Teletriage for Sexual and Reproductive Healthcare Services in Response to COVID-19

Homeworking Considerations: Protecting Governance, Stability and Staff Wellbeing

Document Two of Five

***Developed by Mary Kyle, Senior Sexual Health Advisor at PHE National Sexual Health Helpline**, in collaboration with the Faculty of Sexual and Reproductive Healthcare, the British Association for Sexual Health and HIV, Public Health England, and Brook*

Contents

Background

As a result of the COVID-19 outbreak, the provision of Sexual and Reproductive Healthcare (SRH) services has changed significantly. One of the most striking innovations that has taken place is the expansion of telehealth and telemedicine services. These changes have been regarded positively by service users and healthcare practitioners, and many elements are likely to be adopted in the long term. Going forward, it is important that these changes accommodate the needs of the population, particularly vulnerable individuals who may not have access to digital services.

This document is part two in a suite of five documents providing advice for teletriage for vulnerable groups. These documents provide tips for setting up or expanding telehealth / telemedicine SRH services, how best to mitigate risk, how to prioritise vulnerable groups, and when to escalate. In the context of these documents, telehealth refers to telephone contact, and telemedicine refers to end to end care, either via telephone or video conferencing.

These documents have been developed by Mary Kyle, Senior Sexual Health Advisor at PHE National Sexual Health Helpline, in collaboration with the Faculty of Sexual and Reproductive Healthcare (FSRH), the British Association for Sexual Health and HIV (BASHH), Public Health England (PHE), and Brook. They are not official guidance by these organisations, but rather aim to support services to deliver high-quality, safe SRH care remotely. They highlight lessons learned from the National Sexual Health Helpline and local service provision, which SRH services should consider to support the creation of a sustainable, resilient teletriage solution that can respond to local priorities.

This suite of documents is aimed at clinical leads, safeguarding leads and managers assessing the continued use of tele triage for SRH services. Their aim is to generate discussion among those responsible for managing workflow and staff training to consider issues such as designing algorithms for triage boundaries and skills gap analysis for their local service. This will ensure that vulnerable groups are prioritised and will maximise opportunity to identify high risk and safeguarding issues. The final document in the series is aimed at healthcare practitioners and provides tips for call flows.

Aims

This document is aimed at services who anticipate a proportion of their staff to remain at home, or frequently work from home, beyond the COVID-19 pandemic. It may also be useful when planning for future restrictions, or staff who may be asked to isolate frequently. It is designed to generate discussion within the broader management team when integrating this working model into the business as usual workstream. This document is particularly relevant for managers, clinical leaders, HR and governance leads as well as IT specialists and those with responsibility for resource planning.

This document does not address the suitability of homeworking for specific clinical activity, as this will be subject to local service conditions and staffing. Each service may also like to include contingency planning suitable to their area for:

- Regionalised lockdown
- Which staff members should be prioritised for homeworking
- The type of work that can be conducted from home, e.g. triage, booking, repeat scripts
- Staff agreement of rota from home

Homeworking Considerations

Given the speed at which homeworking had to be set up, many of the criteria services would have previously applied to assess a staff member's suitability to work from home might have not been taken into consideration. However, if homeworking is to become the new norm, employers have the same HSE duty of care and assessment of candidate suitability as in a traditional environment.

Model

The mix of remote and site working should address the following issues:

- Workstream stability platform. Design a mixed system that will re-route if a remote worker loses service access
- Peer to peer communications and support while on a call with service user, e.g. Microsoft teams/SKYPE solution
- Secure access to required systems to the same security standards as if on site, GDPR etc
- Access to all local support documentation
- The suitability of the remote location technology to be supplied by the employer
- Details of staff personal equipment, e.g. cost, security ownership
- How to maintain staff skills, e.g. how to rotate staff to ensure no loss of skills
- How to deal with staff members isolating due to a family member
- The suitability of part day home / part day site to minimise direct contact
- Can smaller hub sites be repurposed as a "call centre" and utilised for treatment pick up point only
- Web services available to accommodate electronic triage and online forms
- The type and amount of work that can be completed without F2F contact

Technology

Although many services have been coping with mobiles and remote logins since the COVID-19 outbreak, the security risks, instability, and sustainability of this approach need to be considered when creating a long-term plan for remote and site working. It is important to consider:

- Minimum internet connection speeds should be above 5mb download. Tests for internet speed can be conducted using SpeedTest
- Legal issues around use of personal equipment including HSE, security of data, cost, and tax
- Software compatibility across platforms and devices
- Recording of consultations. Service users may record advisers and blocking software should be considered
- Data transmission rules and issues around offshoring in cloud storage
- NHS Digital and local IT policies
- How many people are accessing the same internet connection at the same time

Staff Wellbeing

Employers have the same duty of care for home workers as for those on site. Policies will be required for many areas, and should consider:

- Home worker policy adaptation or design, e.g. support available if a staff member witnesses or hears a live incident of assault
- DSE assessment of working space: Homeworking staff should have a quiet work area that offers a safe, stable platform and protects them from injury.
- Increased costs associated with homeworking, e.g. energy use, increased broadband charges, mobile charges.
- Ensuring stability of teams through the strategic use of formal communication, e.g. daily email updates, and informal communication, e.g. messaging apps / Microsoft Teams
- Differences in proficiency with technology: Adaptations to new technology can be a stressor for staff. Training on the use of technology used for work should be readily available.
- Suitability for homeworking long term: When assessing work from home policy as standard, criteria for suitability should be considered:
    - Level of supervision required
    - Mental and physical health
    - Willingness to work from home, impact on wider family or household and disruption

Shift patterns of homeworkers should also be followed, as should break scheduling.

Working from Home Resources:

https://www.britsafe.org/products/remote-working/ Training on wellbeing

https://www.hse.gov.uk/toolbox/workers/home.htm Home Working Guidance

https://portal.e-lfh.org.uk/ CPD Platforms

https://www.microsoft.com/en-gb/microsoft-365/microsoft-teams/free?icid=SSM_AS_Promo_Apps_MicrosoftTeams Teams training

https://www.nhs.uk/oneyou/every-mind-matters Mental health resources