

# Virtual Visits Project: Inpatient Engagement during COVID-19 Pandemic

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# About the Community Health Councils (CHCs)

CHCs are independent bodies that reflect the views and represent the interests of people living in Wales in their National Health Service (NHS). CHCs encourage and support people to have a voice in the design and delivery of NHS services.

CHCs work with the NHS, inspection and regulatory bodies. CHCs provide an important link between those who plan and deliver NHS services, those who inspect and regulate it and those who use it.

CHCs hear from the public in many different ways. Before the coronavirus pandemic, CHCs regularly visited NHS services to hear from people while they were receiving care and treatment. CHCs also heard from people at local community events, and through community representatives and groups.

Since the coronavirus pandemic, CHCs have been hearing from people in different ways. This includes surveys, apps, video conferencing and social media to hear from people directly about their views and experiences of NHS services as well as through community groups.

There are 7 CHCs in Wales. Each one represents the “patient and public” voice in a different part of Wales.

Powys CHC represents the views of people living in Powys whether the NHS services they use are within or outside of Powys.

# Background & Introduction

As part of the scrutiny role undertaken by CHCs, members of Powys CHC would normally be carrying out visits to hospitals and other health care settings. During these visits, they would speak to patients and their carers or families to seek their views about the patient experience and care being received.

In March 2020, as a result of the COVID-19 pandemic and in response to Welsh Government guidance, we suspended all CHC site visits to health care settings.

As the pandemic continued and restrictions remained in place throughout 2020 and 2021, we were concerned that significant patient experiences were being missed due to our inability to visit and engage directly with people at the point they receive care.

Restrictions to patient visiting in hospital sites meant that some patients were not receiving visitors at all. We were concerned about the effect of boredom and isolation for patients. We were also concerned that relatives and carers may have had difficulty obtaining regular updates and information about the health and wellbeing of their loved ones.

We wanted to find a way of being able to hear from people themselves about their experience of being in hospital and to ask them about their holistic needs and comfort. We also wanted to learn how relatives and carers were being communicated with about their loved ones in hospital.



# What We Did

We approached the Director of Nursing at Powys Teaching Health Board to seek support in facilitating access to people on wards through a virtual mechanism.

We were able to develop a pilot project with the assistance of the Head of Nursing for Community Services, the Head of Nursing, Safety and Quality for Mental Health, and the Digital Facilitators Team at the Health Board.

The project involved members of the CHC carrying out video conversations with patients, utilising the I-pads available on hospital wards. The video platform used was the Attend Anywhere system which is used by the Health Board for video consultations with patients.

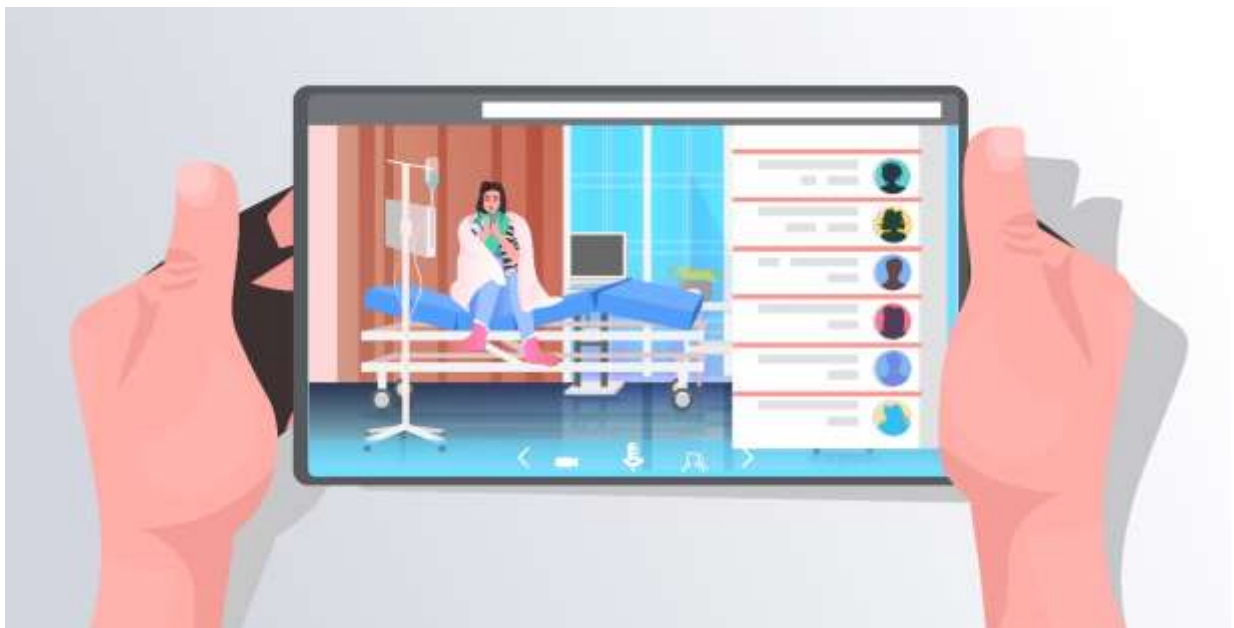
The dates of visits were agreed with the Health Board. Prior to the 'visits' taking place, we sent notices about the project to the wards for them to be handed out to patients and their relatives. The notices explained the project and invited patients to speak to CHC members through a video call. We also provided alternative ways for patients or their relatives to contact us at a different time. CHC information leaflets were also provided.

For each visit, we had the support of a Health Board Digital Facilitator. They were present on the ward to set up the Attend Anywhere system with the patient and were available to deal with any technical problems which might occur. Once the system was set up, the Facilitator would give patients the opportunity to have a private discussion with the CHC member.

We did encounter some problems during the project. The first 'visit' we planned with patients in Victoria Memorial Hospital, Welshpool, had to be cancelled on the afternoon that calls were due to take place because the internet connection on the ward was not working. This highlighted a problem with wi-fi which

the Health Board's IT team was not previously aware of and work was carried out to ensure internet connection was available on the ward. Some of our members who were due to take part also experienced their own internet connection issues. The first 'visit' which was planned with patients on Felindre Ward in Bronllys Hospital had to be rescheduled because of an outbreak of COVID-19.

We were able to carry out the 'visits' to three wards and members spoke to eight patients during the period October 2021 to January 2022. This report sets out the findings from the conversations which took place.



# What We Heard From the Virtual Visits

## Clywedog Ward, Llandrindod Wells War Memorial Hospital

Clywedog Ward provides mental health services for older people.

The CHC member was able to speak to one patient on the ward. There were some technical difficulties with the video call because the patient was deaf in one ear. The Health Board's Mental Health Engagement Officer was present on the ward and sat with the patient to help with the dialogue between the patient and the CHC member. The CHC member had to write questions in the chat box and interpret the conversation the patient then had with the Engagement Officer. There was also a loss of connection for some minutes during the call.

- The patient felt that staff were very good and attentive to the patient's needs.
- The patient reported that they were very comfortable.
- Although vegetarian, vegan and meals for religious needs were available, it was suggested this needed to be more clear on the menu.
- The patient's family were unable to visit but the patient had access to the telephone and had been able to speak to them.
- The patient did not feel that they had enough activity. They had access to magazines, newspapers, crosswords and the television.
- The patient's hearing aid was lost. Staff had tried to locate it on the ward and were looking into the matter. Staff



recognised the importance of the patient being able to hear properly again.

There were some particular issues for the patient which were raised with the Ward Manager during the call.

## **Maldwyn Ward, Victoria Memorial Hospital, Welshpool**

Maldwyn Ward provides general medical, rehabilitation and palliative care services.

Due to technical difficulties and internet connection issues, it was not possible for one of the CHC members to join the Attend Anywhere system. One CHC member was able to carry out conversations with patients and she spoke with four patients.

- All patients reported that they received very good care with comments “top quality”, “excellent and couldn’t ask for better”, “very happy”.
- Patients reported that staff were kind, polite and welcoming. They responded to the call bell quickly.
- Patients were comfortable and extra blankets were provided if required.
- All patients were happy with the quality and choice of food. Drinks were offered frequently.
- The ward was quiet at nights and all patients reported that they were able to sleep well.
- Some patients were receiving visitors. There was access to the telephone for contact with relatives if patients wished and some patients had their own mobile phones.

- Patients had access to newspapers, television, puzzles and books.

Some patients said they found enough to do but one patient said that time dragged.

No patients reported any other activities that they were able to take part in.

- One patient commented on the lack of access to a physiotherapist at the weekend. The patient felt that they were improving during the week but went backwards at the weekend because of this.

## **Felindre Ward, Bronllys Hospital**

This is an adult mental health ward.

One CHC member was able to undertake the visit and had conversations with three patients. Two of the patients were on the call together.

- Two patients reported that they felt involved with decisions about their care but one patient said they did not feel sufficiently involved in decisions. This patient stated that they were able to speak with a Mental Health Advocate if they were unhappy with the care or they needed extra support.
- Two patients said that they had good relationships with staff. One said the staff are fantastic, they communicate well and could have a laugh with them. One patient said that it varied, some staff would listen but it was difficult to build a relationship with others.
- All patients reported that they were comfortable. Spare blankets were available if needed.

- It was reported that the food was good, there was a good choice and it arrived warm. However, sometimes patients did not receive what was ordered at meal times. Snacks were available upon request but patients were not able to help themselves.

One patient reported that, sometimes, food received was out of date.

- All patients reported that they slept well as a general rule although sleep could be disturbed if another patient was unwell.
- Owing to the COVID situation, visitors were rarely allowed on the ward. It was possible to meet outside. Patients were able to use the ward telephone to keep in contact with other people.

The patients reported that they did not feel isolated apart from when they were confined to their own rooms during a recent COVID outbreak.

- It was reported that the internet connection on the ward was temperamental which meant that using Facetime and other ways of connecting online were unreliable.

The most reliable wi-fi link requires a password which patients had to ask staff for. Many staff did not know the password and patient might be waiting a few days before they could get a decent internet connection.

- It was reported that the OTs on the ward organised a variety of activities, eg pottery, art and craft, cooking, quiz, walks, table tennis, going out for a day or afternoon. Once a week, there is a session where patients are able to share ideas of activities they would like.

There was a smart TV in the day room but this did not often work because of the poor internet connection. This left a limited choice of channels to watch.

One patient commented that it was boring at weekends.

A patient said that smoking times had become more difficult. Patients could go into the garden supervised every hour on the half hour. The machine on the wall that allowed for lighting of cigarettes was reported to be unreliable.

- Concerns were expressed about the state of the building; there were workmen around almost constantly, there was a hole in the ceiling in a corridor, lights needed to be fixed on a regular basis and things always seemed to be breaking.

# Learning From the Pilot Project

This pilot project could not have gone ahead without the support we received from the Health Board staff, particularly the Digital Facilitators whose expertise was needed to ensure that the video calls could be set up. We would like to thank all of the staff involved in the visits and also the ward staff for their support in offering patients the opportunity to speak to CHC members.

The virtual visits allowed the CHC to have a level of contact with people in hospital in lieu of the physical visits to hospital wards. It allowed us to speak to patients at the point of receiving care whilst still following Welsh Government guidance about visiting restrictions in order to keep patients safe from catching COVID-19.

There were technical difficulties which could not be overcome in some instances. Some of the difficulties were on the wards themselves but some were for our CHC members when they were using their own devices and home wi-fi networks.

The use of video calls highlighted a difficulty in speaking with patients who are hard of hearing or have a hearing loss.

This project has shown the importance of having a reliable internet connection across the county of Powys and, in particular, the requirement for good wi-fi connection which is easily accessible for patients and visitors in hospital.

In hearing people's views whilst in hospital, we have learned:

- Patients gave very positive feedback about staff and the care they were receiving. This positive theme was common for the three wards that patients were on.
- Where patients did not have access to their own mobile telephone, they were able to use the ward telephones to keep

in contact with family and friends.

- Patients reported that they were happy with the quality and choice of food. However, the patient on Clywedog Ward did not think that the vegetarian, vegan or meals for religious needs was set out clearly enough on the menu.
- For some patients, there was not enough activity. Scheduled activities were taking place Monday to Friday on Felindre Ward but there were no activities at weekends. There were no scheduled activities on Maldwyn Ward or Clywedog Ward.
- The lack of physiotherapy support at the weekend was a concern for a patient on Maldwyn Ward.
- There were some problems with wi-fi connection on each of the wards we visited. The original problems on Maldwyn Ward were solved and we were able to reschedule our visit so that we could speak with patients.

Patients on Felindre Ward reported regular issues with wi-fi connection. This affected their ability to have video or other online contact with family and friends. Such contact could be important for patients who might be resident on the ward for several weeks or months.

- Patients expressed concern about the poor state of the environment on Felindre Ward and the amount of repair work that was constantly required.

# Recommendations

- The CHC would be grateful if the positive comments made about staff could be shared with the three wards and with the Digital Facilitators.
- The Health Board is requested to review the meal menus and consider whether the different dietary options are made clear enough for patients to note.
- The requirement for good and constant internet connectivity has become increasingly important for patients and clinicians during the pandemic. This is not only an issue for digital healthcare but for patient wellbeing.

The Health Board is asked to consider undertaking a review of internet/wi-fi connection throughout all of its in-patient wards.

- The CHC would be keen to understand what activities are in place on in-patient wards to relieve boredom and ensure the wellbeing of patients.
- If the CHC is to continue with carrying out virtual conversations with patients, it will be necessary to consider how best to ensure that patients who are hard of hearing or who have hearing loss are able to engage with the process.
- The CHC would like to understand what action is planned to address the state of the environment on Felindre Ward.

# **Response from the Health Board**

As a Health Board, we welcome the report and are grateful for the CHC undertaking this review and the feedback that is so helpful for us to continue improving services. We acknowledge the positive comments that we will share with our staff and we recognise the areas for improvement highlighted which we will further address and update the CHC on our actions.



# Thanks

We thank everyone who took the time to share their views and experiences with us about their health and care services and to share their ideas.

We hope the feedback people have taken time to share influences healthcare services to recognise and value what they do well – and take action where they need to as quickly as they can to make things better.

# Feedback

We'd love to hear what you think about this publication, and any suggestions about how we could have improved it, so we can use this to make our future work better.



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# **Powys Community Health Council**