East London
NHS Foundation Trust

Digital Working Policy

Version number :	1.0
Consultation Groups	Members of IGSG Members of IMTAC Service users Therapy leads
Approved by (Sponsor Group)	Information Governance Steering Group
Ratified by:	Quality Committee
Date ratified:	10th February 2021
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Implementation Date :	February 2021
Last Review Date	February 2021
Next Review date:	February 2024

Services	Applicable
Trustwide	X
Mental Health and LD	
Community Health Services	

Version Control Summary

Version	Date	Author	Status	Comment
V1.0 Final	13.01.2021	DPO	Final	

Contents

1.0 Purpose of this Document

1.1 ELFT supports digital methods of communication wherever appropriate including text messaging / WhatsApp messaging colleagues, text messaging patients and carers, sending information by email about patients and carers to colleagues, sending information to patients / carers by email, holding virtual meetings, holding virtual consultations, accessing clinical systems remotely, accessing Trust information remotely whenever it is safe to do so and the right controls are in place. This list is not exhaustive.

1.2 Digital meetings are an effective use of time and facilitate inclusion where individuals may otherwise be unable to participate.

1.3 Digital clinical consultations can play an important role in helping fit clinical consultations around service users' everyday lives and in maintaining ongoing communications between service users and clinicians. This is especially important during periods of national lockdown where digital consultation may be the only option.

1.4 This policy sets out the Trust's approach to supporting digital working life. It is high level and generic, covering basic principles. Users should also consult their own professional organisation for guidelines specific to their specialism. Given rapid advances in technology and the constant availability of new products, confirmation should be sought from the Trust's ICT Department on the latest preferred platforms.

2.0 Duties

2.1 Chief Executive – has overall responsibility for ensuring the personal data of individuals is processed in accordance with the law.

2.2 Caldicott Guardian – ensures ethical considerations are taken into account when processing data about service users.

2.3 Senior Information Risk Owner (SIRO) – ensures information risk is considered and managed.

2.4 Data Protection Officer (DPO) – ensures the Trust meets its data protection and confidentiality responsibilities.

2.5 Managers – ensure their staff understand principles of confidentiality and have the means to work safely and securely at all times.

2.6 All staff – ensure personal responsibility for the safe and confidential processing of information about individuals.

3.0 Basic principles to support remote digital working

3.1 Printouts or documents containing personal or other confidential data must not be displayed where they can be seen by unauthorised persons. When transporting equipment or files these should not be left unattended in any location, and never left in plain sight in unsecured office areas, cars, public areas, public transport or hotels.

3.2 Where an employee is working from home, they should use the same principles which would apply in a public area when viewing and storing documents. Any confidential information should not be visible to other people who may live in the home.

3.3 Documents must be securely shredded to Trust standards as soon as they are no longer required. If this is not possible they should be returned using a secure delivery method to the workplace for secure disposal. Delivery methods include Royal Mail Special Delivery, Trust approved couriers or self-delivery. Arrangements should be made each time for their safe receipt and storage.

3.4 When not in use any print outs or documents must be locked away in a secure container/cupboard.

3.5 If data is stored on a memory stick it should be a Trust approved encrypted one.

3.6 Laptops and other devices must be encrypted.

3.7 Work related emails containing sensitive information must not be sent to personal email addresses. Where it is necessary to send sensitive information to a patient, email [secure] should be used to ensure the material is encrypted.

4.0 Work related digital meetings between colleagues and other agencies

4.1 Digital meetings have the same etiquette and principles as face to face meetings.

4.1.1 Chair responsibilities:

- Ensures the security and confidentiality of the digital meeting space
- Checks the identity of participants and ensure it is appropriate for them to attend
- Confirms housekeeping rules
- Explains how to use functions contained within the digital platform
- Ensures control and inclusiveness by managing Chat comments and raised Hands

4.1.2 Participant responsibilities:

- Participants must able to use digital meeting technology from the commencement of the meeting. Participants should not wait until the meeting starts to discover there are barriers to participation. If unsure, attempt a dummy session prior to the meeting or seek help which may be from the Chair, ICT or other colleagues
- Ensure that cameras are switched on wherever possible
- Extend the same courtesy as a face to face meeting and avoid checking emails, making phone calls or having side meetings
- Adhere to any housekeeping rules set out by the Chair

4.1.3 Housekeeping:

- In large meetings the Chair may control the meeting by use of the ‘Mute all’ or other functionality
- In large meetings where there are connection issues the Chair may ask that video cameras are switched off
- The Chair may ask individuals to confirm attendance by adding their name in the Chat function
- The Chair may ask individuals to use the ‘Raise hand’ function prior to speaking
- It is good practice to use the mute button when not speaking to avoid background noise
- It is good practice to use the chat function (either to the group or an individual) to reduce distraction from the main discussion
- Ensure that raised hands are removed once the point to be made has been discussed
- Confirm your identity when speaking if a) participants may not recognise you or b) when joining without a video link
- Use screen share lo discuss a paper or agenda item and remove the item from screen share when viewing is no longer necessary

5.0 Digital clinical consultations

5.1.1 Clinical consultations may be undertaken by telephone, video calls on smartphones or computer / tablet / smart-phone based platforms. A list of currently available platforms together with guides is included on the intranet at http://elftintranet/sites/common/Private/Community_View.aspx?id=407&pageid=4548 Users should check with ICT if clarification is required.

5.1.2 Clinical activities which might be undertaken virtually include:

- Screening and triage assessments
- Health and social welfare checks
- Initial mental health assessments
- Specialist mental health assessments
- Risk assessments
- Diagnostic assessments
- Some assessments and clinical meetings within the auspices of the Mental Health Act

- Sharing a diagnosis
- Agreeing a treatment plan
- Treatment reviews
- Outpatient and CPA reviews
- Carers' assessments
- Therapy sessions
- Group appointments
- Group therapy
- Therapeutic webinars

6.0 When is a digital consultation appropriate?

6.1 Patients and service users must be actively involved in considering options for contact prior to any digital consultation taking place. Where appropriate they should be supported throughout their care to develop digital skills to enable this.

6.2 Points for consideration may include:

- Is face-to-face care a better option or is it actually viable?
- Has this individual made good use of technology previously?
- Are there potential risk concerns that require a face-to-face or domiciliary assessment? Examples might include concerns about the home environment or vulnerability to domestic abuse
- Is the individual likely to find a place where they can safely speak, at home, with an appropriate level of privacy
- Is this individual well enough to cope with a virtual consultation currently (capacity to engage with a telephone call or managing the potential physical constraints of being in front of a computer/tablet for a period of time)
- Will there be limitations in the extent and range of non-verbal communications?
- Are the clinician and the patient likely to cope with the technology?
- Would a blended approach of initial face-to-face followed by virtual follow-ups be best?
- Is an interpreter needed? This will add a layer of complexity and require more planning

- Is a digital pod helpful? The use of a digital pod (a digitally enabled physical location provided by the trust) might facilitate digital engagement and support the development of digital confidence

7.0 Discussion prior to arranging a first digital consultation

7.1 Discussion points with the patient should include:

- The reason for offering a digital rather than face to face consultation. A digital consultation is voluntary, but in some circumstances (such as during a pandemic) it may not be possible to offer a face to face consultation. Be mindful that not everyone has the technology or technical ability for a digital consultation

- The different platforms available, including video conferencing, apps and telephone. Be guided by your patient's preference. Some platforms are insecure and are not recommended. The ICT team maintains a list of recommended platforms, available via Service Now

- Clinician recording. The consultation will not usually be recorded by the clinician but key points and outcomes will be documented in the clinical notes (in the same way that a face to face consultation would be)

- Patients have a right to record the session, particularly if it aids their understanding. Nonetheless they should be encouraged to make this known prior to any recording taking place as covert recording is not encouraged or endorsed

- That although digital consultations are secure the patient should ensure they have adequate anti-spyware and anti- virus protection to prevent unauthorised access / eavesdropping

- Some digital applications store information locally on the computer being used. Patients should be mindful if using a public or shared computer

- Video calls via mobile phones may only be as secure as any other phone call on that network

- If using a shared account with other family members the patient must take responsibility for ensuring their information remains confidential

- If they are likely to be disturbed by other people in their home, consider locking the door or placing a 'Do not disturb' notice to prevent distraction. Professionals should also consider this option to reduce the risk they will be disturbed during a consultation

- An agreement as to the best time for a digital consultation – this may be outside normal appointment times

- That verbal consent is needed to undertake a digital consultation. Record the consent on the Additional Personal information field on RiO or where appropriate on other clinical systems

8.0 Arranging a virtual consultation

8.1 Virtual consultations must be planned in advance:

- Agree what platform will be used

- Arrange the appointment by phone and follow-up by e-mail with connection instructions

- Be absolutely clear about start and end times of the appointment. Virtual consultations may take more time so this should be scheduled in

- Factor in time to read up on the patient’s history prior to the consultation (key risks may be less apparent without visual cues). Plan your content and structure

  Be available to start the consultation on time as late starts can be distressing and anxiety provoking and may cause the recipient to think their technology is not working

- Where a telephone consultation is taking place agree who will call whom and on what number

- Discuss if information resources will be used during the consultation and if so how this will be done – emailing prior to the session, or screen sharing whilst the session is in progress (ensure the patient knows how to screen share if they want to share information with you)

- Agree back up plans if the IT fails

- Explain how the software works – chat, raised hand, camera, whiteboard etc and if these will be used

- Consider a practice run to ensure the patient is comfortable with the link and know how it works:

  - Check the software works (WebEx, clinic.co etc)

  - Test the hardware works (camera, speaker, microphone) especially if external hardware

  - Close unnecessary applications and tabs as this may slow the session down

  - Consider the use of headphones to cut out unwanted noise and maximise the sound quality of participants’ voices

  - Check the siting of the hardware:

    - If there is a window behind you the patient will only see a silhouette rather than your face

        - Choose your background carefully, balancing a display of humanity with any risk of breaching confidentiality through personally identifying effects on display or even materials which could identify other patients

        - If you intend to use a virtual background you must yell them beforehand as this may be distressing or even literally interpreted (why is my psychiatrist standing in front of the Golden Gate Bridge?)

    - Digital calls / meetings may pick up background noise or interference. Advice the patient you may ask them to mute their device whilst not speaking as this may help

    - Advise them you may also ask them to turn off the camera if reception is poor

9.0 Risk assessment prior to the digital consultation

9.1 There should be a plan to mitigate any risks that may occur during the consultation:

- Establish where the person is at the start of the consultation in case the person becomes acutely distressed and emergency action is required to manage acute risk or severe distress.

- What you would do if a patient terminated a session especially if they had intentions to harm themselves or others

- If a patient is in crisis do you have a plan to ensure this is followed up after the session (email, another digital session, phone call etc)

10.0 During the digital consultation

10.1 Privacy and confidentiality standards for a digital consultation must be at least as high as that offered during a face to face consultation. Sensitive personal information must be safeguarded at all times:

- Ensure there are no disruptions on your part such as children coming into a room or your phone ringing

- Ensure your face, head and shoulders are clearly visible and you adhere to staff dress codes

- Create and join the meeting before the meeting time, late arrive may lead the person to think they have the wrong detail or dysfunctional technology which might cause distress. If you will be late consider sending a message to reassure the person.

- Introduce yourself, and show your Trust ID badge to camera to provide assurance around your identity.

- Ask your patient to do introduce themselves and confirm their identity, and current location.

- Advise the purpose of the session and how long it is likely to last

- Confirm the boundaries of confidentiality and ask your patient to give verbal consent to hold a digital consultation

- Advise the patient they may record sessions if it helps aid their understanding and to let you know if they are. Advise that covert recording is not endorsed or supported

- If you intend to record the session you must seek the explicit consent of the patient – advise the purpose of the recording and where you will store it

- Ensure your patient is in a private comfortable place where they cannot be overheard. Establish who else is in the patient's environment, this is important where domestic violence may be an issue. Patients should give verbal consent for others to be in attendance

- If others are around, agree what you will do if the patient (or you) wants to stop the consultation – a raised hand, a simple word or phrase if simply asking for the consultation to pause may be problematic

- Be aware that digital consultations may reduce formality and cause blurring of boundaries. Consider how you will manage this.

- If possible use a specific web camera positioned at or above your eye level. Always have your camera face on and aim to look into the camera where possible as you would looking into the person's face. An explicit discussion of this may be helpful where nonverbal communication is having a negative impact on the consultation.

- Consider formally agreeing a joint agenda for the meeting and using "capsule summaries" (mini summaries of the discussion so far) to aid the structure and flow of the session.

- Be alert to individuals struggling with the intensity of a virtual consultation and consider shorter sessions where needed, or be prepared to extend the session if a slower communication speed requires this.

- Check understanding and agreement frequently and provide signposting and clarification

- Be alert to what may be lost through constraints on non-verbal communication

- Be aware that silence is more difficult to manage – it may be experienced as hostile or individuals may think the sound has gone wrong

- Some individuals, particularly young people, may scroll through their phones or text their friends during a consultation, especially to avoid eye contact or manage their emotions. Have a plan for how you will support an individual if this happens

- Be mindful that you may be scrutinised by your patient. Consider your tone, behavioural and emotional cues, and maintain empathy

- At the end of the session consider formally asking for feedback, “was there anything you found uncomfortable or didn’t like about our meeting today?” if an issue is raised respond receptively and non-defensively

- At the end of the consultation aim to leave the meeting last, this is the same as the person leaving your clinical space.

11.0 After the consultation

11.1 You must take appropriate action after a consultation:

- Ensure that the digital session has been closed and you have left the session

- Record details of the session in the clinical system in the same way as for a face to face session

- Handwritten notes must be securely disposed of in accordance with Trust standards

- Take any follow up actions in the same way as a face to face session

- Any photographs or other images uploaded to the clinical system either after a consultation or received separately from another agency must not infringe the rights and dignity of the data subject and relate only to the condition being treated or the care received

12.0 Group sessions / family therapy

12.1 Whilst the above principles apply, there are extra considerations where group sessions or family therapy is taking place.

- Where group (non-family) sessions take place there should be clear boundaries on sharing information and the right to confidentiality

- Participants at non family sessions should be asked not to record sessions as this may affect the right to confidentiality of other participants

- Where there are a large number of participants such as in family therapy, meeting structure is especially important. Ensure participants are aware of processes for speaking and that everyone should be heard. Some platforms include a raised hand symbol, otherwise participants could use the chat function, especially where they may want to raise a private comment

- Participants may not be able to see or hear everyone in a digital consultation. Draw their attention to anyone they may be unable to see or hear

13.0 Virtual contact between service users and family and friends

13.1 There are extra considerations where virtual contact is taking place between service users and family/friends using Trust devices.

- A Trust approved videoconferencing application (software) should be used for video calls to enable contact between service users (in inpatient wards) with family and friends.

- Video calls, using a Trust device, between a service user and family and friends should be monitored by staff to prevent unauthorised access to confidential information.