



# Person-Centred Virtual Visiting Report

Clinical Governance Support Unit – Person Centred Health and Care Team

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## Executive Summary

During the COVID-19 pandemic, to minimise the spread of COVID-19 and to keep patients, families and staff safe the Scottish Government took the decision to restrict in-person visiting in all hospitals. At various stages throughout the COVID-19 pandemic, visiting has been reduced to “essential visits” only.

Recognising the absence of vital family support can lead to social isolation, emotional distress and can result in negative impacts for patients, families and staff an alternative solution was needed while COVID-19 visiting restrictions were in place to:

1. Support patients to maintain contact with the people who matter to them, and
2. Enable healthcare staff to maintain a personal face-to-face connection with family members to discuss care-planning arrangements with them.

In March 2020, Person-Centred Virtual Visiting (PCVV) was implemented across all hospital sites in NHSGGC allowing patients to see and talk to the people who matter to them using technology. The aim was to create consistency and equity of opportunity for all patients across all hospital sites and services, and ensure that we were addressing any areas where inequality existed. Implementation of PCVV has been a collaborative effort involving eHealth, Clinical Governance, Infection Prevention and Control, Information Governance, Knowledge Services, Equality and Human Rights and the Public Health Teams.

Recognising that not all patients have their own device, hospital iPad's specially set up to use FaceTime, Skype, Zoom and NHS Near Me as well as a range of other functions to support communication and information needs were deployed to all inpatient wards. In total 648 iPads have been deployed across all in-patient services to support PCVV.

The establishment of virtual visiting has provided the opportunity to maintain; where possible the pivotal role family members and those closest to the patient normally play in supporting patients. This includes contributing to care planning discussions, rehabilitation sessions with the AHP team and discharge planning discussions as well as providing the opportunity for families to share their insight and feedback on an individual's progress and to alert healthcare staff to changes they see from a normal baseline. When an individual is acutely unwell and perhaps not able to participate independently in care discussions or their cognitive ability prevents this, family involvement is crucial.

In addition, the PCVV iPads are being used in a variety of different ways:

- Allied Healthcare Professionals (AHP) involve family and carers in virtual home visits when planning for discharge and assessing the home environment for modifications and adjustments.
- The Healthcare Chaplains meet with patients virtually when they are not able to see a patient in person using the NHS Near Me App to provide spiritual care, offer support and provide a listening service.
- To allow patients and families to celebrate special events together such as birthdays, anniversaries and to connect patients with family members all over the world, which would not be possible without the availability of technology in all our wards.

An evaluation of patient, family, carer and staff feedback has told us that PCVV clearly enabled them to feel closeness and connection, especially through a difficult time of separation. The overall feedback on the service has been overwhelmingly positive and clear benefits of the service to patients and those who matter to them have been presented.

It is also clear however, that though PCVV technology on the whole was found easy to use and accessible, the planning and setup requirements and system quality issues encountered at times led to frustration for several users. In particular, it has been highlighted that there is inconsistency in delivery of PCVV across wards and some lack of buy-in from staff where it has not been implemented as intended, again leading to frustration or negative experiences.

There is also several unintended impacts of PCVV, both positive and negative, which were not originally aimed for. The positive impacts include:

- an overwhelmingly positive effect on joy in work for staff along with a facilitation of their work
- more flexibility than voice-only communication for those with limitations, and
- flexibility created for those unable to connect face-to-face.

It was also identified that the emotional, physical and environmental requirements of video communication sometimes led to negative or difficult experiences, an unintended impact of PCVV.

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Finally, there is strong evidence that people using the service would like PCVV to continue beyond pandemic restrictions and see value in the flexibility and versatility that such technology creates.

As Scotland relaxes visiting restrictions, and Person Centred Visiting (PCV) is remobilised, it is important that the momentum gained by PCVV is maintained and offered as part of a holistic approach to family support when they are not able to be physically present.

In order to achieve the above, PCVV will continue to be an integral part of our approach to PCV in NHSGGC and will be promoted as an option for those requiring family support when in hospital to remain in contact with the people who matter to them if they are not able to visit in person.

In order to achieve the above, PCVV will continue to be promoted as an option for those requiring family support when in hospital:

- On the Person Centred Visiting webpages
- In the My Admission Record or equivalent
- In any internal or external communication regarding family support in hospital
- In engagement conversations the PCHC Team are having with ward staff to support the remobilization of PCV
- In conversations with patients or family members during their hospital stay.

To support this option to be maintained:

- The PCVV Support Team will continue to monitor the PCVV mailbox, largely for support provision for staff using the PCVV service and equipment
- People will be encouraged to make PCVV requests by telephone call directly to the ward, with support available from the PCHC team if required
- PCVV training and support will remain available online to ward staff to assist and enable them to be self-sufficient and embed PCVV into the routine practice of the ward
- PCVV feedback will continue to be channeled to the Person-Centred Health and Care team for review and action where appropriate.

In order to ensure that PCVV resources continue to be used appropriately and sustainably in the context of recovery from the COVID-19 pandemic, the PCVV service will continue to evolve:

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- the option to have a virtual visit using the 'who matters to you' conversational inquiry if in-person visits are not possible from family and friends will be promoted at point of admission, transition to downstream wards and throughout the hospital stay
- A formal operational level agreement will be agreed with the eHealth team, to set out long-term support arrangements for the iPads and associated equipment and software apps
- PCVV information will be available in alternative languages on the NHSGGC website, and on the home screen of the PCVV iPads, so those who do not have English as a first language can benefit from this service
- the Apps available on the iPads will be reviewed, to ensure they are fit for longer term use. In particular, the suitability of continuing to use non business FaceTime, Zoom and Skype accounts will be considered in the context of increasing staff and public familiarity with NHS Near Me, which has superior data security mitigations and is anticipated to require less maintenance by the PCHC team.
- any requirement for iPads in hospital outpatient settings will be scoped, to consider if they can facilitate family support in outpatient environments.

# 1 Introduction

## 1.1 Background and context

Scottish Government's ambition was to have Person-Centred Visiting (PCV) in all hospitals by 2020, as outlined as a specific commitment in the Programme for Government 2018-19. In NHSGGC, the executive team endorsed this approach as one of the key priorities for 2019/20, linked to the Board's [Healthcare Quality Strategy](#).

Prior to the COVID-19 pandemic, PCV was in place across the majority of NHSGGC adult acute inpatient areas.

However, in response to guidance from the Scottish Government in March 2020 to minimise the spread of COVID-19 and to keep patients, families and staff safe, visiting was reduced at various stages to "essential visits" only.

During this unprecedented time it was therefore vital that we continued to find ways to support patients to maintain contact with the people who matter most to them while COVID-19 visiting restrictions were in place and enable healthcare staff to maintain a personal face-to-face connection with family members to discuss care-planning arrangements with them.

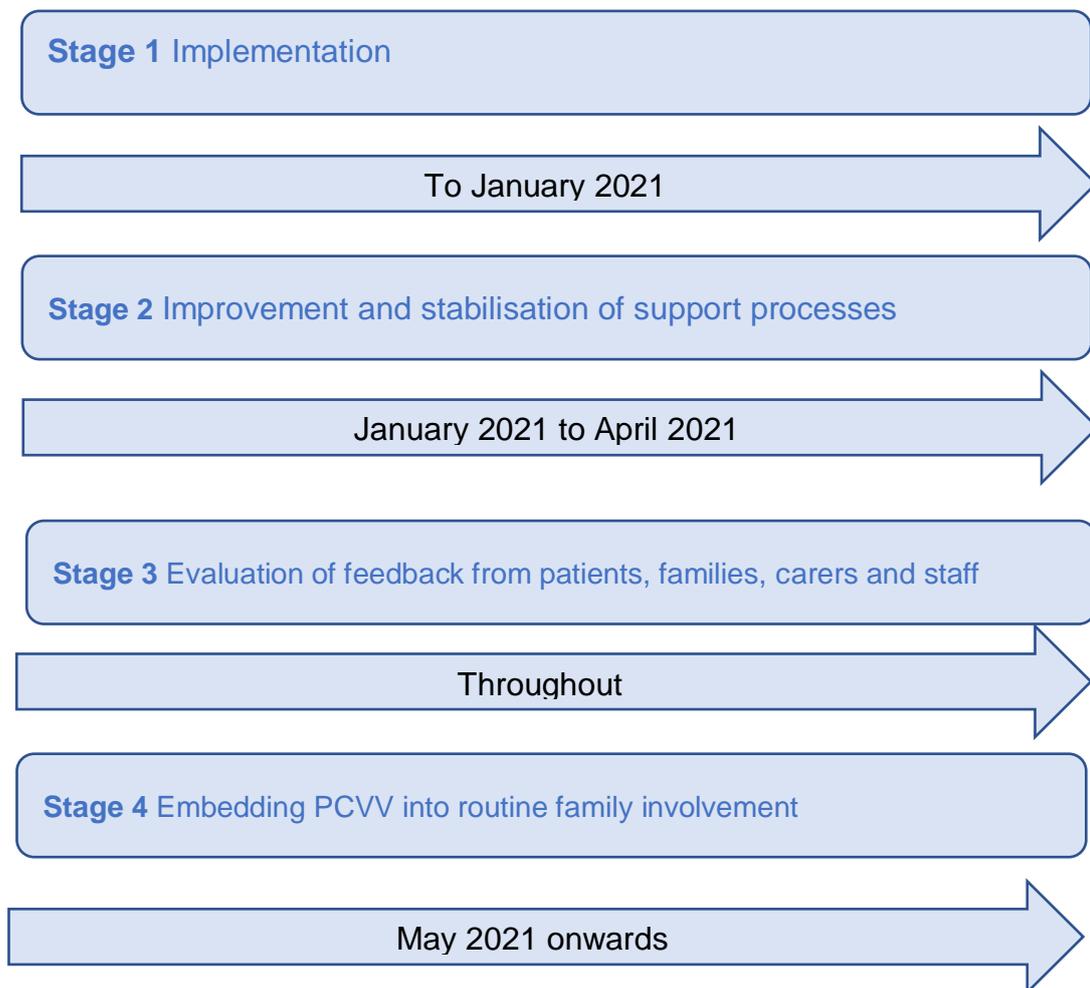
Whilst the majority of people have their own phone or tablet, there are those who do not have access to this technology and are therefore more vulnerable to isolation, loneliness and not able to access support from friends and family.

The opportunity to encourage patients to use technology to stay in touch (such as FaceTime or similar) had been recognised very early on in the pandemic. Some wards had already innovated with a virtual visiting service – with approximately 50 iPads in use for this purpose with evidence of positive feedback from patients, family and staff about the difference this made.

In March 2020, Person-Centred Virtual Visiting (PCVV) was implemented across all hospital sites in NHSGGC allowing patients to see and talk to the people who matter to them using technology. The aim was to create consistency and equity of opportunity for all patients across all hospital sites and services, and ensure we were addressing any areas where inequality existed.

## 1.2 Evolution of Person-Centred Virtual Visiting

The timeline for the PCVV service can be described across four stages:



This report reflects on the first full year of delivery of PCVV in NHS Greater Glasgow and Clyde. The report will:

- Provide context, background information and key milestones regarding the formation of the service
- Illustrate the PCVV service workflow and service activity levels for the PCVV support team
- Describe review of PCVV processes and activity and resulting iterative improvements
- Provide detailed evaluation summaries based on feedback collected from patients, families, carers and staff
- Set out a future direction to embed PCVV into routine family involvement

## 2 Implementation

### 2.1 Multi-disciplinary Team Effort

The implementation of PCVV involved a multidisciplinary team effort which included eHealth, Clinical Governance, Infection Prevention and Control, Information Governance, Knowledge Services, Equality and Human Rights, the Public Health Team and the Endowments Management Committee.

### 2.2 The Person-Centred Virtual Visiting Support Team

As an integral part of the response to the COVID-19 visiting restrictions, the Person-Centred Health and Care (PCHC) team were commissioned to lead and support the implementation and development of PCVV. Throughout the report the team are referred to as the 'Person-Centred Virtual Visiting Support Team.'

### 2.3 Funding and Equipment to Support PCVV

Funding to support the implementation of PCVV has come from a number of sources which includes the Endowment Management Committee, eHealth and from private and public donations. However, it is without question the generous funding of £243,718.04 from the Endowment Management Committee which has supported implementation of PCVV on the scale that has been achieved so far board wide. An additional £3799.20 has been obtained from the COVID-19 Management Fund to purchase 100 iPad charger and cables.

This funding has enabled the following to be purchased:

- 450 10.2inch, 32GB iPads
- 450 iPad infection control approved covers/stand
- 125 iPad charger and cables
- 300 VMware Workspace and production support subscriptions
- 200 iPad Carts with document holder, delivery and installation
- 200 speaker/microphone attachment for iPad Carts, delivery and installation

In addition in May 2020 Healthcare Improvement Scotland – Community Engagement were commissioned by the Scottish Government to undertake a scoping exercise to understand how PCVV was being rolled-out across all in-patient facilities in NHS Scotland and to ensure this was equitable.

The scoping exercise was to consider the following:

- Current demand for Virtual Visiting capability across NHS Scotland, with consideration given to access and equality issues;
- Requirements for the purchase of electronic devices and other equipment to enable Virtual Visiting to take place;
- Connectivity capability within in-patient facilities (for example access to Wi-Fi, 4G, IT issues); and
- Technologies, systems and procedures already in place and being utilised to support Virtual Visiting. These may lend themselves to examples of good practice in areas such as infection control, training and security.

Following this scoping exercise funding was sought from Scottish Government by Healthcare Improvement Scotland – Community Engagement to provide additional devices to support the further rollout of PCVV and ensure the service is provided equitably across all in-patient facilities in NHS Scotland. NHSGGC received an additional 200 iPads via this funding.

### 2.4 Procurement and Deployment of Devices and Equipment

Procurement and deployment of PCCV iPads and other supporting equipment progressed using a phased approach as and when equipment became available from suppliers and in response to need from the clinical areas. All equipment deployment is summarised in table 1.

**Table 1: Equipment Deployed per Sector/Directorate**

Sector/ Directorate	iPads Allocated with iPad Cover	iPads with Carts Allocated	Total in each Sector/Directorate
Clyde Sector	71	45	116
North Sector	77	68	145
South Sector	133	24	157
Mental Health	82	11	93
Women & Children's	25	16	41
Learning Disabilities	3	3	6
CAMHS	1	0	1
Regional Services	44	28	72
Alcohol and Drug Services	1	1	2
Forensics	15	0	15
<b>TOTALS</b>	<b>452</b>	<b>196</b>	<b>648</b>

A small supply of 19 iPads and 4 iPad carts have been held in reserve to enable equipment to be replaced in the short-medium term should faults arise.

Deployment of equipment has included 314 wards and departments where each received one iPad. This was increased to a minimum of two iPads with some areas where there is high use have 3 – 4 iPads. It should be noted that some wards declined the offer of two depending on the size of the ward/department. In total 648 iPads have been deployed across all in-patient services to support PCVV. Table 2 summarises the timeline and service development milestones achieved.

**Table 2: Service Development Milestones**

Date	Service Development Milestones
<b>March 2020</b>	Building on earlier innovative work in some wards, the board's eHealth team initially identified the provision of 100 iPads for use for PCVV. These iPads were: <ul style="list-style-type: none"> <li>• Provided from existing eHealth stock</li> </ul>

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	<ul style="list-style-type: none"> <li>• Set up on the NHSGGC staff Wi-Fi network, to avoid connectivity issues on patient Wi-Fi</li> <li>• Installed with a profile including FaceTime, Skype, Zoom and NHS Near Me</li> <li>• Given approval by the Information Governance team.</li> </ul> <p>Given there are around 300 inpatient wards in NHSGGC; the 100 iPads were initially distributed across individual floors and hospital sites to ensure that each ward would have access to an iPad on their floor, if not on their own ward.</p>
<b>April 2020</b>	<p>eHealth provided an additional 100 iPads from existing eHealth stock to further support the roll-out of PCVV and ensure where possible areas with a high uptake of PCVV had a dedicated iPad for this purpose.</p>
<b>May 2020</b>	<p>Following discussion at leadership level, a decision to aim for a minimum of two iPads per ward, to improve access and build a foundation for the sustainability of PCVV during and beyond the COVID-19 pandemic was approved.</p> <p>To achieve this, an application was made to the Endowment Management Committee.</p>
<b>April – June 2020</b>	<p>The PCVV service was receiving upwards of 120 requests per month across the period April to June 2020 – noting that this excludes requests made directly to the wards by telephone call.</p>
<b>July/August 2020</b>	<p>150 iPad carts were delivered to areas who expressed a need for freestanding carts to allow acutely unwell patients or people with cognitive issues to be hands free when participating in a video call and allow staff to maintain a social distance and provide privacy and confidentiality if their support or presence is required.</p> <p>450 iPad covers were installed to iPads already deployed to clinical areas and to those awaiting deployment.</p>

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<b>July – December 2020</b>	There were approximately 600 iPads in service, 150 of which were located in carts on wheels The PCVV service was in operation in 314 sites across NHSGGC.
<b>January 2021</b>	The Endowment Management Committee approved funding for the purchase of a speaker/microphone to be installed on the existing 150 iPad carts to improve the sound quality of the video call for people with impaired hearing and for the purchase of an additional 50 iPad carts with speaker/microphone attachment.
<b>March 2021</b>	The COVID-19 Fund approved funding for the purchase of 100 iPad chargers and cables to replace those lost in service.
<b>August/September 2021</b>	Installation of speaker/microphone on the existing 150 iPad carts to improve the sound quality of the video call for people with impaired hearing and an additional 50 iPad carts with speaker/microphone attachment.



Photo: Ronald Black

*A patient using a PCVV iPad mounted in a cart, enabling hands-free operation*

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The following are a selection of pictures taken at the time iPads and Carts were distributed to hospital wards:



*Pictures – Wards receiving their PCVV iPads*

### 2.5 Creating the Conditions for Success

After the initial urgent need for wards to have access to iPads was met, the PCVV Support Team spent time focusing on creating the conditions for PCVV to operate sustainably and safely:

- A [Standard Operating Procedure](#) was written, detailing the safe use of the iPads, in collaboration with Infection Prevention and Control, eHealth and the Equalities and Human Rights Teams.
- [User guides](#) were developed by the Knowledge Services team
- A generic email account was set up to provide a central point of contact, so that the PCVV Support Team could:
  - Provide support for relatives asking for a virtual visit
  - Provide support for ward staff asking for support in operating the service, for all aspects outside of the existing eHealth support service
  - Have a more direct way of seeking technical support from the eHealth team
- The [PCVV webpages](#) were updated to include information for patients, families and staff
- Feedback mechanisms were set up so patients, families and staff could share their experience of PCVV
- The PCVV Support Team were organised to monitor and service incoming email to the generic email account, and used this as the means to reply to all inquiries.

### 2.6 Application of iPads and Virtual Visiting

The establishment of virtual visiting has provided the opportunity to maintain; where possible the pivotal role family members and those closest to the patient normally play in supporting patients. This includes contributing to care planning discussions, rehabilitation sessions with the AHP team and discharge planning discussions as well as providing the opportunity for families to share their insight and feedback on an individual's progress and to alert healthcare staff to changes they see from a normal baseline. When an individual is acutely unwell and perhaps not able to participate independently in care discussions or their cognitive ability prevents this, family involvement is crucial.

In addition, the PCVV iPads are being used in a variety of different ways:

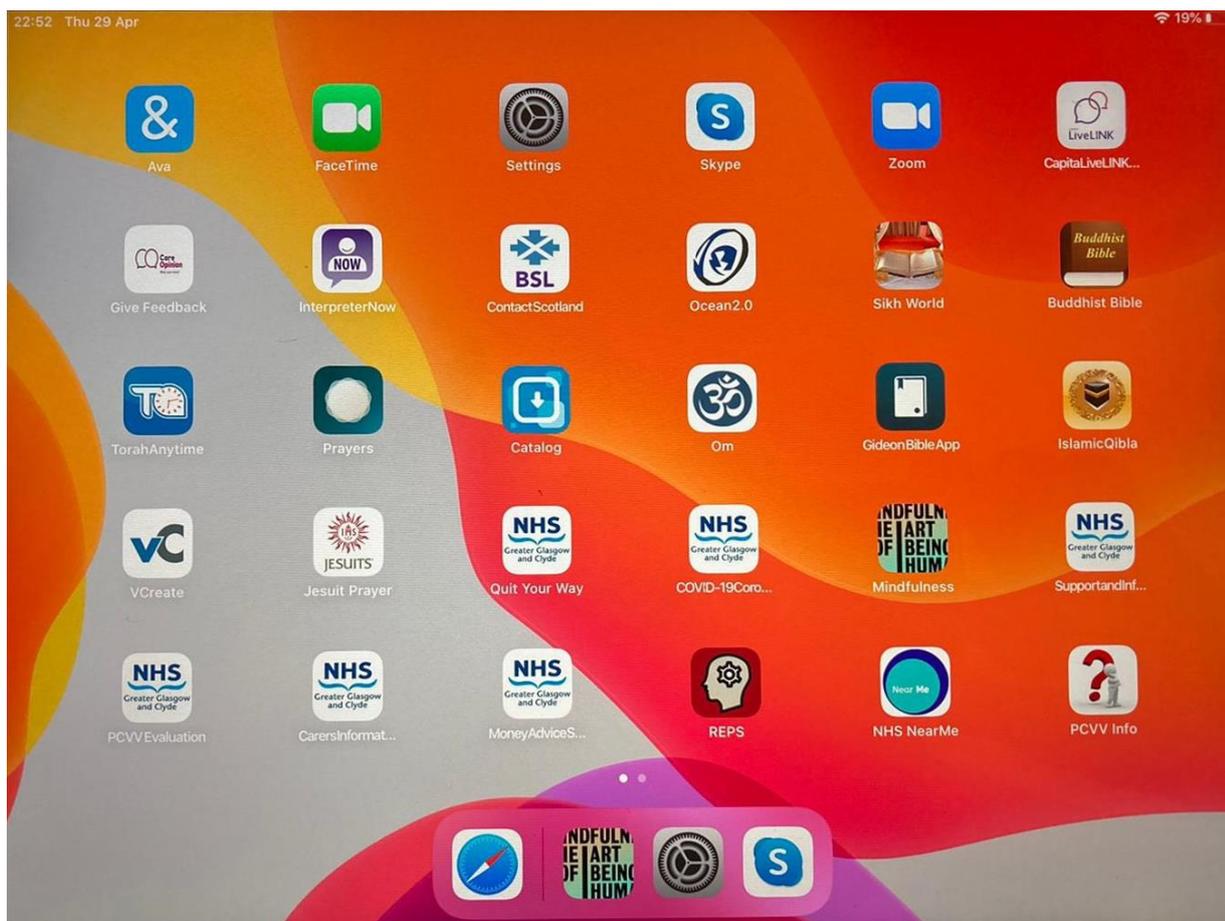
- Allied Healthcare Professionals (AHP) involve family and carers in virtual home visits when planning for discharge and assessing the home environment for modifications and adjustments.
- The Healthcare Chaplains meet with patients virtually when they are not able to see a patient in person using the NHS Near Me App to provide spiritual care, offer support and provide a listening service.
- To allow patients and families to celebrate special events together such as birthdays, anniversaries and to connect patients with family members all over the world, which would not be possible without the availability of technology in all our wards.

### 2.7 iPad Apps and Icons

Recognising that not all patients have their own device, hospital iPad's specially set up to use FaceTime, Skype, Zoom and NHS Near Me were deployed to all inpatient wards. In addition, a range of apps and icons to facilitate communication in a way that maximises access, equality and diversity, and offers a wide range of tools to maintain wellbeing while patients are in hospital are available on all PCVV iPads.

The range of installed apps and icons can be broken down into the following groups:

<b>Communication tools</b>	Facetime, Skype and Zoom, vCreate, Attend Anywhere (NHS Near Me) and MS Teams
<b>Communication support tools</b>	Which assist people who have additional needs, for example those with hearing or sight difficulties. These include:  Interpreter now, AVA, Contact BSL Scotland, Capita Livelink
<b>Spiritual care and wellbeing</b>	A range of apps to provide access to spiritual care while in hospital
<b>Information support</b>	Links to further support including the Scottish government's COVID-19 information website
<b>Health improvement</b>	A range of apps to support health improvement while in hospital



*iPad screen showing examples of apps and icons*

## 2.8 The NHSGGC Website

The PCVV service is advertised on the NHS Greater Glasgow and Clyde Website with a dedicated web page for PCVV which can be found [here](#). In addition a prominently [link](#) has been placed to the PCVV service on each of the individual hospital campus / building pages.

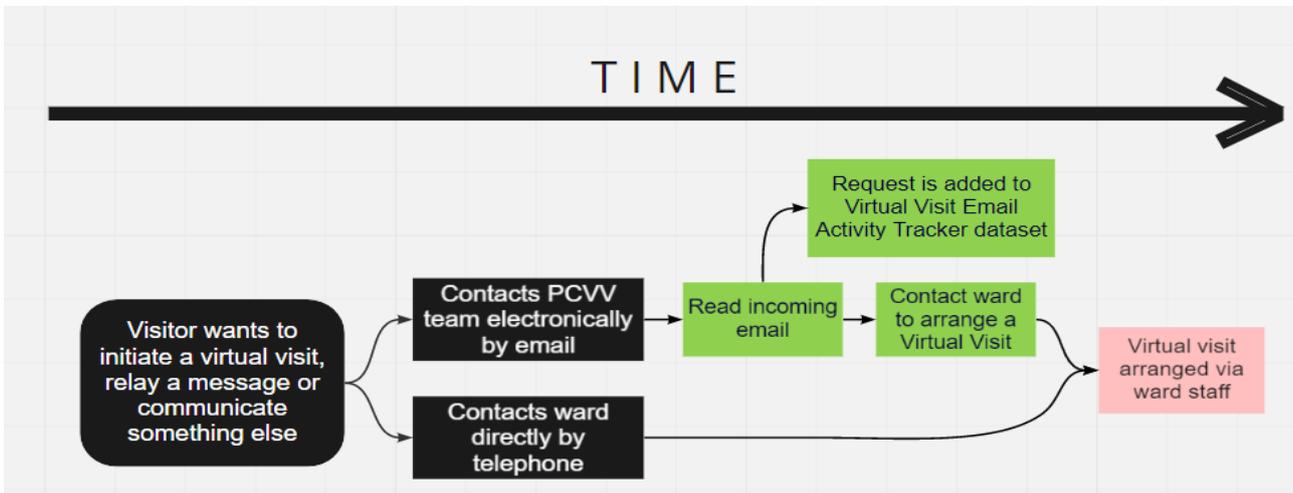
## 2.9 Operational Model for Person-Centred Virtual Visiting

The service is driven by requests from people who wish to make a virtual visit, or send a written message to a person who is in one of the health board’s hospitals. Such requests are made either directly to a hospital ward by way of a telephone call, or made by contact to an email account – known as the PCVV mailbox, which is monitored and serviced by the PCVV Support team.

The PCVV mailbox is also used to receive requests from staff who ask for guidance and support with Virtual Visit calls, and with the associated technology.

Figure 1 shows the key steps in the process of requesting and organising a Virtual Visit.

**Figure 1: Key Steps in the Virtual Visit Process**



## 3 Improvement and Stabilisation of Support Processes

By January 2021 the PCVV service was well established with good evidence to demonstrate PCVV is in regular use across the majority of hospital sites, based on activity seen through the eyes of the PCVV support team, and activity generated from PCVV inquiry and requests. As activity stabilised, this provided the ideal opportunity to focus efforts on improvement and stabilisation of our PCVV support processes.

### 3.1 Data Sources for Measurement, Feedback and Evaluation

Data presented in the following section is sourced from the activity flowing through the PCVV support team, and its tracking datasets. However, the following caveat of measurement limitations should be noted:

- While many PCVV service requests are made directly to wards by telephone, there is no measurement process in place to count these.
- Activity measures for iPad usage at individual ward level is not available.

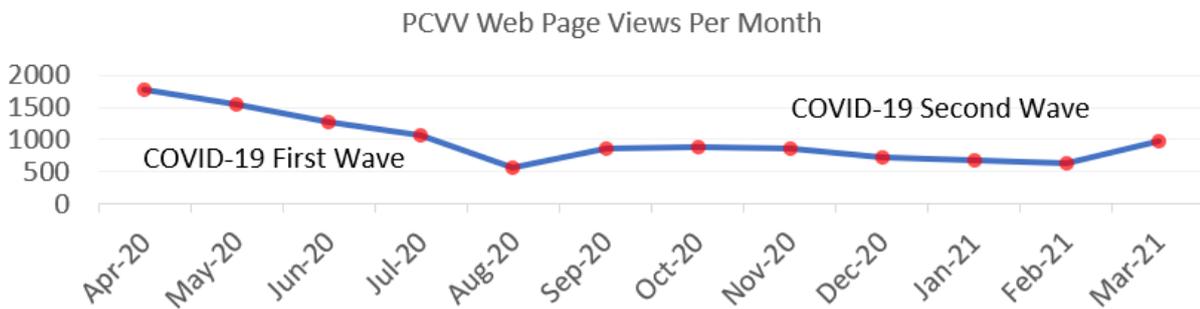
Given these two points, this means the service is unable to establish a board wide iPad usage rates and number of PCVV video calls per individual area per day or week / month etc.

The data presented is therefore an indicative view of service activity, noting that many patients, family, carers and staff do not use the mailbox, but make contact with hospital wards directly to arrange virtual visits.

#### 3.1.1 The PCVV Web Page and PCVV Mailbox Requests

Between 1 April 2020 and 31 March 2021 the PCVV web page received 11,799 visits. Throughout the COVID-19 restricted visiting period, traffic on the web page, and also resulting PCVV requests has varied over time. Figure 2 below shows the number of virtual visit web page views per month.

**Figure 2: Monthly count of PCVV web page views**

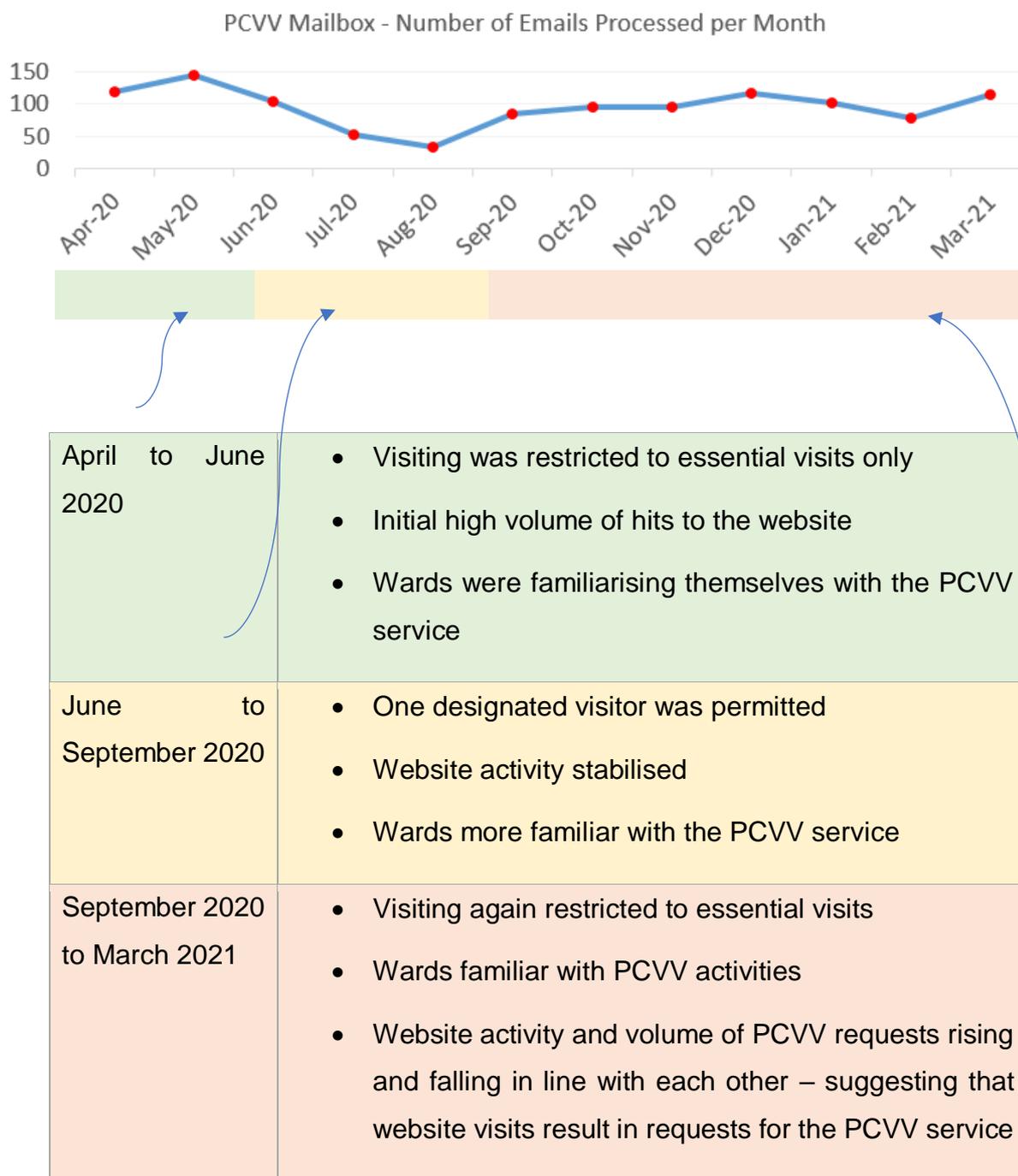


Some visitors will use the NHSGGC web pages, and will be directed by way of web links to the PCVV service. Visitors may choose to use the service to organise their virtual visits. As this is a centralised service, activity data is collected.

Figure 3 illustrates the variation in virtual visit requests – some 1148 emails received by the PCVV service, over the same period. Approximately 10% of web page visits result in an email to the PCVV mailbox. This illustrates that the NHSGGC website is clearly used as a channel of entry to organising visits – and that a reasonable number of website visitors do go on to make use of the PCVV service.

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**Figure 3: Number of emails into the PCVV services mailbox**



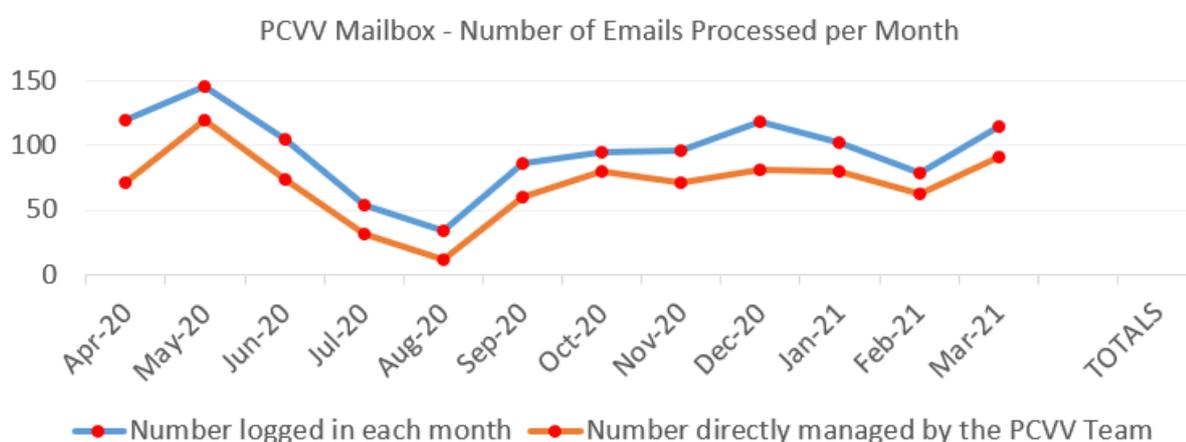
Note – the coloured rows correspond to the coloured stripe on the timeline of the chart above. The statement in each coloured row provides commentary on the variation in PCVV activity over the time period.

### 3.1.2 How many emails are managed by the Virtual Visiting Support Team?

Given that the PCVV email address was for the period of this report advertised on the PCVV web page, there were inevitably a small proportion of emails received that are not related to virtual visiting. This means that there are some emails that the team are not able to deal with. These emails are, where possible passed on to another team, or in some cases another health organisation in order to provide the maximum level of assistance for the sender of those emails.

Figure 4 illustrates that the majority of emails received by the PCVV team are processed directly.

**Figure 4: Monthly count of emails received into the PCVV mailbox**

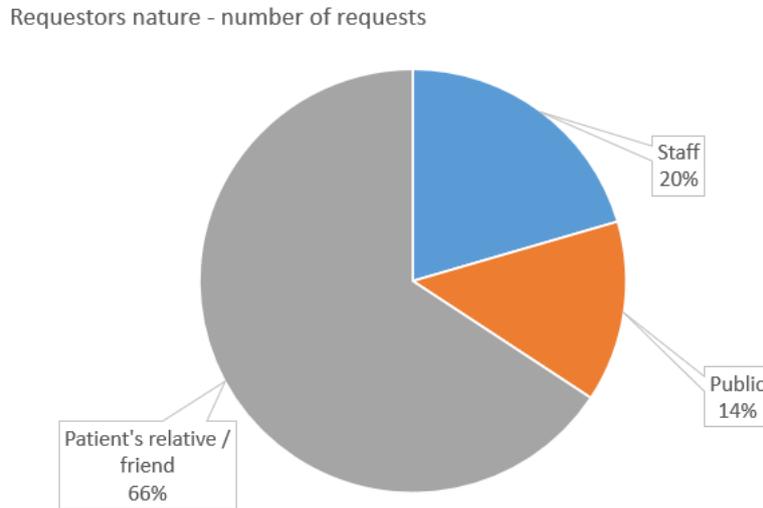


### 3.1.3 What Groups of People Send Emails to the PCVV Team?

From our data, requestors are divided into three groups. We distinguish between staff, patients and their representatives and also other members of the public.

As illustrated in figure 5 the vast majority of incoming requests are from patient’s relatives and friends. Requests from staff members were highest when the service was being rolled out to the wards, then settled over time, as they have become more familiar with managing VV requests and with the use of the technology.

**Figure 5 – Overall count of email inquiries by requestor group across the full 12 month period**



### 3.1.4 What is the nature of PCVV Email Inquiries?

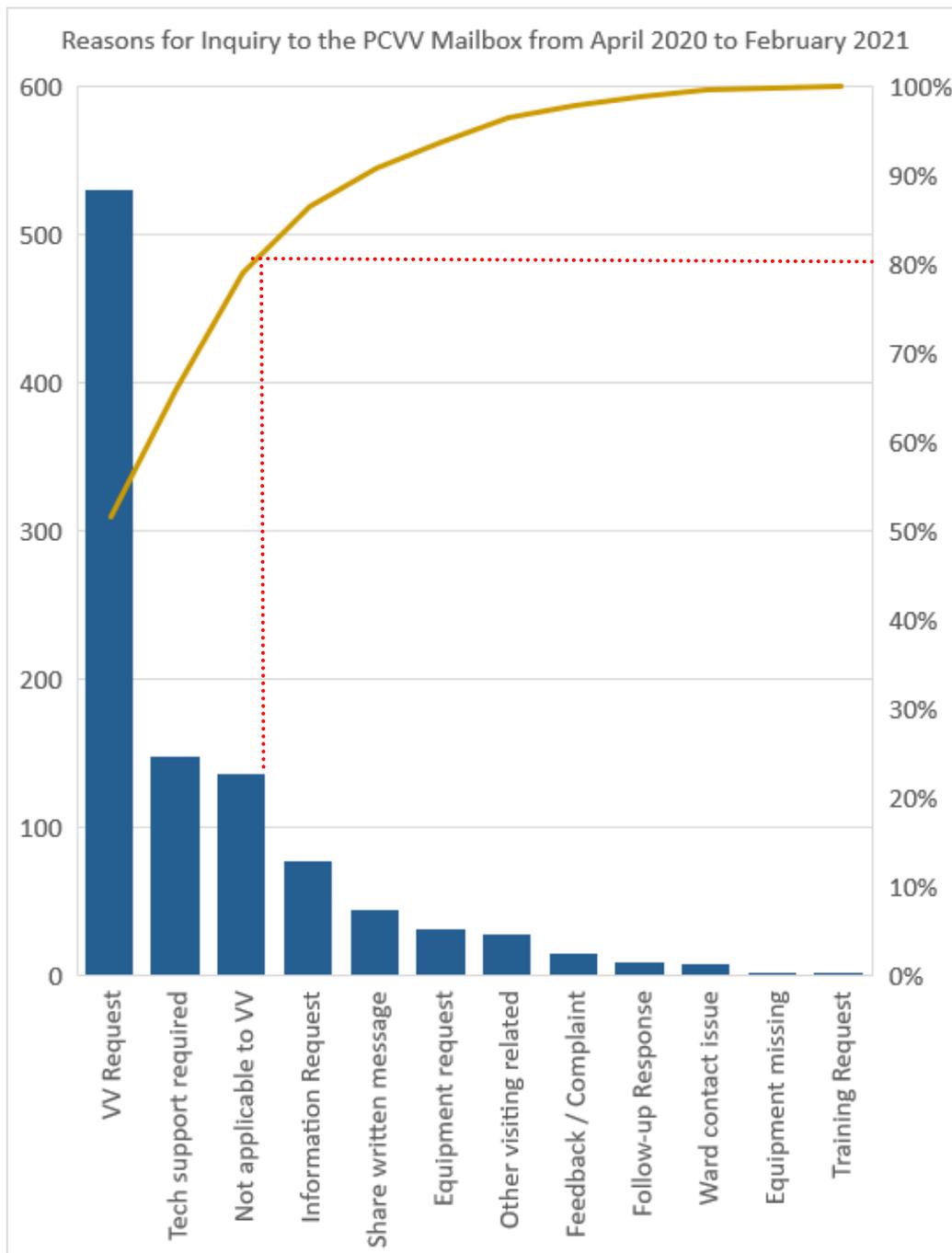
Each incoming PCVV email is classified as one of twelve types – virtual visit requests being the most common. In order to understand the incoming workflow, these classifications help to illustrate the nature of incoming work.

Figure 6 shows the top three reasons for emailing the team accounts for approximately 80% of the total workload for the PCVV support team.

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**Figure 6 – Count of the number of inquiries to the PCVV service by type, ordered left to right by the number of inquiries.**

The scale on the left represents the count of emails received. The scale on the right represents the cumulative percentage of emails received per type of inquiry

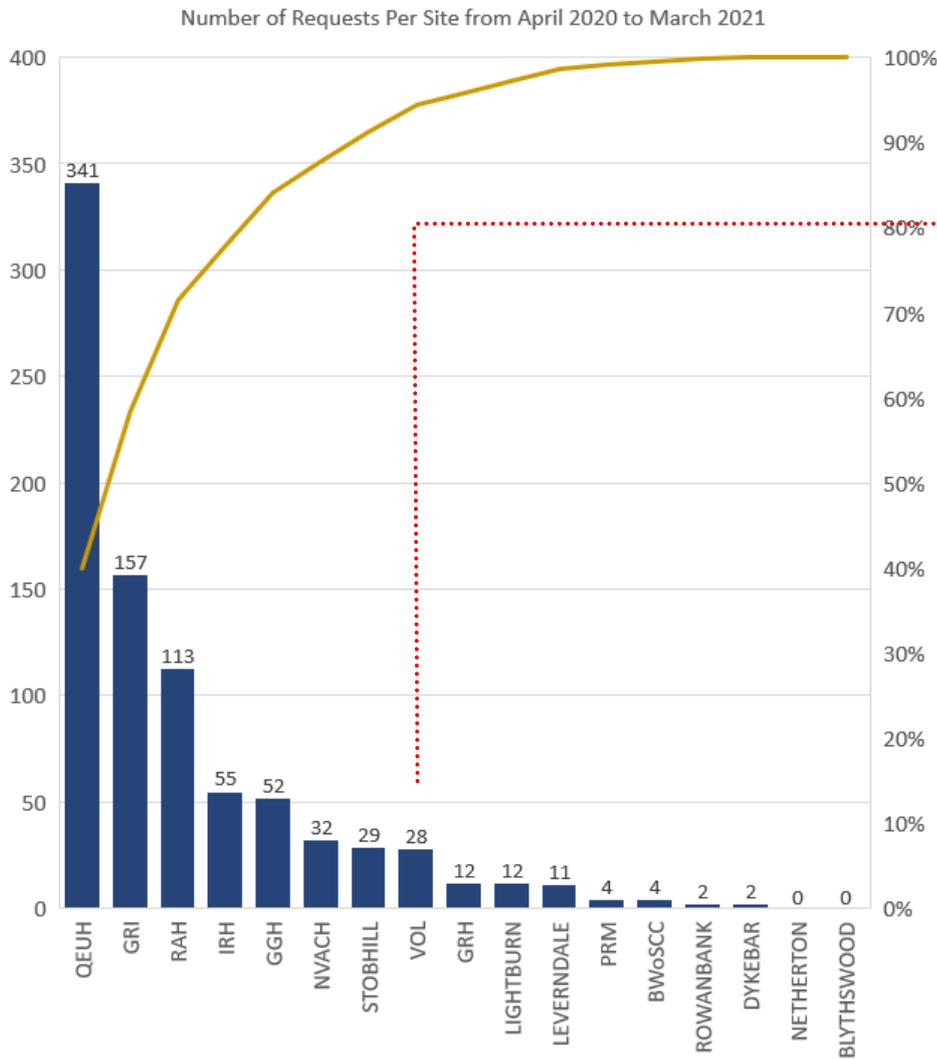


- Noting that the third highest number of emails received are not related to virtual visiting. When these are further analysed, the requests are frequently looking for advice, information and guidance about another service they have not been able to locate.
- Some of this unsolicited activity was reduced by ensuring links to the PCVV service were only advertised on relevant NHSGGC webpages. For example, the service received a number of inquiries relating to dentistry. Once identified as the cause, links to the PCVV service were removed from dental hospital web pages. Once additional automation tasks were implemented (see section 0) unsolicited email is largely eradicated.
- A small number of emails are received for information requests, some are incorrectly addressed to the PCVV team. In these cases the team make their best efforts to redirect the email appropriately, or provide some guidance to the sender to assist redirection.
- The mailbox does inevitably receive a small number of emails that are not applicable to PCVV. These include requests for virtual visits for other health boards in Scotland and health trusts in England – in which case the team will research the issue and offer contact details of the relevant hospitals, and make best efforts to guide the senders of such emails.
- In addition, the mailbox receives a small number of emails that are for the attention of other areas of NHSGGC. For example, emails asking for health records, emails relating to board communications, emails relating to parcel deliveries. Wherever possible the team will make best efforts to redirect the emails appropriately, or revert to the sender with a useful response.

### 3.1.5 How many inquiries are received for each Hospital Site?

The 'pareto' chart in figure 7 has bars indicating counts of requests per site, with the sites listed in order of number of requests. The curved line on the chart is a cumulative percentage line – showing that the leftmost three sites account for almost 80% of the requests taken. It should be noted that this correlates with the sites with the highest bed capacity.

Figure 7 – Overall count of inquiries relating to each hospital site



### 3.1.6 What actions / interventions occur?

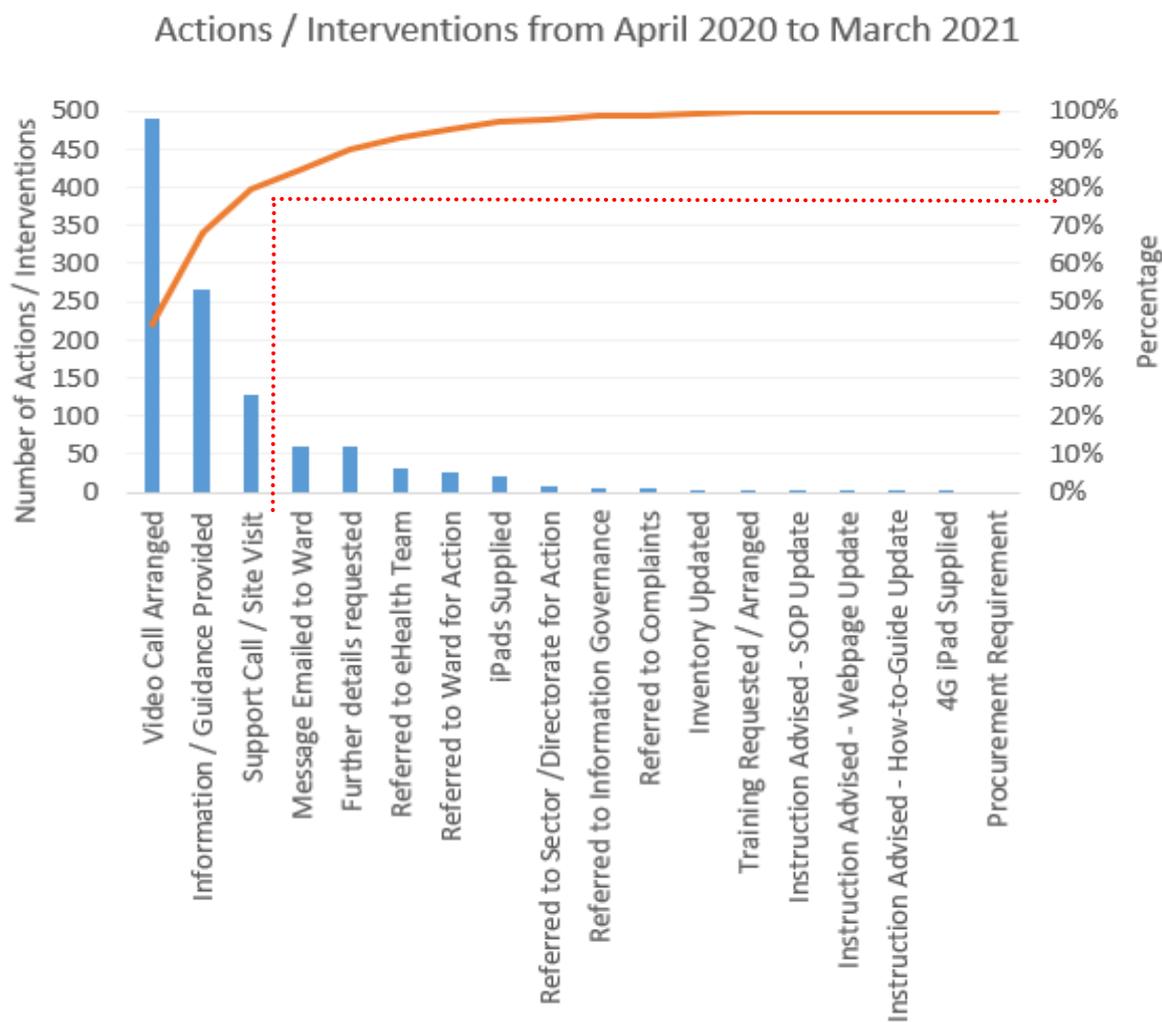
Emails are classified according to the action taken as a result of their receipt.

Figure 8 looks at the overall number of interventions over the entire reporting period, and includes all 18 classifications. The chart shows that over 12 months the three most common actions / interventions account for approximately 80% of the work.

It is worth noting that less than 10% of inquiries needed to be referred on for eHealth team support.

**Figure 8: Count of the number of improvement actions / interventions undertaken, ordered left to right by highest number.**

The scale on the left represents the count of improvement actions / interventions undertaken. The scale on the right represents the cumulative percentage of improvement actions / interventions undertaken.



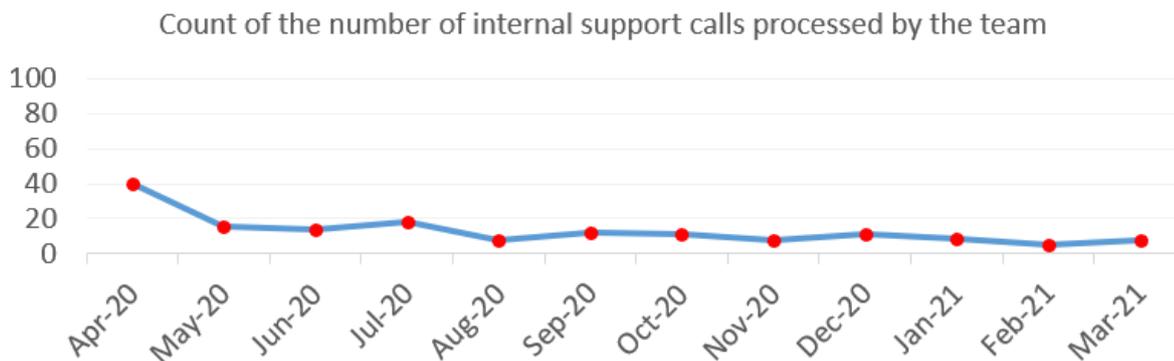
### 3.1.7 How many support requests are received from NMSGC staff?

While the majority of incoming emails are sent by members of the public, the PCVV mailbox does also receive emails from members of staff. These are typically requesting some form of support, for example technical support, training requests, reports of missing or mislaid equipment and requests for additional equipment (iPads or carts).

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Figure 9 shows that this represents a relatively small percentage of the overall work. It can be seen from the chart that as the service has become embedded over time, and ward staff have increased familiarity with the iPads, the number of support requests has gradually diminished.

**Figure 9: Monthly count of emails received that result in PCVV related support to wards**



### 3.2 What Iterative Improvements were made during Phase 2?

A collaborative approach to review all PCVV support processes included preparation of a number of diagrams. For readability these diagrams have been placed into Appendix 3 of this document as full-page graphics.

- A logic model – outlining the overall service objectives (see diagram 1 in Appendix 3). Development of the logic model helped visualise what went into the service development, what activities resulted from those inputs, and what outcomes the service might contribute to over time.
- A full process map – illustrating the workflow, the process of communication, and the part played by each of the involved parties (see diagram 2 in Appendix 3)
- Process maps to illustrate a ‘before and after’ view of the PCVV processes across the period of application of improvements and automation (see diagram 3 in Appendix 3).

Those diagrams, in conjunction with qualitative feedback and conversations with PCVV support team staff were instrumental in identifying improvement opportunities. These

improvements were tested and implemented iteratively as they were identified, so the service might gain from them immediately.

Table 3 outlines observations and resulting improvement actions taken.

Observed Issue	Improvement actions applied
<p>iPads housed within carts were not working well in terms of speaker and microphone performance. Feedback indicated that some people – especially those who were hard of hearing were having a suboptimal call experience.</p>	<p>External microphones and speakers were identified in collaboration with eHealth and the vendors of the carts and following some testing exercises where subsequently procured for installation.</p>
<p>The PCVV service was advertised on the NHSGGC website by provision of a generic email address. People using the service requested virtual visits via a free-form email. A certain information data set is required to organise a virtual visit – but there was no formatted approach to requesting this information. In many cases where incomplete information was supplied the PCVV team were emailing the requestor again to obtain the information. This resulted in time wasted, and delays organising the virtual visit.</p>	<p>The functionality of MS Forms was used to create a form which specifically requested the set of information required to organise a virtual visit.</p> <p>Use of MS Power Automate was made to route the form content to the PCVV mailbox in a format that enabled the PCVV team to organise the virtual visit without additional communication loops.</p> <p>The advertised email address from the NHSGGC website, was replaced with a link to the new form.</p>
<p>There was no clear link between incoming emails and work elements logged in the work tracker.</p>	<p>Requests made using the MS form is assigned a unique ID. This automatically populates the PCVV email tracker using MS Power Automate, which creates a new table row which contains the same unique ID from the form submission form record</p>

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<p>While a feedback form exists, there was no formalised proactive approach to asking people using the service for their feedback.</p>	<p>MS Power Automate was used to send email to requestors 4 days after PCVV requests were received, inviting them to complete the feedback form.</p>
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Note – Power Automate is a component of Microsoft 365, and has been used reliably since April 2020 to facilitate the PCVV feedback submission.

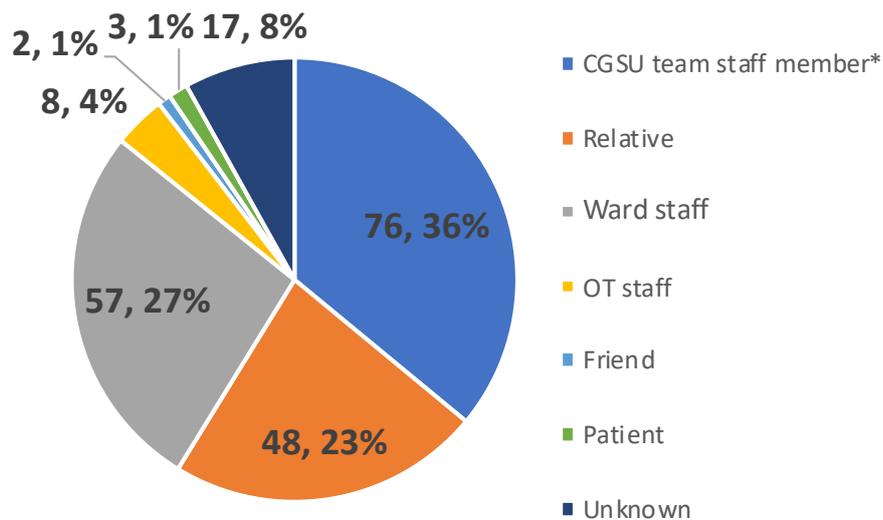
## 4 Evaluation of Feedback from Patients, Families, Carers and Staff

A total of 211 responses from patients, family, carers and staff were received between 15 April 2020 and 01 April 2021. The vast majority of these were collected through a survey disseminated by the PCVV service through the NHS GGC website and through email contact with patients, families, carers and staff. A small number of responses relating to PCVV were obtained from the Patient Experience Public Involvement (PEPI) team, sourced from Care Opinion or NHS GGC website.

### 4.1 Who did we hear from and what apps did they use?

Clinical Governance Support Unit (GSCU) staff, relatives and ward staff made up the vast majority of respondents. This is illustrated in figure 10. CGSU staff completed survey responses on behalf of wards, patients or relatives, especially at the initial stages of implementation as the service actively sought feedback to inform service development.

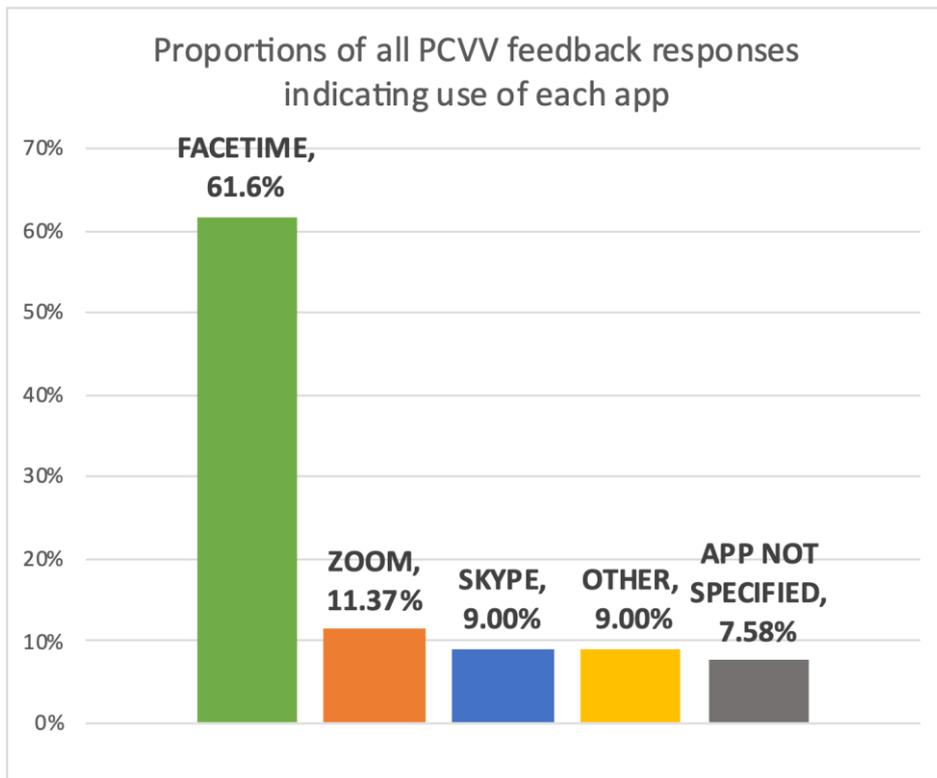
**Figure 10: Distribution of respondent type submitting PCVV evaluation survey response**



\*CGSU staff on behalf of ward, patient or relative

Figure 11 displays the frequency of apps used, based on what people using the service told us in their responses. FaceTime is clearly the most widely used app. Apps listed under ‘Other’ included NHS Near Me, the AVA interpreter app, BSL Contact, Messenger Video, vCreate, Microsoft Teams and WhatsApp Video.

**Figure 11 – Frequency of app use reported in PCVV evaluation survey**



## 4.2 How were the responses analysed?

Being qualitative in nature, a qualitative thematic analysis was required in order to identify themes and make sense of the responses received.

A thematic framework was established based on a search of literature evaluating virtual visiting services (also called “tele-visits,” “tele-visitation,” “video-phone communication” and “virtual visitation”). Initial responses were also reviewed for emerging themes and were added to the framework. The four overarching themes in the framework were the following:

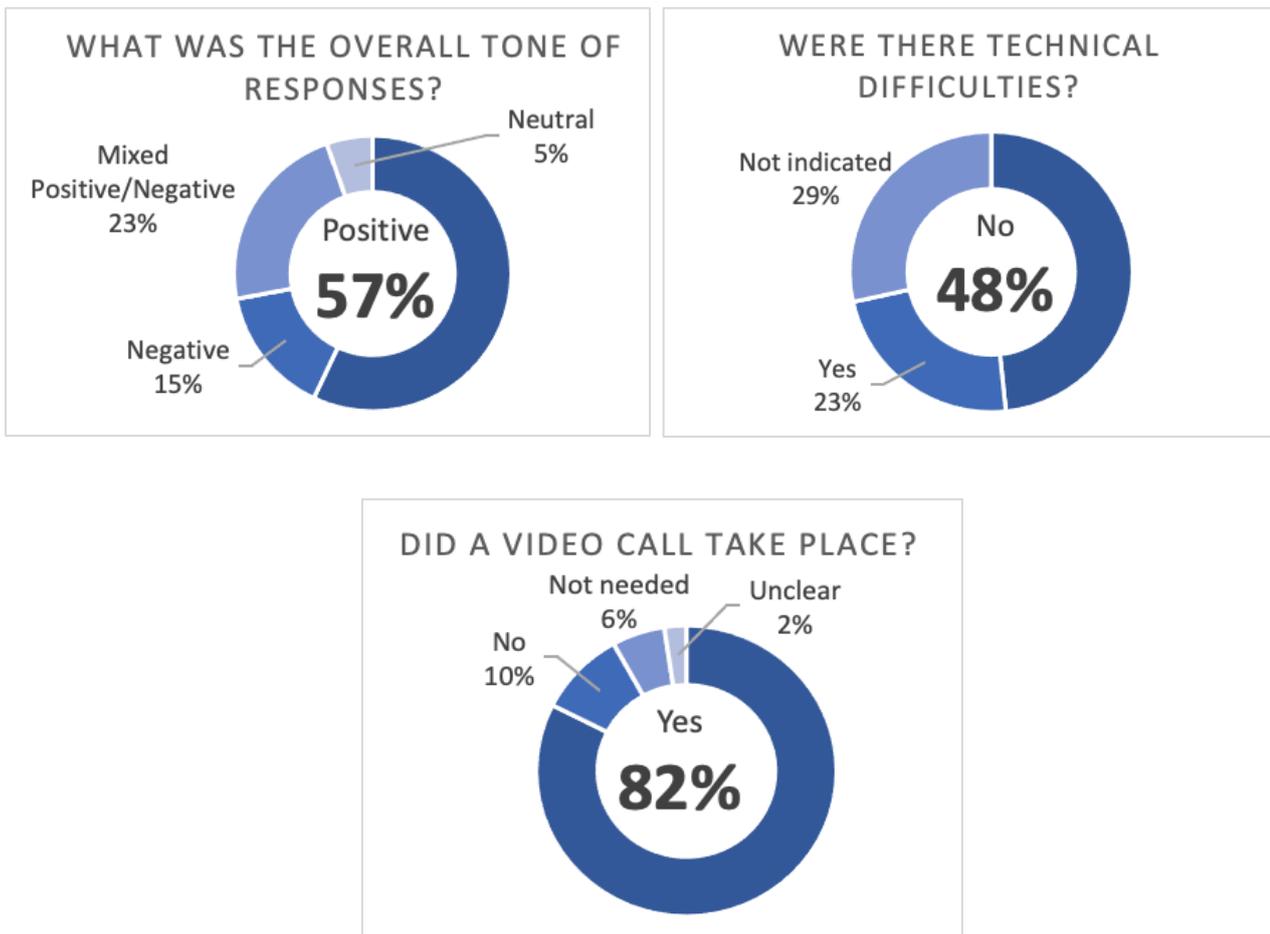
1. Virtual visits help both patients and relatives to feel connected
2. Virtual visits give hospital staff joy in work and facilitates their work through connecting patients to their families
3. Virtual visits are completely system dependent

4. Virtual visits are a different way of communicating

This thematic framework was used to code each response received according to the themes observed in the response, by two reviewers where possible. The overall tone of each survey response and coded themed response was assessed (positive, negative or mixed positive / negative), to give an idea of overall tone of responses and of the tone of individual themes.

4.3 What did people tell us about their experience with the PCVV service?

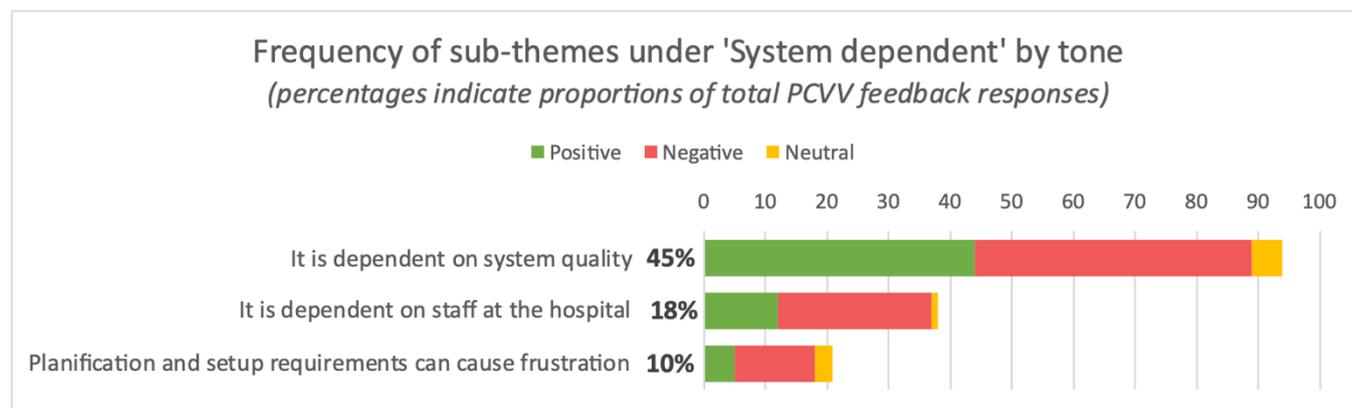
Figures 12-14 – Responses to PCVV evaluation survey surrounding experiences with PCVV system



Most feedback received was positive. The primary reasons for negative or mixed tone of narratives or for a video call not taking place included technical difficulties and lack of availability of ward staff. In particular, responses indicated that experience with PCVV is

system dependent with regards to system quality (n=94), dependency on staff at the hospital (n=38) and planification and setup requirements (n=21). This is demonstrated in figure 15.

**Figure 15 – Frequency of subthemes among survey responses coded under PCVV system dependency theme**



Experiences with system quality were mixed with several mixed tone responses surrounding ease of access, ease of use and reliability. More than half of comments on system dependency surrounding dependency on hospital staff were negative, with three main observations:

1. Lack of ward staff availability (n=14)
2. Inconsistency in ward staff organisation and delivery (n=16)
  - Some wards offer virtual visits routinely and incorporate them into routine processes (n=2)
  - Some wards use appointment or diary systems to arrange virtual visits (n=2)
  - Some wards do not routinely offer virtual visiting or offer it inconsistently (n=7)
  - Wards do not consistently offer the same PCVV functionality (n=2)
  - Wards do not consistently offer the same support during PCVV calls (n=2)
3. Inconsistency in ward staff PCVV technology skillset (n=9)

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The following excerpts summarise the lack of widespread investment into consistent delivery of PCVV within wards.

**“...] I feel the whole VV has not really been prompted enough. Staff on wards were not really interested and in the main patients have no idea of its existence. [...] A really good service but I think needs promoting more especially from a patient’s point of view as most don’t know it exists.” (06/04/2021)**

**“[...] virtual visiting team should be trying to roll out correct practices to all wards that have visitors’ restrictions. [...] If virtual video call team get better organised I could use FaceTime however this was not the case in Gartnavel who said they only use zoom causing extra unnecessary worry’s for relatives, if this is the future of online NHS things must improve training and help as PCVV is new to a lot of people and very confusing at first especially for elderly or people like myself with little knowledge of iPads etc.” (19/12/2020)**

**“[...] virtual visiting team should be trying to roll out correct practices to all wards that have visitors restrictions. [...] If virtual video call team get better organised I could use FaceTime however this was not the case in Gartnavel who said they only use zoom causing extra unnecessary worry’s for relatives, if this is the future of online NHS things must improve training and help as PCVV is new to a lot of people and very confusing at first especially for elderly or people like myself with little knowledge of iPads etc.” (19/12/2020)**

Though feedback on the clarity and usability of guides and SOPs introduced as part of PCVV has not specifically been sought, some of the survey feedback provided some insight on the clarity of the guidelines and information about the service (n=13).

Several staff have described these guides positively and have found them helpful (n=3).

**“The information and ‘how to’ sheet was invaluable to the staff not familiar with facetime etc.” (08/06/2020)**

**“There has been no real teething problems encountered. We have not needed to use practical help, but I received an email to inform me, of how to get help if needed.” (08/06/2020)**

In other cases (n=10), however, it became apparent that in practice, PCVV guides and information have not been implemented as intended, with several wards operating with differing practices and guidelines on PCVV service use, as previously highlighted.

**“[...] Virtual internet team should be rolling out the same product knowledge to all wards very confusing for all relatives and ward staff being given different info on how video calling work.” (19/12/2020)**

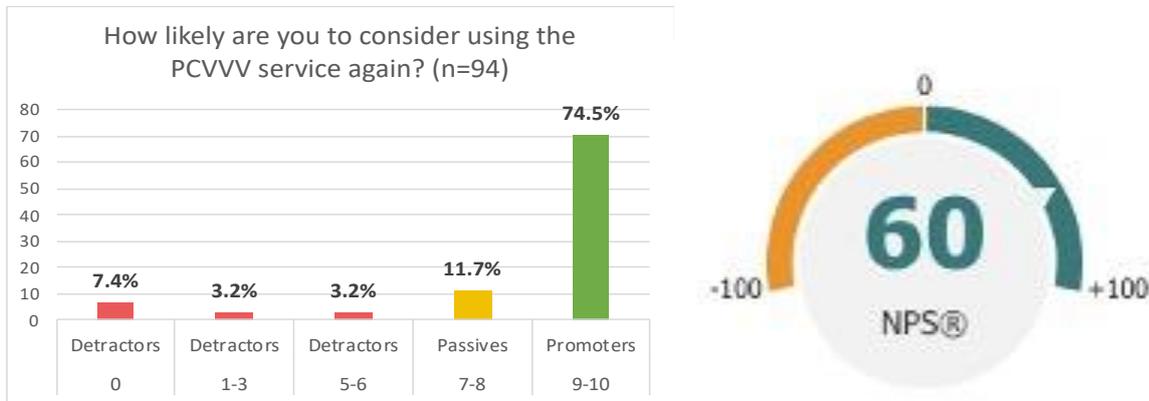
In addition, there is some evidence of initial apprehension about using PCVV technology, as expected (n=10), though people using the service appeared to grow more comfortable over time.

**“Getting up and running with Zoom has been interesting! There have been a few funny moments with staff familiarising themselves with the app and some expressions of confusion when introducing patients to the screen. Not everyone understands the concept!” (28/04/2020)**

**“Staff were initially apprehensive regarding using iPads however once it was shown how easy it was to work and the reaction of both staff and patients when they got to talk and actually see their relatives they completely understood the vital importance of the iPads.” (18/05/2020)**

On the whole, however, the vast majority of people using the service indicated they would be very likely to use the PCVV service again. They were asked to rate their likelihood of using the PCVV service again on a scale of 0-10, from which a net promoter score (NPS) can be calculated. The NPS is the percentage of promoters (scores > 6) minus the percentage of detractors (scores ≤ 6) and ranges from -100 to 100, with a score greater than 30 considered a high NPS and scores greater than 70 considered excellent. The net promoter score for the PCVV service was 60, indicating significantly higher promoters than detractors. This is illustrated in figure 17 below.

**Figures 17: Responses to PCVV evaluation survey around likelihood of use of the service and overall Net Promoter Score**

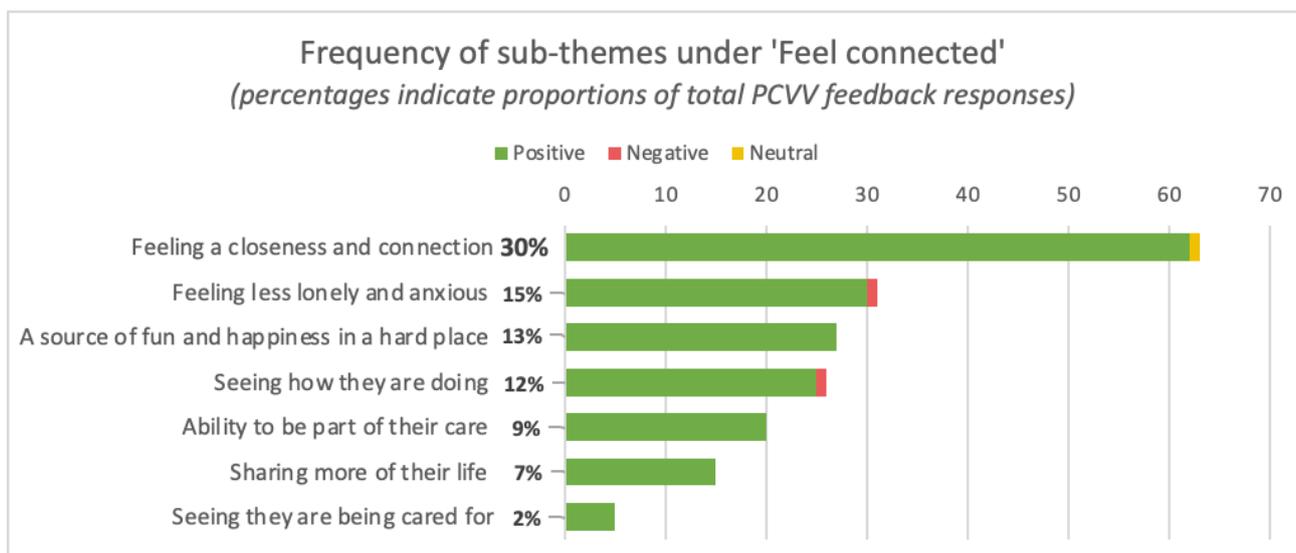


Note: not all survey responses provided a score as this was later introduced into the survey

**4.4 What did people tell us about the difference PCVV made to them?**

The most prominent theme among feedback responses about the difference PCVV made to them was that virtual visits help both patients and those who matter to them to feel connected (n=108, 51.2% of responses). This is reflective of the fact that enabling meaningful connection between patients and those who matter to them is the main objective of the PCVV service. Several subthemes were observed, as displayed in figure 18. These will be briefly described along with illustrating excerpts from the feedback.

**Figure 18 – Frequency of subthemes among survey responses coded under PCVV ‘Feel connected’ theme**



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Patients and those who matter to them felt a closeness and connection through visual contact (n=63).

**“Staff feel that it has helped the patients maintain contact with their relatives whilst in hospital and the added bonus of them being able to visually see their relative is fantastic, especially at a time when visitors are not allowed in hospital.” (11/06/2020)**

Patients and those who matter to them felt less lonely and anxious as a result of connection through PCVV (n=31).

**“It gives the patients a real sense of relief to know that they can speak to the family and see them face to face when we can’t allow them to be beside their loved one. The patients feel more relaxed and not as anxious as we have this means of communication.” (08/06/2020)**

**“Seeing my mother and being able to visualise her means I can have peace of mind” (06/10/2020)**

PCVV provided a source of fun and happiness in a hard place for patients and those who matter to them (n=27). It also enabled them to share more of their life with each other, for example through celebrations or sharing their surroundings (n=15).

**“Hugely positive feedback from patients and their families, quite emotional at times. Two of my patients were smiling for the first time in weeks! The impact of not being able to see a familiar face is so huge.”**

**(27/04/2020)**

**“The impact is palpable. Seeing patients faces light up with smiles and laughter of happiness is really very special and has kept our patients upbeat during a time of uncertainty.”** (28/04/2020)

**“It was emotional for staff to see the relief from the family where they could see their mum looking happy with others around her, music in the background and the TV on, and a sense of the feel-good factor in the room. The Patient had a positive and passionate conversation where their face was so happy and relieved, it was amazing. The family saw around the room (avoiding other patients at all times), they saw a picture of her hubby next to her bed, as well as having her tea and all home comforts around her; a wee visual experience our team will never forget.”**

**(08/06/2020)**

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Through a maintained connection, patients and those who matter to them felt able to see how each other are doing (n=26). In addition, they were enabled to remain a part of the patient's care (n=20) and see that they are being cared for (n=5).

**“It made a huge difference to speak face to face. Speech problems often go along with a stroke so it was reassuring to see my friend, to see her room and to be able to report back to her family. [...]”**  
**(07/09/2020)**

**"Allowed daughter to see her mum and help assess any improvement in her delirium. Also allowed her to communicate in patient's native language. I was able to complete the What Matters to Me board along with her daughter and show her that her mum was being well looked after. Very positive experience.”** (27/04/2020)

**“The experiences have been very positive for staff, relatives and patients and are a great tool for using to keep all involved and up to date with progress of patients. We are planning to use for meetings with families when discussing complex discharge plans with relatives and MDT.”** (08/06/2020)

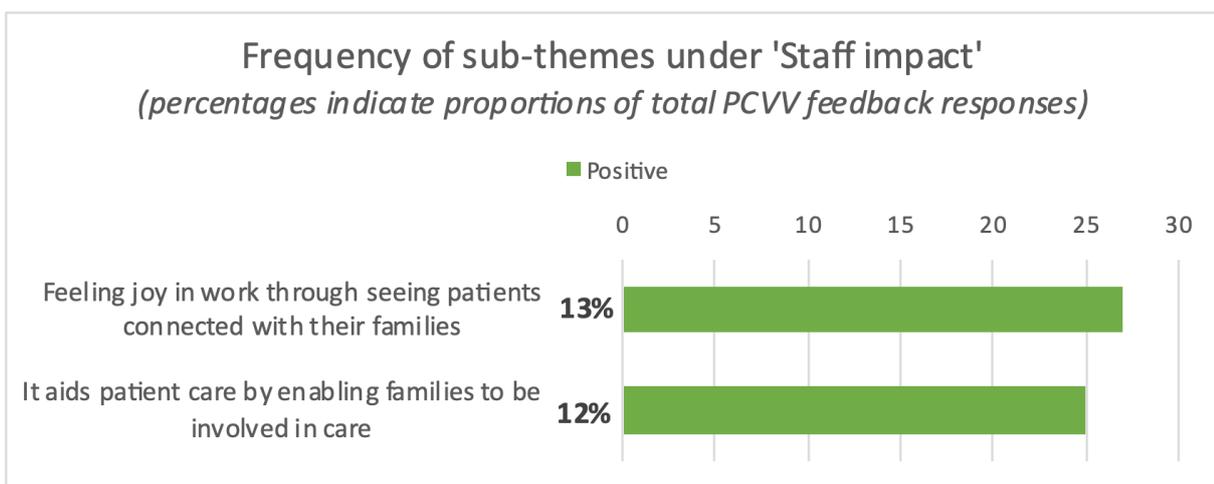
"They were both in the garden and his wife was overjoyed to see he was outside, looking so well. [...] Being used to being in daily at lunch-time to support him to have lunch, she's so happy seeing him daily being able to have a feel for how he is." (21/04/2020)

#### 4.5 Were there any unintended impacts resulting from PCVV?

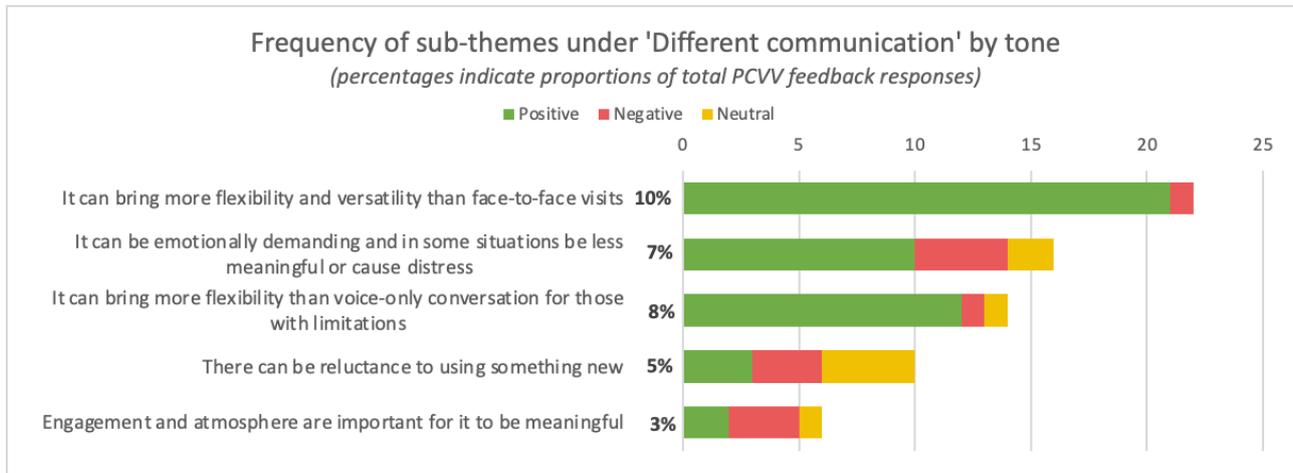
Several other impacts resulting from PCVV were identified, which were unintended or were not originally a part of the aims of the service, including several positive and some negative. This is illustrated in figures 19 and 20. These unintended impacts include:

- Positive impact on staff and their work
- Increased flexibility created through video communication
- Emotional, physical and environmental requirements of video communication sometimes leading to negative or difficult experiences

**Figure 19 – Frequency of subthemes among survey responses coded under PCVV staff impact theme**



**Figure 20 – Frequency of subthemes among survey responses coded under the theme of PCVV as a different way of communicating**



There were a large number of comments about staff feeling joy in work as a result of the connection that PCVV enabled for patients and those who matter to them (n=27).

**“All staff have embraced the technology and successfully navigated apps such as Zoom, Facetime and Skype. I suspect they have been motivated and driven by the impact of these interactions on patients and relatives. It’s compassionate and heart-warming and drives us to deliver more!” (01/05/2020)**

**"We feel privileged to facilitate this support and it’s lifted everyone on the teams’ spirits." (21/04/2020)**

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**“From a relative and patient point of view they have alleviated so many fears and distress on both sides and have made the nursing staff’s job so much easier.”  
(18/05/2020)**

In addition, staff felt that the connections created through PCVV aided patient care through contributing to their mental wellbeing and through practical facilitation of patient care by involving families and carers (n=25). In some cases, virtual visiting even had a positive impact on patients’ physical wellbeing.

**“We are using the iPads with a borrowed tripod to carry out joint therapy sessions and virtual visiting with the patients’ families. The families appear to be really enjoying being a part of the rehab and the patient is getting a lot from it. We can involve the families in joint goal setting, and it provides the families with a visual for how the patient is managing compared to their normal.” (08/06/2020)**

**“Some patients have not required prn medication to reduce their anxiety as a simple talk on the iPad alleviated their anxiety.” (11/05/2020)**

**“[...] It has also allowed real time questions to be answered and explanations of rehab input given. Altogether a very positive experience for all involved. It is also time efficient for PT staff as we do not then have to make a separate phone call following sessions to update family on progress. A necessary and very valuable addition in our rehab armoury that not only enhances time efficiency and communication but more importantly, patient experience and family involvement.” (11/06/2020)**

**“Patients and relatives are calmer following calls and face to face time with their family. This makes for a safer environment as our elderly patients find reassurance talking to and seeing their families - settled patients means less falls risks.” (19/02/2021)**

Another secondary impact of PCVV was that virtual visits were found to create more flexibility and versatility than face-to-face visits in some situations. For some, video communication brought more flexibility than voice-only conversation (n=14), particularly those with limitations such as hearing difficulties or those unable to speak, as it created an alternative, visual form of communicating.

**“[...] The other time we have used it recently was to allow a patient with newly diagnosed brain mets to be able to see her family. She was unable to talk on the phone due to her dysarthria, but was able to wave and communicate with her loved ones in a more meaningful way by seeing them on the video call. I am excited to see the other ways we can bring people together with this technology!” (29/04/2020)**

**“Patient unable to clearly vocalise due to laryngectomy and as a result unable to use telephone other than to text. [...] Super resource for our patients with laryngectomies/ tracheostomies as they often can't vocalise clearly enough for phone calls but being able to see the person make it much easier for their families to understand them.” (05/05/2020)**

In several other cases, virtual video connection created flexibility by enabling patients to connect with those who they would not usually be able to connect with face-to-face, due to a variety of reasons including family and friends who live far away, who were unwell or self-isolating or visiting outside of regular hours (n=22).

**“[...] it has helped us overcome remoteness - we have contacted families all around the world in order to connect between London, France and Australia. It’s been great to connect multiple family members at the same time, when this wouldn’t always be possible with standard visiting. [...] In another ward, they used Zoom to connect a number of relatives in different geographical locations to wish a patient a happy 93rd birthday with all of her family. [...]” (01/05/2020)**

**“Spoke to relatives in Australia. Multiple group chats with members of family. Great for relatives to see patients who are self-isolating.” (27/04/2020)**

Finally, despite the connection and closeness that virtual visiting can enable, the nature of virtual communication can require emotional, physical and environmental demands that are less of a requirement with face-to-face communication, sometimes leading to negative or difficult experiences.

Most prominent was the observation that virtual visiting could be very emotionally demanding. The emotional aspects of virtual visiting were often still associated with positive or neutral tones (n=12), however, in some situations it has led to less meaningful experiences or has even caused distress (n=4).

“Understanding the concept of seeing a loved one on a screen can be tricky for some patients, many of whom do not own a smart phone. [...] It’s not always easy however and can be unsettling for both patients and families. At times, staff need to comfort patients who can become distressed by seeing their loved ones. It can also be very upsetting for relatives, seeing their loved one unwell and physically far away. [...] It is emotional for patients, relatives and staff but incredibly rewarding and fun at the same time.” (01/05/2020)

“Staff have loved using this and enabling families to connect during this difficult time. Families, patients and staff have at times found this an emotional experience but hugely beneficial.” (08/06/2020)

“There was one occasion I borrowed a friend's iPhone so I managed to see him and assess his condition. Sadly due to his worsening cognition he didn't recognise me. At this point I was heartbroken at the thought of him alone in

“[...] When we saw my father, we were shocked, he did not look himself at all. He was so thin, frail, completely disorientated, did not make any sense at all. Completely incoherent. It was heart-breaking to watch, he was so tired and frail he could not even hold the iPad that the nurse just left with him. He eventually put it down and I had to call the ward to tell them. We had another FaceTime the following day and we could see my father was getting worse, it was soul destroying for us all to watch, especially my mother. [...]” (26/12/2020)

## 4.6 What did the feedback tell us about how PCVV might be used in the future?

Several comments were made on the sustainability of PCVV (n=16), in particular those advocating the continuation of the PCVV service in some form (n=10).

“Virtual visiting, in some form, is here to stay.[...] I suspect virtual visiting is here to stay and we need to engage with it, to ensure we continue to deliver compassionate care.“ (01/05/2020)

The following uses of PCVV were highlighted as ways the associated technology could be valuable for continued use after visiting restrictions are eased.

- Enable patients to stay connected with family and friends for whom visiting may be difficult due to: distance, own health and hospital/visiting distress or anxiety (n=20)
- Enable family and friends to stay connected with patients who cannot receive visitors (e.g. immunocompromised, other infectious diseases, those in NICU/ICU) (n=1)

- Improve digital access for those with no access or those with devices with limited functionality through continued provision of PCVV technology (n=5)
- Improve the variety in entertainment and digital capabilities offered within wards, including education, financial management and contact with social communities (n=10)
- Improve the ease of accessibility to interpreter services through continued provision of PCVV technology (n=4)
- Improve the efficiency of patient home assessments by providing them virtually using PCVV technology (n=7)

### 4.7 Evaluation Summary and Conclusions

- In summary, patient, family, carer and staff feedback told us that PCVV clearly enabled them to feel closeness and connection, especially through a difficult time of separation. The overall feedback on the service was overwhelmingly positive and clear benefits of the service to patients and those who matter to them have been presented. It is also clear however, that though PCVV technology on the whole was found easy to use and accessible, the planning and setup requirements and system quality issues encountered at times led to frustration for several users. In particular, it has been highlighted that there is inconsistency in delivery of PCVV across wards and some lack of buy-in from staff where it has not been implemented as intended, again leading to frustration or negative experiences.
- There were also several unintended impacts of PCVV, both positive and negative, which were not originally aimed for. The positive impacts included an overwhelmingly positive effect on joy in work for staff along with a facilitation of their work, more flexibility than voice-only communication for those with limitations and flexibility created for those unable able to connect face-to-face. It was also identified that the emotional, physical and environmental requirements of video communication sometimes led to negative or difficult experiences, an unintended impact of PCVV.
- Finally, there is evidence that people using the service would like PCVV to continue beyond pandemic restrictions and see value in the flexibility and versatility that such technology creates.

## 5 Embedding PCVV into routine family involvement

PCVV was implemented as a mitigation against the harms caused by the necessary restriction of family support in hospital due to the COVID-19 pandemic.

As Scotland relaxes visiting restrictions, and Person Centred Visiting (PCV) is remobilised, it is important that the momentum gained by PCVV is maintained. PCVV offers opportunities as part of a holistic approach to family support beyond COVID, whether in person or virtual:

- Families can support patients with care planning, discharge conversations, and ward rounds; the ability to have these conversations virtually can mean more flexible and responsive opportunities for patients to have support from those who matter to them.
- PCVV will be available beyond COVID-19 when those who matter to the patient are not able to be present (for example, if they are geographically distant from the hospital).
- To support conversations with people with communication needs.
- To promote wellbeing, using apps installed on the iPads.

### 5.1 Embedding PCVV

In order to achieve the above, PCVV will continue to be promoted as an option for those requiring family support when in hospital:

- On the Person Centred Visiting webpages
- In the My Admission Record or equivalent
- In any internal or external communication regarding family support in hospital
- In engagement conversations the PCHC Team are having with ward staff to support the remobilization of PCV
- In conversations with patients or family members during their hospital stay.

To support this option to be maintained:

- The PCVV Support Team will continue to monitor the PCVV mailbox, largely for support provision for staff using the PCVV service and equipment

- People will be encouraged to make PCVV requests by telephone call directly to the ward, with support available from the PCHC team if required
- PCVV training and support will remain available online to ward staff to assist and enable them to be self-sufficient and embed PCVV into the routine practice of the ward
- PCVV feedback will continue to be channeled to the Person-Centred Health and Care team for review and action where appropriate.

### 5.2 Next steps

In order to ensure that PCVV resources continue to be used appropriately and sustainably in the context of recovery from the COVID-19 pandemic, the PCVV service will continue to evolve:

- the option to have a virtual visit using the 'who matters to you' conversational inquiry if in-person visits are not possible from family and friends will be promoted at point of admission, transition to downstream wards and throughout the hospital stay
- A formal operational level agreement will be agreed with the eHealth team, to set out long-term support arrangements for the iPads and associated equipment and software apps
- PCVV information will be available in alternative languages on the NHSGGC website, and on the home screen of the PCVV iPads, so those who do not have English as a first language can benefit from this service
- the Apps available on the iPads will be reviewed, to ensure they are fit for longer term use. In particular, the suitability of continuing to use non business FaceTime, Zoom and Skype accounts will be considered in the context of increasing staff and public familiarity with NHS Near Me, which has superior data security mitigations and is anticipated to require less maintenance by the PCHC team.
- any requirement for iPads in hospital outpatient settings will be scoped, to consider if they can facilitate family support in outpatient environments.

## 6 Appendix 1 Useful Links

Subject	URL / Web Link
NHSGGC – Person-Centred Visiting web page	<a href="#">NHSGGC : Person Centred Visiting</a>
NHSGGC – Person-Centred Virtual Visiting web page	<a href="#">NHSGGC : Person Centred Virtual Visiting</a>
Scottish Government – Coronavirus (COVID-19): hospital visiting guidance	<a href="https://www.gov.scot/publications/coronavirus-covid-19-hospital-visiting-guidance/">https://www.gov.scot/publications/coronavirus-covid-19-hospital-visiting-guidance/</a>
Scottish Government - Person-centred care: advice for non-executive board members – Person-Centred Visiting	<a href="https://www.gov.scot/publications/person-centred-care-non-executive-members/pages/8/">https://www.gov.scot/publications/person-centred-care-non-executive-members/pages/8/</a>
Health Improvement Scotland Virtual Visiting, March 2021	<a href="https://www.hisengage.scot/equipping-professionals/virtual-visiting/">https://www.hisengage.scot/equipping-professionals/virtual-visiting/</a>
Health Improvement Scotland iHub report 2020	<a href="https://ihub.scot/improvement-programmes/people-led-care/person-centred-health-and-care/supporting-person-centred-care-in-covid-19-situations/connecting-patients-with-their-loved-ones/person-centred-virtual-visiting/">https://ihub.scot/improvement-programmes/people-led-care/person-centred-health-and-care/supporting-person-centred-care-in-covid-19-situations/connecting-patients-with-their-loved-ones/person-centred-virtual-visiting/</a>
Video	<a href="#">Video: Introduction of virtual visiting in NHS GGC (Dr Lara Mitchel and team)</a>
Video	<a href="#">Video: eHealth perspective on setting up virtual visiting in NHS GGC (Stewart Priest)</a>
Paper	<a href="#">The development of a person centered virtual visiting service (who.int)</a>
Video	<a href="http://forumeurope2021-c18396.epresenter.com.au/poster/108014">http://forumeurope2021-c18396.epresenter.com.au/poster/108014</a>

## 7 Appendix 2 Document Control

Document Name	Person-Centred Virtual Visiting Report
File path and file name	<a href="https://scottish.sharepoint.com/sites/PCHCTeam/Shared Documents/Person-Centred Virtual Visiting/Reports/PCVV Report Aug 2021 FINAL.docx">https://scottish.sharepoint.com/sites/PCHCTeam/Shared Documents/Person-Centred Virtual Visiting/Reports/PCVV Report Aug 2021 FINAL.docx</a>

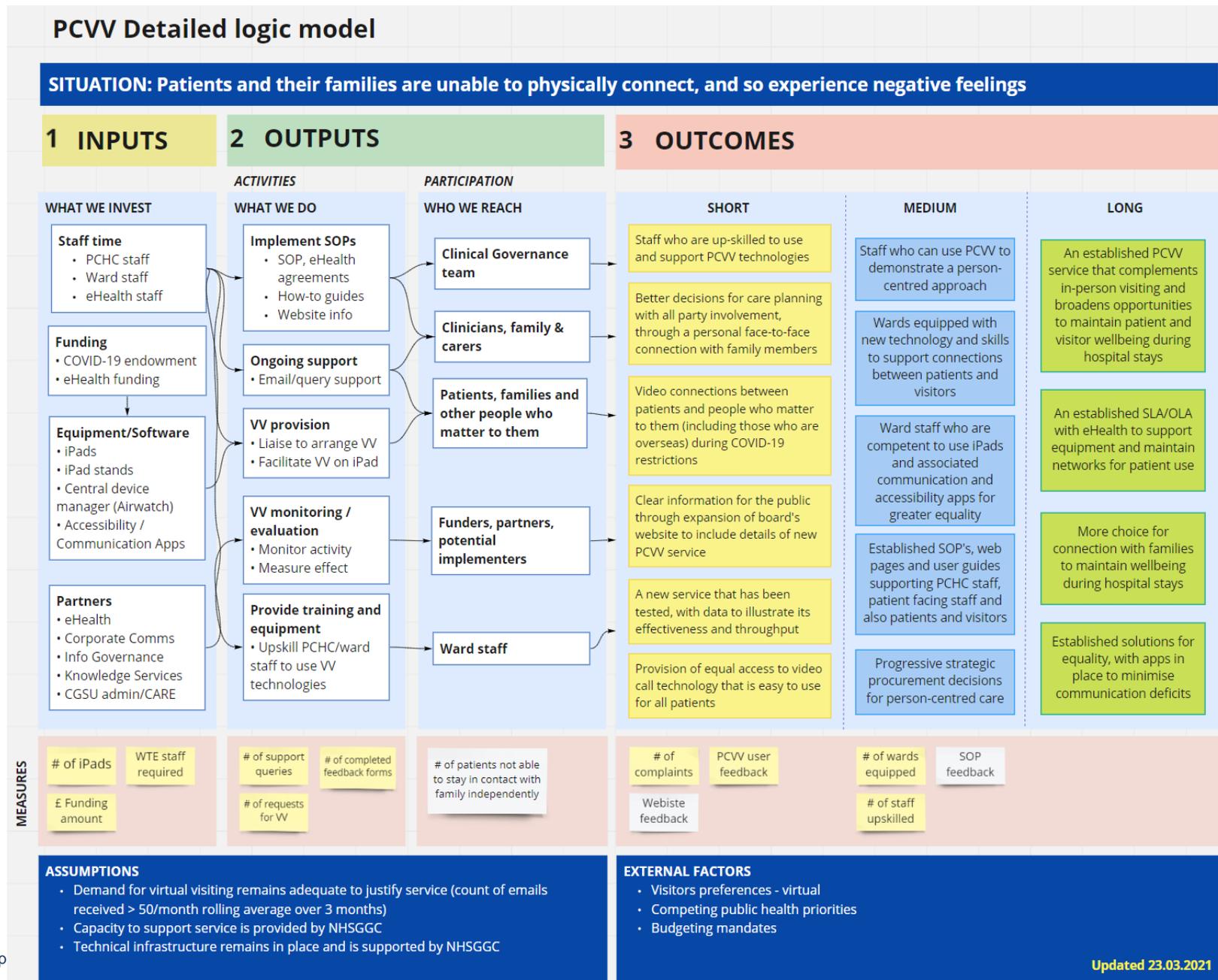
Audience	People who are interested to learn about PCVV implementation in NHS Greater Glasgow and Clyde
Written by	Paul Sammons, Cristina Martin
Owner's name	Person-Centred Health and Care Team
Purpose	To inform regarding the implementation, activity levels and evaluation and improvement work, in relation to the PCVV service
Approved by	
Publication date	
Last amendment date & editors name (autofill)	21/10/2021 17:26:00 McLinton, Ann
Purpose of most recent amendment	Final version created following approval from the Board Nurse Director
Review date	Not Applicable
Responsibility	Not Applicable

## 8 Appendix 3 Improvement Planning diagrams

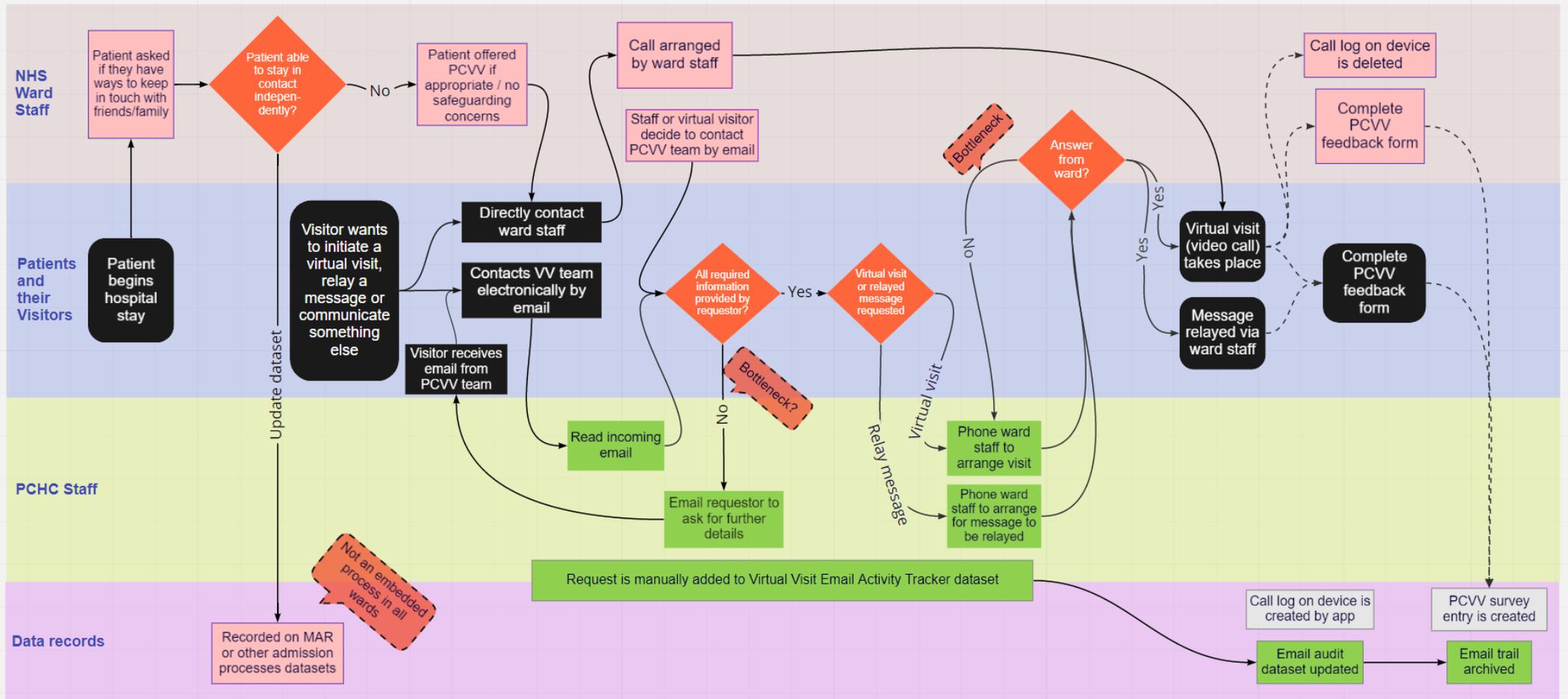
Relating to section 0 of this document, the following diagrams are placed one-per-page without additional text, in order to maximise readability.

Diagram 1	Detailed Logic Model. Uses a 'logic model' diagram style to illustrate resource investments, activities to create the PCVV systems, and planned outcomes over time.
Diagram 2	High-Level PCVV Process map. Uses a 'swim lane' diagram style to illustrate the process that happens when visitors make requests to use the PCVV service. The diagram uses coloured bands to show who is involved in each element of the process. This diagram should be read from left to right to follow the flow of time.
Diagram 3	<p>Process maps illustrating the 'before and after' processes regarding automation and improvements applied between January and March 2021. Analysis of diagram 2 helped to identify bottlenecks and inefficiencies in the existing process, and provided focus for improvement activities. The resultant 'new' processes were tested then made live by the end of March 2021, resulting in</p> <ul style="list-style-type: none"><li>• PCVV requestors were provided with a clear, easy to use form which ensured that they provided the right information to help organise a VV call efficiently</li><li>• The PCVV support team received only emails that related to PCVV. By removing the PCVV email address from the web pages, irrelevant email traffic reduced significantly, resulting in team time efficiency gains.</li><li>• PCVV requestors received automated review requests, resulting in a higher number of reviews returned, and enabling a robust review process within the PCVV support team. This means that issues evident within feedback can be routinely investigated, with follow-up actions if required.</li></ul>

Diagram 1: PCVV Detailed Logic Model



# PCVV Process Map V2



Note - dotted lines indicate optional actions

TIME

## Dataset contents

**MAR or other admission process datasets**  
*(inaccessible - appears inconsistent and may not hold information on patient contact)*

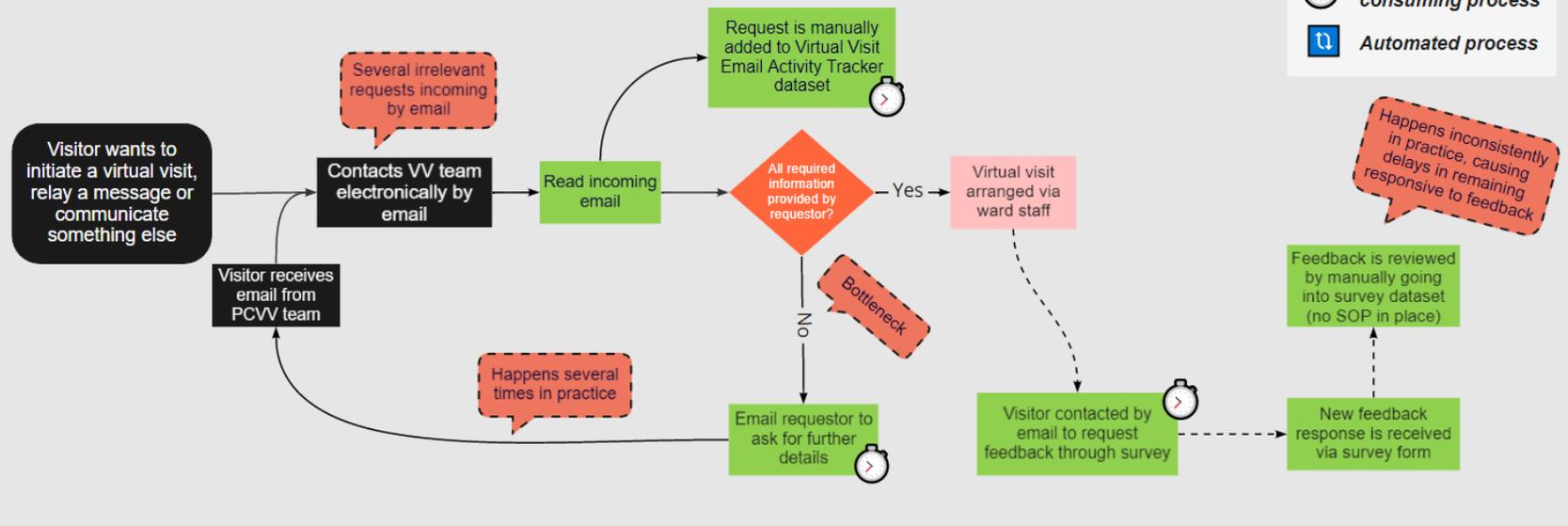
**Virtual Visit Email Activity dataset**  
 Date of email  
 Progress (e.g. complete)  
 Requestors nature (e.g. staff/patient)  
 Reason for enquiry (e.g. VV request, equipment request, ward contact issue, training request, info)  
 Site/Ward  
 Notes/comments  
 PCC contact  
 Improvement action/intervention considered/actioned

**PCVV Device Call Log**  
*(inaccessible - log is immediately deleted)*

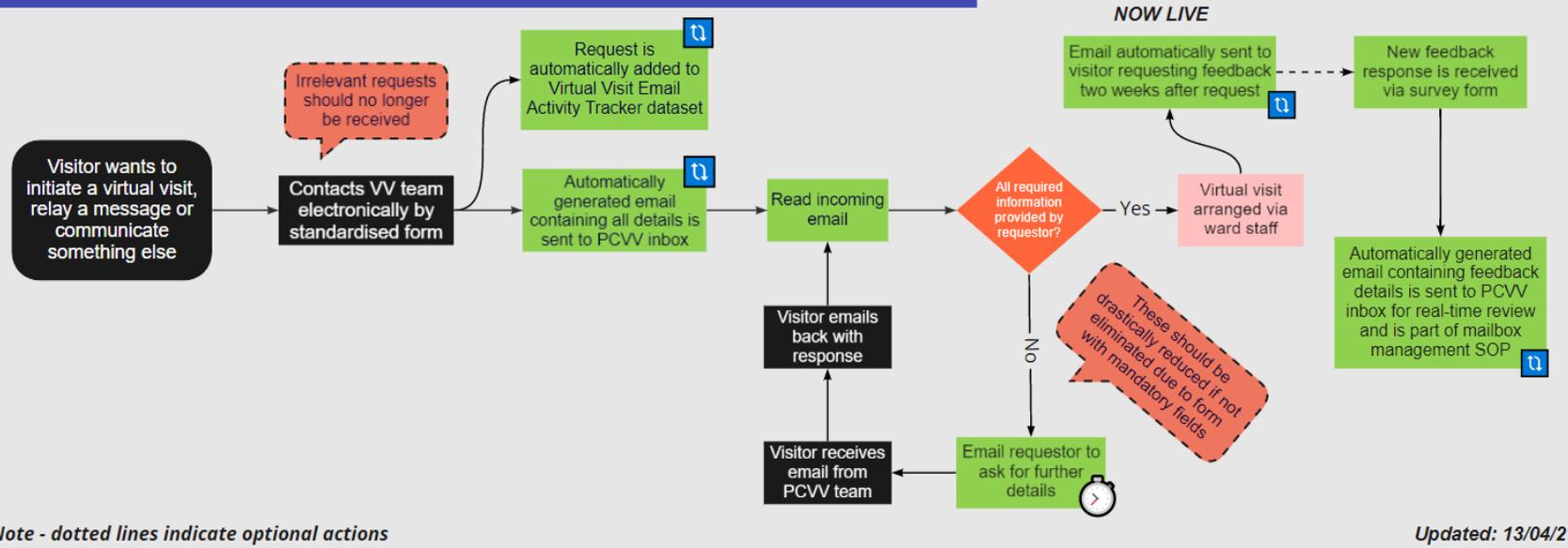
**PCVV Evaluation Survey Dataset**  
 Date completed  
 Role (e.g. staff/patient)  
 Site/Ward  
 App(s) used  
 Technical difficulties experienced (y/n)  
 What went well  
 What could have been better  
 Likelihood of future use (0-10)

Updated 22.02.2021

### Before introduction of automation in VV request and feedback review processes



### After introduction of automation in VV request and feedback review processes



Note - dotted lines indicate optional actions

Updated: 13/04/21