inappropriate for that individual.
- A PEGI rating of '18' will not be permitted within a High Secure Setting.
- Any games currently held under the previous BBFC rating scale should not be above an age 15 unless prior approval has been sought from the clinical team.
- All console games that are brought in by visitors or via mail should be assessed using the above criteria and approved by the clinical team and recorded on the patient's property record prior to the patient accessing the game.

9.4 Televisions

Analogue, Digital and Digibox TVs are permitted, in addition to SMART TVs up to 24" screen size with the exception of internet enabled models (e.g. wireless or 3/4G)

Some digital TVs and 'digiboxes' have inbuilt hard drives, facilitating direct recording which are permitted. The parental lock facility may be enabled, to prevent access to specific channels, on a Hospital wide or individual patient basis and patients must agree to this condition before purchasing or receiving such equipment.

9.5 DVD Player / Recorder

Wards will limit access to the quantity of recordable disks in accordance with the current protocols in this respect. All blank disks must be purchased through the Hospital outside purchases scheme.

Only original versions of pre-recorded disks will be permitted and will be checked by Security staff to ensure that they are genuine.

9.6 VCR

All pre-recorded tapes will be checked to ensure they do not contain any illegal material or content that could compromise security and safety by Security staff before being passed to the ward.

The Clinical Team are responsible for decisions relating to the appropriateness of content for viewing through any media by patients.

Radio, CD player, older musical devices including record players and tape /cassette players are allowed as separates or as part of an integrated Hi-Fi system. (Tape recorders must not have a microphone).

9.7 Musical instruments / amplifier

Consideration will be given to individual applications via the Clinical Team.

9.8 Communications Equipment

A legislative duty on the provision of communication equipment and support in using that equipment was introduced through [Part 4 of the Health \(Tobacco, Nicotine etc. and Care\) \(Scotland\) Act 2016](#). For the first time, this gives children and adults in Scotland of all ages and from all care groups, the right to the communication equipment and the support they need to use their communication equipment. Where a need is identified in this area which can only be met through the provision of an electronic device, then the provision of this will be authorised by the Director of Security, Estates & Resilience.

9.9 Photographic / Video Equipment

No equipment permitted.

10 Equality and Diversity

The State Hospitals Board (the Board) is committed to valuing and supporting equality and diversity, ensuring patients, carers, volunteers and staff are treated with dignity and respect. Policy development incorporates consideration of the needs of all Protected Characteristic groups in relation to inclusivity, accessibility, equity of impact and attention to practice which may unintentionally cause prejudice and / or discrimination.

The Board recognises the need to ensure all stakeholders are supported to understand information about how services are delivered. Based on what is proportionate and reasonable, we can provide information/documents in alternative formats and are happy to discuss individual needs in this respect. If information is required in an alternative format, please contact the Person-Centred Improvement Lead on 01555 842072.

Line Managers are responsible for ensuring that staff can undertake their role, adhering to policies and procedures. Specialist advice is available to managers to ensure that reasonable adjustments are in place to enable staff to understand and comply with policies and procedures. The EQIA

considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

Patient pre-admission assessment processes and ongoing review of individual care and treatment plans support a tailored approach to meeting the needs of patients who experience barriers to communication (e.g. Dementia, Autism, Intellectual Disability, sensory impairment). Rapid access to interpretation / translation services enables an inclusive approach to engage patients for whom English is not their first language. Admission processes include assessment of physical disability with access to local services to support implementation of reasonable adjustments. Patients are encouraged to disclose their faith / religion / beliefs, highlighting any adapted practice required to support individual need in this respect. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

Carers / Named Persons are encouraged to highlight any barriers to communication, physical disability or anything else which would prevent them from being meaningfully involved in the patient's care (where the patient has consented) and / or other aspects of the work of the Hospital relevant to their role. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy".

The volunteer recruitment and induction process supports volunteers to highlight any barriers to communication, physical disability or anything else which would prevent them from contributing meaningfully to patient care and / or engage in other aspects of the work of the Hospital relevant to their role. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

11 Stakeholder Engagement

No changes were required to the policy; therefore, stakeholder engagement was not necessary for this review.

Key Stakeholders	Consulted (Y/N)
Patients	N/A
Staff	N/A
The Board	N/A
Carers	N/A
Volunteers	N/A

12 Communication, Implementation, Monitoring and Review of Policy

This policy will be communicated to all stakeholders within TSH via the intranet and through the staff bulletin. If required the Person Centred Improvement Service will facilitate communication with Patients, Carers and Volunteers.

The Security, Resilience, Health & Safety Oversight Group will be responsible for the implementation and monitoring of this policy.

Any deviation from policy should be notified directly to the policy Lead Author. The Lead Author will be responsible for notifying the Advisory Group of the occurrence.

This policy will be reviewed every three years or earlier if required.

Appendix 1: Patient Technology and Electronic Device Request Form

Patient Technology and Electronic Device Request Form

Patients Details

Name		Ward	
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Staff Details

Name		Contact No	
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Equipment Requested (Please supply as much detail as possible)

Item			
Catalogue Number		Ser No	
How is item to be purchased / supplied?	Outside purchases / SOD / Visitor / Carer		
Supplier			

Clinical Team Approval

We support the request and agree that the patient has the funds available to meet the purchase cost of this item and do not have any concerns about the suitability or age appropriateness of this media for this individual.		
Lead Nurse/SCN		Date
Signature		
RMO		Date
Signature		

Appendix 2: Procedure for Patient Requests

Procedure for Patient Requests

