WEBVTT

00:00:07.764 --> 00:00:11.004

<v LEANNE GELDER>I mean, we've successfully made it onto this call, so that feels like a win.</v>

00:00:17.264 --> 00:00:36.344

<v LEANNE GELDER>OK. So [I/S] just to make everyone aware, we've we're recording this session that's really just for us. So that we can gather the information after the meeting. If is it, has anyone got I'm going to say has anyone got an issue with that rather than is everyone OK and then I'll go with silence.</v>

00:00:38.584 --> 00:00:41.984

<v LEANNE GELDER>As agreement. That's OK. That's brilliant. OK, thank you.</v>

00:00:43.624 --> 00:00:44.904

<v LEANNE GELDER>Right. We'll make a start then.</v>

00:00:46.544 --> 00:00:50.864

<v LEANNE GELDER>Welcome colleagues. Thanks so much for joining us today. Really, really appreciate it.</v>

00:00:51.294 --> 00:01:01.134

<v LEANNE GELDER>This is our first feedback session, following us sharing a first draught of the digital tech principles.</v>

00:01:02.694 --> 00:01:17.694

<v LEANNE GELDER>This is one of two sessions that are just going to be duplicated, so we've got another one later in the week that's going to be exactly the same. So if you've accepted both, you really don't need to unless you have a burning desire to come to both. It was just to give people the opportunity of choosing dates.</v>

00:01:19.734 --> 00:01:25.854

<v LEANNE GELDER>Also, just to say apologies that we had to move these. So I know that they were originally going to take place.</v>

00:01:26.684 --> 00:01:33.844

<v LEANNE GELDER>A couple of weeks ago, but due to election we had to, we had to push them back slightly. So again, apologies for that.</v>

00:01:35.524 --> 00:01:39.684

<v LEANNE GELDER>So we're quite, we've got 2 hours this morning.</v>

00:01:41.284 --> 00:01:53.844

<v LEANNE GELDER>I'm just going to start by sort of doing a bit of scene setting and a bit of context. I'm not going to do intros with everyone, if that's OK just because there's quite a few of us on the call. I think lots of you will have met each other before.</v>

00:01:55.244 --> 00:01:59.844

<v LEANNE GELDER>Anyway, and I know that you've all been involved in this prior to

today as well.</v>

00:02:00.384 --> 00:02:09.024

<v LEANNE GELDER>We're going to take a short break about halfway through, so we're going to, we're going to go through till 5.</v>

00:02:09.104 --> 00:02:10.944

<v LEANNE GELDER>To two and I'm going to take a 10 minute break. Just give everyone.</v>

00:02:11.584 --> 00:02:15.064

<v LEANNE GELDER>To sort of step away from the screen because it's quite intense otherwise.</v>

00:02:16.584 --> 00:02:33.624

<v LEANNE GELDER>And then we'll be finishing on time at 3:00. O'clock, I suppose what I want to say is this isn't the only opportunity to feedback. So we really appreciate you coming today. But if there's anything you think of after today or during and you don't feel you've had time to share.</v>

00:02:35.104 --> 00:02:43.824

<v LEANNE GELDER>[I/S] and Sophie here on the call with us are going to be monitoring the chat throughout the call, so please do if we have to move on because of time pressure.</v>

00:02:44.374 --> 00:02:46.574

<v LEANNE GELDER>Please do put any feedback in the chat.</v>

00:02:48.094 --> 00:03:00.814

<v LEANNE GELDER>Just in terms of reasonable adjustments and people we have on the call today, can I ask that we don't use the chat to have have conversations between each other and we're purely using it for for feedback that would be really helpful.</v>

00:03:00.854 --> 00:03:05.134

<v LEANNE GELDER>Similarly, please e-mail us so[I/S]#39;s going to drop.</v>

00:03:07.174 --> 00:03:16.694

<v LEANNE GELDER>Our team e-mail address in the chat which you should already have anyway, but likewise if there's anything you think of that you haven't had an opportunity to share today, we've run out of time.</v>

00:03:17.284 --> 00:03:30.844

<v LEANNE GELDER>Or you leave afterwards and think, oh, I wish I'd said that. Just drop us a note. We this this stage really is about us gathering as much feedback as we can and we really are here to listen and absorb today.</v>

00:03:32.124 --> 00:03:47.284

<v LEANNE GELDER>So yeah, thank you very much. I suppose the other two things I just wanted to say before we start is that the draught that we've circulated ahead of today that you should have all seen and had an opportunity to read has really been.</v>

00:03:48.754 --> 00:04:18.554

<v LEANNE GELDER>Developed based on the feedback from our face to Face Day in February,

I know lots of you are part of that. So that's where the information in that document's really come from. It's from all of that feedback that people shared on the day on those workshop sessions on tables. But it's also come from some of the work that the mental health digital team did last year. So I know [I/S] is with us today from that team and there was a huge amount of work done last year.</v>

00:04:18.914 --> 00:04:30.994

<v LEANNE GELDER>That involve lots of key stakeholders and colleagues with lived experience. So we really wanted to pull those two things together and that's kind of where we've landed with this first draught.</v>

00:04:32.354 --> 00:04:52.634

<v LEANNE GELDER>I think that's probably it. I suppose I just want to acknowledge that it is going to be quite fast-paced today, so I am going to have to be sort of quite tight with the chairing because we've got a lot of principals to get through. That's not that I don't want to hear everything that everyone's got to say, it's just that we really want to try and get through as much of it as we can.</v>

00:04:53.814 --> 00:05:12.054

<v LEANNE GELDER>Also, just to ask people not to talk about specific people who may have had experiences with digital technology technology, so we just want to make sure that we respect people's confidentiality today. If you're talking about your own lived experience, of course, absolutely fine. If you want to share that.</v>

00:05:13.294 --> 00:05:26.214

<v LEANNE GELDER>And also I guess I just want to set the tone by saying it may come up as part of our conversations today, but our intention is not to sort of necessarily get too much into speaking into speaking about specific products that are on the market currently.</v>

00:05:26.894 --> 00:05:29.934

<v LEANNE GELDER>The the kind of aim today is to really think about.</v>

00:05:31.814 --> 00:05:34.374

<v LEANNE GELDER>The principles and what those principles should be.</v>

00:05:36.134 --> 00:05:48.294

<v LEANNE GELDER>For organisations when they are considering procuring and using digital technologies in mental health in patient settings, so that's just a bit of tone setting. I hope that's OK with everyone.</v>

00:05:49.894 --> 00:05:58.134

<v LEANNE GELDER>OK, so Sophie has kindly put together some slides and what we thought we'd.</v>

00:06:01.574 --> 00:06:01.974

<v LEANNE GELDER>Do.</v>

00:06:02.174 --> 00:06:16.534

<v LEANNE GELDER>Is start by. Well, I guess before we start, is there anything anyone else wants to pick up on in terms of the session today, reasonable adjustments, sometimes people have to dip off, leave early. Is there anything he wants to flag before we kind of get into the into the content?</v>

00:06:19.384 --> 00:06:22.704

<v LEANNE GELDER>Night. OK, lovely.</v>

00:06:22.104 --> 00:06:23.344

<v [I/S] Yeah, sorry. Yeah.</v>

00:06:22.724 --> 00:06:23.324

<v LEANNE GELDER>A [I/S] yeah.</v>

00:06:25.104 --> 00:06:29.224

[I/S] >Asking questions. Do you want us to wait till the end or just ask as we go along? Or how do you want to do that?</v>

00:06:29.724 --> 00:06:42.244

<v LEANNE GELDER>Yeah. No, that good question, [I/S] Thank you. So as we go along if if that's OK, what we're going to do is we're going to use the 1st 15 minutes to talk about.</v>

00:06:42.964 --> 00:06:43.804

<v LEANNE GELDER>The.</v>

00:06:43.884 --> 00:06:45.204

<v LEANNE GELDER>Sort of intro and.</v>

00:06:47.404 --> 00:07:01.044

<v LEANNE GELDER>Purpose of the of the document. And then we're going to spend just very we've worked it out. It's probably only going to be able to be about 5 minutes on each of the principles which will leave us some time at the end for more general discussion. So please do put your hand up.</v>

00:07:01.884 --> 00:07:17.604

<v LEANNE GELDER>Come in if you want to jump in on each of those sections, and then if we have run out time or you'd prefer to put your feedback in the chat, please do that. Thanks. [I/S] noted. OK, right. So Sophie, can I hand to you to just ping up?</v>

00:07:19.524 --> 00:07:21.324

<v LEANNE GELDER>Ping up the slide. Are we doing that for the first bit?</v>

00:07:23.834 --> 00:07:37.914

<v Sophie Shaw>So you don't need it for the first bit, it's just when we come to the principles. So just for the intro, it's fine. Sorry, I'm I'm having a few connectivity problems. That's why I've turned my camera off. I will try and come back on in a minute, but no, the first one's just to talk about the the intro anyway.</v>

00:07:34.954 --> 00:07:35.914

<v LEANNE GELDER>No problem, Sir.</v>

00:07:37.694 --> 00:08:07.974

<v LEANNE GELDER>Yeah. OK. Thanks, Sophie. So on that note then, I'm going to assume that everyone that's here today has actually read the draught. Hopefully what we'd like to do is spend the 1st 15 minutes just talking about the introduction section and the definition. So we we did spend quite a lot of time

thinking about the definition and we're not sure we've got it quite right yet. So if we could just put specifically focus on any feedback people might have on that bit of the document first.</v>

00:08:09.454 --> 00:08:10.534

<v LEANNE GELDER>I'll open it out.</v>

00:08:18.594 --> 00:08:21.194

<v LEANNE GELDER>I mean, OK, Mary, do you wanna come in?</v>

00:08:21.854 --> 00:08:54.054

<v Mumvuri Mary (RYG) C&W PARTNERSHIP TRUST>Hi, [I/S]. Hi everyone. Chief Ness and deputy chief exec at Coventry and Walter Partnership Trust. But I think I'm here. Either I'm just checking this out. Leanne, I chaired the National Mental health and LDA, Mens ability and logistic services nest directors forum, which is got representation from all of the NHS providers and independent health. But I'm also the national professional advisor and CQC for mental health nurses. And so I think it's probably those two heads all about that. My, my chief natural.</v>

00:08:54.774 --> 00:09:05.014

<v Mumvuri Mary (RYG) C&W PARTNERSHIP TRUST>So a couple of things. So but I'd completely missed the document, apologies and I just went really quick this up. I might come back with some comments later on I think.</v>

00:08:59.134 --> 00:09:00.014

<v LEANNE GELDER>That's OK.</v>

00:09:06.134 --> 00:09:18.534

<v Mumvuri Mary (RYG) C&W PARTNERSHIP TRUST>That's an improvement in terms of the title and the intro from where we were around within base monitoring systems just as they get old phrase at the conference. So I think this is helpful.</v>

00:09:19.974 --> 00:09:34.774

<v Mumvuri Mary (RYG) C&W PARTNERSHIP TRUST>But the only question that I had and whether it's here or later on, is when we think about other technologies. So I'm thinking other technologies that might be safe to assist with your medication administration and and prescribing and that sort of stuff.</v>

00:09:35.374 --> 00:10:00.534

<v Mumvuri Mary (RYG) C&W PARTNERSHIP TRUST>Is that in scope for here? Because actually it is additional to it is they are digital technologies that support care and with we wanted to be a bit more. We wanted to leave this rather open so you can weave in all of that or do we want it to be a bit more specific. So I guess I was just thinking about you know things like your technologies like your electronic prescribing as an example.</v>

00:10:01.759 --> 00:10:09.759

<v LEANNE GELDER>Mary, it's one of the things that we've kind of gone backwards and forwards on. So it's it's helpful that you've raised it. I think as a as a question.</v>

00:10:11.239 --> 00:10:21.039

<v LEANNE GELDER>And I think we could see, you know, just to give some honest feedback, we could see sort of advantages and disadvantages and and kind of where does that then end. So I think we were just mindful of that.</v>

00:10:23.399 --> 00:10:25.839

<v LEANNE GELDER>Emily, did you want to come in on that specific point or was it?</v>

00:10:27.149 --> 00:10:31.989

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>Oh yes. So I guess so. So I I.</v>

00:10:28.849 --> 00:10:29.329

<v LEANNE GELDER>Yes.</v>

00:10:33.459 --> 00:11:03.259

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>Would caution us and would ask us to to be looking at this also with the digital mental health team within NHS England, because there are already definitions around technology and and its use and and especially when we think about clinical safety that if we are, if we are a bit like Mary's pointed out you know if we're not, if those aren't aligned then this is going to be a really challenging document or draught of principles to then actually align with work that goes on in.</v>

00:11:03.619 --> 00:11:03.899

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>Clinical safety.</v>

00:11:04.299 --> 00:11:06.019

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>And and digital mental health.</v>

00:11:07.379 --> 00:11:34.819

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>You know, and it there are, I apologies because I had to pop out and I don't know if we were giving feedback on the draught, but one of the other points is there's when we're using things like always and all technology that we need to be maybe more mindful in our our language because looking at principle two, concern will always be sought from patients or families prior to the use of digital digital health technologies. Well, depending on how you're defining that.</v>

00:11:36.549 --> 00:11:57.069

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>Are is a digital health technology? You're not. And so then that doesn't make sense. When you read through about, you would document in the clinical record the patient's consent to use digital technology because you're already using the digital technology to. So there's just some things that we need to work through for it to make sense. And I really, really.</v>

00:11:58.349 --> 00:12:03.309

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>Would like to have the digital mental health technology community involved, because otherwise.</v>

00:12:04.789 --> 00:12:05.869

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>None of this will align.</v>

00:12:06.369 --> 00:12:25.009

<v LEANNE GELDER>Emily, just sorry not to cut you off, 'cause. I think you might have missed it at the beginning, but lotters here from that team and has worked very

closely with us on on the draught to make sure that those those two things align to just hopefully give you a little bit of a reassurance about that that we very much.</v>

00:12:25.049 --> 00:12:31.169

<v LEANNE GELDER>Have built on the work that's already been done there, but have aligned on the work that's that's ongoing through that team as well.</v>

00:12:32.889 --> 00:12:38.769

<v LEANNE GELDER>And then in terms of the scope, I think kind of where we had landed and again really open to feedback on this.</v>

00:12:39.809 --> 00:12:51.209

<v LEANNE GELDER>Was that we weren't going to include types of digital technology that we might be thinking about in terms of people's physical health necessarily, but I recognise that's not specifically what you've talked about, Mary.</v>

00:12:52.729 --> 00:13:09.729

<v LEANNE GELDER>When mentioning things like electronic prescribing, et cetera. So yeah, that just to just to give some feedback, but I won't, I won't take up too much of the talking time. I can see some stuff going on in the chat as well. So Alan, did you want to come in next? Because I think that was in response to a comment in the chat from John.</v>

00:13:10.099 --> 00:13:28.979

<v [I/S]>Yeah. Thank you very much. So I'm [I/S], professor of mental health nursing at King's College London. I'm also Co director of the mental Health Policy Research unit. And in that guise we were commissioned by NHS England to undertake a systematic review of the literature around surveyed digital surveillance technologies.</v>

00:13:30.499 --> 00:13:39.339

<v [I/S]>So two things on that. So that included specifically CCTV which is in that list there. It didn't include everything there, but it did include.</v>

00:13:39.829 --> 00:13:45.269

<v [I/S]>Body worn cameras, vision Mace monitoring, wearable monitoring devices.</v>

00:13:47.109 --> 00:13:57.549

<v [I/S]>So anyway, the the Nhsc have had that the final paper from that and we also presented it at the Digital Technologies Conference in Sheffield in February.</v>

00:13:59.909 --> 00:14:08.949

<v [I/S]>So I'm not quite sure if that's been referred to in here, and I feel if it isn't, it should be explicitly because that is the, you know, the the most.</v>

00:14:10.649 --> 00:14:15.649

<v [I/S]>Up to date evidence based summary of the of sorry summary of the evidence.</v>

00:14:17.089 --> 00:14:33.809

<v [I/S]>And link to that really. I mean, I'm very happy to send that report. So that's been submitted to a journal now and we've had the reviews

back, which were very, very positive. So we're making a final few tweaks and then we're going to resubmit submit that this week. So I imagine that we published in the next fortnight or so.</v>

00:14:36.839 --> 00:14:39.799

<v [I/S]>Just just link to that.</v>

00:14:39.839 --> 00:14:46.799

<v [I/S]>Throughout this, sometimes when there's talk about commissioning and and making use of these technologies.</v>

00:14:48.719 --> 00:14:59.999

<v [I/S]>There's not really that they talk about potential benefits, which is true. There are potential benefits, but at the moment the evidence for those potential benefits is at very best.</v>

00:15:02.679 --> 00:15:06.079

<v [I/S]>Mixed and in some cases, there's no evidence at all.</v>

00:15:06.709 --> 00:15:11.389

<v [I/S]>So I just think there should be some recognition of that more explicitly.</v>

00:15:12.189 --> 00:15:26.829

<v LEANNE GELDER>Thanks, [I/S] And yeah, we are absolutely aware of the the work that you've done and have that and I think it is directly referenced in there, but I'm not going to say yeah, thank. Thank you very much for that and it'd be really helpful to know when it gets to the the next stage as well.</v>

00:15:17.779 --> 00:15:17.859

<v [I/S]>Oh.</v>

00:15:23.279 --> 00:15:23.519

<v [I/S]>Thank.</v>

00:15:25.859 --> 00:15:26.099

<v [I/S]>Yeah.</v>

00:15:26.949 --> 00:15:28.109

<v [I/S]>I'll keep an eye on that. Thank you.</v>

00:15:28.559 --> 00:15:57.079

<v LEANNE GELDER>And you picked up an interesting point there about CCTV. So just very quickly just to say to colleagues that we did have some discussion about surveillance versus vision based monitoring and and defining those and and have another call with CQC colleagues outside of this who I know are having similar discussions about defining there. So we're making sure that we're aligning there, but it's it's a conversation that's ongoing. I think it's probably fair to say.</v>

00:15:58.599 --> 00:16:04.679

<v LEANNE GELDER>I've got two more hands up, so I'm going to go with the two hands that are up and then I will have to move us on a little bit and apologies.</v>

00:16:05.209 --> 00:16:15.689

<v LEANNE GELDER>Like I said at the beginning, I think it's going to feel a little bit fast-paced maybe so please do send emails and feedback in other formats if you haven't been able to share here.</v>

00:16:17.149 --> 00:16:19.989

<v LEANNE GELDER>OK. So is it constant, [I/S] next?</v>

00:16:19.699 --> 00:16:29.899

<v [I/S]>Yeah. Yeah, it is. Yes. Hi. I'm [I/S] And I'm a user researcher. I was at the Sheffield conference.</v>

00:16:31.379 --> 00:16:35.339

<v [I/S]>I've got quite a few comments, but for the for the moment, what I'd like to say is that.</v>

00:16:37.139 --> 00:16:47.139

<v [I/S]>There is mention of the, you know, restraint reduction network and the British Institute of Human Rights that have, you know, very vocally, I guess.</v>

00:16:48.659 --> 00:16:50.499

<v [I/S]>Sort of identified.</v>

00:16:50.889 --> 00:16:51.889

<v [I/S]>The harms.</v>

00:16:53.329 --> 00:17:04.689

<v [I/S]>And the sort of, yeah, violation of human rights to to do with with these devices. But I think and I'm not.</v>

00:17:04.729 --> 00:17:19.009

<v [I/S]>Going to refer to particular products here, but I think what is missing here is the stop oxyvision campaign and this is a group that did has done a lot of work identifying.</v>

00:17:20.449 --> 00:17:20.889

<v [I/S]>The harm?</v>

00:17:21.409 --> 00:17:21.929

<v [I/S]>Of.</v>

00:17:24.009 --> 00:17:33.529

<v [I/S]>Video based monitoring so you know if if mental health if NHS England is interested.</v>

00:17:33.609 --> 00:17:45.969

<v [I/S]>Genuinely in in lived experience and the voices of users, I think they need to be referenced here because they have done an awful lot of work in identifying all this stuff.</v>

00:17:47.299 --> 00:18:06.379

<v LEANNE GELDER>OK. Thanks constantly. That's really helpful. I know they were at our February conference obviously for people that were were present and and gave some really interesting and impactful feedback there. I would, I would say as well, which generated a lot of discussion. So yeah, thank you. That's really helpful point.</v>

00:18:07.899 --> 00:18:09.099

<v LEANNE GELDER>A [I/S] did you want to come in?</v>

00:18:10.049 --> 00:18:25.009

<v [I/S]>Yeah. Sorry I don't wanna take the floor too much. I'm just. I'm trying. I the steer. I think the steer was not to use the chat too much for conversation, which is why I'm coming in. But I can always pick up stuff offline as well if it's helpful. But yeah, just to say, I think Sophie said that.</v>

00:18:26.209 --> 00:18:42.769

<v [I/S]>The draught is being shared with [I/S] who Emily mentioned as kind of stakeholders in in these workshops. But I would say if you have, I wouldn't rely on that necessarily for them to definitely represent, you know, whatever your views might be, Emily. So I would say if.</v>

00:18:43.409 --> 00:18:46.369

<v [I/S]>If you want to, you know, do definitely like contribute as.</v>

00:18:47.769 --> 00:19:10.529

<v [I/S]>Yeah, it was. It has been quite difficult I think to to come up with exactly the right definition and particularly with it kind of being a document that's really trying to target that inpatient space and kind of building on the culture of care work which has come from a very non digital place, I guess trying to bring those two together has been tricky and and we've kind of used the nice.</v>

00:18:59.829 --> 00:19:00.029

<v LEANNE GELDER>Yeah.</v>

00:19:12.009 --> 00:19:17.689

<v [I/S]>The Nice definition at the moment, but it doesn't mean that that's the right ones. Yeah, any any feedback on?</v>

00:19:18.439 --> 00:19:25.239

<v [I/S]>How to kind of nail that definition down and more broadly, like bringing in the the digital mental health voices obviously welcomed.</v>

00:19:26.329 --> 00:19:42.489

<v LEANNE GELDER>Thanks. [I/S] really helpful and thank you for referencing the culture of care standards as well. I know it's it's in the document, but yeah, it it is tricky and we are deter, I suppose what I want to say is we are determined to get something published and out there. So it's really important that we work through this together.</v>

00:19:43.849 --> 00:19:57.489

<v LEANNE GELDER>OK, so in the interest of time, I am going to move us on. So what we're going to do, as I said at the beginning is we're going to work through each principle and then we're going to have a break in the middle. Just a quick break and then we'll do some.</v>

00:19:57.879 --> 00:20:08.319

<v LEANNE GELDER>Kind of summarising at the end. Hopefully that will leave us a little bit of time. So I think Sophie's just going to if she's not having, oh, sorry. [I/S] did you want to come in? Apologies.</v>

00:20:09.069 --> 00:20:14.549

<v [I/S]>Yeah, I'm very sorry. I've just only just noticed this line and I just want to pick it up around the definition.</v>

00:20:14.889 --> 00:20:15.169

<v LEANNE GELDER>Yeah.</v>

00:20:15.579 --> 00:20:31.339

<v [I/S]>I'm never very good at definitions, but it says refers to any digital device or system used within inpatient [I/S] to treat and diagnose mental health conditions or guide care choices or help patients managers manage their own conditions.</v>

00:20:31.379 --> 00:20:41.459

<v [I/S]>But some of these technologies are being introduced for other reasons than that. So for example, body worn cameras, I would argue, haven't been introduced for any of those things. So.</v>

00:20:43.259 --> 00:20:47.339

<v [I/S]>I just think that definition that aspect of needs needs to be changed.</v>

00:20:47.669 --> 00:20:51.029

<v [I/S]>Really, it's more about.</v>

00:20:51.069 --> 00:21:00.309

<v [I/S]>Trying to manage behaviours or or monitor patients or something, but I would argue it's not about treating or caring for someone directly, perhaps indirectly.</v>

00:21:01.939 --> 00:21:08.419

<v LEANNE GELDER>So just to clarify, [I/S], are you saying that we should include it in the sense of?</v>

00:21:09.639 --> 00:21:11.799

<v LEANNE GELDER>I guess one of the debates is.</v>

00:21:13.199 --> 00:21:17.919

<v LEANNE GELDER>By saying that, are we saying it's OK that technology is being used in that way?</v>

00:21:20.179 --> 00:21:32.059

<v [I/S]>I'm not arguing whether it's OK or not. OK. I'm. I suppose I'm saying if you look at the the the statements that have been made and the policy drivers for the introduction of some of these things, it's been very much about.</v>

00:21:33.659 --> 00:21:44.179

<v [I/S] >People talk about reducing violence, aggression, they talk about staff safety, secondary patient safety. It's not. It hasn't really been about a diagnosing or treating.</v>

00:21:45.899 --> 00:21:52.299

<v [I/S] And one of our arguments has been we think digital technologies could be used in a more therapeutic way in mental health than they have been.</v>

00:21:53.709 --> 00:21:53.989

<v LEANNE GELDER>Yeah.</v>

00:21:53.879 --> 00:21:56.279

<v [I/S] >So I just think it's it recognising that.</v>

00:21:56.859 --> 00:22:03.499

<v LEANNE GELDER>OK. Yeah. Thanks, [I/S] . And then, Emily, do you want to come in on that point? And then I'll be the sunset. Sorry.</v>

00:21:58.709 --> 00:21:58.949

<v [I/S] >It.</v>

00:22:02.119 --> 00:22:10.319

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>Yeah, yeah, I I did. So you know, as [I/S] said, it's about some of this is some of the technology that's introduced are meant to be tools.</v>

00:22:11.599 --> 00:22:32.519

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>To support patient safety or tools to enable care. So it's actually a lot of digital technology that's being used. It's not about necessarily treating or diagnosing, it's about tools to enable us to actually give care to patients. And I think that might need to be explored or defined more explicitly because actually the whole point.</v>

00:22:33.519 --> 00:22:46.199

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>The work that myself and other cni's etcetera do is is making it very clear that technology isn't there as a replacement. It's a tool to enable us to deliver care and to support the patient safety agenda.</v>

00:22:47.264 --> 00:23:00.464

<v LEANNE GELDER>Thanks, Emily. It's really helpful way of framing it. I think because I think we can sort of tie ourselves in knots a little bit with are we saying therefore it's OK if we publish something that guides people on how, yeah. So I think that's a really helpful framing of it. Thank you.</v>

00:23:02.014 --> 00:23:14.814

<v LEANNE GELDER>OK. So should we pop up principle one just to remind people then I think Sophie's gonna pop up in a slide of her. Tech allows. But [I/S] s also put it in the chat. So just to remind people.</v>

00:23:16.134 --> 00:23:32.894

<v LEANNE GELDER>That principle one is any use of digital health technology will support a human rights approach to care, so this is principle one and we wanted to keep

the actual principles quite to the point with some kind of supporting information underneath.</v>

00:23:34.144 --> 00:23:39.944

<v LEANNE GELDER>So I guess just to put it out, does anybody have any thoughts on whether that sounds?</v>

00:23:40.974 --> 00:23:49.974

<v LEANNE GELDER>Right about right, needs tweaking. I can see. [I/S] . You've put your hand up, which is very relevant to your role. Then if you want to introduce yourself.</v>

00:23:49.944 --> 00:23:53.224

<v [I/S] Yeah. So hi. My name's [I/S] I'm.</v>

00:23:54.884 --> 00:24:16.764

<v [I/S] >Programmes and policy lead at the British Institute of Human Rights, so a couple of things. First of all, obviously we're really, really pleased to see human rights in the principles, especially as the first principle. So we are very pleased to see that. However, a couple of points. So one I guess is a wider question that we wouldn't expect to see.</v>

00:24:18.364 --> 00:24:27.204

<v [I/S] >Kind of set out in the principles, but it is a question that we do want thought to be given to, which is brilliant that you have that principle. But how are you going to encourage?</v>

00:24:28.684 --> 00:24:44.604

<v [I/S] >Us to ensure that staff will, you know what they mean, simply kind of asking staff to consider human rights isn't enough because they need to understand what the duties are. They need to know what the right so they need to know what that actually means in practise. Otherwise it becomes a bit of a tick box exercise. And then secondly.</v>

00:24:46.264 --> 00:24:55.184

<v [I/S] >And not in the actual main text of the principle, but as you said, underneath each principle you've kind of got a bit of guidance or a bit of an explainer of the principle, and we do.</v>

00:24:56.244 --> 00:25:04.804

<v [I/S] >You have some concerns around some of that language because currently that language isn't particularly accurate, so you've kind of got things around breaching.</v>

00:25:06.274 --> 00:25:15.154

<v [I/S] >Right. Which wouldn't really be the right terminology here, because you can't breach an absolute right. And for example, if you're speaking about proportionality, that would only apply to.</v>

00:25:16.264 --> 00:25:35.624

<v [I/S] >But none absolutely right. So the actual text needs a bit of tweaking and I know we don't have two hours for me to talk to you about kind of what I think would be better wording, but I'm happy to kind of send you some written feedback via e-mail around some of the concerns with the wording and maybe what would help to make it a bit more accurate and therefore actually have an impact on kind of what's expecting care.</v>

00:25:36.344 --> 00:25:44.424

<v LEANNE GELDER>That would be brilliant, [I/S] Thank you so much. Yeah, but very, very much appreciated. Please do. Thank you.</v>

00:25:46.204 --> 00:25:46.924

<v LEANNE GELDER>Mary.</v>

00:25:48.824 --> 00:26:11.264

<v Mumvuri Mary (RYG) C&W PARTNERSHIP TRUST>Just umm to make sure that this covers all inpatient facilities. We've left it focusing on mental health, but I think it applies to any disability and inpatient services for autistic people. So if we could just do the whole MHLDA in full, obviously. So it doesn't then exclude services for people with learning disability or autistic people.</v>

00:26:11.984 --> 00:26:14.384

<v LEANNE GELDER>Yeah, absolutely. Mary. Yeah, thank you.</v>

00:26:15.684 --> 00:26:15.964

<v LEANNE GELDER>Emily.</v>

00:26:17.699 --> 00:26:48.259

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>Yeah. So someone working in this field, I must admit a a bit similar to [I/S] 39;s first comments I I don't know how to actually translate that into actually anything that we do because all work, all technology, everything that we do have certain standards, DCB, 10129, DCB, 01, Sixties around patient safety applications and and we work with suppliers around things like accessible information standards and there's a lot of standards already in built into how we use technology.</v>

00:26:48.529 --> 00:26:54.009

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>And I'm not sure how this then relates to that work or actually how we would.</v>

00:26:55.909 --> 00:26:58.549

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>How how you would even assess?</v>

00:26:59.749 --> 00:27:15.869

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>So it feels like it might need bit of a more definition as to what sort of technology are you talking about to use this because you know electronic patient record is a piece of technology that you know I supports human rights because that's where we input information.</v>

00:27:17.309 --> 00:27:26.869

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>Is it about the configuration of technology? I'm I'm struggling to understand this one. I must admit I I understand the principle behind it, but practically how it actually relates.</v>

00:27:22.944 --> 00:27:23.344

<v LEANNE GELDER>OK.</v>

00:27:27.849 --> 00:27:31.529

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>To work is quite hard to figure.</v>

00:27:30.984 --> 00:27:57.944

<v LEANNE GELDER>To potentially just a suggestion, but when we come to the practical advice section a bit later on, I wonder if that's something that we would want to think about in more detail in there in terms of what that actually means for people. Yeah. OK. Thanks. Really helpful, Emily. OK. So I'm so sorry, but I'll take one more and then I'm going to have to move us on again to the next one. [I/S] do you want to come in?</v>

00:27:59.674 --> 00:28:21.834

<v [I/S]>Yeah, I think, yeah, I mean, echoing some of the concerns that you know, other people sort of raised and that's what I'm going to say. I think it applies to all of the principles, but because the human rights is for me, it's like an overarching principles principle. I think what I what I see here.</v>

00:28:23.194 --> 00:28:29.514

<v [I/S]>And I know you mentioned the practical, you know advice section and how you're going to implement all this.</v>

00:28:30.014 --> 00:28:59.854

<v [I/S]>It's a series of completely decontextualised principles which to me bring to mind just performative policies, because there's no concern, there's no I know principles are kind of more abstract, but there's no consideration here in more kind of current context. These things are going to be to be implemented in the context where the know.</v>

00:29:00.054 --> 00:29:01.214

<v [I/S]>There's not enough staff so.</v>

00:29:01.454 --> 00:29:08.454

<v [I/S]>No safe staffing at a context where they're not enough beds and where people are.</v>

00:29:11.374 --> 00:29:15.174

<v [I/S]>You know, kind of placed in in services sometimes.</v>

00:29:16.654 --> 00:29:31.294

<v [I/S]>You know, not appropriately. So people are that are very ill for example, are placed on acute wards and that creates all the issues to do with violence, you know, and all this stuff so.</v>

00:29:32.394 --> 00:29:36.754

<v [I/S]>I'm not sure. I'm not sure if that you know.</v>

00:29:37.034 --> 00:29:44.394

<v [I/S]>Rinks, true for other people in this conversation. But that's my general observation that.</v>

00:29:46.194 --> 00:29:50.634

<v [I/S]>Yes. And to be honest, I was. It was quite disappointing that there was no.</v>

00:29:50.224 --> 00:29:50.624

<v LEANNE GELDER>OK.</v>

00:29:53.134 --> 00:29:55.174

<v [I/S]>Consideration of current context.</v>

00:29:55.654 --> 00:30:06.854

<v LEANNE GELDER>OK, so sort of doesn't go far enough, I think is what you're saying as well, [I/S] in terms of the sort of impact and context of how that may be not followed.</v>

00:30:08.294 --> 00:30:09.734

<v LEANNE GELDER>And and the impact on people.</v>

00:30:11.944 --> 00:30:13.944

<v LEANNE GELDER>He did. You want to come in on this?</v>

00:30:15.384 --> 00:30:20.864

<v [I/S]>Just gonna say very briefly, which is again sort of on a similar point about.</v>

00:30:23.074 --> 00:30:51.794

<v [I/S]>Across all of the principles it's I think you know, I can see a context in which in which they they describe exactly what needs to happen. But I think again, sort of from personal experience, it's I'm left thinking about how do we ensure that there aren't still going to be all of the circumstances in which this isn't even relevant. I think that's the sort of that's what I'm here being said before, which is that, you know, in the same way that the Mental Health Act can be misused.</v>

00:30:52.064 --> 00:31:21.184

<v [I/S]>Even with all of these, again, I'm not sure that it's. I didn't read these, I didn't find it dispiriting personally, but I think I was still left with the, and it might be that it's not the job of these to do that. And you know, it's a if something is a breach of human rights. It's. Oh, sorry. I'm using an incorrect language. But if something violates human rights, then it violates human rights. That's not a principles aren't going to stop that. But this is about how how to lead people towards considering.</v>

00:31:22.104 --> 00:31:35.464

<v [I/S]>So I I don't know. I I think I was left to to sorry. I'm not going to get motivation. I've said [I/S] to [I/S]#39;s. I've left kind of oscillating between these same things about I've been in environments where this could not have seemed less relevant.</v>

00:31:23.804 --> 00:31:24.804

<v LEANNE GELDER>Mm hmm mm hmm.</v>

00:31:35.744 --> 00:31:57.984

<v [I/S]>And I'm still left thinking, well, how are these going to reach in and? But it's part of it and you know, and I think putting in the context of the culture of care and things, this is part of many more efforts about so. But I I, I when [I/S] was talking I'm thinking well I that resonates and I think I think that's part of these can go well. Yeah. Yeah I've said what I was going to say.</v>

00:31:53.354 --> 00:31:53.474

<v LEANNE GELDER>Hmm.</v>

00:31:56.554 --> 00:31:56.754

<v LEANNE GELDER>Yeah.</v>

00:31:57.884 --> 00:32:04.204

<v LEANNE GELDER>Yeah. Thank you, [I/S] Really helpful. It's it is a difficult one, isn't it, to balance out these things?</v>

00:32:05.724 --> 00:32:08.724

<v LEANNE GELDER>I'm really aware of time, Emily. You.</v>

00:32:08.944 --> 00:32:35.744

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>It's it's. Yeah, it's it's super quick, but sort of in reference to that. I think there is maybe an under again going back to technology as a as an enabler and a tool and actually some of the things that you're describing there about human rights and and as P has gone through, it's actually around how people are using the technology. It's it's the human factor, not the technology factor. And I think that might need it might be helpful if that is kind of.</v>

00:32:11.454 --> 00:32:12.214

<v LEANNE GELDER>That's OK.</v>

00:32:37.304 --> 00:32:42.024

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>Underlining some of the principles, because actually it isn't about the technology at all. We have safety standards.</v>

00:32:42.354 --> 00:32:52.274

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>Around that it's. But it's how people are then interpreting and using the technology. So it's the it's the hearts and minds, not the technology side, that I think we're. It feels like we're trying to capture maybe.</v>

00:32:53.784 --> 00:33:05.384

<v LEANNE GELDER>Thank you. OK. So I'm going to move us on now. I wonder if rather than doing the slides, Michelle just pops it in the chat. And then I read it out, I'm not sure.</v>

00:33:03.034 --> 00:33:04.074

<v Sophie Shaw>Absolutely, yeah.</v>

00:33:05.364 --> 00:33:09.644

<v Sophie Shaw>There's such delay. So, yeah, I think that'll be best, Leanne. Sorry.</v>

00:33:05.424 --> 00:33:12.784

<v LEANNE GELDER>So, OK, yeah, that's fine. No worries, Sophie. That's OK. So principle 2 then.</v>

00:33:14.384 --> 00:33:23.904

<v LEANNE GELDER>So consent will always be sought from patients and or families and carers prior to the use of digital health technologies.</v>

00:33:24.294 --> 00:33:31.854

<v LEANNE GELDER>And the collection and storing of data. So does anyone have anything particular that they wanted to feedback on that principle?</v>

00:33:33.374 --> 00:33:33.894

<v LEANNE GELDER>Em.</v>

00:33:34.374 --> 00:33:54.454

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>I'm so sorry. I will try not to to take up too much time and say again here. It's really important around how we're defining digital health technology because as we've already heard, EPMAEP are, there are lot lots of things that are classified as a system as digital technology and.</v>

00:33:35.294 --> 00:33:37.654

<v LEANNE GELDER>Nice. Why your hair? Why your hair?</v>

00:33:56.594 --> 00:33:59.154

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>I I wonder again how, how does that work?</v>

00:34:00.714 --> 00:34:18.794

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>Because if a patient then says no, I don't consent to have my drop my medication chart on a EPMA system that introduces risk and into and, and that becomes really unmanageable. So I think it's around when we're saying all.</v>

00:34:20.514 --> 00:34:25.354

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>We might, if we're not actually talking about all technology, then that needs to be rephrased.</v>

00:34:26.374 --> 00:34:31.614

<v LEANNE GELDER>Thanks, Emily. And I guess like you say, that comes back to the definition bit, doesn't it?</v>

00:34:31.854 --> 00:34:45.174

<v LEANNE GELDER>And and and you know from my experience of some of the data collections we do, there is an option for people to not consent to that and and ways of them managing that. But yeah, no, that's really helpful. Thank you.</v>

00:34:46.714 --> 00:34:47.834

<v LEANNE GELDER>Pete, I think you're next.</v>

00:34:49.524 --> 00:35:18.564

<v [I/S] (SUSSEX PARTNERSHIP NHS FOUNDATION TRUST)>Thanks, Leanne. Yeah. Hi, everyone. I'm [I/S] I'm the restraint reduction specialist with Sussex Partnership. And I also chair a use of force community practise for lunches, mental health trusts. So I mean, obviously because of my role, I'm very much here for the perspective of digital technology as a restricted practise. And so therefore that for me really applies to things like the use of body worn cameras or vision based

monitoring systems in particular.</v>

00:35:19.404 --> 00:35:32.404

<v [I/S] (SUSSEX PARTNERSHIP NHS FOUNDATION TRUST)>And I suppose the point I wanted to make and I I was going to come in at the last point, but I thought for time I'll wait and quite frankly from the way this conversation's going, I probably could have come on any one of the principals and said the same thing. I'm going to say.</v>

00:35:32.444 --> 00:35:48.604

<v [I/S] (SUSSEX PARTNERSHIP NHS FOUNDATION TRUST)>From the perspective of use of tech as a restrictive intervention, so it's particularly those examples I gave this whole document, I would say from having read it, very little needs to be changed or anything. It feels to me like the IT has been written almost with those particular things in mind.</v>

00:35:49.604 --> 00:36:22.844

<v [I/S] (SUSSEX PARTNERSHIP NHS FOUNDATION TRUST)>And that was very much what the conference in February was geared towards as well. So even when I saw in the in the introduction around things like tablets and media walls and assistive communication technologies, I I was already thinking that's a very different type of technology to what I would even consider when we're talking about this, this whole thing about bringing it, I would have never considered a million years at an EPR, would even come into this conversation. I totally it totally makes sense to me as we're talking, but it never would have. It never would have occurred to me if something would even be considering this part of this conversation so.</v>

00:36:22.884 --> 00:36:27.884

<v [I/S] (SUSSEX PARTNERSHIP NHS FOUNDATION TRUST)>I suppose my comment at this stage, and it's probably the most overriding comment I can give for the whole document.</v>

00:36:28.394 --> 00:36:56.194

<v [I/S] (SUSSEX PARTNERSHIP NHS FOUNDATION TRUST)>Is that if this guidance was around digital technology as a restrictive intervention from the perspective of body worn cameras, vision based monitoring systems, then it's pretty much spot on. But I guess I'm, I'm starting to see all of these other issues that have been brought up in that trying to translate it to other areas of technology is very challenging and is likely going to create some barriers when it comes to implementation.</v>

00:36:57.774 --> 00:36:59.614

<v LEANNE GELDER>Yeah. Thanks, [I/S]. That's really helpful.</v>

00:37:01.134 --> 00:37:22.494

<v LEANNE GELDER>And I think it it definitely has been a challenge. I think that's what's sort of what's coming through loud and clear, isn't it? From our conversations today, I guess one of the challenges just sort of pick up on your point that we've had is that often people haven't identified that they're using it in a way as a restrictive practise. So by defining it in that way.</v>

00:37:23.894 --> 00:37:29.534

<v LEANNE GELDER>It kind of closes off that conversation about oh, no, no, we're not using it for that. We're using it for this reason.</v>

00:37:30.504 --> 00:37:35.664

<v LEANNE GELDER>And probably links into that patient safety point as well that we discussed earlier. So I think it's really interesting.</v>

00:37:37.244 --> 00:37:46.564

<v LEANNE GELDER>So lots of people with their hands up. So I'll come round. Well, I think I've got three more and then I will again move us on if that's OK. So guy, you're next.</v>

00:37:47.414 --> 00:38:00.934

<v [I/S]>Yeah, whole conversation's quite reassuring for me, actually, because we've struggled with CQC coming up for some guidance for our inspection teams about what to look for and what and the links and our regulations.</v>

00:38:02.494 --> 00:38:17.574

<v [I/S]>Specifically on consent, I think this is really it's quite difficult actually because there are going to be quite a few potentially different circumstances which will mean that a patient's lack of consent won't mean that some of these technologies aren't used.</v>

00:38:18.304 --> 00:38:24.544

<v [I/S]>So whether it's about security or their presentation or whatever it is.</v>

00:38:26.104 --> 00:38:36.904

<v [I/S]>There will be instances where that their consent is or lack of consent is overridden, and you do mention that, but I think that possibly needs strengthening a little bit.</v>

00:38:38.584 --> 00:38:42.024

<v [I/S]>And just a reflection of sort of general one.</v>

00:38:42.144 --> 00:38:47.984

<v [I/S]>I think just thinking about what Pete said last, I think he's probably right on most of it, but it's the definition.</v>

00:38:48.474 --> 00:39:02.674

<v [I/S]>We've got for this but need some some work if what you're trying to do is about solely about restrictive practise then most of it I think is probably OK, but the definition that you're using isn't OK.</v>

00:39:03.994 --> 00:39:08.714

<v [I/S]>But I think I've said that's to you separately anyway, so I'll show up and let other people.</v>

00:39:08.874 --> 00:39:09.354

<v [I/S]>Have their say.</v>

00:39:10.464 --> 00:39:31.424

<v LEANNE GELDER>Thanks [I/S], and I think just to say to people, I think where we'd landed is that that wasn't that. We were specifically looking at it as a restricted practise, although that may have been where it came from. I think we were very mindful from the day in February that people gave us some feedback about positives to certain types of digital technology.</v>

00:39:32.984 --> 00:39:40.864

<v LEANNE GELDER>And I think the other thing we're mindful of is is how we kind of

try and future proof this in some way which which is a challenge I think.</v>

00:39:42.394 --> 00:39:44.274

<v LEANNE GELDER>Constantina do you want to come in next?</v>

00:39:44.724 --> 00:40:14.604

<v [I/S]>Yeah, I think yes. I mean again, I echo what other people said. But in terms of consent, I mean for me there is there's one issue about people not being able to consent because say they're too distressed to have capacity to understand what's going on. But the issue of consent is also applying to the fact that when people for example, go into hospital under the Mental Health Act, they are by definition.</v>

00:40:15.204 --> 00:40:15.484

<v [I/S]>There against.</v>

00:40:16.064 --> 00:40:27.744

<v [I/S]>They haven't consented so, and given that at the current climate, again, that's why context is so important. You need to be sectioned to go to inpatient services.</v>

00:40:28.864 --> 00:40:52.344

<v [I/S]>Well, roughly speaking. So, so when people are sectioned, say and they're not asked whether they want medication for example, OK, I know that after three months they may have a review, but well, I mean I didn't have any. So how are we talking about consent when?</v>

00:40:53.744 --> 00:40:58.864

<v [I/S]>Consent is overridden when people are, for example, with the Mental Health Act.</v>

00:40:59.774 --> 00:41:19.894

<v [I/S]>Hospital against their will. What I mean, this makes consent meaningless. And for me, as I said, it's not just about being able to consent, but there's no, there's no opportunity to consent because that's the idea that you're there against your will. So [I/S]</v>

00:41:21.114 --> 00:41:22.634

<v LEANNE GELDER>Yeah. Thanks, [I/S].</v>

00:41:24.524 --> 00:41:27.444

<v LEANNE GELDER>And I think, you know like like we said earlier, you know having.</v>

00:41:28.954 --> 00:41:32.834

<v LEANNE GELDER>Of what people should be doing? It's not in these overarching principles.</v>

00:41:34.194 --> 00:41:50.954

<v LEANNE GELDER>Is is really what this is about, isn't it? But recognise that it's not always as straightforward as that, and there's lots of complexities. And, like you say, people aren't going to be in hospital most of the time willingly because they want to be there, [I/S]>

00:41:52.224 --> 00:42:22.944

<v [I/S]>Yeah, I was sort of pleased to see the issue of consent in principle too, but also surprised to see the way it was written because it's very different from how things are now. We've had CCTV since about 2005. We don't ask for consent. Body worn cameras are on something like 50% of our in our trust and in most cases, we're not asking for consent for their use there. And I think arguably some with the vision based monitoring as well and there it has been.</v>

00:42:22.984 --> 00:42:23.904

<v [I/S]>A step towards saying.</v>

00:42:24.664 --> 00:42:28.304

<v [I/S]>This is part of our routine Care now.</v>

00:42:28.864 --> 00:42:44.144

<v [I/S]>Which I personally feel is problematic, but so this is a big shift if this is going to be rolled out and it has big implications. I also agree with John's point that I think most people can give consent.</v>

00:42:45.984 --> 00:42:49.104

<v [I/S]>Perhaps not in all situations at all times, but certainly most people can.</v>

00:42:50.784 --> 00:42:55.744

<v [I/S]>So we we need to be but anyway, so I'm just I think it's a good thing.</v>

00:42:56.144 --> 00:43:02.504

<v [I/S]>I just think it's a big shift from where we are now and whether or not how we're going to implement that.</v>

00:43:03.364 --> 00:43:05.724

<v LEANNE GELDER>Yeah. Thanks, [I/S]. Really helpful.</v>

00:43:07.284 --> 00:43:10.884

<v LEANNE GELDER>OK, so I'm going to move us on to principle 3.</v>

00:43:12.884 --> 00:43:20.324

<v LEANNE GELDER>And we'll see how we get on time wise. We may take a break after that, so principle 3.</v>

00:43:22.724 --> 00:43:32.164

<v LEANNE GELDER>Is excuse me, all patients have equal access to implemented digital health technologies suitable for their mental health needs.</v>

00:43:32.584 --> 00:43:34.944

<v LEANNE GELDER>So this is about equity of access.</v>

00:43:36.364 --> 00:43:38.924

<v LEANNE GELDER>Does anyone have any feedback or thoughts on that?</v>

00:43:50.734 --> 00:43:54.214

<v LEANNE GELDER>Me. I'll me for some then that was.</v>

00:43:54.874 --> 00:43:58.194

<v [I/S] >I'll. I'll, I'll, I'll, I'll, I'll say one line, which was that.</v>

00:43:55.714 --> 00:43:55.954

<v LEANNE GELDER>I'm miss.</v>

00:43:57.274 --> 00:43:57.674

<v LEANNE GELDER>Yeah.</v>

00:44:02.214 --> 00:44:21.774

<[I/S] >I think it's clearly a a right principle. It's quite interesting because I think the converse is the bit that worries people. It's the the converse is that there will be particular patient groups where they are more likely to be subject to surveillance by digital health technologies. And that's the concern, so.</v>

00:44:21.414 --> 00:44:21.694

<v LEANNE GELDER>Yeah.</v>

00:44:23.424 --> 00:44:39.104

<v [I/S] >Yeah, I don't know whether that needs to be recognised in that. So it's it's it's phrased in a way, this is a good thing and everyone should have equal access to it. Well, many people say it isn't a good thing so that you know, and I don't want to be accessed. I don't want to be subject to it. I don't want to be someone to be filming in my bedroom.</v>

00:44:40.354 --> 00:44:58.034

<v LEANNE GELDER>Yeah. Thanks, [I/S] And I think we we sort of looked at those two issues, which I think the inequality side of things and the, the you know, greater risk if you like, for it being used in a negative way. I think we've tried to pick up elsewhere, but I wonder if we need to link the two a bit more.</v>

00:44:56.244 --> 00:44:56.484

<v [I/S] >Thank.</v>

00:44:59.394 --> 00:45:00.554

<v LEANNE GELDER>Emily, did you want to come in on that?</v>

00:45:01.274 --> 00:45:07.074

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>Yeah. So I I also wonder whether we need to reference or or be specific about the.</v>

00:45:08.714 --> 00:45:26.034

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>Information accessibility standards that all NHS trusts have to comply with by 2025. This is about reasonable adjustments, making sure that that that that those reasonable adjustments are documented and and you know that informs the way that that we work and.</v>

00:45:28.924 --> 00:45:57.524

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>When we're talking about equity of access, I, again, if you're talking about tablets and devices, what what we might just if it's for inpatients only, isn't it? So is it around equity of access to the care that's being undertaken within an inpatient

or is it equity of access to digital devices that will enable them to? I just wonder if a bit more clarity on on some of that and and I know doctor Jackie Dyer.</v>

00:45:58.194 --> 00:46:05.834

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>Is doing some work on on P cref and whether we should be whether we could align with some of that work that feels like it could be quite powerful.</v>

00:46:06.704 --> 00:46:12.064

<v LEANNE GELDER>Yeah. So we have, we have worked with [I/S] on this as well, Emily, just to give you some reassurance and.</v>

00:46:13.824 --> 00:46:31.664

<v LEANNE GELDER>But yeah, no, that's really helpful. Points around what we mean by equity. And I think linking back and I think that helpful about the the standards that you referenced as well, Emily, because I think that probably links into the consent bit as well, doesn't it in terms of reasonable adjustments there.</v>

00:46:33.424 --> 00:46:36.544

<v LEANNE GELDER>Constantina. And then I'll I'll move us on if that's OK.</v>

00:46:37.094 --> 00:47:05.894

<v [I/S]>I think again probably it's similar to what I said before and and also this idea of using all you know like all patients all because for example there is a paper, well, at least one patient population, people in forensic mental health settings for example, who don't, who can't have have access to the Internet at all. So you know then so.</v>

00:47:07.014 --> 00:47:09.174

<v [I/S]>Again, it needs to be perhaps.</v>

00:47:10.004 --> 00:47:28.884

<v [I/S]>Sort of explained or I don't know how to to phrase it or what. What what? Because there will be a set of caveats for all these, because there are exceptions even on the basis of being able to have digital access.</v>

00:47:30.074 --> 00:47:41.554

<v [I/S]>Even if we say that it's a good thing, did you tell? And it is a good thing in some cases, but for some people this is not because of the risk and safety issues, aren't, you know?</v>

00:47:42.154 --> 00:47:48.874

<v LEANNE GELDER>Yeah, thanks. Thanks. That's really important point, Constantina and really mindful of that as well in some other work that we've been doing.</v>

00:47:50.414 --> 00:47:52.414

<v LEANNE GELDER>OK, Emily. And then Mary.</v>

00:47:53.044 --> 00:47:56.764

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>Just picking up on that point, so is it something that we could put in there about?</v>

00:47:58.324 --> 00:48:23.804

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>Equity and access to digital health technologies suitable for your person centred needs. So is it more around rather than a blanket because as you quite rightly said, there are risk assessments and things that need to be done for a patient. So actually, should we be looking at your access to technology, the equity around based on your personalised care, you know person centred care rather than sort of blanket approaches.</v>

00:48:24.444 --> 00:48:27.844

<v LEANNE GELDER>Yeah. No, absolutely. I think that's a really good suggestion, Emily.</v>

00:48:29.444 --> 00:48:30.164

<v LEANNE GELDER>Mary.</v>

00:48:30.744 --> 00:48:44.744

<v Mumvuri Mary (RYG) C&W PARTNERSHIP TRUST>I was just gonna say it links to principle seven when we talk about risk assessments and I'm sure it's clinical risk assessments we're thinking about. But whether we just referenced that bit and and then say it it links to principle 7.</v>

00:48:45.364 --> 00:48:47.084

<v LEANNE GELDER>Yeah. Thanks, Mary. That's helpful.</v>

00:48:48.554 --> 00:48:54.514

<v LEANNE GELDER>OK. [I/S], do you want to pop #4 in the chat? I think you might have done already, but.</v>

00:48:55.994 --> 00:48:57.834

<v LEANNE GELDER>Maybe removed it? Yeah, brilliant. Thank you.</v>

00:48:59.494 --> 00:49:12.134

<v LEANNE GELDER>OK, so principle four, then digital health technologies should be considered as a mechanism to enhance equality and promote patient voice in in patient settings.</v>

00:49:13.424 --> 00:49:15.104

<v LEANNE GELDER>What's people's thoughts on this?</v>

00:49:20.374 --> 00:49:24.094

<v LEANNE GELDER>So I suppose it really links to the conversation we've just been having in some ways.</v>

00:49:27.024 --> 00:49:36.344

<v LEANNE GELDER>I think we might have had it all in one originally and then felt like we needed to separate them because we felt like we were talking about two different things, [I/S] </v>

00:49:38.274 --> 00:49:55.194

<[I/S]>Sorry, I'm using the chat a lot 'cause my Wi-Fi keeps knocking out. I think. I think the thing around promoting patience is important, but I'm not sure. I'm sure whether equal inequality go together and actually something around. So the principle 3.</v>

00:49:42.504 --> 00:49:43.344

<v LEANNE GELDER>That's OK.</v>

00:49:56.634 --> 00:50:07.954

<[I/S]>And four, I seem to overlap here, but I do think there's a real role for digital technologies in terms of giving that feedback, that real time feedback. I'm not going to talk about an individual thing, but Ward Serno does address all of these principles.</v>

00:50:04.524 --> 00:50:04.644

<v LEANNE GELDER>Hmm.</v>

00:50:09.434 --> 00:50:20.834

<v LEANNE GELDER>We we have, we have read about roads, roads. They now done. Yeah. No, absolutely. But it's really important, isn't it? And I think there's such potential in that space. So making sure that we emphasise that more perhaps.</v>

00:50:22.964 --> 00:50:24.244

<v LEANNE GELDER>No helpful. Thank you.</v>

00:50:25.004 --> 00:50:27.044

<v LEANNE GELDER>Anything else on principle for?</v>

00:50:27.994 --> 00:50:36.794

<v LEANNE GELDER>And take the point about the overlap. I think it probably shows that we have them together and then didn't and we weren't quite sure where to land with that. So that's that's helpful Mary.</v>

00:50:37.784 --> 00:50:41.704

<v Mumvuri Mary (RYG) C&W PARTNERSHIP TRUST>I'm just thinking it may be in there. How later on?</v>

00:50:43.204 --> 00:50:46.484

<v Mumvuri Mary (RYG) C&W PARTNERSHIP TRUST>And it's really how you reflect that user voice.</v>

00:50:48.604 --> 00:51:16.564

<v Mumvuri Mary (RYG) C&W PARTNERSHIP TRUST>And so they how of how you reflect that. So I think if we think about and hold on to it until the end, sort of think about you know how how might we know that that is reflected and whether we need to put here something around that persistence persistence dented plans of care or care plans, don't you name it, whatever the the preferred language might be, but just something that links to the plan of care for that individual I guess is where I'm getting to.</v>

00:50:52.154 --> 00:50:52.194

<v LEANNE GELDER>M.</v>

00:51:11.444 --> 00:51:11.684

<v LEANNE GELDER>Yeah.</v>

00:51:17.464 --> 00:51:21.304

<v LEANNE GELDER>Yeah. No, that's that's really helpful. Mary have made in it that. Thank you.</v>

00:51:22.654 --> 00:51:23.614

<v LEANNE GELDER>OK.</v>

00:51:24.934 --> 00:51:28.574

<v LEANNE GELDER>And and just to say, I know we are capturing all the feedback in the chat as well.</v>

00:51:30.154 --> 00:51:34.034

<v LEANNE GELDER>Guy, do you want to come in and then we'll maybe take a short break if that's OK.</v>

00:51:34.494 --> 00:51:35.054

<v [I/S]>Yeah, sure.</v>

00:51:36.774 --> 00:51:45.534

<v [I/S]>I'm just wondering how that how this principle works with some of the examples you've given of digital health technology. So how this would work for example?</v>

00:51:47.134 --> 00:51:47.654

<v [I/S]>With.</v>

00:51:47.894 --> 00:51:49.934

<v [I/S]>Or could work with vision based monitoring systems.</v>

00:51:51.694 --> 00:52:02.494

<v [I/S]>Or body worn cameras. How? How would it work with that? Because other things but not with them and that might just be my ignorance. Apologies if it did, but I don't understand how that would work.</v>

00:51:56.694 --> 00:51:56.894

<v LEANNE GELDER>Mm hmm.</v>

00:52:03.324 --> 00:52:08.484

<v LEANNE GELDER>Yeah, OK. Yeah, I know it's important point guy, because we're talking about some quite different things, aren't we?</v>

00:52:09.884 --> 00:52:10.284

<v LEANNE GELDER>Emily.</v>

00:52:11.344 --> 00:52:21.464

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>Yes, I so, so guy. I think for me that bit is fairly easy because I'm not attributing necessarily all of these principles to all of that technology.</v>

00:52:22.984 --> 00:52:49.744

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>So when I'm, you know, when I'm looking at that principle around, communicate the last one we've just looked at a patient's voice. So you know, I'm I'm thinking about the technology that can enhance that, not the principles not not that all technology is necessarily going to fall under all these principles because it depends what the technology tool is meant to be doing. So I don't know whether that's something we then again we go back to that definition and when we're talking about

digital health technology.</v>

00:52:50.144 --> 00:52:57.104

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>And whether we work on that a little bit more, so it makes those principles easier to align.</v>

00:52:58.004 --> 00:53:07.004

<v LEANNE GELDER>Yeah. Thanks, Emily. That's an important point, isn't it? I guess it's a decision about whether we say that the beginning to set that out or whether we adjust these so that.</v>

00:53:07.804 --> 00:53:14.444

<v LEANNE GELDER>They do what will apply and and how and where we want to land with that really. So no, that's helpful, Alan.</v>

00:53:15.564 --> 00:53:21.724

[I/S] >Yeah, I assume they didn't all necessarily apply equally to all technologies, but just on body worn cameras.</v>

00:53:23.364 --> 00:53:45.524

<v [I/S] >They they have been and are being used in way of giving patient voice. So patients sometimes got to staff and say put your camera on and want to tell you something and they want to make a statement about something that's going on. They've also found it useful to have things recorded to show that they didn't do something that their alleged out of and so that whole thing about accountability and so on.</v>

00:53:46.084 --> 00:53:48.324

<v [I/S] >Similarly, so does staff sometimes as well.</v>

00:53:49.344 --> 00:53:49.464

<v LEANNE GELDER>Hmm.</v>

00:53:50.944 --> 00:53:55.744

<v LEANNE GELDER>That's helpful. Helpful to think about how it's being used in those ways as well.</v>

00:53:57.144 --> 00:54:20.584

<v LEANNE GELDER>OK, I'm going to suggest we take a short break here, if that's OK. I know it's been sort of quite fast-paced, but just to give people sort of 10 minutes just to make a quick drink and then we'll reconvene. So if we come back at 6 minutes past, that gives us 10 minutes. Does that feel OK with everyone? And then we'll we'll continue. Thanks so much.</v>

00:54:22.914 --> 00:54:23.394

<v LEANNE GELDER>Don't.</v>

00:54:24.414 --> 00:54:34.134

<v [I/S] >Can I ask you some more to the document than what I have been sent? I've only got 8 pages of principles and nothing on deliverable bed. How you do it there?</v>

00:54:34.234 --> 00:54:45.754

<v LEANNE GELDER>Yeah, it is only 8 pages. I believe it's it's just sectioned up so that there's a section at the end that says putting it into practise so that is the only document John.</v>

00:54:46.284 --> 00:54:52.844

<[I/S]Alright, I just don't have the. Oh, the. Yeah. OK, thank you. I found the I found the few lines. I'm putting it into practise.</v>

00:54:50.254 --> 00:54:50.534

<v LEANNE GELDER>Baby.</v>

00:54:53.174 --> 00:54:56.414

<v LEANNE GELDER>Yeah. Alright. See you all in a second.</v>

01:05:17.579 --> 01:05:18.499

<v LEANNE GELDER>Hi everyone.</v>

01:05:20.739 --> 01:05:24.299

<v LEANNE GELDER>Just I give people a couple of seconds. Well, thanks for sharing that, John.</v>

01:05:29.669 --> 01:05:37.229

<v LEANNE GELDER>Great. OK. Thanks so much everyone. Loving the cell phone nation going on. No, it's brilliant.</v>

01:05:38.829 --> 01:06:02.109

<v LEANNE GELDER>We'll we'll make a start then and we'll see how far we get. Hopefully we'll get through them all. So I think next we're on to #5, if I am keeping track correctly, we are OK. So principle 5, all digital health technologies will be Co produced in their development, testing, implementation and evaluation.</v>

01:06:03.219 --> 01:06:04.939

<v LEANNE GELDER>But do people think about this?</v>

01:06:06.199 --> 01:06:07.959

<v LEANNE GELDER>Quite aspirational, perhaps, Emily.</v>

01:06:09.099 --> 01:06:17.979

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>I don't think the aspiration is wrong, but I at all. But I do think I think this is quite a challenging principle, the way that it's framed because actually.</v>

01:06:19.289 --> 01:06:20.769

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>Providers are not.</v>

01:06:22.769 --> 01:06:54.329

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>They're not creating the technology, they are implementing the technology, which should be done as part of Co production. It's suppliers that are developing the technology. I wonder if it's more because we want to embed Co production. So is the principle more about I talking about identifying where technology can support patients and ensuring identifying the identifying the issues are Co Co produced and we're talking about

user centred designs because.</v>

01:06:54.639 --> 01:07:03.679

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>Providers can't be responsible for ensuring Co production at all stages because they're only implementing technology that they that they're going through procurement with.</v>

01:07:03.719 --> 01:07:21.319

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>So they don't have say, over the entire life cycle of that development, but they providers do have a responsibility when they are looking at looking at implementing a new technology or or solving a problem with technology that they've done that through Co production and user centred design.</v>

01:07:22.919 --> 01:07:24.719

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>Though I am very happy to hold.</v>

01:07:25.149 --> 01:07:36.389

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>Suppliers to account to make sure that's Co produced, because that's one of the big challenges in mental health. A lot of the digital technology that's being designed is being designed without mental health in mind. So I get a lot of.</v>

01:07:38.309 --> 01:08:01.589

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>Suppliers coming to me saying we want to implement this technology, we think it's great for mental health, but actually it's it's been designed for hypertension or it's been designed for cancer care and not with the thought of mental health in mind. So it's it's about where we put that responsibility. So for me this is more about user centred design in, in understanding the problem that digital will support and ensuring that's Co produced through the life cycle of the.</v>

01:08:02.059 --> 01:08:03.659

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>The implementation and technology.</v>

01:08:04.519 --> 01:08:07.519

<v LEANNE GELDER>Thanks, Emily. That's some interesting points there.</v>

01:08:09.199 --> 01:08:26.519

<v LEANNE GELDER>And yeah, like you say, technology, and I think in this fast-paced environment popping up all over the place that you know with without any consideration potentially of of the person that it's ends up being used on with [I/S] /v>

01:08:27.229 --> 01:08:30.429

<v [I/S] >Yeah, like Emily, I would support the.</v>

01:08:31.829 --> 01:08:40.869

<v [I/S] >Idea of I'm talking about Co production of implementation of these technologies. I think that's absolutely essential in terms of the companies developing.</v>

01:08:37.029 --> 01:08:37.229

<v LEANNE GELDER>Mm hmm.</v>

01:08:42.509 --> 01:08:55.469

<[I/S]>We also need to be very, very wary of words like Co production very often when people talk about Co production, what they're talking about is consulting with a few people with lived experience at best, and that's not Co production. So.</v>

01:08:57.029 --> 01:09:03.309

<[I/S]>And I'm sure people working in developing technologies, they're a long way from doing Co production in the initial ideas.</v>

01:09:03.799 --> 01:09:17.919

<[I/S]>Development work, which is fair enough. You know it's what they do and it's a very different field. But yeah, but somewhere downstream, there should be a bigger use of involvement of people lived experience. But the idea is Co production is not really on.</v>

01:09:09.819 --> 01:09:10.099

<v LEANNE GELDER>Yeah.</v>

01:09:19.679 --> 01:09:21.639

<v LEANNE GELDER>OK. Thanks, Alan. There that's really helpful.</v>

01:09:24.099 --> 01:09:25.939

<v LEANNE GELDER>OK. Anything else on this one?</v>

01:09:34.829 --> 01:09:42.709

<v LEANNE GELDER>K So we move on then to six, which Michelle has seamlessly popped into the chat. We've got the flag going now, haven't we?</v>

01:09:43.569 --> 01:09:57.569

<v LEANNE GELDER>To say principle 6, digital health technologies should support inpatient settings to provide therapeutic and personalised care and treatment as set out in the culture of care standards.</v>

01:10:02.629 --> 01:10:13.109

<[I/S]>I just think this one should be earlier on that's I mean that's what I wanted to say. I think this is sort of framing and that was help throughout, but I'm sure they've got other things to say about.</v>

01:10:13.799 --> 01:10:20.719

<v LEANNE GELDER>No, thanks, [I/S] That's really helpful and it's interesting you raised that actually because it is something that we discussed about where that should sit.</v>

01:10:22.899 --> 01:10:23.579

<v LEANNE GELDER>Emily.</v>

01:10:25.269 --> 01:10:42.389

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>To kind of be front and centre, but I wonder I've put it in the chat, but I do wonder if we remove support provided, it should be about technology enabling this rather than

supporting technology should enable a therapeutic in relationship and in meaningful engagement.</v>

01:10:42.469 --> 01:10:49.869

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>And support it I. It just feels like a name because that's what Digital's meant to do. Digital technology is meant to enable you to as a tool.</v>

01:10:51.299 --> 01:10:53.019

<v LEANNE GELDER>OK. Thanks, Emily. That's helpful.</v>

01:10:56.399 --> 01:11:03.999

<v LEANNE GELDER>Anything else on this one? So it feels like people are in support, that we should have a principle that links to the standards explicitly.</v>

01:11:05.559 --> 01:11:08.319

<v LEANNE GELDER>Think about the wording and think about where we're putting it as well.</v>

01:11:11.029 --> 01:11:11.669

<v LEANNE GELDER>OK.</v>

01:11:13.589 --> 01:11:27.389

<v LEANNE GELDER>Great principle 7. So we'll move on 'cause, then we should hopefully have a bit more time to discuss the kind of putting it into practise section, which I think we might want a bit more discussion on. So principle 70, sorry, [I/S] Sorry, [I/S] .</v>

01:11:29.729 --> 01:11:32.689

<v [I/S] >No, sorry. I was just jumping for principle 7, so you get.</v>

01:11:31.609 --> 01:11:32.249

<v LEANNE GELDER>That's OK.</v>

01:11:33.319 --> 01:11:45.919

<v LEANNE GELDER>Oh, OK, right. So principle 7 risk assessment should focus on the person's needs and how to support their immediate and long term psychological and physical safety.</v>

01:11:47.239 --> 01:11:51.599

<v LEANNE GELDER>Digital health technologies will only be used in addition if deemed to be proportionate.</v>

01:11:53.069 --> 01:12:00.229

<v LEANNE GELDER>So feedback on this one very much welcome my name. Mary sort of reference to earlier to some of the earlier discussion, John.</v>

01:12:02.419 --> 01:12:23.899

[I/S] >Well, this was the one I was kind of most confused about really. We know risk assessments aren't great even in the shortest of possible time frames, let alone planning the long term. We also know that most wards don't focus on psychological safety. They focus on physical safety and containment and it kind of feels a bit detached from the other principles.</v>

01:12:26.629 --> 01:12:36.069

[I/S] >But I know staff use risk an awful lot in in order to say This is why we need these things, but actually I'm not sure it fits very well within these these overarching principles.</v>

01:12:29.869 --> 01:12:29.989

<v LEANNE GELDER>Hmm.</v>

01:12:36.519 --> 01:12:41.359

<v LEANNE GELDER>OK. No, that's helpful. John. I guess this sort of came from.</v>

01:12:43.029 --> 01:12:58.709

<v LEANNE GELDER>People talking about why some digital technologies are used very much being framed in in risk. And so it was. I suppose it was just thinking about how we can kind of capture that in here or name it. But maybe we've not done it in quite the right way.</v>

01:13:01.689 --> 01:13:06.369

<v LEANNE GELDER>Emily, I think you're next. Oh, no. Sorry. [I/S] you're next, [I/S] you're next.</v>

01:13:03.939 --> 01:13:05.259

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>No [I/S] [I/S] </v>

01:13:06.319 --> 01:13:38.439

<v [I/S] >Thank you. Thank you. Now it's a similar point which is just about the simply the use of risk assessment and thinking about all of the ways in which in in the efforts to move away from it, we I just see a risk in, in and of putting it into principles which will help support the idea that these things need to keep being done. So I thought wondering whether it could be framed as safety planning should focus on. Obviously I think it needs referencing, but if people are already citing coroner's reports and policy as reasons that risk assessment needs to keep happening that I didn't, I thought it's.</v>

01:13:39.079 --> 01:13:42.359

<v [I/S] >It seems a shame to add to that, we still need to do risk assessment because.</v>

01:13:42.979 --> 01:13:45.939

<v LEANNE GELDER>You've got an opportunity, haven't we? Here I think is what you're saying, yeah.</v>

01:13:47.969 --> 01:13:50.929

<v LEANNE GELDER>That's really helpful, [I/S] Thank you, Emily.</v>

01:13:51.329 --> 01:13:58.409

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>Yeah. So again for this one, I agree with the points that have already been raised, but again, it goes back to how we're defining.</v>

01:13:59.809 --> 01:14:01.129

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>Technology.</v>

01:14:02.329 --> 01:14:14.049

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>It because if you're using, depending on your definition of how you're using digital health technology, this this is a really challenging one to understand and work through. But I wonder whether it's about reframing it.</v>

01:14:15.689 --> 01:14:24.929

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>Around our staff, able to assess where techno, you know where certain technology is suitable or isn't suitable.</v>

01:14:26.529 --> 01:14:28.569

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>Rather than assessing the.</v>

01:14:29.969 --> 01:14:32.769

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>Our staff capable. Do they have the competencies?</v>

01:14:33.219 --> 01:14:34.939

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>And how technology?</v>

01:14:36.419 --> 01:14:38.339

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)**[I/S]** is best placed to support.</v>

01:14:40.809 --> 01:15:04.049

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>Because, you know, risk assessment should be and it only digital health technology will only be used in addition, if deemed to be proportionate. Where again we go back to your technology epma EPR that lot everything is you know essentially how we run our services are all technology. So that needs what happens if you deem it's not appropriate to use the EPR to.</v>

01:15:04.209 --> 01:15:12.769

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>EPR to document like that's where for me it becomes really challenging because we haven't got a clear definition of what we mean by digital health technology.</v>

01:15:13.279 --> 01:15:18.439

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>We're talking about additional functionality. We're talk, aren't we we're talking about.</v>

01:15:18.459 --> 01:15:38.859

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>So the definition might help, but I could also share with you all work that we did with HH EE that references this around staff's capability and competencies to be able to assess where the use of additional technology may be suitable wouldn't be suitable, and I don't know whether that might be able to inform some of the principles. Looking at the capability framework.</v>

01:15:40.029 --> 01:15:51.029

<v LEANNE GELDER>Yeah. Thanks, Emily. That's helpful. And I think there's

definitely a theme, isn't there today of of coming back to that definition and and that perhaps we haven't got it quite right.</v>

01:15:51.069 --> 01:15:56.349

<v LEANNE GELDER>But also the risk of trying to cover everything, then kind of almost makes the principles we've developed.</v>

01:15:58.469 --> 01:16:03.109

<v LEANNE GELDER>Yeah, not really aligned. So OK, [I/S] thank you.</v>

01:16:02.569 --> 01:16:11.689

[I/S] I just want to pick up on [I/S] use of safety planning, and I wonder if that would be more helpful than talking about risk assessment. I also wondered whether.</v>

01:16:06.889 --> 01:16:07.089

<v LEANNE GELDER>Mm hmm.</v>

01:16:13.249 --> 01:16:27.809

[I/S] The issue of safety planning couldn't be subsumed under Principal 6, which is around therapeutic and personalised care and treatment, of which safety planning is a part rather than rather than seeing it as a separate thing, but in incorporating it.</v>

01:16:28.499 --> 01:16:36.259

<v LEANNE GELDER>That's really helpful and very much aligns obviously with the work we're doing through the culture standards around moving away from risk stratification as well.</v>

01:16:37.899 --> 01:16:38.739

<v LEANNE GELDER>That's really happen.</v>

01:16:38.949 --> 01:16:53.749

[I/S] >20s point about the competencies and confidence and so on of staff. I do think that's a separate issue that goes across all of this, doesn't it? Because it applies to understanding that Human Rights Act and and whether it can be an overarching.</v>

01:16:54.849 --> 01:16:56.169

<[I/S] >Went some.</v>

01:16:56.509 --> 01:17:03.149

<v LEANNE GELDER>Yeah, it might fit better in the putting it into practise. Bit might not in terms of something that needs sort of addressing or.</v>

01:17:04.779 --> 01:17:05.779

<v LEANNE GELDER>Yeah. Thank you.</v>

01:17:08.259 --> 01:17:09.539

<v LEANNE GELDER>OK, Mary.</v>

01:17:11.209 --> 01:17:20.049

<v Mumvuri Mary (RYG) C&W PARTNERSHIP TRUST>Just from that point around risk assessment. So I think that principle, the way it's written at the moment is obviously think about from an individual perspective.</v>

01:17:22.129 --> 01:17:30.649

<v Mumvuri Mary (RYG) C&W PARTNERSHIP TRUST>What about from an environmental perspective? But there might be different sort of risks that we're talking about here. In this context we're talking about.</v>

01:17:32.409 --> 01:17:42.649

<v Mumvuri Mary (RYG) C&W PARTNERSHIP TRUST>Thinking individual clinical risks as opposed to other risks. And so when we think about safety planning versus up things, I suppose it will come back to.</v>

01:17:43.279 --> 01:17:52.359

<v Mumvuri Mary (RYG) C&W PARTNERSHIP TRUST>That of watching intro about what's in school, what are we talking about here? What's in scope, what's out of scope? Because then that will help us with some of the thinking.</v>

01:17:53.979 --> 01:17:55.539

<v LEANNE GELDER>Hmm. Yeah, thanks very.</v>

01:17:57.039 --> 01:18:08.479

<v Mumvuri Mary (RYG) C&W PARTNERSHIP TRUST>I just think it needs a bit more process 'cause. It's not just about the individual. There could be risk when you're thinking about your your your risk as an organisation.</v>

01:18:09.919 --> 01:18:26.799

<v Mumvuri Mary (RYG) C&W PARTNERSHIP TRUST>And which might be to do with other things that might impact also on on people's care. But actually in this context is think about individuals. I don't know if I'm making myself very clear, but I suppose I'm thinking about the broader risk management rather than clinical risk assessment.</v>

01:18:27.239 --> 01:18:30.519

<v Mumvuri Mary (RYG) C&W PARTNERSHIP TRUST>Formulating and you know how you support individuals within that.</v>

01:18:28.589 --> 01:18:28.829

<v LEANNE GELDER>Yeah.</v>

01:18:31.089 --> 01:18:34.129

<v LEANNE GELDER>Yeah, no thanks. [I/S] that is that's that is helpful.</v>

01:18:35.729 --> 01:18:47.449

<v LEANNE GELDER>And we've come at it very much from the individual point of view, I think we, yeah, we that's that's really helpful. We definitely need to take that one away and give some more thought to that and helpful suggestion about where it might better align as well.</v>

01:18:49.189 --> 01:18:59.949

<v LEANNE GELDER>It'd be interesting to see what the group come up with on Wednesday as well. If we have kind of similar similar themes and feedback, OK, what are we on to next then? Are we 8?</v>

01:19:02.069 --> 01:19:11.069

<v LEANNE GELDER>So providers must so principle 8 providers must carefully review the evidence base of any digital health technology.</v>

01:19:12.389 --> 01:19:13.509

<v LEANNE GELDER>Prior to implementation.</v>

01:19:14.949 --> 01:19:17.869

<v LEANNE GELDER>Mary is your hand up for this one or is that from your last year?</v>

01:19:17.039 --> 01:19:19.439

<v Mumvuri Mary (RYG) C&W PARTNERSHIP TRUST>And now that's done and.</v>

01:19:19.669 --> 01:19:21.149

<v LEANNE GELDER>P quick off the mark.</v>

01:19:22.239 --> 01:19:47.639

[I/S] >Oh, this is showing my biases. This is one that I'm currently kind of in the middle of. I will work for a trust in the mornings and I'm trying to wedge myself into more evidence based practise direction and I'm really surprised by the gaps in what is offered to the kind of people making these procurement decisions, whether it's continuing professional development or technologies. And there is a research and development team.</v>

01:19:47.679 --> 01:19:57.479

[I/S] >But they support in the conducting of research rather than in consulting on the nature of evidence and how to appraise evidence. And actually people often come with.</v>

01:19:58.509 --> 01:20:18.589

[I/S] There's this fantastic document full of evidence from the manufacturer, from the training provider, and that is very persuasive. So I I was left thinking again about the difference between the principal and the practise and if it says go to your research and development team. I only have experience of one trust back stage. But if people took it to them, they'd say this isn't our remit. So I don't know who that does go to.</v>

01:20:20.109 --> 01:20:28.629

[I/S] >And also I don't know sort of again I think people might think they've already done their due diligence if somebody has provided them with a nice pamphlet full of evidence.</v>

01:20:29.209 --> 01:21:00.649

[I/S] >Funded by whom, produced by whom? So I that that one? I think it it comes up again in the putting the the practises principles into practise and I think it's just I think it's coming back to also their capabilities because it's it's going to end up in all sorts of different people's hands to make these decisions and it's it's not necessarily so if you know if it's if it's working in nursing development team and they have all sorts of skills that I don't have but they're they're not confident at sort of turning to the literature so it's like well.</v>

01:21:01.529 --> 01:21:09.569

[I/S] I I think that might need to be more guidance here in and what this should look like as a kind of umm, you know, in that case practise.</v>

01:21:10.999 --> 01:21:26.559

<v LEANNE GELDER>OK, I'm, I'm sure you can tell by the hands up this is I think this is a really big issue and this this came through loud and clear from our day in February. So yeah, Emily, do you want to come in next give everyone a chance?</v>

01:21:27.009 --> 01:21:59.489

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>Yeah. So I I, I do agree with everything you said, Pete, like and and I do, I do agree that we need to be moving towards a culture of evidence based research for digital mental health, but it's really challenging because that doesn't really exist in a lot of places as and the technology develops quicker than than research projects and research does. There's also the challenge as well. How does this align with what happens at NHS England? Because we will get funding.</v>

01:21:59.729 --> 01:22:29.969

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>To specifically implement technology to trial as part of research, rather than doing the evidence beforehand, and I can name a number of different types of technology like pointer care, testing, handheld ecgs for mental health, which actually don't do QTC, they're only like there's lots of evidence, but the funding for it. It was a directive from government or from NHS England. So I is there a way of framing this to kind of support what we would like?</v>

01:22:30.849 --> 01:22:37.769

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>The future to be, but also again practically how how is that managed? Because again a lot of this evidence isn't going to be done unless.</v>

01:22:38.789 --> 01:22:40.789

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>Unless some providers trial it.</v>

01:22:43.649 --> 01:22:58.129

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>So I I'm a bit stumped on this one, but I'm fully behind needing to have evidence. It's one of the things we're working. I'm actually working with Fiona Nolan at the moment for she she's now part of our organisation, so I if anyone's got a solution, please let me know.</v>

01:22:58.979 --> 01:23:07.059

<v LEANNE GELDER>Thanks Emily. Absolutely. I recognise that that building on peace point about the gaps in practise here.</v>

01:23:07.099 --> 01:23:07.979

<v LEANNE GELDER>Constantinia, you're next.</v>

01:23:09.059 --> 01:23:23.899

<v [I/S]>Yeah, I guess it's echoing what [I/S] said about, you know, whose evidence 'cause how? How is this evidence produced? And I think it also this, this principle needs links to the next door and about evalu evaluating impact.</v>

01:23:26.019 --> 01:23:27.219

<v [I/S]>And I guess.</v>

01:23:29.219 --> 01:23:36.019

[I/S] Yeah. I mean, yes, we've got the example of I know we we shouldn't be talking about particular.</v>

01:23:38.219 --> 01:23:38.459

<[I/S] Sort of.</v>

01:23:40.259 --> 01:23:40.739

<[I/S] >You know.</v>

01:23:43.259 --> 01:23:53.099

[I/S] >Products, but I mean it's the example of a paper that was written about oxivision by Oxy health.</v>

01:23:55.179 --> 01:24:12.299

[I/S] >Employees and was with without talking about a conflict of interest and, well, luckily that was redacted by by the journal. So if we're talking about this kind of evidence, then I mean we need to be sort of rethinking.</v>

01:24:12.839 --> 01:24:27.159

[I/S] And I would ask please to when you use acronyms here to explain what they are. Because unless you are you work for NHS England, I don't have a clue what you're talking about.</v>

01:24:28.279 --> 01:24:30.879

<v LEANNE GELDER>Which acronym is that? [I/S] . Sorry so.</v>

01:24:30.839 --> 01:24:40.479

<[I/S] >Well, I can't remember now. It's all these EPR and CCG. Well, I know ccgi know what? CCG. Yeah. So, I mean, it does. It's not helpful at all.</v>

01:24:34.569 --> 01:24:35.089

<v LEANNE GELDER>Oh.</v>

01:24:39.809 --> 01:24:52.209

<v LEANNE GELDER>Yeah, no need to thank you. I will. We'll make sure that we we do. Don't do that from moving on and that's helpful for me for Wednesday's session as well. Just to remind people because it's easy to slip into it, isn't it?</v>

01:24:54.479 --> 01:24:57.599

<v LEANNE GELDER>Alan, do you want to? I'm sure you've got some thoughts on this based on your work.</v>

01:24:56.859 --> 01:25:01.099

[I/S] >Yeah, I'm just gonna sort of amplify really points already made, but.</v>

01:25:02.839 --> 01:25:03.079

[I/S] >I mean.</v>

01:25:05.639 --> 01:25:19.879

<[I/S]>Understanding critiquing research is not easy. People train and develop to do this over a long period of time, and it's actually quite hard to ask trust managers and service providers to go and look at the evidence and work out what works.</v>

01:25:19.919 --> 01:25:32.879

[I/S]>Added in is what's already been said is all technology development happens at speed and this certain is an area that's happening at speed and we're way behind in doing the research to look at it's being implemented and the impact it might have.</v>

01:25:33.619 --> 01:25:59.659

<v [I/S]>And very often, the research is about what does the actual technology work in a very confined situation, but it doesn't consider impact on things like therapeutic relationships, power dynamics, cultural award, and all those things. So, you know, we've got to be very cautious when we're talking about this. What we do know from the review that we did is the vast majority of research that was, which has been published in this area, is low to medium quality.</v>

01:26:01.299 --> 01:26:10.019

<v [I/S]>Some of them it's nearly always published by people directly employed by or linked to the makers in one technology. All of the papers so far have been.</v>

01:26:11.129 --> 01:26:40.129

<v [I/S]>So we do have to be incredibly cautious about what we what we take from that research evidence and I've got some sympathy. You know, the fact that people are developing these things and they want to try and get them used and all the rest of that. But they're also marketing them. You know, they're off in America trying to market to a huge market, drawing on them being used in the NHS, but actually very often based on very poor to limited research. So it it's not an easy area and we don't, I think think any of us have got easy answers on this.</v>

01:26:41.089 --> 01:26:44.529

<v [I/S]>But I agree with, I think Emily's point, I think probably.</v>

01:26:45.949 --> 01:26:51.549

<v [I/S]>Commissioners and providers probably need some support in appraising that the evidence that's out there.</v>

01:26:52.829 --> 01:26:54.109

<v LEANNE GELDER>Thanks, [I/S]. Yeah.</v>

01:26:57.529 --> 01:27:00.249

<v LEANNE GELDER>Thanks, [I/S] Mary.</v>

01:27:01.499 --> 01:27:31.019

<v Mumvuri Mary (RYG) C&W PARTNERSHIP TRUST>This is such a tricky issue, isn't it? In one sense, you might think, actually, if we don't have the opportunity to test and try something out, we're never gonna be able to build the evidence base. So you're having to take a risk somewhere to try it. But try it under what sort of conditions? In with what safeguards? Because if we don't do that, we we're never going to. I don't think we could get to a situation where we might say this works or it doesn't work.</v>

01:27:31.389 --> 01:28:00.629

<v Mumvuri Mary (RYG) C&W PARTNERSHIP TRUST>I'm thinking about even one particular issue, not necessarily digital technology, but something completely different where you cannot find every time space for it, but you have to think. OK, So what might we need to build in order for you to be confident that whatever The thing is works? I guess I was just thinking if we step away from our sector, so mental health that we're talking about now, what happens in acute environment, acute hospital environment so.</v>

01:28:01.549 --> 01:28:05.149

<v Mumvuri Mary (RYG) C&W PARTNERSHIP TRUST>And I worry that in our sector, we're big behind.</v>

01:28:06.189 --> 01:28:25.509

<v Mumvuri Mary (RYG) C&W PARTNERSHIP TRUST>When you compare ourselves to a qk environment, how do they go about testing and building the evidence base for some of the technology that they might use? So how can our sort of sector learn from that if there's anything to be learned? But unless if we take the risk somewhere, we are forever.</v>

01:28:26.749 --> 01:28:39.989

<v Mumvuri Mary (RYG) C&W PARTNERSHIP TRUST>And I don't know that we'll be able to to to advance and move things along as as much as the other sector. So it's kind of like what, what risk can we take. But in a fortunate, sensible way, safer way, safer way. Try it out.</v>

01:28:40.509 --> 01:28:54.149

<v Mumvuri Mary (RYG) C&W PARTNERSHIP TRUST>Test it out, retry and and engage the people who are who, who who know and that the technical experts we've said whether this thing works or it doesn't work. I guess I'm just putting that in the room about at what point.</v>

01:28:50.784 --> 01:28:51.624

<v LEANNE GELDER>Yeah. Thanks.</v>

01:28:54.814 --> 01:28:56.014

<v LEANNE GELDER>Yeah. Thanks, Mary.</v>

01:28:58.144 --> 01:28:59.624

<v LEANNE GELDER>John, do you want to come in on that?</v>

01:29:00.279 --> 01:29:14.479

[I/S] >And to marry you, potentially, there's very little. We do mental health that has an evidence base for it, and member health receives significantly less funding, particularly secondary mental health care in terms of research spend. But I think there's some principles here.</v>

01:29:15.839 --> 01:29:22.399

[I/S] >One is you don't mark your own homework, so if you want to roll out a technology, you you subject it to independent scrutiny.</v>

01:29:23.999 --> 01:29:31.239

[I/S] >I think there are huge opportunities in terms of analysing and understanding how digital interventions help or don't help.</v>

01:29:32.249 --> 01:29:47.849

<v [I/S] >The problem is the examples that we're seeing time and time again in mental health are poor examples. As [I/S] said, you know the evidence based behind them is poor. They're poorly designed and they're poorly evaluated with a population that is hugely vulnerable.</v>

01:29:49.509 --> 01:29:55.469

<v [I/S] >You know, and I think you can't try out new stuff on vulnerable people without really, really considering what you're doing.</v>

01:29:58.044 --> 01:29:59.164

<v LEANNE GELDER>Yeah. Thanks [I/S].</v>

01:30:00.474 --> 01:30:03.034

<v LEANNE GELDER>And I think I wonder why we.</v>

01:30:03.974 --> 01:30:13.734

<v LEANNE GELDER>Continue this conversation. I wonder, [I/S] if if you could put principle 9 in as well, because I do think this links.</v>

01:30:13.774 --> 01:30:18.094

<v LEANNE GELDER>So I know Emily's sort of said earlier, I think it it, it does closely link to this.</v>

01:30:20.014 --> 01:30:21.374

<v LEANNE GELDER>Do you want to come in, Emily, on that?</v>

01:30:22.314 --> 01:30:41.514

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>Yeah. And again, John, I've I think you'll, I think you'll spot on with with that last comment, it goes back to what we were also what we were talking about earlier about the the suppliers, not the providers, because that's where that's where the ideas and the technology and the development is coming from.</v>

01:30:43.434 --> 01:30:53.714

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>And a lot of the time it is about those suppliers are coming to mental health once it's already been evidence in acute care, which makes it incredibly challenging.</v>

01:30:54.214 --> 01:31:06.894

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>So I am wondering whether that principle ate taking everyone's everyone's comments in. What about if that was linked more to already the clinical safety standards and work that's out there?</v>

01:31:08.674 --> 01:31:35.514

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>And print working towards you know that evidence base because actually you can't implement you could. You shouldn't and you can't implement a technology without there being a clinical safety case and and a hazard and a risk all done which is about gathering evidence to make sure of the impact and the clinical risk associated with technology and that has to be evidence. So it's not necessarily research in the way that we're.</v>

01:31:36.904 --> 01:31:42.864

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>You know if in literature, but it is talking about making something safe to trial and then to iterate.</v>

01:31:44.424 --> 01:31:47.224

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>And it it's something tangible.</v>

01:31:47.304 --> 01:32:04.344

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>And then you're looking at the evidence. Then we should be looking at principle nine, as you know. Is that clinical safety case? And those risks done are we then measuring the impact from from that? So I wonder if that might be an angle we might be able to take as a as a principle.</v>

01:32:05.864 --> 01:32:07.304

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>While we try and all work.</v>

01:32:07.744 --> 01:32:11.424

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>To push more funding for research and how that works in this area.</v>

01:32:12.394 --> 01:32:20.834

<v LEANNE GELDER>Thanks, Emily. Helpful. Certainly something for us to have a look at a helpful suggestion. And I just want to note [I/S] #39;s comment in the chat about.</v>

01:32:22.434 --> 01:32:41.554

<v LEANNE GELDER>Suggestion of yellow card scheme for harm from from technology because I think that's a really important point as well that maybe we haven't sort of picked up on enough in terms of when harm is caused. How does that then get recorded reported particularly thinking about some of the trauma people have experienced?</v>

01:32:43.424 --> 01:32:58.864

<v LEANNE GELDER>So yeah, interesting. Particularly given the conversations we're having around restricted practises and patient safety incident reporting at the moment and recognising restrictive practises or certain types of restrictive practises as a patient safety incident. So I think that's quite helpful.</v>

01:33:00.444 --> 01:33:03.244

<v LEANNE GELDER>Emily, is that a new hand? Do you want to come back on? Yeah.</v>

01:33:03.064 --> 01:33:35.104

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>So yes, there is a yellow card. It is your. It is your clinical risk management system and your clinical safety hazard log and case. So every organisation should have a clinical safety officer where all of these things are then considered for for the whole life cycle of your technology from design, implementation evaluation, ongoing optimization. And so Pete that is the regular there is regulatory framework DCB, 0129 DCB 0160. So that is your digital health.</v>

01:33:35.494 --> 01:33:46.574

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>Frame that is your frameworks for technology and safety. I wonder what actually might need to be done and something that we could then as a principal link to NHS England. A lot of that is not really.</v>

01:33:48.054 --> 01:34:05.894

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>Hasn't been translated into a mental health environment, so people like myself do translate it, but we don't have any guidance around that. Again, it's it's acute focused. And I wonder whether there is scope actually within the principles to be looking at those standards and bring in the therapeutic and the impact side more.</v>

01:34:06.274 --> 01:34:29.714

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>And then that can frame your your principles and that, and that's also something tangible. It is patient facing. Yes. So you have to look at all sides. Well, at least it should be. You have to look at it all kinds. So patient engagement, the impact on patients, staff, it should be patient facing. I mean we we do that in our service but just a thought.</v>

01:34:30.964 --> 01:34:31.964

<v LEANNE GELDER>Thanks Emily.</v>

01:34:33.144 --> 01:34:58.264

<v LEANNE GELDER>OK. So is there anything else on just to sort of bring us back to principle nine? I know it's very much been linked to what we've been talking about already, but is there anything else anyone wanted to pick up specifically on that in terms of impact and benefits? So just to read it out, it's principle 9 providers must have a process of regularly measuring the impact and benefit of the use of any digital health technology.</v>

01:35:02.644 --> 01:35:03.684

<v LEANNE GELDER>No. OK.</v>

01:35:03.794 --> 01:35:07.434

<[I/S]>Yeah, I'm just now. I was a bit slow doing my click thing.</v>

01:35:04.514 --> 01:35:05.994

<v LEANNE GELDER>Alan, sorry. Yeah, sorry.</v>

01:35:10.104 --> 01:35:11.704

<[I/S]h>Yeah, I've wondered whether.</v>

01:35:13.234 --> 01:35:30.434

<[I/S]>We talk about measuring care and treatment outcomes, but yeah, I was just wondering whether we need to give some examples. And one of the advantages of looking at some of the literature is that it gives you an idea of some of the things that where there are concerns. So as well as the potential benefits.</v>

01:35:31.634 --> 01:35:42.634

<[I/S]>There's also potential harms, and it would be quite useful to encourage people to consider those inevaluating, because that's where the tension lies, isn't it?</v>

01:35:42.804 --> 01:35:43.164

<v LEANNE GELDER>Yeah.</v>

01:35:44.014 --> 01:36:15.734

<[I/S]>We're trying to implement these things and then some people going

yes, but so it may well improve your remote monitoring of someone and save staff time and but if it makes someone feel so uncomfortable that there might be a camera in the room that it means they'll never ever come on to an impatient board again, then that's problematic. You know, if it if it fuels the distrust of our service amongst the population already very often distrustful, you know, if you're a black person who feels the last time they had any contact with anyone, the camera, it was the police.</v>

01:36:15.774 --> 01:36:20.734

[I/S] >And they felt really badly treated. And then they were sectioned and then they come on the ward and there's cameras everywhere.</v>

01:36:21.534 --> 01:36:25.574

<v [I/S] >Yeah. So we need to think about those things because they are massive issues.</v>

01:36:25.934 --> 01:36:34.414

<v LEANNE GELDER>Yeah, absolutely. And that's very, you know, much what people are telling us loud and clear, isn't it? Particularly when we met in February, you know, that's that's what we were hearing.</v>

01:36:36.484 --> 01:36:42.604

<v LEANNE GELDER>Thank you. OK. So we're at 20 to 3, we've got 20 minutes left.</v>

01:36:44.164 --> 01:37:08.204

<v LEANNE GELDER>We've got we wanted to spend a bit of time just thinking about the practical advice section, so this is the kind of putting it into practise and within that we've included some information around procurement, data protection policy and staff training. I think we've already picked up on a few things today that it feels like kind of links to what we've.</v>

01:37:08.604 --> 01:37:14.164

<v LEANNE GELDER>Tried to do there but does anyone have any feedback on that section? Thoughts.</v>

01:37:15.604 --> 01:37:18.564

<v LEANNE GELDER>That they want to pick up [I/S] .</v>

01:37:19.004 --> 01:37:20.164

<v [I/S] >The risk of hogging it.</v>

01:37:21.424 --> 01:37:21.584

<v LEANNE GELDER>OK.</v>

01:37:23.704 --> 01:37:28.824

<[I/S] >I think the training issue's a biggie and I think you know your your paragraph sums it up well.</v>

01:37:30.944 --> 01:37:59.664

<v [I/S] >So what we have seen is places where they go. Yeah, we've trained all our staff. What that means is someone from the technology companies coming in and done 10 minutes on how to switch it on and off and how to charge it and not much else. The the real training has to be about thinking about how do you use this in an

environment with vulnerable potentially vulnerable patients and so on. What are the implications of it when you switch it on when you switched off whatever it is. So yeah that and and.</v>

01:37:43.134 --> 01:37:43.334

<v LEANNE GELDER>Yeah.</v>

01:38:00.444 --> 01:38:08.044

<[I/S]>We've interviewed lots of staff who said no, I didn't get any training and there's the issue of banking agency staff which you touch on.</v>

01:38:10.014 --> 01:38:42.654

<v [I/S]>And probably something about after people have been using various technologies for a period of time, revisiting training with them to say how's it going? How have you found it? What have been the difficulties? Because it's very often in the actual using them that people start to go. Actually I was a bit confused about should I be using it in this situation or not and so on. So it's that ongoing thing. Of course the it's great for me to say this and I could do a long list of things, but I'm also aware of the enormous pressures on the trust to actually free up anyone to do any training at all other than the near the compulsory stuff. So.</v>

01:38:43.124 --> 01:38:45.724

<v [I/S]n>There are huge tensions in in in this as well.</v>

01:38:47.684 --> 01:38:50.444

<v [I/S]>The other my probably my final point would be.</v>

01:38:51.964 --> 01:38:59.884

<[I/S]>I think there's lots of good stuff in this document I thought was. It's really nice and it picks up a lot of the concerns that we've had and other people have had that we've been working with.</v>

01:39:01.844 --> 01:39:03.924

<v [I/S]>The issue for me would be.</v>

01:39:06.204 --> 01:39:36.444

<[I/S]>Who is regulating this? Who's checking that any of this is actually happening? Because we know already. I mean, I've worked closely with a trust which says, oh, yeah, we train people and we made patients aware. We did lots of posters and leaflets. My researchers are going on the wards if they work hard, they can find one poster and they can't find any leaflets. But the everyone will tell you that's exactly what they did. And we know they didn't. And I'm not having a go at them. People have got loads of other demands on their time. And, you know, life is life.</v>

01:39:37.054 --> 01:39:52.614

<v [I/S]>But that's the reality. We've got interviews with lots of patients. Who said I saw the staff and they had this camera and I didn't know what it was for. I didn't know why. So it's like, how do we try and ensure those things happen in in an understaffed, overpressured environment?</v>

01:39:48.434 --> 01:39:48.914

<v LEANNE GELDER>Yeah.</v>

01:39:52.564 --> 01:39:56.604

<v LEANNE GELDER>Yeah. Climate. Yeah. Thanks, [I/S] OK.</v>

01:39:58.044 --> 01:39:58.404

<v LEANNE GELDER>[I/S]</v>

01:40:00.904 --> 01:40:01.504

<v [I/S]>Thank you.</v>

01:40:03.184 --> 01:40:25.344

<v [I/S]>Yeah, basically to echo [I/S] 's point that when I I read this whole document that that was my underlying reaction is who's who's holding anyone to account with these principles? What what does that actually mean in practise? And again, I have similar experiences of trust implementing a lot of different types of technologies and not really having full policies in place to implement them and not really supporting staff to make decisions around using those.</v>

01:40:26.304 --> 01:40:35.064

<v [I/S]>Technology. So yeah, similar questions. And I also understand as well the difficult context that people are operating in. Secondly, and I appreciate that I am very biassed.</v>

01:40:36.624 --> 01:40:48.544

<v [I/S]>I come from a human rights based organisation, but I would also say that if there was a human rights based principle, the first principle, then the training that staff need to get is also human rights based training. They need to understand their duties and the rights to support.</v>

01:40:50.424 --> 01:40:55.344

<v [I/S]>Navigating decision making and it will support people to navigate a lot of the difficult decisions around using this tech.</v>

01:40:56.024 --> 01:41:08.264

<[I/S]And then finally, also I'm not sure maybe we're going to talk about the appendix, but I'm not sure if we will. I don't know. Lots of people have views on the appendix, but in the kind of mapping of the digital tech principles to the culture of care.</v>

01:41:10.374 --> 01:41:23.374

<v [I/S]>Core commitments, again for me, there's sort of a kind of focus on human rights just being about safety and about avoiding harm. But really human rights are about so much more than that. You could probably argue.</v>

01:41:23.414 --> 01:41:38.614

<v [I/S]There are about all 12 of the commitments, but at least kind of 1 to 8 human rights are about equality. They're about choice. They're about lived experience, and they're about relationships. And that's kind of why they feed into everything. So I would encourage, I guess, approach that doesn't just see rights as keeping people safe and avoiding harm they're about.</v>

01:41:39.234 --> 01:41:42.194

<v [I/S]>Essentially everything. And yeah, that's it for me.</v>

01:41:42.794 --> 01:41:44.714

<v LEANNE GELDER>Thanks, [I/S] That's really helpful.</v>

01:41:43.304 --> 01:41:43.944

<v [I/S]>Thank you.</v>

01:41:46.154 --> 01:41:47.674

<v LEANNE GELDER>And just on that, would you know?</v>

01:41:48.684 --> 01:41:51.084

<v LEANNE GELDER>We're we're definitely not wedded to having that.</v>

01:41:52.924 --> 01:42:05.484

<v LEANNE GELDER>Appendix in that does that link across, you know that was that was just one suggestion. So I think if people sort of felt strongly, it wasn't the best way of doing it. You know, keen to hear that feedback as well.</v>

01:42:07.264 --> 01:42:09.704

<v LEANNE GELDER>Yeah. [I/S], do you want to come in next?</v>

01:42:10.364 --> 01:42:18.844

[I/S] Yeah, it's just in response to the last couple of comments, Leon. So who's responsible for monitoring it? Well, that would be CQC is responsible for that.</v>

01:42:20.484 --> 01:42:39.644

<v [I/S]>Alongside NHS England doing this work, we've been putting together some guidance for our inspection teams and essentially what I think the position we've reached is it's not, it's about how anything is used rather than whether it's used. So what the protections are, what?</v>

01:42:40.214 --> 01:42:42.774

<v [I/S]>What protections are in place? What training has been given?</v>

01:42:44.734 --> 01:42:50.414

<[I/S]>What what happens with consent and some very clear statements, but it's it's not about.</v>

01:42:52.694 --> 01:43:12.974

<v [I/S]>Yeah, whilst technology and problems with with staffing this isn't a solution on its own to those problems and shouldn't be used in that way. So I think what we're trying to do is align our guidance with with this, so that it's not more confused. So it's so it works rather than adding confusion to what's already there.</v>

01:43:14.244 --> 01:43:26.964

<v [I/S]>But in the meantime, some of our inspectors have been trying to do some of this work without any guidance at all. Either these principles or anything from CQC itself. So we're we're trying.</v>

01:43:27.284 --> 01:43:33.604

<v [I/S]>But I think it is really important, but whatever we come up with aligns with what NHS England, otherwise that's going to be worse rather than better.</v>

01:43:35.264 --> 01:43:56.944

<v LEANNE GELDER>Yeah. Thanks, guy. I know, really helpful and you know I think

we've talked, haven't we lots about the best way of kind of timing this and aligning it so that you know if we can have something that comes out of this that really supports your teams when they're doing their inspections to have something to kind of hang those conversations on then that's going to be really, really helpful.</v>

01:43:58.464 --> 01:44:07.304

<v LEANNE GELDER>Yeah, I guess just a question for me on that section. So when we originally drafted this, we weren't sure whether to have.</v>

01:44:07.824 --> 01:44:09.424

<v LEANNE GELDER>That as a separate section.</v>

01:44:10.864 --> 01:44:19.544

<v LEANNE GELDER>That kind of practical advice, but we kind of felt that there were a few things that fitted under that. So it was a bit more like these are the principles and and this is how to then.</v>

01:44:21.184 --> 01:44:23.664

<v LEANNE GELDER>Put some of that into practise or start to do that.</v>

01:44:24.984 --> 01:44:29.264

<v LEANNE GELDER>The other bit that just linked to that I know, Mary just popped your hand up, but just.</v>

01:44:31.264 --> 01:44:38.544

<v LEANNE GELDER>On principle, eight, which we've talked quite a lot about in terms of the evidence base, you can see we've kind of included it in both sections.</v>

01:44:38.994 --> 01:44:42.394

<v LEANNE GELDER>Other people felt that was the right thing to do.</v>

01:44:44.194 --> 01:44:58.194

<v LEANNE GELDER>Kind of keen to hear people's feedback on that as well, but just generally whether we've laid it out in a way that people think is helpful, recognising that anything longer than 8 pages were highly unlikely to get through our publications team. But that's a whole other conversation.</v>

01:45:00.194 --> 01:45:01.954

<v LEANNE GELDER>Mary, do you want to come in on that?</v>

01:45:03.544 --> 01:45:08.824

<v Mumvuri Mary (RYG) C&W PARTNERSHIP TRUST>Yeah, just a couple of points. I I think in the intro, we'll probably want to make.</v>

01:45:09.974 --> 01:45:26.254

<v Mumvuri Mary (RYG) C&W PARTNERSHIP TRUST>It clear that this is an old age guidance and I suppose I was just thinking if I was a child little person when I comes out and have to put up the wards with much younger people there, a number of, you know, unique services like better across the country.</v>

01:45:27.694 --> 01:45:30.454

<v Mumvuri Mary (RYG) C&W PARTNERSHIP TRUST>How would this apply to a group of

children?</v>

01:45:32.004 --> 01:46:02.364

<v Mumvuri Mary (RYG) C&W PARTNERSHIP TRUST>And and young people, just to making sure that the language and the way we're setting this out is from children right up to older, older people. And then the other big thought that I had guy having done a trust level assessment last week, the first one for mental health under the sort of new framework, I wondered whether right at the end in terms of to that question about who is monitoring and of seeing this, if we do decide that actually having the digital health technology principles, the culture of care commitments.</v>

01:46:03.124 --> 01:46:03.364

<v Mumvuri Mary (RYG) C&W PARTNERSHIP TRUST>I wondered whether.</v>

01:46:03.764 --> 01:46:34.564

<v Mumvuri Mary (RYG) C&W PARTNERSHIP TRUST>I might be able to link this to some quality statements aligned to the single assessment framework, just so you can then see the pluses. So whose monitor people can see where that might fit in? I don't know if it's going to be that straightforward to do. It might not be, but we can definitely give it a good sort of thing. Might that help? Then inspection teams about where the sort of evidence that they might the sort of evidence that they might be looking for. And I can tell you that on those particular cases.</v>

01:46:35.204 --> 01:46:35.764

<v Mumvuri Mary (RYG) C&W PARTNERSHIP TRUST>Around digital.</v>

01:46:36.654 --> 01:46:54.174

<v Mumvuri Mary (RYG) C&W PARTNERSHIP TRUST>Technologies that not that detailed and I do you probably need somebody with the right technical expertise to be able to to ask the right questions because as they are at the moment, they are really generic and depending on whether it feels if it's your subject.</v>

01:46:56.134 --> 01:47:06.294

<v Mumvuri Mary (RYG) C&W PARTNERSHIP TRUST>Area of expertise, then you're likely to to ask very different questions, but if you're not you. Yeah. So I think there's more to be done. I think with inspection, with inspection teams.</v>

01:47:06.774 --> 01:47:11.254

<v Mumvuri Mary (RYG) C&W PARTNERSHIP TRUST>And maybe getting the right specialist advisors on those inspections as well.</v>

01:47:11.964 --> 01:47:31.044

<v LEANNE GELDER>That's really helpful, Mary, helpful suggestion as well, and [I/S] [I/S] Sophie and I are meeting really soon, so I wonder if we could just have a little chat about whether there's anything we could do in terms of strengthening that link across and whether that's right to sit in our document or with your work. But certainly happy to have a think about that.</v>

01:47:33.924 --> 01:47:35.364

<v LEANNE GELDER>Constantina.</v>

01:47:39.094 --> 01:47:51.694

<[I/S]>Yeah, I'm. I'm more general point is that I mean, if the Human Rights Act and awareness around human rights is to going is going to be.</v>

01:47:51.734 --> 01:47:53.654

<v [I/S]>To to to to underpin all this.</v>

01:47:55.214 --> 01:48:07.614

<v [I/S]>You know, for staff, I think it would be very important for this awareness to be there for for, you know, service users, patients as well and given that.</v>

01:48:09.084 --> 01:48:13.004

<v [I/S]>I don't know if things have changed now, but you know when you're sectioned.</v>

01:48:14.444 --> 01:48:19.804

<v [I/S]>You're hardly probably be told about your rights if you have any.</v>

01:48:21.444 --> 01:48:33.604

<v [I/S]>Or they tell you once. And then, of course, if you're so distressed, you don't understand anything. So I don't know how this awareness about human rights can be part of.</v>

01:48:35.204 --> 01:48:41.444

<v [I/S]>Discussions that you know are had with patients as well in inpatient care.</v>

01:48:42.334 --> 01:48:42.894

<v LEANNE GELDER>Yeah, that's.</v>

01:48:42.454 --> 01:48:46.294

<v [I/S]>Not just, not just, you know, staff training.</v>

01:48:46.844 --> 01:48:57.004

<v LEANNE GELDER>Yeah, no, really helpful point, [I/S] It's about everybody being aware, isn't it of that. So we can we can think about how we could build that in like you say not just about training staff.</v>

01:48:58.804 --> 01:49:01.284

<v LEANNE GELDER>OK. That's really helpful. Thank you.</v>

01:49:04.224 --> 01:49:05.624

<v LEANNE GELDER>Next, I think is P.</v>

01:49:09.074 --> 01:49:11.234

<v LEANNE GELDER>Nope, that was an accident, [I/S]</v>

01:49:12.034 --> 01:49:18.874

<v [I/S]I'm just in terms of I put it in the chat in terms of data protection, but also that this is this is often treated as commercial data.</v>

01:49:20.034 --> 01:49:38.514

<v [I/S]>And I think there's a there's an issue with that in terms of both the principles of the NHS in terms of but also how data subsequently used that's

collected in an NHS Trust but then used it by commercial company for its own benefits and gains in the absence of any consent.</v>

01:49:39.174 --> 01:49:40.294

<v LEANNE GELDER>Yeah, yeah.</v>

01:49:40.164 --> 01:49:44.764

<v [I/S] >And I think that's there should be an important principle that should be in this document.</v>

01:49:45.754 --> 01:49:50.634

<v LEANNE GELDER>Yeah, thanks. That's really helpful. And I think we've seen that any just recently, haven't we?</v>

01:49:50.284 --> 01:49:50.684

<v [I/S] >Yeah.</v>

01:49:52.364 --> 01:49:53.084

<v LEANNE GELDER>OK.</v>

01:49:55.044 --> 01:50:15.084

<v LEANNE GELDER>OK. So just for our last few minutes then, is there any sort of more general comments that people wanted to make? So I think I've alluded to the length of the document. I think the risk sometimes with this is you know we're we're quite restricted on how long documents can be.</v>

01:50:16.644 --> 01:50:26.444

<v LEANNE GELDER>But you know in terms of format, layout or things that people think, why on Earth isn't that in there any other kind of overarching comments that people want to make basically?</v>

01:50:27.624 --> 01:50:27.864

<v LEANNE GELDER>Umm.</v>

01:50:30.104 --> 01:50:30.744

<v LEANNE GELDER>Emily.</v>

01:50:31.574 --> 01:50:40.174

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>And I like that it's simple. I've and and I think that's really important and I, but I just wonder in the appendices and things.</v>

01:50:41.654 --> 01:50:55.814

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>Looking at kind of the policy documents that have informed this, I don't see anything about the, you know, the clinical digital health strategy or clinical safety standards or or any of those things that are already underpinning how technology is meant to be.</v>

01:50:57.654 --> 01:51:02.974

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>Assessed, used and utilised, and I think without referring to those as part of this document, this kind of just.</v>

01:51:03.854 --> 01:51:30.414

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>Again, those that work in you know who are meant to be championing this, you know, like like chief clinical information officers, et cetera. They've got nothing tangible to them. Relate those these principles to with regards to the what's already been laid out. And I just, I do wonder if there's a way, even if it's just referring to those documents within within this within this as an appendices to give context.</v>

01:51:31.324 --> 01:51:56.684

<v LEANNE GELDER>Thanks, Emily. So I think some of the ones that you've mentioned, it would be really helpful if you don't mind, because I know you've mentioned a couple today that we haven't included in there. I know some have been included in sort of embedded links, but not as appendices as such. But I think there are some that you've referenced today that aren't in there. So if you wouldn't mind dropping us an e-mail that would be so helpful, just to make sure that we've captured everything.</v>

01:51:58.284 --> 01:52:02.604

<v LEANNE GELDER>And connected those dots like you say, I think it's really important, isn't it? To give that context.</v>

01:52:07.414 --> 01:52:38.814

<v [I/S] >Thank you. As a as a similar what I wanted to make which is that I really like the putting the principles into practise idea and it says procurement. But I think that that could be expanded. I think that people would really benefit from a how to what should best practise look like or what you know. So have you know we've got procurement but what would evaluation look like, what would and I just as Emily just said about providing those links providing as an appendix maybe a kind of checklist I mean not literally a checklist but that kind of.</v>

01:52:38.854 --> 01:52:41.094

<v [I/S] >Resources to hand so that this again I'm thinking about.</v>

01:52:42.744 --> 01:53:12.224

<v [I/S] >The gap that I mentioned earlier about research and development and who to turn to NHS England put out a document several years ago, a guide for executive nurses on on leading on ever and it's been really useful in raising these things in terms of because there's a, there's a kind of there's a framework that makes it easy to walk through. So I don't know whether I think that, you know, I think that a lot of really valuable points being raised about what these principles could be and how they could be tweaked, but then more not not a lot more, but just a little bit more about.</v>

01:53:13.464 --> 01:53:18.104

<v [I/S] Putting it in, putting it into the context that I've been discussed here, what would that look like in practise?</v>

01:53:19.424 --> 01:53:21.864

<v [I/S] >Might make it easier for people to then deploy that.</v>

01:53:22.654 --> 01:53:24.494

<v LEANNE GELDER>Yeah. Thanks, [I/S] That's helpful.</v>

01:53:25.684 --> 01:53:26.524

<v LEANNE GELDER>OK.</v>

01:53:28.804 --> 01:53:40.764

<v LEANNE GELDER>And I can see Emily your comment in the chat as well, which is which is great. We we'll have a look at that. Thank you. Mary, did you have you had your hands up? Did you want to come in? Are you typing it? You're all good.</v>

01:53:41.534 --> 01:54:11.654

<v Mumvuri Mary (RYG) C&W PARTNERSHIP TRUST>It's OK. I was just agreeing with [I/S] about actually what good looks like is gonna help a lot of people to work out where, where to take things. And I'm coming back again. I keep coming back to the children's bed and I'm just what do we need to do with our children and young people to make sure that you know, if they're wearing services we we hear a lot of. I know we're talking about people. So we hear the voices from particularly is is there something that might be unique about?</v>

01:53:55.124 --> 01:53:56.244

<v LEANNE GELDER>Hey, it's important.</v>

01:54:12.274 --> 01:54:13.554

<v Mumvuri Mary (RYG) C&W PARTNERSHIP TRUST>That particular group of.</v>

01:54:14.934 --> 01:54:15.414

<v Mumvuri Mary (RYG) C&W PARTNERSHIP TRUST>Individuals.</v>

01:54:16.924 --> 01:54:19.004

<v Mumvuri Mary (RYG) C&W PARTNERSHIP TRUST>In relation technology.</v>

01:54:19.364 --> 01:54:37.884

<v LEANNE GELDER>One of the things to say, I mean obviously we've we've at this stage of kind of the the draught, what we've done is reached out to people who are part of that conference in February and of how these sessions. But our next kind of stage is to go through some of our lived experience advisory groups, so.</v>

01:54:39.324 --> 01:54:51.084

<v LEANNE GELDER>Those groups, we have got a specific group that is for children and young people, so I wonder if what we need to do is is really ask that question about. Are we missing anything? Is there something?</v>

01:54:51.554 --> 01:54:55.274

<v LEANNE GELDER>How would this kind of land in that space? Are there sort of particular?</v>

01:54:57.354 --> 01:54:57.714

<v LEANNE GELDER>Different.</v>

01:54:59.314 --> 01:55:03.354

<v LEANNE GELDER>I guess issues that might arise, you know I'm thinking about.</v>

01:55:04.874 --> 01:55:15.954

<v LEANNE GELDER>Different types of use of technology as well. So I think we probably need to sort of check that out. It's a really important point, Mary. I don't think we've kind of been explicit enough in this around the all age bit. So I think that's really helpful.</v>

01:55:19.964 --> 01:55:20.804

<v LEANNE GELDER>OK.</v>

01:55:21.914 --> 01:55:45.154

<v LEANNE GELDER>Right. So I'm gonna draw us to a close there. We're nearly at 3:00 o'clock. So thank you. Just to say thank you so, so much for all of your input today. I know two hours is a long time. But, you know, it's just been great. You've all just given such valuable feedback a lot for us to to think about. We've got another one of these on Wednesday. So what we're going to do is pull all of that together.</v>

01:55:46.394 --> 01:55:50.914

<v LEANNE GELDER>We're assuming by your attendance here that you're happy to kind of remain in this group.</v>

01:55:51.444 --> 01:55:57.884

<v LEANNE GELDER>For feedbacks, obviously once we've updated the next version of this will be circulated.</v>

01:55:59.244 --> 01:56:23.404

<v LEANNE GELDER>And we'd really love to hear your thoughts and feedback as well and thanks for those who said they're going to e-mail bits as well. Really appreciate it. Like I said at the beginning, if you think of anything else, just e-mail, drop us a line. We really do want to hear it. It's it's been really good. Thank you so much and we will get something out there. That's all. We're not going to. We're not going to not going to give up. So yeah, thank you. All right, have a lovely rest of your day, everyone.</v>

01:56:23.874 --> 01:56:26.834

<v [I/S] I meant to say the beginning. I think it's great you're doing this. Thank you very much.</v>

01:56:27.094 --> 01:56:28.294

<v LEANNE GELDER>Yeah. Thanks [I/S]</v>

01:56:27.684 --> 01:56:29.924

<v BURCH, Emily (BARNET, ENFIELD AND HARINGEY MENTAL HEALTH NHS TRUST)>Yeah, 100% brilliant. Thank you.</v>

01:56:30.044 --> 01:56:32.124

<v LEANNE GELDER>See you later, everyone. Thanks. Bye.</v>

01:56:31.144 --> 01:56:31.304

<v Mumvuri Mary (RYG) C&W PARTNERSHIP TRUST>OK.</v>