Two sides to every story: digital opportunities and risk

In the third article in the technology series, **Suzy England**, drawing on expertise from the NHS Digital Clinical Safety Team, looks at the adoption of digital technologies in health and care, with a specific focus on risk management

Across the four nations of the UK we are informed that digital technologies can improve the quality, efficiency and user experience (for citizens and the workforce) of our services. There is also a strong message that improved access to digital health and care services can offer citizens more personalised care and support self-management of health conditions.

While this is all well and good, there is another side to the story, and that is how safety and risk are addressed when introducing digital technologies.

This article is intended to prompt reflection on how we might approach risk assessment of digital technologies in health and care practice, drawing on insights from three occupational therapists who are clinical safety officers.

While the clinical safety officer role and related standards are England specific, the overall messages are applicable to the whole of the UK.

Reflection point: *'Technology is nothing. What's important is that you have faith in people, that they're basically good and smart, and if you give them tools, they'll wonderful things with them' (Steve Jobs).*

Two things struck me as important from one of the world's most influential advocates of technology.

First, the focus on people using technology rather than the technology itself; don't get me wrong, I think we can all appreciate a well-designed tool, but when it comes down to its use there are a wide range of factors, including the activities and contexts in which we are using the technology that will impact on the relative success of using it.

The second thing is that it prompts us to think about technology not being inherently good or bad.

In the times that we live in, this is important to remember, as we will be bombarded with many companies trying to sell us fail-proof, well-tested, high user-satisfaction technology; yet the important bit is to consider the use of technology in context.

Clinical safety

In England, the NHS Digital clinical safety team are subject matter experts in areas relating to Data Co-ordination Board Standards (DCB) 0129/0160, ensuring that the production, implementation and deployment of health IT systems are clinically safe for patient use.

The clinical safety team offer training to organisational-appointed clinical safety officers, of which some are occupational therapists.

The training covers principles of safety, human factors, risk assessment and risk mitigation and enables clinical safety officers to address the requirements outlined in Clinical Risk Management Standards DCB0129 and DCB0160.

Jeremy Wilkinson, occupational therapist, says: 'Successful IT programmes are not about the kit, they are about "change enablement" and occupational therapists are really good at stepping people through change into embracing new digital ways of working with people.'

Activity analysis

There are a growing number of digital tools being introduced within health and care settings, for example videoconferencing, webinars, virtual support groups, Amazon Alexa and NHS approved apps.

An occupational therapist has a huge advantage when it comes to evaluating the safety of tools for citizens considering their knowledge and skills around activity analysis (see box out: evaluating apps).

Given the growth of using mobile technologies across our personal and working lives, it is important that we stop and think about the discussions we might be having with citizens about apps.

RCOT's Keeping records: Guidance for occupational therapists (2018) states that we have to document all occupational therapy activities; 'if it isn't recorded, it has not been done, has not been considered, or was not said'.

This should not stop us from exploring the benefits of apps with citizens, but in the same way that we might prescribe a piece of equipment, we need document the professional information that we provided.

Key points
All occupational therapists have the skills in activity analysis and risk enablement to appraise the use of digital technologies with citizens and those used in the workplace.

Occupational therapists are well placed to take on roles in organisations that look at the safety aspects of digital technology adoption.

Digital tools and risk enablement

Occupational therapists working with digital tools have found *RCOT's Embracing risk, enabling choice* (2017) guidance a useful resource for understanding the risk enablement process.

The guidance states that: 'Risk assessments should be made and an enablement plan put in place when any significant changes are proposed to systems or practices, when any new project or activity is planned, and before any particular actions or interventions are made that may engender risk.'

A big change impacting on many health and care services across England is the move from paper to electronic records. A number of occupational therapists have been involved in electronic record implementation programmes.

For example, the role of the clinical safety officer is to perform this risk assessment. Occupational therapist Dee Baker says: 'With no "tech" background and only a desire to understand how electronic care records are configured and how this impacts on information flow, I left my therapy lead job and joined my clinical systems team in 2017 as an analyst.

'I soon took over the role of clinical safety officer for my organisation. As an occupational therapist, my understanding of the patients' pathway through services, experience in clinical risk assessment, skills in activity analysis and understanding of how the person adapts to and engages with their environment have all impacted on how I have performed these clinical risk assessments.

'How system functionality is used in different environments (for example, a patient's home or busy ward) can influence how it is configured and the different risks associated with its use.

'Clinical systems can be complicated and they do not do everything we need them to do. All too often "user error" is blamed and "training" is prescribed. There is a growing need for further human factors/ergonomic assessment in both the design and implementation of health IT, so that design is more user friendly and reflects clinical need.'

In addition to the electronic record, another big change impacting on practice is the move towards increasing 'digital access' to health and care. For occupational therapists that are exploring the provision of digital appointments, home visits or groups, for example, they may find the risk enablement process alongside their local policy and procedures useful.

In summary, when exploring the use of digital technologies, there is a balance to be had. Occupational therapists have the skills to embrace and be part of targeted digital projects.

References

RCOT (2017) *Embracing risk, enabling choice*. Available online at: *https://bit.ly/2C5KTjI* [accessed 30 September 2019]

RCOT (2018) *Keeping records: Guidance for occupational therapists*. Available online at: *https://bit.ly/2AR502R* [accessed 30 September 2019]

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Example: evaluating apps

The NHS app library contains products that have been through a rigorous assessment of an extensive range of standards and regulations and is a good place to start if you wish to recommend an app to someone you are working with clinically.

You then need to consider if the app will be used in the same or a similar context and document your reasoning and recommendation clearly.

We know that use of tools such as apps improves if it is 'activated' by a clinician sitting alongside them, to support that early engagement. This just means taking time with the person who will use it to help them get set up and try some of the functions. At this point you will also be assessing potential risks and mitigations, the context in which the person is likely to actually use the app and other occupational factors.

For example, a vulnerable person may be at risk of bullying or abuse if they do not protect their privacy in the app via a pin/password. This would be a clinical safety hazard if the developer has not considered this and built the functionality to enable this to be set up.

If content is added that is highly personal and it is lost, or the app unavailable to refer to, what is the clinical risk to the person or a population of people?

Alicia Ridout, occupational therapist

RESOURCES

How to improve success of technology projects in health and social care. Available online at: *https://bit.ly/2nK2OH7*

Clinical safety: *https://digital.nhs.uk/services/solution-assurance/the-clinical-safety-team*