



**Sherwood Forest Hospitals**  
NHS Foundation Trust

## INSTANT MESSAGING GUIDANCE

<b>Document Category:</b>	<b>GOVERNANCE</b>		
<b>Document Type:</b>	<b>GUIDELINE</b>		
<b>Keywords:</b>	WhatsApp, Copilot, Teams, SMS		
<b>Version:</b>	<b>Issue Date:</b>	<b>Review Date:</b>	
2	January 2026	November 2027	
<b>Supersedes:</b>	V1		
<b>Approved by (committee/group):</b>	Data Protection and Cyber Security Committee	<b>Date Approved:</b>	17 <sup>th</sup> November 2025
<b>Scope/ Target Audience:</b> (delete as applicable / describe)	Trustwide		
<b>Evidence Base/ References:</b>	<a href="https://www.england.nhs.uk">Using mobile messaging - NHS Transformation Directorate (england.nhs.uk)</a>		
<b>Lead Division:</b>	Corporate		
<b>Lead Specialty:</b>	Information Governance		
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<b>Sponsor:</b>	Chief Digital Information Officer (CDIO)		
<i>Name the documents here or record not applicable</i>			
Associated Policy	<ul style="list-style-type: none"> <li>Information Security Policy</li> <li>Data Protection, Confidentiality and Disclosure Policy</li> </ul>		
Associated Procedure(s)			
Associated Pathway(s)			
Associated Standard Operating Procedure(s)			
Other associated documents e.g. documentation/ forms			
<b>Consultation Undertaken:</b>	Information Governance Working Group		
<b>Template control:</b>	v1.4 November 2019		

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## 1 INTRODUCTION/ BACKGROUND

Delivering a high standard of healthcare relies on effective communication. Healthcare professionals are increasingly turning to instant messaging apps, such as WhatsApp, despite potential risks to patient confidentiality and security. Mobile messaging is a useful tool in supporting the delivery of individual care, particularly in acute hospital settings.

There are many advantages of using instant messaging in a clinical environment including saving time when making a clinical decision within a care team, communication is quick and easily accessible, patient referrals may be of a higher quality as there is the ability to share images and it is mobile.

Healthcare professionals also use instant messaging to co-ordinate shift cover and deliver business messages to teams.

## 2 AIMS/ OBJECTIVES/ PURPOSE (including Related Trust Documents)

This guidance is aimed at supporting safe and secure mobile messaging and is designed to help staff in health and care organisations use mobile messaging (including instant messaging), safely and securely to co-ordinate patient or service users' care.

### Related Trust Documents

- Information Security Policy
- Data Protection, Confidentiality and Disclosure Policy

## 3 GUIDELINE DETAILS

Mobile messaging can be useful in health and care settings, particularly in emergency situations, but you should take sufficient steps to safeguard confidentiality.

It is acceptable to use mobile messaging to communicate with colleagues regarding patients or service users when necessary. Commercial, off-the-shelf applications such as WhatsApp and Telegram may be used where no practical alternative exists, and the benefits outweigh the risks.

### Legal considerations

All mobile messaging services used by healthcare professionals must adhere to additional security and privacy standards, which many currently do not meet. Although WhatsApp provides end-to-end encryption for data in transit, data stored on devices and servers must

also comply with these standards.

There is no formal arrangement between users and the messaging services in respect of processing and storing patient information which is fundamental under DPA/GDPR.

Some healthcare professionals believe that WhatsApp can be used for clinical communication as long as all patient data is fully anonymised. However, while anonymisation safeguards privacy, it may overlook the principle of 'do no harm'—a concept attributed to Thomas Inman, the Liverpool surgeon.

When using WhatsApp, all healthcare professionals involved in patient discussions must be fully confident in the patient's identity (positive patient identification) to avoid the risk of patient harm.

By using WhatsApp as a medium to transfer anonymised information, healthcare professionals may inadvertently prioritise patient confidentiality over patient safety. Instant messaging can have clinical utility, but it is important to remember that the law places obligations on organisations to protect patient confidentiality. Healthcare professionals may also be subject to regulatory investigation if they have not taken sufficient steps to safeguard confidentiality.

**Freedom of Information Act/Data Protection Act 2018 Notice:** Content of messages may be subject to disclosure under the Freedom of Information Act and/or Data Protection Act 2018.

### **Using Instant Messaging in an Emergency Situation**

NHS England issued guidance in 2022 describing the circumstances under which doctors, nurses and other healthcare staff can use messaging apps within care settings. A proportionate approach is therefore needed: staff must balance the benefits and risks of instant messaging depending on the purpose for which they wish to use it (e.g. using it in an emergency versus as a general communication tool). This is the link to the guidance: [Using mobile messaging - NHS Transformation Directorate \(england.nhs.uk\)](https://www.england.nhs.uk/using-mobile-messaging/)

### **Clinical Decision Making**

There are clear advantages for using WhatsApp and other instant messaging apps for clinical purposes within a care team. The information is communicated quickly and is accessible instantly.

**Messaging can expedite clinical decisions, improve referral quality, and support shift coordination.**

The messaging does not replace the formal health and care record and therefore any clinical decisions transferred for instant messaging need to be documented in the health record.

Below are a series of tips from NHS England that will help you to use mobile messaging safely and keep information confidential.

### Tips for using mobile messaging safely

- The mobile messaging conversation does not replace the formal health and care record. Instead, keep separate health and care records, transfer any clinical decisions communicated via mobile messaging as soon as possible and delete the original messaging notes
- Remember that mobile messaging conversations may be subject to freedom of information (FOI) requests or subject access requests (SARs).
- Do not allow anyone else to use your device.
- Switch on additional security settings such as two-step verification.
- Set your device to require a passcode immediately, and for it to lock out after a short period of not being used.
- Disable message notifications on your device's lock-screen.
- Enable the remote-wipe feature in case your device is lost or stolen. You should be aware that if this happens, then everything is deleted from your phone, including contacts and photos.
- Ensure you are communicating with the correct person or group, especially if you have many similar names stored in your personal device's address book.
- If you are a mobile messaging group administrator, take great care when selecting the membership of the group, and review the membership regularly.
- Separate your social groups on mobile messaging from any groups that share clinical or operational information.
- Review any links to other apps that may be included with the mobile messaging software and consider whether they are best switched off.
- Unlink the app from your photo library.
- Be sure to follow your organisation's policies in relation to mobile devices and mobile messaging.
- Remember that if you're using your own device losing it will now have professional as well as personal ramifications.

### Summary Security Measures

- Enable two-step verification and passcodes.
- Disable lock-screen message previews.
- Use remote-wipe features.
- Avoid linking messaging apps to photo libraries.

**Staff Responsibilities:** All staff must use messaging responsibly and avoid sharing identifiable or defamatory content.

**Monitoring:** Use of messaging apps may be monitored, and misuse can lead to disciplinary action.

## 5 EQUALITY IMPACT ASSESSMENT (please complete all sections of form)

- [Guidance on how to complete an Equality Impact Assessment](#)
- [Sample completed form](#)

Name of service/policy/procedure being reviewed: Instant Messaging Guidance			
New or existing service/policy/procedure: NEW			
Date of Assessment: 7 <sup>th</sup> January 2026			
<i>For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)</i>			
Protected Characteristic	a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?	b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?	c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality
The area of policy or its implementation being assessed:			
Race and Ethnicity:	No	None	Not applicable
Gender:	No	None	Not applicable
Age:	No	None	Not applicable
Religion:	No	None	Not applicable
Disability:	No	None	Not applicable
Sexuality:	No	None	Not applicable
Pregnancy and Maternity:	No	None	Not applicable
Gender Reassignment:	No	None	Not applicable
Marriage and Civil Partnership:	No	None	Not applicable
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation):	No	None	Not applicable

What consultation with protected characteristic groups including patient groups have you carried out?

- None.

What data or information did you use in support of this EqIA?

- Trust procedure.

As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?

- No

Level of impact

Low Level of Impact

Name of Responsible Person undertaking this assessment: G Robinson

Signature: GR

Date: 7<sup>th</sup> January 2026