Chapter 5: Training Feedback

Training Feedback Survey Data

NHS Wales Video Consultation Service Evaluation
December 2020

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The data was collected, analysed & written up by TEC Cymru's in-house Research & Evaluation Team

Referencing the Data:

When using the data as a source please reference the Authors and owners of the data appropriately

For example:

> e.g., Johns, et al (Dec, 2020) Phase 1 Report. Chapter 5, Training Feedback. The NHS Wales Video Consulting Service, TEC Cymru. Cited at (add the website or other source and date retrieved)

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The NHS Wales Video Consulting Training Feedback Survey

The NHS Wales Video Consulting (VC) Service Training Programme is offered to any NHS clinician in Wales who have expressed an interest in using the digital platform 'Attend Anywhere' to deliver remote care to their patients'. Access to the platform is available to all professionals who require the access across NHS Wales. However the NHS Wales VC training programme is currently limited to Secondary and Community Care only, as Primary Care training is offered by another provider.

Data for the present analysis was established from the VC training programme online feedback survey, shared via a link to clinicians who had taken part in the training. Out of 3,800 training sessions (at the time of analysis), the training survey was completed by 898 clinicians – a 24% response rate. The clinicians were from the 7 Welsh Health Boards and 1 Trust. The questions from the survey analysed were the 'quality rating' of the training that clinicians received, and 'when clinicians planned on using VC'. Due to the nature of the survey questions, with not all questions being forced choice, there are missing data responses for the aforementioned questions. Recorded response numbers are highlighted throughout the chapter with "n =".

Research Questions

The quality rating question asked respondents to rate the quality of the VC training they received. This was answered using a 5-point Likert Scale from 1 (poor) to 5 (excellent). The second question asked respondents when they were likely to use VC using a 7-point scale that ranged between to use VC 'now during COVID (only)' to 'now, post-COVID and long-term in the future'.

Health Boards & Trusts

Respondents were asked to record the Health Board or Trust in which they reported to be working in during this training and completion of the survey. Again, due to the free-choice of answers not all respondents recorded which

Health Board they worked within. 852 clinicians recorded their Health Board, with 46 not stating their place of work. Responses per Health Board are displayed below in Table 1.

Table 1 Frequencies and distribution of clinician respondents per Health Board

Health Board (HB)	Frequency (n)	Percentage (%)
Aneurin Bevan University Health Board (ABUHB)	10	1.2
Betsi Cadwaladr University Health Board (BCUHB)	151	17.6
Cardiff & Vale University Health Board (CAVUHB)	227	26.4
Cwm Taf Morgannwg University Health Board (CTMUHB)	188	21.9
Hywel Dda University Health Board (HDUHB)	136	15.8
Powys Teaching Health Board (PTHB)	106	12.3
Swansea Bay University Health Board (SBUHB)	29	3.4
Velindre Cancer Centre (VCC)	5	0.6
Total	852	

Secondary and Community Care Specialities

Respondents were asked to free-text record their clinician speciality which were then split into two categories of Secondary Care and Community Care. From specialities recorded, these were then compiled into 86 different specialities and assigned to the relevant categories and sub-categories. The Community Care category had low responses across all of the Health Boards and so small frequency tables will be included for this data. A full list of specialities can be viewed in Table 2.

Table 2 Specialities within Secondary Care Categories

Care Sector Type	Freq.	Included Specialties
Secondary Care Type *(split into 3 sub-categories)*		
Mental Health and Psychiatry	156	Psychiatry and Mental Health, Counselling, Psychology.
Therapies (AHP)	211	Chiropody/Podiatry, Dietician/Dietetics, Occupational Therapy, Physiotherapy, Speech And Language Therapy.
Hospital and Other	403	Acute Medicine, Anesthetics, Audio Vestibular Medicine/Audiology, Cardiology, Clinical Genetics, Chronic Pain, Dermatology, Diabetes & Endocrinology, Gastroenterology, Genitourinary Medicine, Hematology, Infectious Diseases, Intensive Care Medicine, Neurology, Obstetrics/Gynecology, Oncology, Ophthalmology, Orthodontics, Pediatrics/Child Health, Palliative Medicine, Prehospital Emergency Medicine, Rehabilitation, Renal Medicine, Rheumatology, Surgery, Trauma/Orthopedics, Urology, Midwifery, Academic Medicine.
Community Care Type	25	Health Visitor, School Nurse, Frailty, Lymphoedema, Children Centre/Services, Community Child Health, Respiratory, Community Midwife

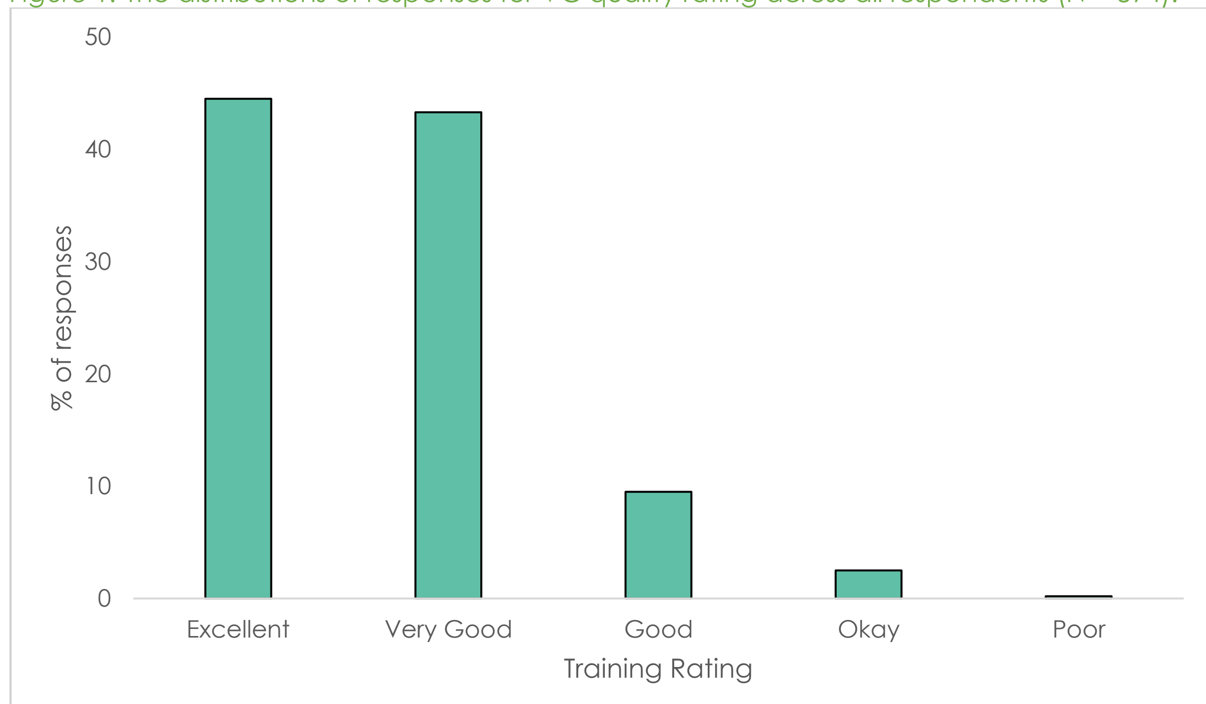
Data was analysed to highlight the distribution of responses for the overall survey, as well as specifically to each Health Board and Secondary Care categories per each Health Board.

Overall Findings

Quality rating and use of VC. Overall, the VC training was rated positively by clinicians, with 44.5% giving the training an 'excellent' rating. 97.3% reported the training to be 'excellent, very good or good'. The overall percentage of high-quality ratings for the training therefore suggests that the training was a positive experience and of exceptional quality. Distributions of rating responses can be seen in Figure 1.

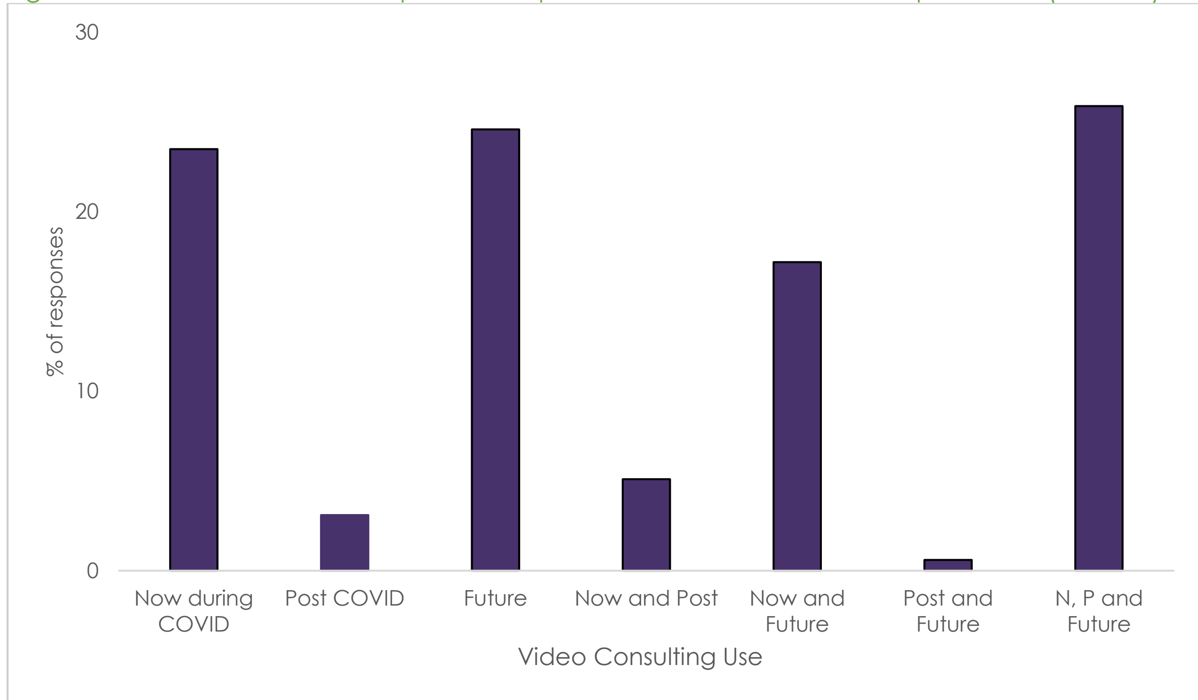
Alongside this, 76.5% of clinicians reported that they would use VC after the Coronavirus pandemic (COVID-19). Figure 2 highlights the response distribution.

Figure 1. The distributions of responses for VC quality rating across all respondents (N = 894).



As seen in Figure 1 for the quality of VC training, more clinicians rated the training positively overall with very few negative ratings in total.

Figure 2. The distributions of responses for planned VC use across all respondents (N = 703).



As seen in Figure 2, at the time of the training and completion of the survey, clinicians planned to use VC ‘now during COVID’ more so than ‘post-COVID’. Despite this, almost 25% of clinicians highlighted that they would use VC in the future, with 25.9% planning to use VC now during COVID, post and in the future.

This distribution of data suggests that VC is likely to be used now and in the long-term future across care sectors, throughout Wales. The next section of this chapter looks at the training feedback per Health Board and Trust.

Health Board/Trust Specific Training Feedback

This next sections in this chapter are split into individual Health Boards and Trust.

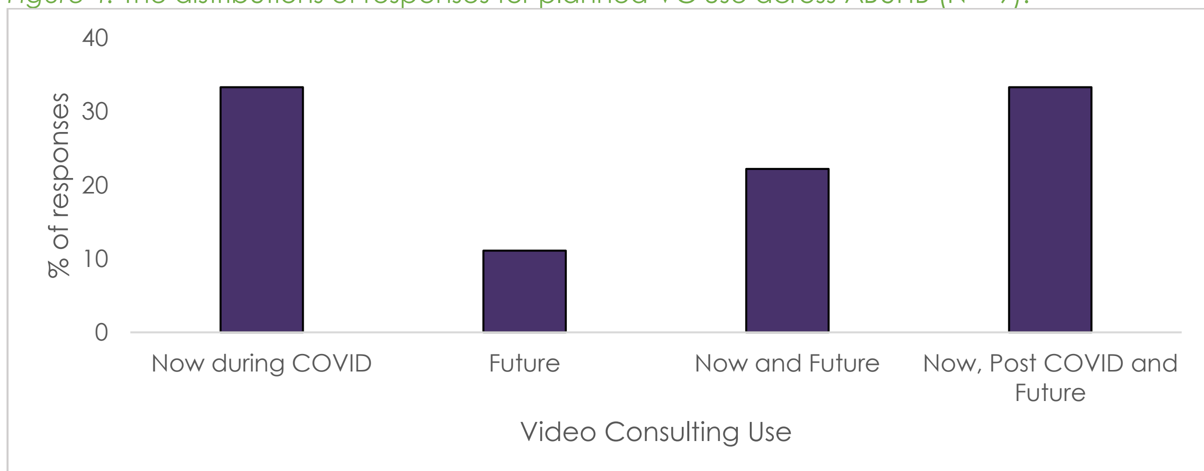
Aneurin Bevan University Health Board (ABUHB)

Within ABUHB there was a total of 10 respondents. Overall, 100% of respondents in ABUHB rated the training quality as ‘excellent, very good, or good’. The training was given an ‘excellent’ rating by 40% of clinicians. These responses are displayed in Figure 3. **Please note:** ABUHB are also doing their own local training, hence the low numbers in the NHS Wales training programme.

Figure 3. The overall proportion of training quality ratings in ABUHB (N = 10).

Alongside this, 66.6% of clinicians reported that they planned to use VC after the Coronavirus pandemic. Figure 4 highlights the response distribution.

Figure 4. The distributions of responses for planned VC use across ABUHB (N = 9).

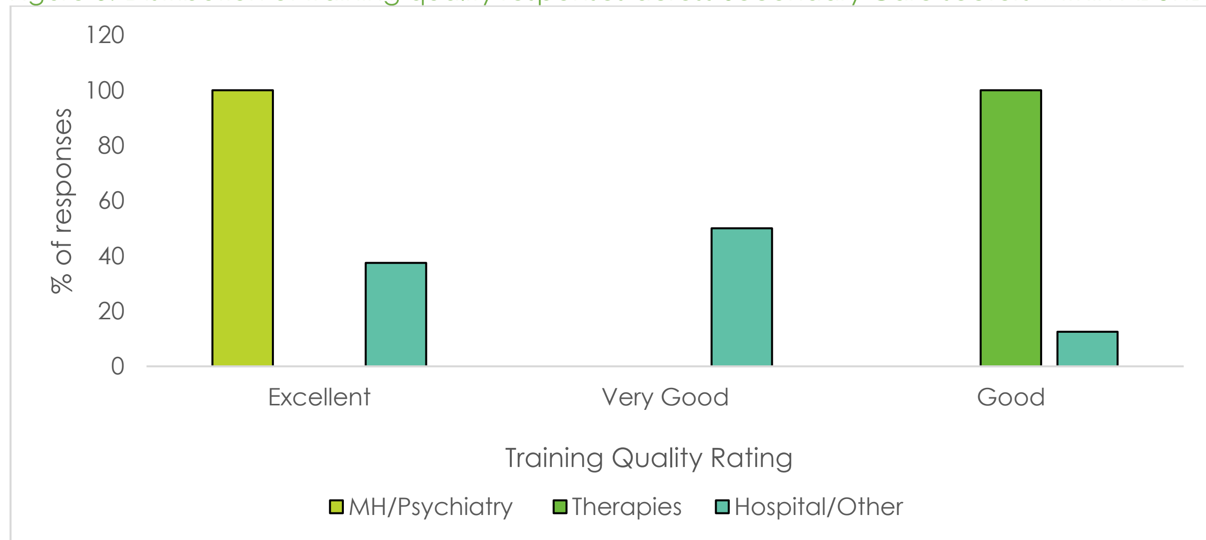


The responses displayed in Figure 4 highlight that while 33.3% of respondents are using VC now, there are more responses recorded for VC to be used in the future.

Secondary Care Findings

Quality Rating and Planned VC Use. The quality ratings within ABUHB were split into Secondary Care categories (Mental Health/Psychiatry n = 1, Therapies n = 1, Hospital/Other n = 8) to be compared by care sector. Figure 5 shows the responses recorded for quality ratings.

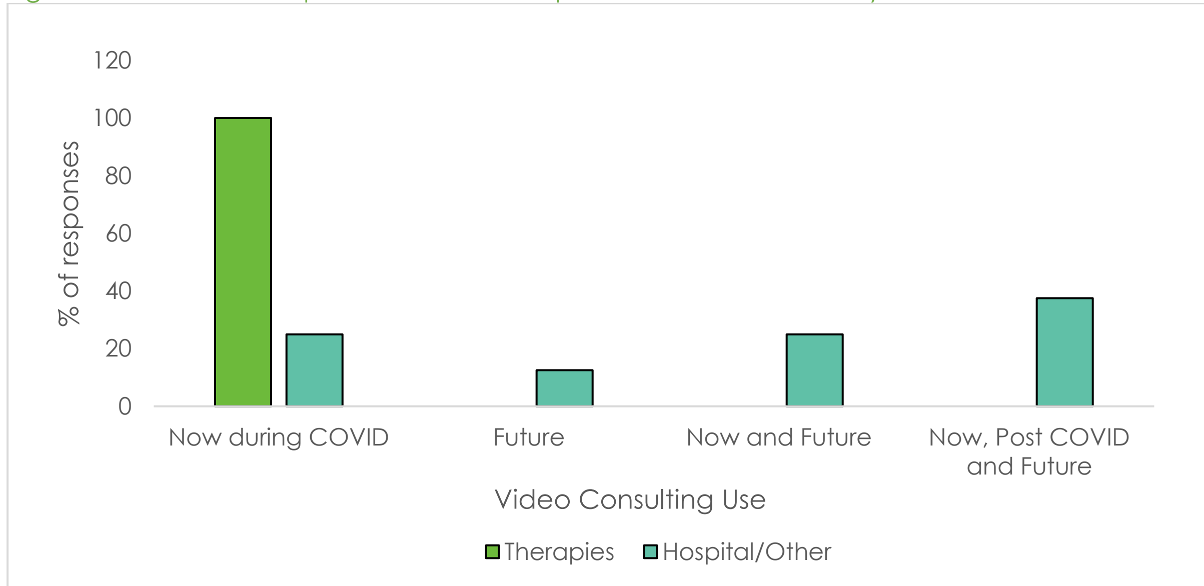
Figure 5. Distribution of training quality responses across Secondary Care sectors within ABUHB.



As seen in Figure 5, Mental Health/Psychiatry seemed to rate the VC training of better quality than respondents in Therapies or Hospital/Other. Despite this, overall ratings for the training are positive across all sectors.

As for the planned use of VC, respondents from Hospital/Other intend to use VC post-COVID and in the future. Due to the limited number of responses from ABUHB, there are few responses from the other Secondary Care sectors. This is highlighted in Figure 6. Therapies also did not record that they would use VC post-COVID or in the future.

Figure 6. Distribution of planned VC use responses across Secondary Care in ABUHB.



ABUHB Narrative Write Up

Respondents from ABUHB were limited within the training survey. From the 7 clinicians that stated ABUHB was their Health Board, only 3 left relevant comments.

From ABUHB, a Doctor (who also works as a GP) states;

> *"[I] would have liked it [the training] targeted for my work as a GP…more specific use".*

The doctor goes onto say that they would;

> *"[I would] like to know who to contact for support within Aneurin Bevan".*

The training would have been broad to allow all clinicians to be involved in the training, this GP doctor found the training to be too wide and would have liked specific clinician training. The GP doctor seems to be unconfident with the VC training as they expressed that *"one to one training!"* would have been a helpful addition to the training. This is something that can be explored further to improve training sessions for clinicians, however it must be noted that the NHS Wales VC Training programme is designed and targeted for Secondary

Care and Community Care, and the needs for GPs was not considered within the current remit.

The need for technical improvements were mentioned by many clinicians across all of the Health Boards. In ABUHB, a clinician from a Neurology Research Unit felt that they needed to be able to access services on their work computer but also on their personal laptop.

> *"To be able to use Microsoft Teams from work computer, and also to be able to use Attend Anywhere from own laptop."*

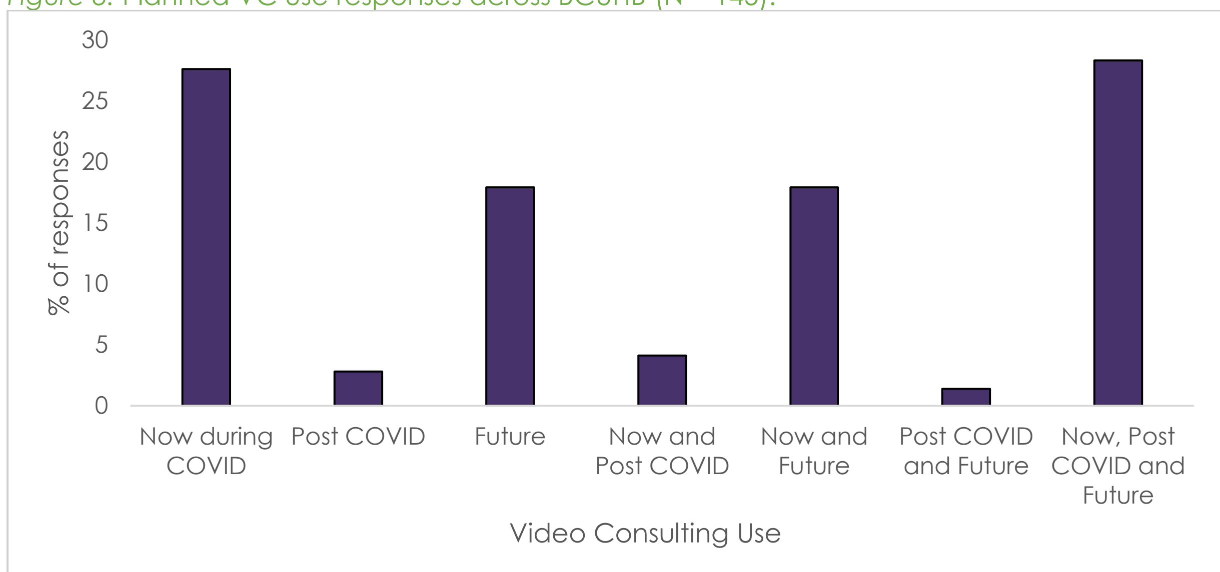
Clinicians across the Health Boards also agreed that the training given should be available at a later date to look back. A clinician from Community Dental Services within ABUHB said that what would be helpful to them is *"what was discussed today in a PDF."*

Betsi Cadwaladr University Health Board (BCUHB)

Within BCUHB there was a total of 151 respondents. Overall, 96.7% of respondents in BCUHB rated the training quality as 'excellent', 'very good', or 'good'. The training was given an 'excellent' rating by 51.7% of clinicians. These responses are displayed in Figure 7. Alongside this, 72.4% of clinicians reported that they planned to use VC after the Coronavirus pandemic. Figure 8 highlights the response distribution of planned VC use.

Figure 7. Distribution of training quality ratings across BCUHB (N = 151).

Figure 8. Planned VC use responses across BCUHB (N = 145).



As seen in Figure 8, a large proportion of clinicians within BCUHB intend to use VC 'now during COVID (only)' but also a large number of responses for using VC in the future.

Secondary Care Findings

Quality rating and planned VC use. The quality ratings within BCUHB were split into Secondary Care categories (Mental Health/Psychiatry n = 24, Therapies n = 48, Hospital/Other n = 67) to be compared by care sector. Figure 9 shows the responses recorded for quality ratings.

Figure 9. Distribution of training quality responses across Secondary Care sectors within BCUHB.

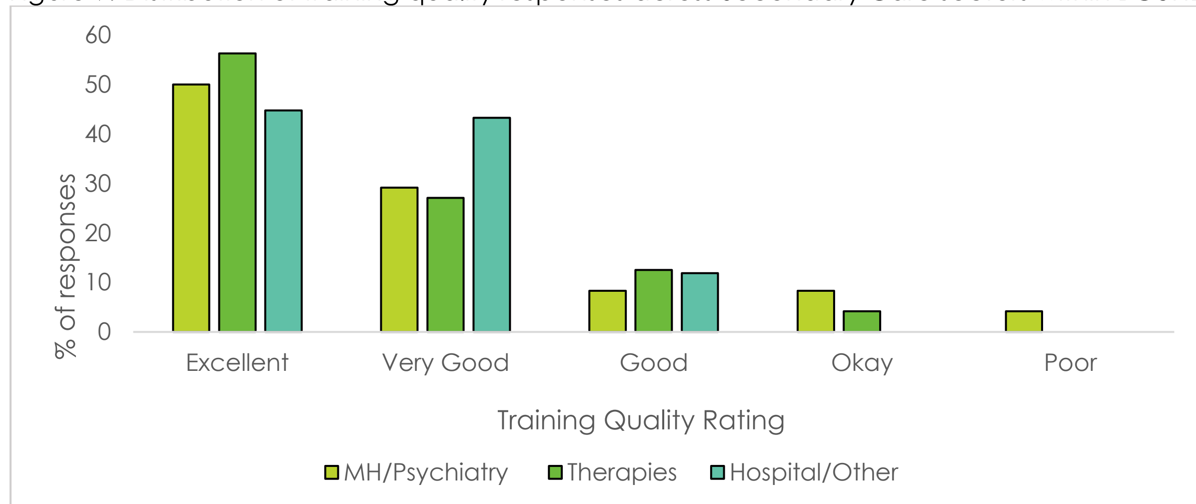
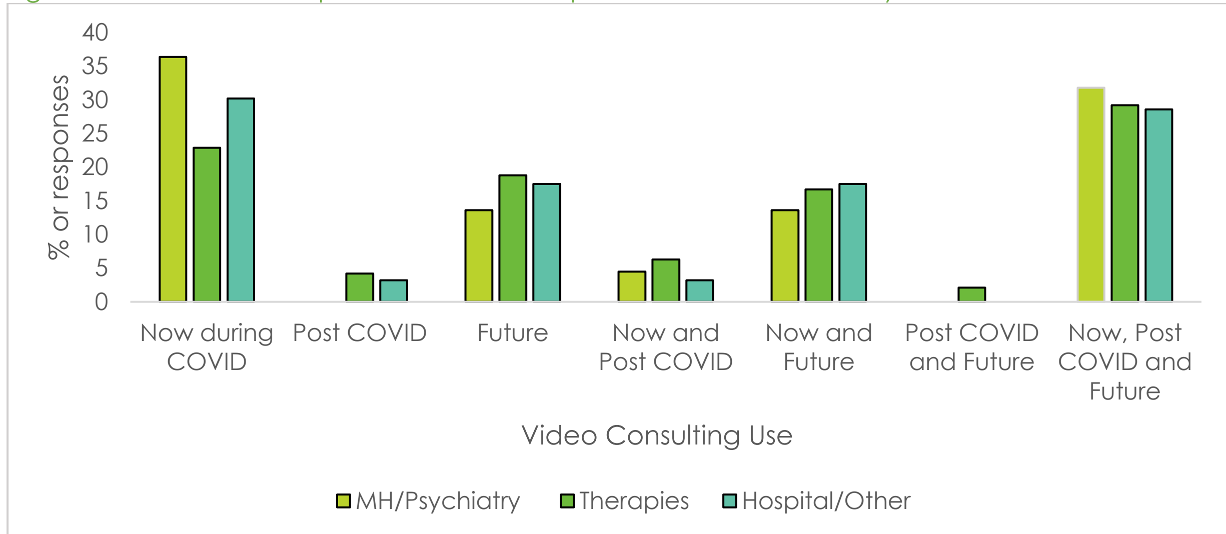


Figure 9 demonstrates that there are similarities between the 3 Secondary Care sub-categories. All 3 categories rate the training of high quality with only 4.2% poor ratings from Mental Health/Psychiatry. Overall within BCUHB ratings are generally positive across the Secondary Care sectors.

As for the planned use of VC, responses were again split into Secondary Care categories based on responses (Mental Health/Psychiatry n = 22, Therapies n = 48, Hospital/Other n = 63) which were then analysed and can be found in Figure 10.

Figure 10. Distribution of planned VC use responses across Secondary Care sectors in BCUHB.



From Figure 10, all 3 sub-categories plan to use VC 'now during COVID (only)' with high percentages of respondents also planning to use VC 'now, post-COVID and in the future'. This highlights that clinicians across the Health Board see VC as a useful tool with continued use and efficacy.

BCUHB overall as a Health Board had limited responses on the training survey for Community Care responses from only 3 clinicians and frequencies can be found in Table 3.

Table 3. Frequencies % percentages of responses from Community Care Sector (n = 3)

BCUHB	VC Training Rating	Freq	%	Use of VC	Freq	%
	Excellent	3	100	Now	1	33.3
				Now & Future	2	66.7

For both VC training ratings and the planned use of VC in Table 3, responses from the Community Care sector within BCUHB were positive. All 3 clinicians rated the training as 'excellent' and all planned to use VC now and at some stage in the future.

BCUHB Narrative Write Up

Clinician comments within BCUHB were overall extremely positive. The clinicians rated the training well and explained that the trainers did a very good job of delivery.

> *"[Trainers name removed] made everything very clear"* (Adult Mental Health Psychology)

> *"This was excellent training (on what looks to be a very good platform) so thank you very much!"* (CAMHS)

> *"Excellent platform to make video calls really looking forward to it"* (Adult Mental Health Psychology Department)

From Child & Adolescent Mental Health Services (CAMHS), one clinician believes;

> *"The system to be the way of the future"*

While another clinician from CAMHS exclaimed that;

> *"[The] Training was very insightful and makes me feel very optimistic for future clinics"*.

Many of the clinicians from BCUHB were extremely grateful for trainer support and the written materials they had been provided with for future support.

> *"I have already received a link to the handbook"* (Adult Mental Health, Psychology)

> *"Seems fairly straightforward. The written material should help with any forgotten, rarely used, functionality"* (Adolescent Psychiatry)

Some clinicians expressed that for them it would be useful to gain support from relevant teams in order to carry out VC effectively.

> *"[It] might be useful to speak to other Health Boards who are already using it in physio"* (Physiotherapy)

> *"I think I just need to have a go and to link in with my local team"* (CAMHS)

> *"I think it will be trial and error. The recourses may be useful but a person to contact and ask questions may be useful"* (Physiotherapist)

While other clinicians would have liked access to the VC platform to view before the training.

> *"Having access to the system before/ during the training to be able to experiment with it at the same time"* (Dietician)
>
> *"[Name removed] was a very good trainer, but … it would have been better if we could have followed him step by step and input what he did. Appreciate time restraint in getting this launched but maybe something to think about for the future"* (Neurodevelopment Service)

While training comments were generally positive, a clinician from mental health and learning disabilities worried that VC was trying to replace face-to-face work;

> *"Useful but certainly not a replacement for face to face work!"* (Mental Health & Learning Disabilities)

Other clinicians, such as the following Occupational Therapist, expressed comments for specific VC training to certain client groups.

> *"Given the client group I work with (Dementia care and elderly mental health) is there any plans to develop digital integration and training for this patient group to enable full use of AA?"* (Occupational Therapy)

The Occupational Therapist feels that further training specific to their patient group would enable the clinician to fully utilise VC.

A Cardiac Rehabilitation Nurse also from BCUHB had reservations about their capability using VC. The nurse notes that it is an issue for them personally rather than a general VC issue.

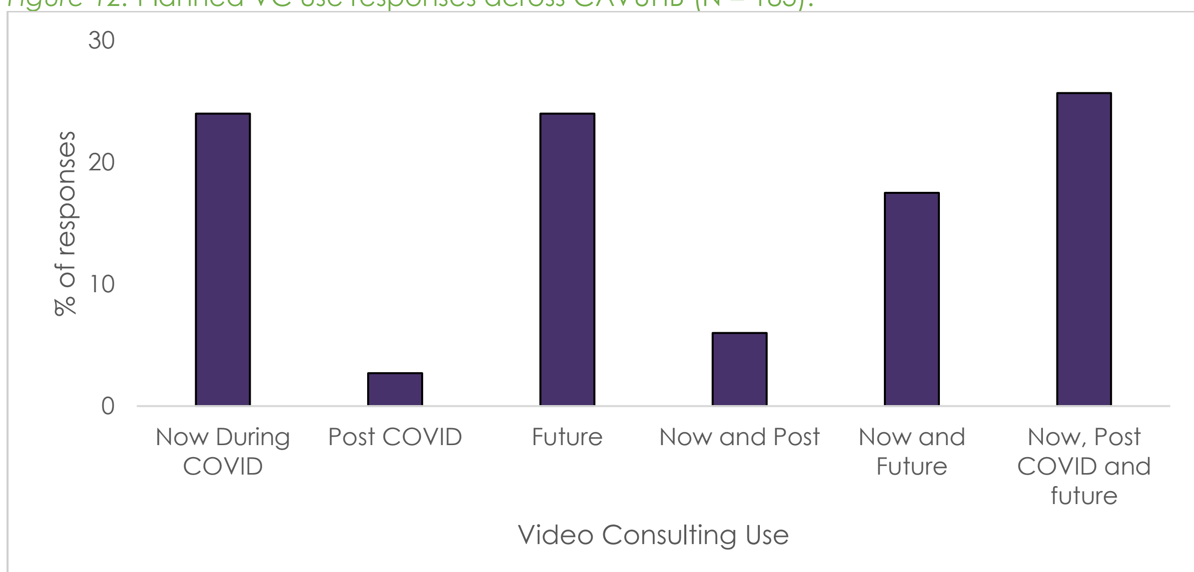
> *"Practical with someone to support though I am realistic to realise it's only because I am nervous with computers that it is an issue to me not the majority of folk"* (Cardiac Rehabilitation)

Cardiff & Vale University Health Board (CAVUHB)

Within CAVUHB there was a total of 227 respondents. Overall, 97.3% of respondents overall rated the training quality as 'excellent', 'very good', or 'good'. The training was given an 'excellent' rating by 39.1% of clinicians. These responses are displayed in Figure 11. Alongside this, 75.9% of clinicians reported that they planned to use VC after the Coronavirus pandemic. Figure 12 highlights the response distribution of planned VC use.

Figure 11. Distribution of training quality ratings across CAVUHB (N = 225).

Figure 12. Planned VC use responses across CAVUHB (N = 183).



As seen in Figure 12, a large proportion of clinicians within CAVUHB intend to use VC 'now during COVID (only)' but also there is a large proportion of responses for long-term future use.

Secondary Care Findings

Quality rating and planned VC use. The quality ratings within CAVUHB were split into Secondary Care categories (Mental Health/Psychiatry n = 46, Therapies n = 59, Hospital/Other n = 87) to be compared by care sector. Figure 13 shows the responses recorded for quality ratings.

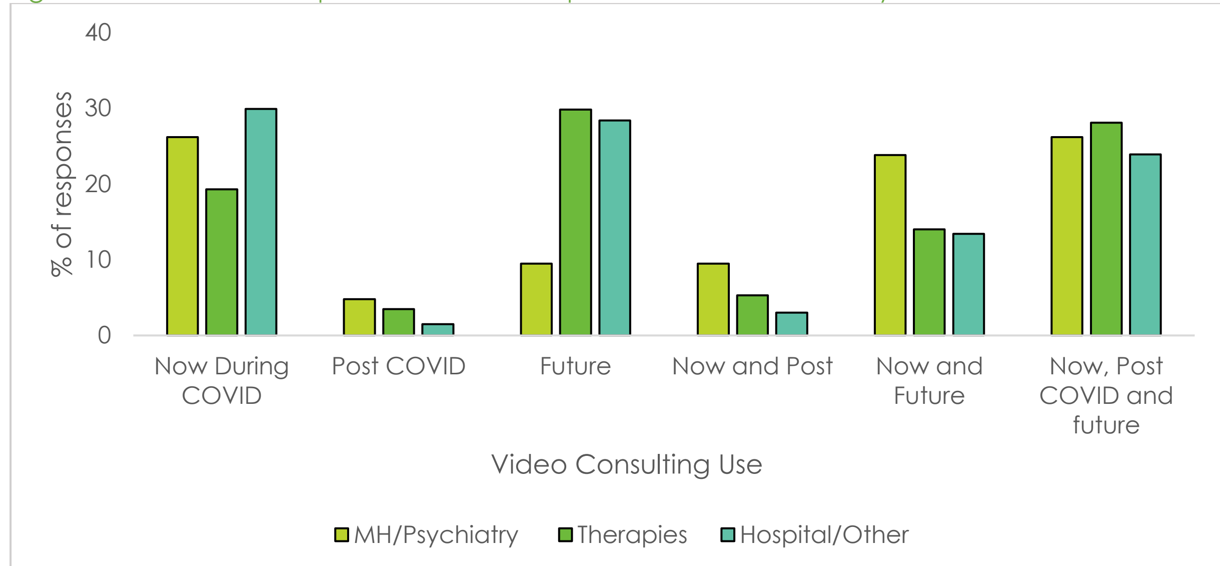
Figure 13. Distribution of training quality responses across Secondary Care sectors within CAVUHB.

Figure 13 highlights that across all sub-categories the quality ratings were high. Mental Health/Psychiatry reported high overall ratings of 'excellent' (41.3%) and 'very good' (58.7%), while Therapies and Hospital/Other had a small proportion of respondents rating the training 'good' or 'okay." Overall, as seen for previous Health Boards the ratings are of a very high positive nature across all Secondary Care categories.

As for the planned use of VC, responses were again split into Secondary Care categories based on responses (Mental Health/Psychiatry n = 42, Therapies n

= 57, Hospital/Other n = 67) which were then analysed and can be found in Figure 14.

Figure 14. Distribution of planned VC use responses across Secondary Care sectors in CAVUHB.



From Figure 14, all 3 subcategories plan to use VC 'ow during COVID (only)' with high percentages of respondents also planning to use VC 'now, post-COVID and in the future'. This highlights that clinicians across the Health Board see VC as a useful tool with continued use and efficacy.

CAVUHB overall as a Health Board had limited responses on the training survey from the Community Care subcategory. CAVUHB had responses from only 5 clinicians and frequencies can be found in Table 4.

Table 4. Frequencies & percentages of responses from Community Care (n = 5)

CAVUHB	**VC Training Rating**	**Freq**	**%**	**Use of VC**	**Freq**	**%**
	Excellent	1	20	Future	1	20
	Very good	3	60	Now and Future	1	20
	Okay	1	20	Now and Post	1	20
				Now, Post and Future	2	40

For both VC training ratings and the planned use of VC in Table 4, responses from the Community Care sector within CAVUHB were positive. 3 clinicians rated the training as 'very good' and all planned to use VC at some stage in the future.

CAVUHB Narrative Write Up

Clinicians from CAVUHB valued the VC training they were provided with and report to be looking forward to being able to utilise what they have learnt. The training also provided many clinicians with the confidence to use VC.

> *"I think everything was covered - it appears to be quite straight forward. Need to give it a go"* (Cardiology)

> *"I think the training was straightforward- I'm looking forward to having a play"* (Adult Cystic Fibrosis Services)

> *"Can't wait to get started"* (Neonatal Outreach Services)

> *"Thanks. I feel confident to use this"* (Welsh Artificial Eye Service)

While clinicians were generally positive about the VC training, there were some concerns in regard to whether current NHS technology would be able to run VC when needed and that accessibility was not up to standard in some trust areas.

> *"Easier accessible IT equipment (i.e. access to emails from home, or easier to obtain permission for that or for a work laptop)"* (Paediatric Psychologist)

> *"Being able to use Teams! We don't have audio or video on the computers yet!"* (Neurology/Physiotherapy)

Clinicians raised the above technology concerns in the hope that NHS trust technology infrastructure can be improved upon to allow for positive VC experiences. Other clinicians from CAVUHB felt that further follow-up or Q&A sessions would really solidify everything they have learnt surrounding VC.

"Not sure until I try doing it. Maybe a Q&A session after some practice" (Podiatry)

"Might be useful to have the possibility of a 'follow-up' session to go through any issues encountered when setting up the clinics etc." (no reference available)

Help sheets were also requested in the clinician comments. Being able to use crib sheets to jog their memory when needed could be an effective solution to answer any problems they are faced with before seeking further advice.

"A pdf document outlining major functions as difficult to commit all to memory" (Nephrology and Transplant)

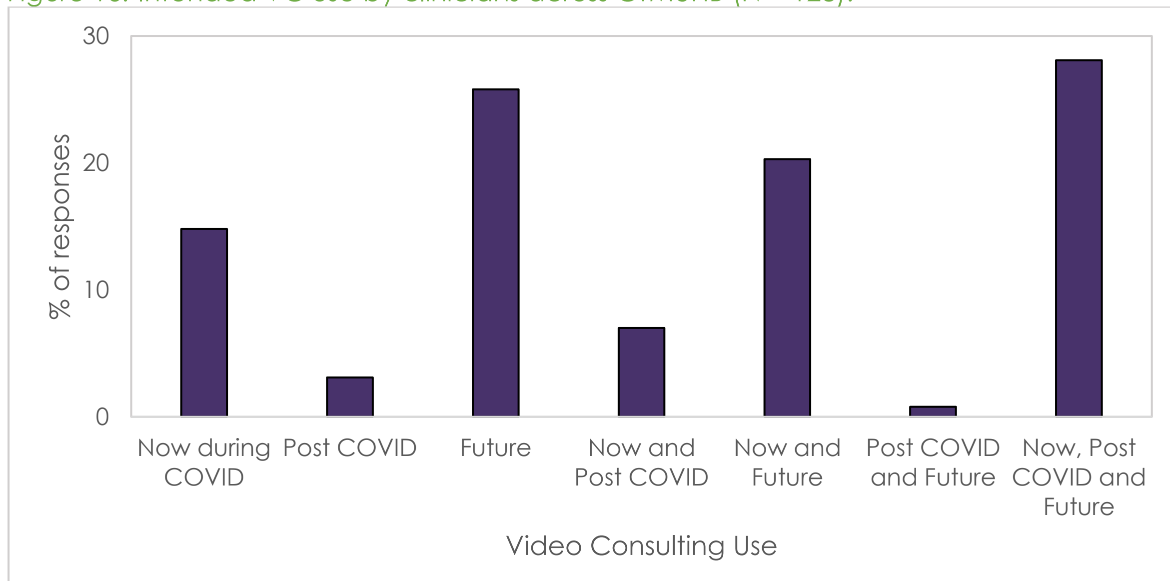
Cwm Taf Morgannwg University Health Board (CTMUHB)

For CTMUHB, a total of 188 respondents filled in the training survey. For CTMUHB 42% of respondents rated the training as 'excellent'. All other responses are displayed in Figure 15. For the intended use of VC, 85.1% of respondents claimed that they will use VC after COVID. Figure 12 highlights the proportion of each response for planned VC use.

Figure 15. Training quality ratings across CTMUHB (N = 188).

From Figure 15 the training quality was rated highly by clinicians from CTMUHB.

Figure 16. Intended VC use by clinicians across CTMUHB (N = 128).



A high proportion of clinicians from CTMUHB reported that they would use VC in the future. Figure 16 shows clearly the high levels of responses for 'now, Post-COVID and in the future'.

Secondary Care Findings

Quality rating and planned VC use. The quality ratings within CTMUHB were split into Secondary Care categories (Mental Health/Psychiatry n = 20, Therapies n = 51, Hospital/Other n = 94) to be compared by care sector. Figure 17 shows the responses recorded for quality ratings.

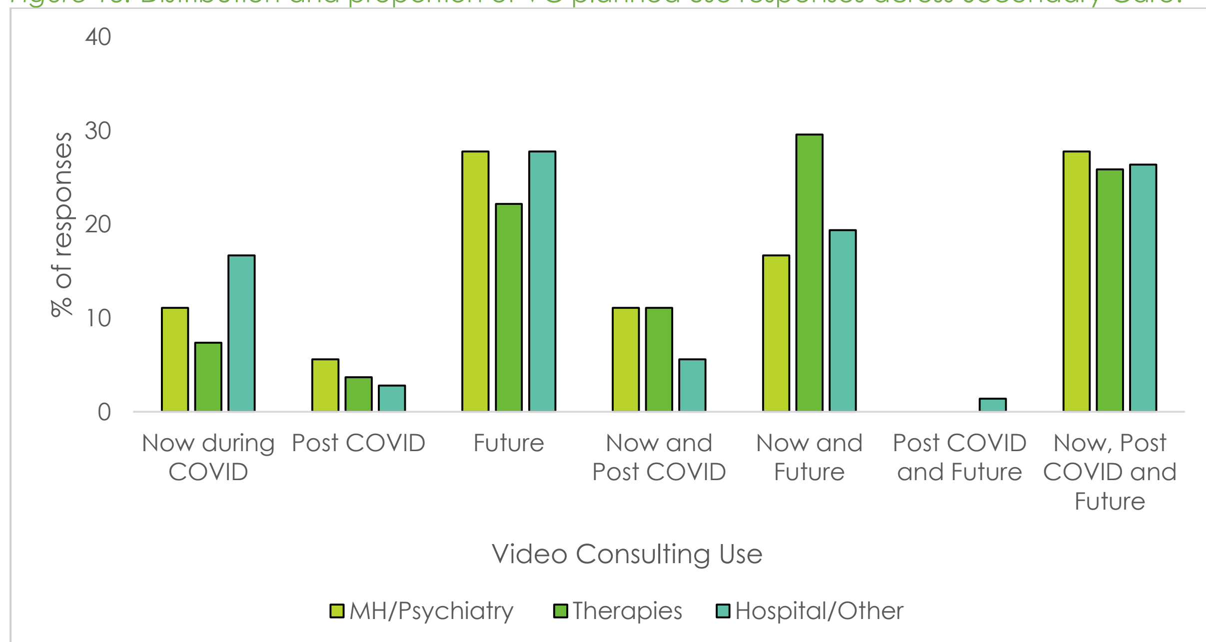
Figure 17. Distribution of training quality responses across Secondary Care sectors.

For specific differences between the Secondary Care categories, Figure 17 highlights that all 3 sectors rated VC training quality highly. There are very small differences between the rating levels from the care sectors. It is worth noting that Mental Health/Psychiatry had the lowest response rates from CTMUHB and so results should be interpreted with caution.

VC planned use survey question was split in the same way. Responses (Mental Health/Psychiatry n = 18, Therapies n = 27, Hospital/Other n = 72) were lower in this question than for the quality rating question. Data analysed is shown in

Figure 18 and highlights that all 3 sectors again plan to use VC in the future to some capacity post-COVID and are using it at present. Hospital/Other are using VC more so now (16.7%) than Mental Health/Psychiatry (11.1%) and Therapies (7.4%). This could be due to the subcategory 'Therapies' including clinicians who need to use F2F moreover than VC due to specific demands within the service.

Figure 18. Distribution and proportion of VC planned use responses across Secondary Care.



CTMUHB had one response from Community Care which is displayed below in Table 5.

Table 5. Frequencies & percentages of responses from Community Care (n = 1)

CTMUHB	**VC Training Rating**	**Freq**	**%**	**Use of VC**	**Freq**	**%**
	Very good	1	100	Now, Post-COVID and Future	1	100

While Table 5 shows a single response, the clinician held a positive view of the VC training and intends to use the software now, Post-COVID and further into the future which is important to note within this work.

CTMUHB Narrative Write Up

As seen with other Health Boards, clinicians from CTMUHB also regarded the VC training in an extremely positive light.

> *"The training was comprehensive and useful. The system looks to be very user friendly"* (Paediatric Diabetes)
>
> *"Was a great introduction"* (Diabetes Service)

A clinician from the Podiatry and Orthotics service exclaimed that *"the training was good"* but did suggest that it;

> *"May be an idea to have live interaction during the training"*

This live element would allow clinicians to have a live run through of VC sessions and further understanding to the process behind them.

The majority of clinicians noted that there is appropriate support available if and when it is required to aid them with VC issues.

> *"Good support available, able to share with colleagues also"* (Breast services)
>
> *"Not sure until we start using it, but the website link provided with resources looks useful"* (Community Speech and Language Therapist)
>
> *"We have been sent additional documentation to read"* (Neurodevelopmental, CAMHS)

While there is additional support available to clinicians through helpful handouts and other resources, some clinicians did feel as though they were missing this further support. Those clinicians felt that VC training needed follow-up sessions, a practice test area and needs to fit into existing hospital trust software.

> *"It would be good to have a go at practicing in a test area"* (Paediatrics)
>
> *"For this [VC] to be useful, it needs to link into other hospital systems so that the activity can be captured. The training all glosses over this fact whereas it could be an opportunity to highlight how this could/should happen"*
>
> *"Leaflets with quick demonstration on how to do things as it's easy to forget"* (Obstetrics and Gynaecology)
>
> *"Post initial training drop-in TEAMS session to ask questions. There is a lot to learn and take in, especially when you haven't seen the system when you do the training"* (Speech and Language Therapist)
>
> *"A cardiology group session"* (Cardiologist)

While there are help resources already accessible to clinicians, it may be of use to send out a series of notifications so that the resources are clearly accessible for all. By considering the incorporation of these changes (further sessions, linked IT) into the training, it would allow the above clinicians and other clinicians with VC qualms to feel more prepared to use VC effectively.

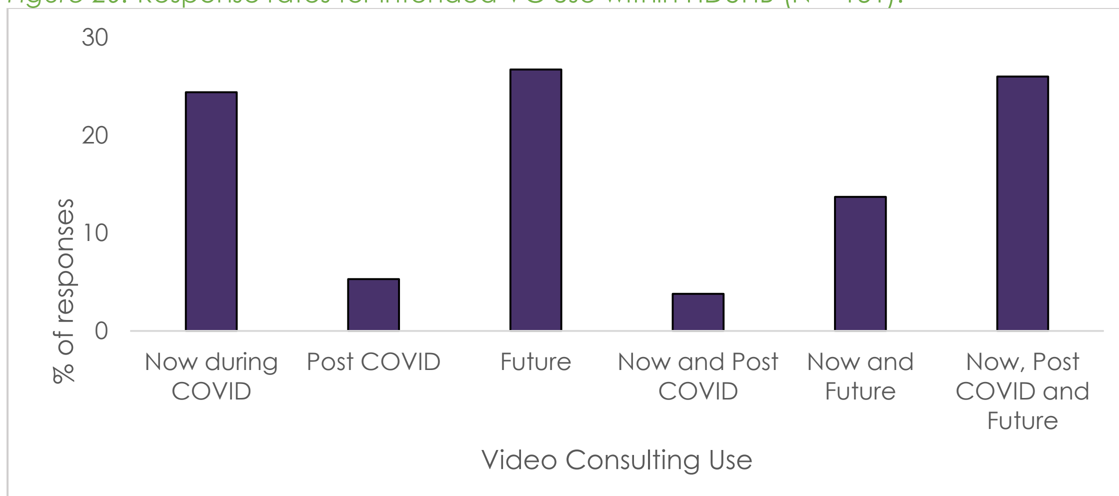
Hywel Dda University Health Board (HDUHB)

136 respondents on the training survey were from HDUHB. 135 of those completed the training quality question, with 131 answering the planned VC use. Responses to the quality rating question can be viewed in Figure 19, with VC use available in Figure 20.

Figure 19. Proportion of response rates for training quality rating for HDUHB (N = 135).

From the Figure (19), it highlights that 90.5% of clinicians rated the VC training either 'excellent', 'very good' or 'good'. With that, less than 1% (0.7) rated the training to be okay or poor. From this data for HDUHB clinicians, the overall view of the training is that it is of high quality.

Figure 20. Response rates for intended VC use within HDUHB (N = 131).

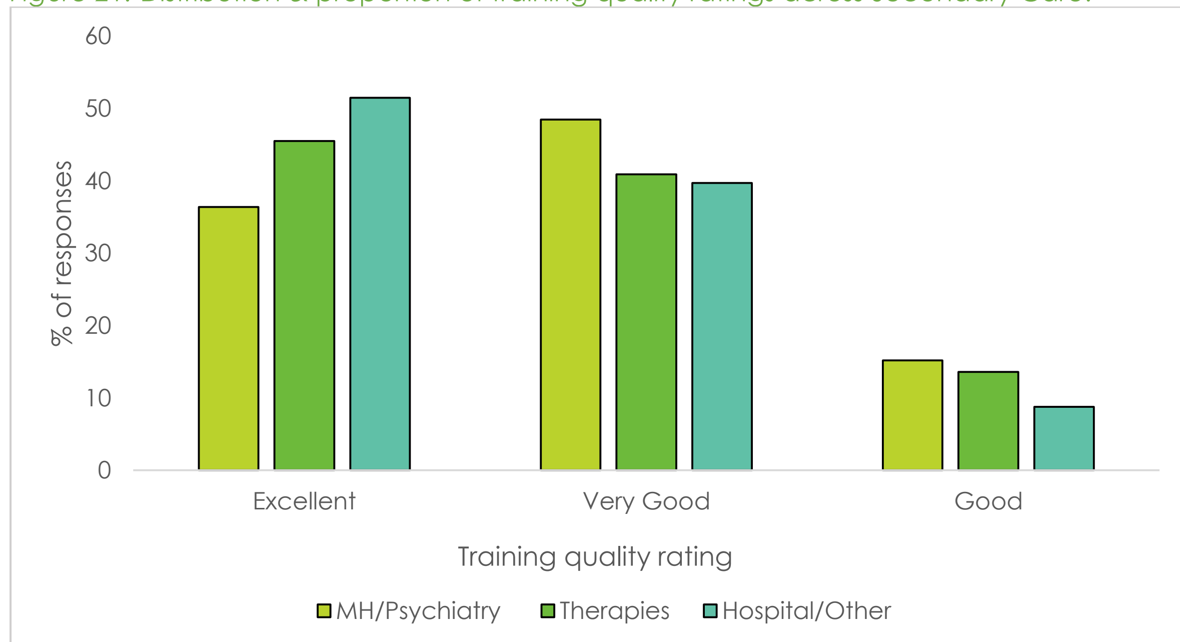


For intended VC use, Figure 20 highlights that a high proportion of respondents are using VC 'now during COVID (only)'. While a smaller proportion (5.3%) intend to use VC post-COVID, numbers do increase for future use up to 26.7%. These results highlight that VC does have a place in clinicians' future practice.

Secondary Care Findings

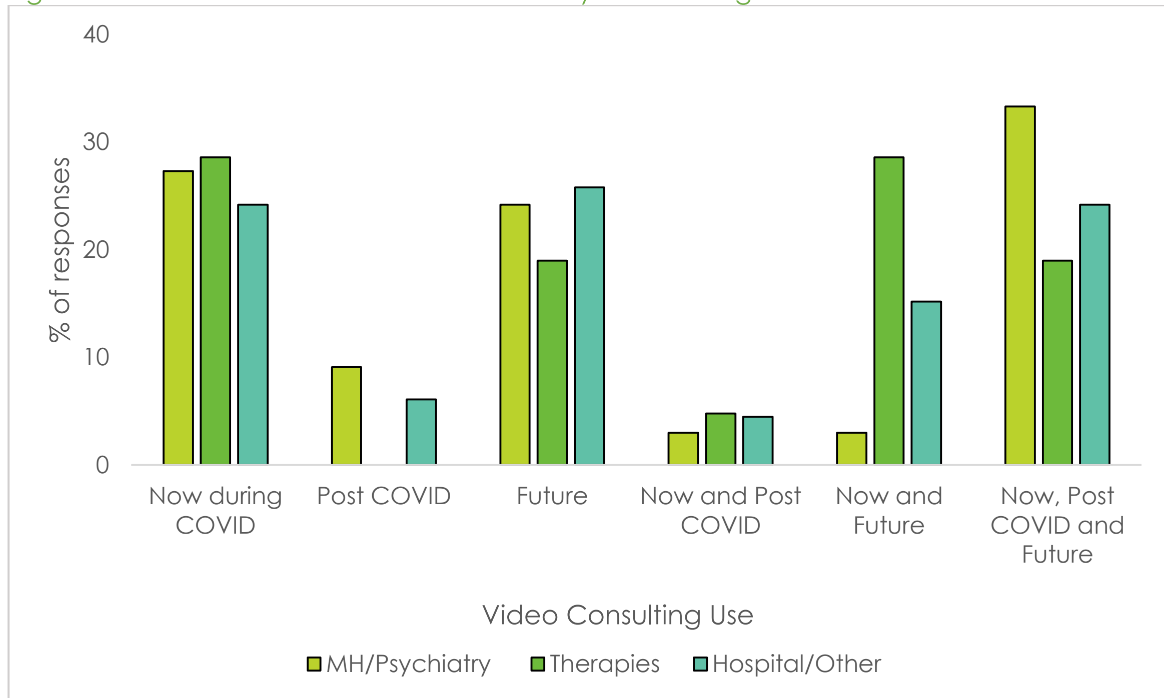
Quality rating and planned VC use. The quality ratings within HDUHB were split into Secondary Care categories (Mental Health/Psychiatry n = 33, Therapies n = 22, Hospital/Other n = 68) to be compared by care sector. This was also completed for intended VC use (Mental Health/Psychiatry n = 33, Therapies n = 21, Hospital/Other n = 66). Figures 21 and 22 show the responses recorded for quality ratings and intended VC use respectively.

Figure 21. Distribution & proportion of training quality ratings across Secondary Care.



In HDUHB, there were no negative ratings for the training with all clinicians rating the training as 'excellent', 'very good' or 'good'. Clinicians from Hospital/Other rated the training slightly higher of excellence quality than the other categories. With Mental Health/Psychiatry given the training the highest good rating in comparison to the other categories.

Figure 22. Intended VC use across Secondary Care categories within HDUHB.



For planned VC use, all 3 subcategories recorded that they would be using VC 'now during COVID (only)'. While no therapy clinicians intended to use VC post-COVID, 19% responded that they would use VC in the future and 28.6% using both now and in the future, with Mental Health/Psychiatry and Hospital/Other both using VC now, post-COVID and into the future.

HDUHB had 9 respondents form the Community Care sector which can be viewed in Table 6 below.

Table 6. Frequencies & percentages of responses from Community Care (n = 9)

HDUHB	VC Training Rating	Freq	%	Use of VC	Freq	%
	Excellent	6	66.7	Now during COVID	1	11.1
	Very good	2	22.2	Future	5	55.6
	Okay	1	11.1	Now and Future	1	11.1
				Now, Post and Future	2	22.2

All 9 clinicians had a positive view of VC training, with 66.7% rating the training as 'excellent'. 55.6% of clinicians intend to use VC in the future, with 22.2% intending to use it 'now, post-COVID and well into the future'.

HDUHB Narrative Write Up

Across HDUHB, all clinicians were pleased with the training that had been delivered and found the information given surrounding VC useful.

> *"I think the training covered everything very well, I think I just need to use the system now" (*Speech and Language Therapist)
>
> *"All good, well explained system"* (Community Nursing)
>
> *"I feel confident and was signposted to where we can get support and help if needed" (*Clinician from HDUHB)
>
> *"Very good and informative looks like a good system to use"* (Physiotherapy)
>
> *"Excellent, very clear training"* (Learning Disabilities, Speech & language Therapy)
>
> *"Looks good, looking forward to getting it into practice"* (Rheumatology)

As the clinician from rheumatology notes "practice" is important to understanding VC fully. Other clinicians also recognise the need for practice before using it with their patients.

> *"Just need to actually do what we have learnt while it's fresh in our minds*" (Physiotherapy)
>
> *"Availability of the system to practice!"* (Chronic Pain Services)
>
> *"Need practice run to try out using AA" (*Psychotherapy)
>
> *"Just need to practice prior to using with a patient or their family"* (Occupational Therapy)
>
> *"Just a little practice to gain familiarity. You've sent a link for support materials*" (Diabetes and Endocrine Services)

While practice is the most prominent aspect that clinicians feel would be helpful to navigate the use of VC, others comment on the need for specific training modules and appropriate equipment to use VC. These comments are predominately from Mental Health services within HDUHB.

> *"Some "hands on" practice occupational therapy training modules to this community"* (Mental Health Services)
>
> *"Would be helpful to have the equipment to use AA (i.e. a camera and microphone)"* (Adult Mental Health Psychology)
>
> "Online resources and a helpdesk" (Mental Health)

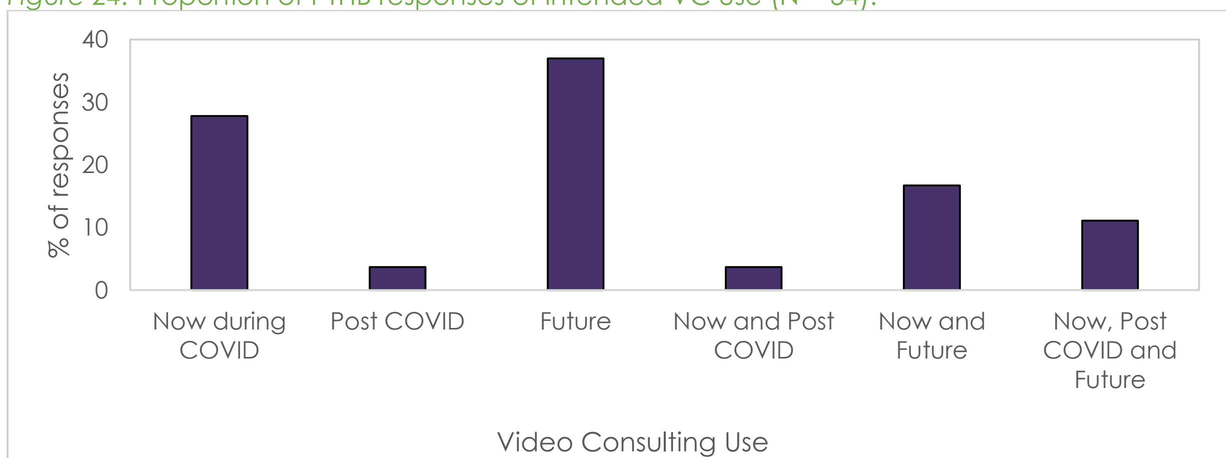
Powys Teaching Health Board (PTHB)

106 respondents from the training survey were from PTHB. 105 filled in the quality training question, with 54 responding to the intended VC use. Similarly to other Health Boards, PTHB had a reduction in responses for the second question (VC use) compared to the quality rating question. Quality rating responses are displayed in Figure 23, with PTHB wide VC use responses available in Figure 24.

Figure 23. PTHB training quality rating responses (N = 105).

Overall, from Figure 23, PTHB clinicians rated their training experience as positive. 97.2% rated it as either 'excellent', 'very good' or 'good'. There were slightly higher ratings for 'very good' (44.8%) in comparison to 'excellent' (42.9%).

Figure 24. Proportion of PTHB responses of intended VC use (N = 54).



Almost 30% (27.8%) of PTHB clinicians reported that they are using VC currently during the COVID pandemic, with 37% reporting they intend to use VC at some point in the future. 11.1% of clinicians plan to use VC 'now, post-COVID and long-term in the future.

While an overall picture of PTHB is important, it is also useful to see how Secondary Care subcategories viewed the VC training.

Secondary Care Findings

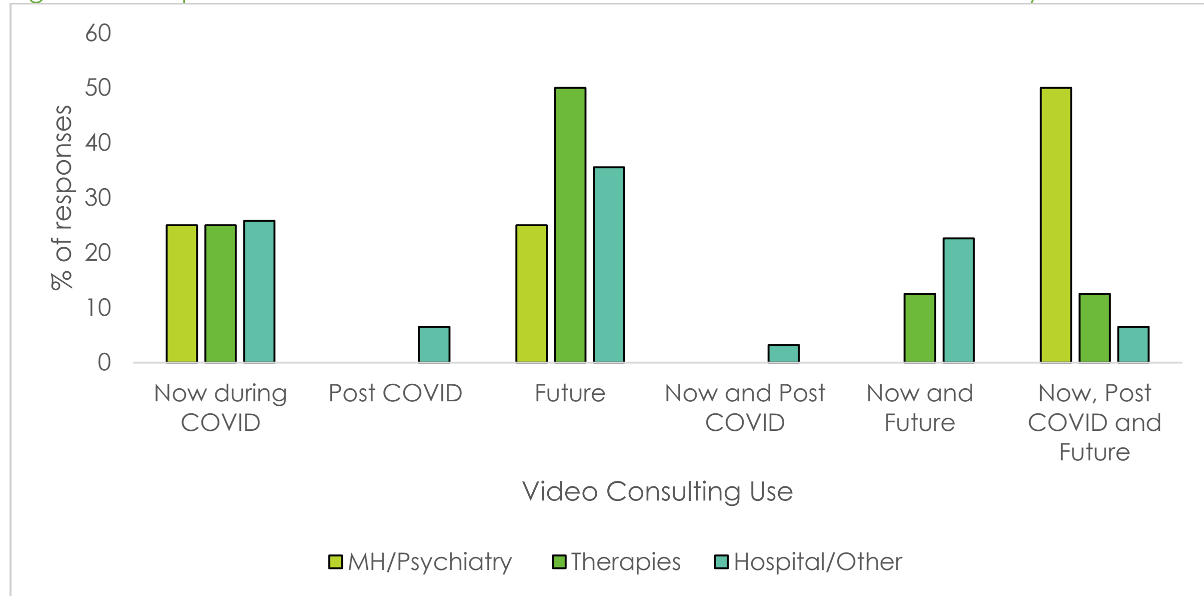
Quality rating and planned VC use. The quality ratings within PTHB were split into Secondary Care categories (Mental Health/Psychiatry n = 16, Therapies n = 20, Hospital/Other n = 44) to be compared by care sector. This was also completed for intended VC use (Mental Health/Psychiatry n = 4, Therapies n = 8, Hospital/Other n = 31). As stated previously in the PTHB overall findings, there is a huge reduction in recorded answers for the VC use. Figures 25 and 26 show the responses recorded for quality ratings and intended VC use respectively.

Figure 25. Distribution of the training quality ratings across 3 care subcategories.

Therapies within figure 25 are seen to give the training a higher quality rating of 'excellent' (55%) than the other subcategories. Despite this, Hospital/Other has a combined (93.2%) ratings from both 'excellent' and 'very good'. While

Mental Health/Psychiatry has no 'good' ratings, it does have (6.3%) 'okay' ratings. Overall, ratings are relatively similar across the categories with very small differences in percentage between them.

Figure 26. Proportion and distribution of VC intended use across PTHB Secondary Care.



For the intended use of VC amongst Secondary Care within PTHB, Figure 26 highlights the differences. There is little difference in the percentage of sectors using VC 'now during COVID 9only)', however Hospital/Other is the only category to plan to use VC post-COVID and 'now and Post-COVID (only)'. In terms of future use, all 3 categories plan to use it in the future and use it 'now, post-COVID and long-term in the future'. Percentages are higher for therapies in future use (50%) but for all 3 options it is actually Mental Health/Psychiatry with higher responses (50%). While these are high responses, it is only 50% of each category.

PTHB had 3 responses from the Community Care sector which can be viewed in Table 7.

Table 7. Frequencies & percentages of responses from Community Care (n = 3)

PTHB	VC Training Rating	Freq	%	Use of VC	Freq	%
	Very good	3	100	Now during COVID	1	50
				Now and Post-COVID	1	50

All 3 respondents within PTHB rated the training quality as 'very good'. Only 1 clinician reported their intended VC use which was to be 'now during COVID (only)'. The remaining 2 respondents did not answer.

PTHB Narrative Write Up

Clinicians from across PTHB praised the training they had for VC. All comments recorded were positive with very small suggested changes involving Trust ICT, work from home accessibility and availability of contact to individuals who can assist with VC.

> *"Very informative"* (Community Resource Team)
>
> *"Was all explained well"* (Musculoskeletal Outpatients Physiotherapy)
>
> *"Someone has done a lot of work very quickly. Well done"* (Practice Services)
>
> *"Glad to have been sent supporting information as new way of working especially in community nursing"* (Palliative Care Nursing)
>
> *"Training was excellent"* (CT Programme Services)
>
> *"Useful system that may be of value in the future for certain patients"* (Palliative Care Team)

A further comment from a clinician from PTHB highlights how effective the training was for some.

> *"Trainer was lovely. She was patient, kind and took the time to answer questions in a professional and friendly manner. The fact that she asked others in the meeting to help when needed just goes to show how aware she is on the limitations of conference calling, and how best to mitigate them. Always happy to be a "wingman" if needed"*

As stated, a small proportion of clinicians highlighted small changes they believe could positively impact implementing VC use.

> *"A smart phone for use at work would improve things a lot. Support from Welsh government in getting fibre broadband sorted out for our property....slow, intermittent internet & weak phone signal currently which hamper my ability to work effectively from home"* Mental Health Services.

> *"Contacts for staff in PTHB who can assist with Attend Anywhere"* (Diabetes Services)

Despite a small number of future improvement comments, training attendees from PTHB were extremely satisfied with their training experience.

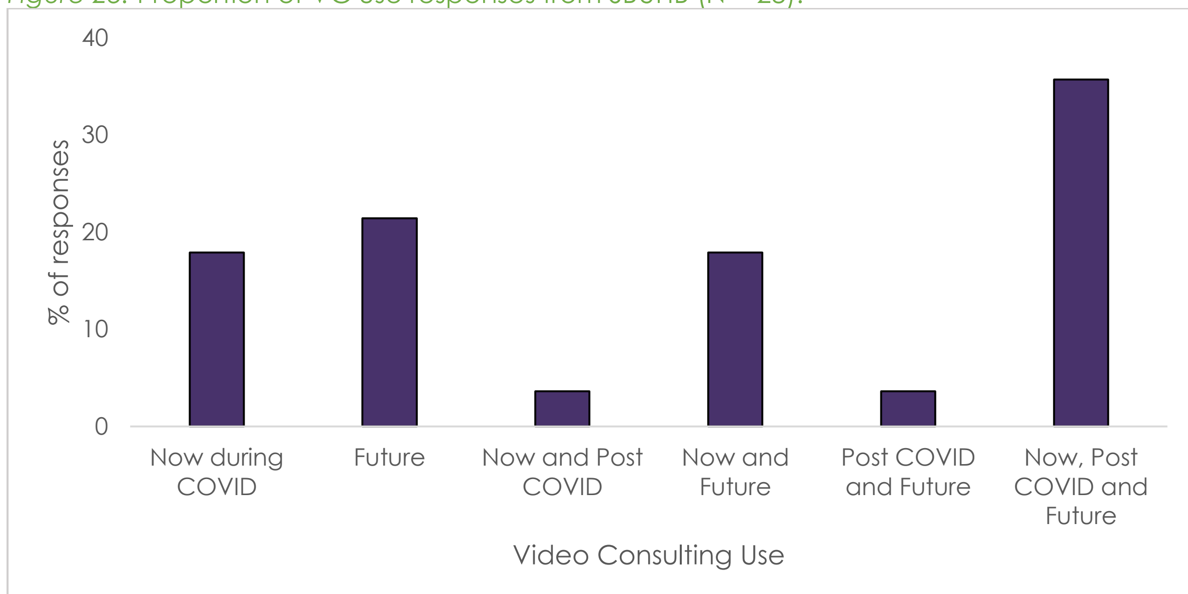
Swansea Bay University Health Board (SBUHB)

For SBUHB, there were only 29 respondents from the training survey. All 29 rated the quality of the training (see Figure 27) while 28 reported their intended VC use (see Figure 28).

Figure 27. Proportion of training quality ratings from SBUHB (N = 29).

Figure 27 shows that there were no negative responses of the VC training, with 65.5% of clinicians rating it 'excellent' and 34.5% rating the training 'very good'.

Figure 28. Proportion of VC use responses from SBUHB (N = 28).

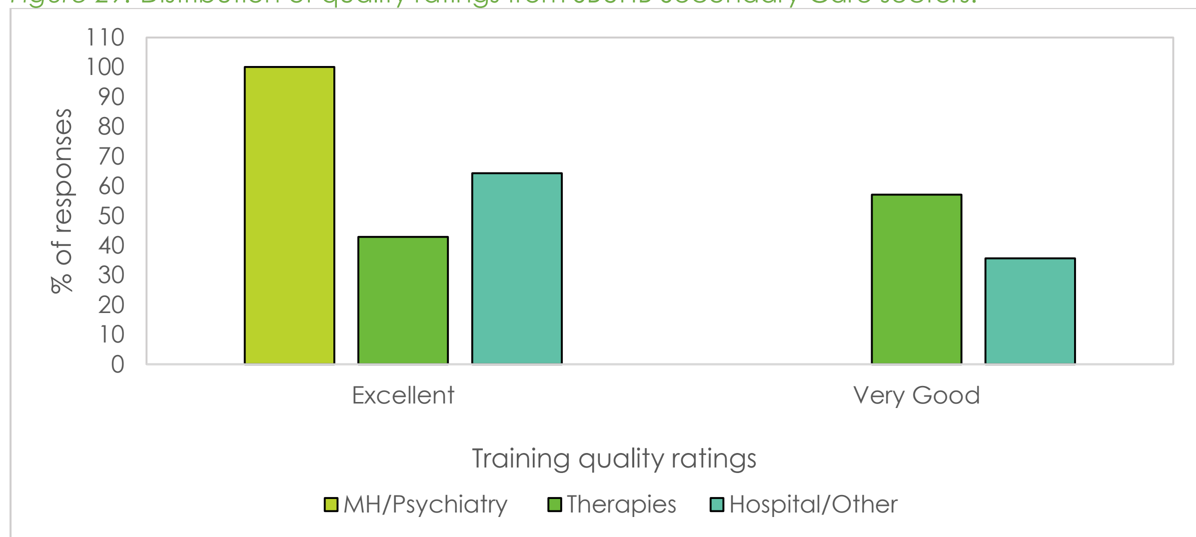


For the intended VC use, figure 28 shows that only 17.9% of clinicians within SBUHB are using VC 'now during COVID (only)', however the total responses are small within this data. Despite this, 35.7% plan to use VC now, post-COVID and also in the future.

Secondary Care Findings

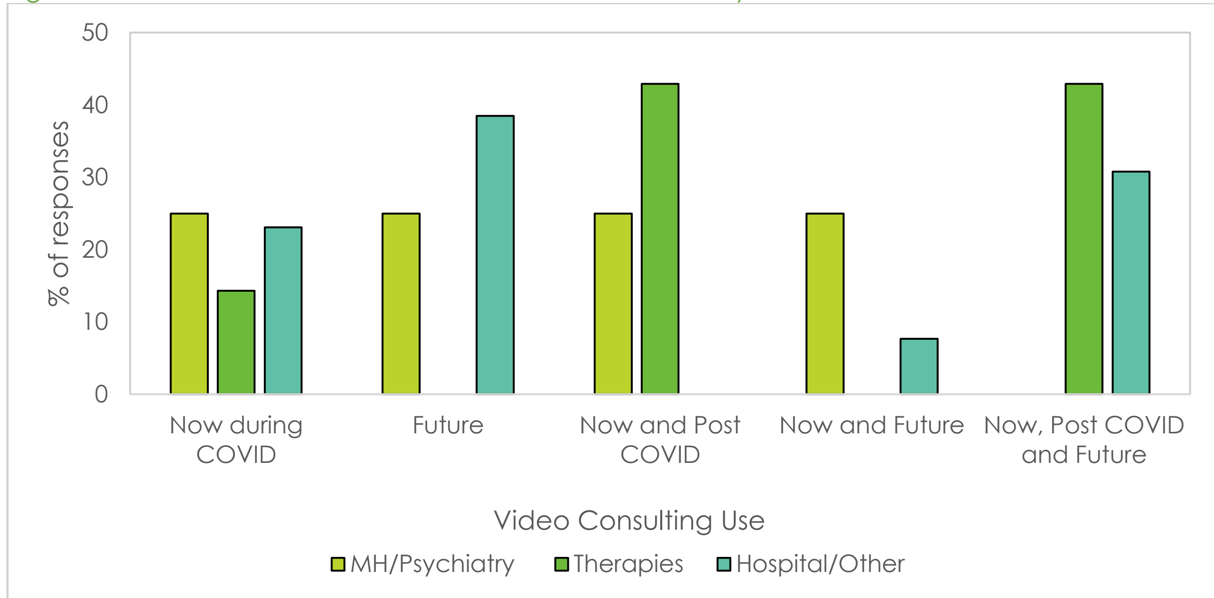
Quality rating and planned VC use. The quality ratings within SBUHB were split into Secondary Care categories (Mental Health/Psychiatry n = 4, Therapies n = 7, Hospital/Other n = 14) to be compared by care sector. This was also completed for intended VC use (Mental Health/Psychiatry n = 4, Therapies n = 7, Hospital/Other n = 13). As stated previously in the SBUHB overall findings, there is a slight reduction in recorded answers for the VC use when looking at specific care sectors. Figures 25 and 26 show the responses recorded for quality ratings and intended VC use respectively.

Figure 29. Distribution of quality ratings from SBUHB Secondary Care sectors.



There are a very small number of responses within Figure 29, despite this the majority of responses are positive. All 4 clinicians from Mental Health/Psychiatry gave the training an excellent rating. Therapies and Hospital/Other also gave positive ratings for the VC training.

Figure 30. Distribution of VC intended use from Secondary Care sectors within SBUHB.



For use of VC within SBUHB specific Secondary Care sectors, there were some variations within the data. All 3 subcategories plan to use VC 'now during COVID (only)', however Therapies did not have any responses for future or now and future. Despite this, 42.9% of Therapies recorded that they would use VC 'now, post-COVID and long-term in the future'. The gap in other responses may be because certain clinicians intend to use it throughout and so found this option more suitable rather than selecting separate options.

For Community Care responses, there were only 3 clinicians. Table 8 highlights the frequencies for the 3 respondents.

Table 8. Frequencies & percentages of responses from Community Care (n = 3)

SBUHB	VC Training Rating	Freq	%	Use of VC	Freq	%
	Excellent	3	100	Now, Post and Future	3	100

All 3 of the clinicians from Community Care within SBUHB rated the VC training as 'excellent', and all 3 intend to use VC 'now, post-COVID (only)' and in the future. It is therefore evident that for some clinicians within the Community Care sector VC training has proven invaluable.

SBUHB Narrative Write Up

For SBUHB, clinician comments themed around seeking further support from colleagues, the need for drop in sessions and access to online help provided by the trainers.

> *"[Trainer's name removed] has linked us to the website which offers support"* (Paediatric Diabetes)
>
> *"Regular drop in question sessions for using Attend Anywhere. Say a different day every week (to accommodate part-time workers) for half an hour, and if users have questions they can enter the call and raise the questions"* (CAMHS)
>
> *"Speaking with colleagues who have used Attend Anywhere and practicing with them before I give it a go"* (Dietician)
>
> *"Practice session of setting up with practice patients"* (Respiratory)
>
> *"Access to video of training to use independently as a reminder of sessions"* (Community Occupational Therapist)

By suggesting practicing VC beforehand with other clinicians or practice patients, it allows for clinicians to increase their confidence to use VC with their own patients and feel more comfortable with the experience. Clinicians believe that practicing VC is the best way to learn how to use it effectively.

> *"I think once you have practised a few times, actually doing it is always the best way to learn. My colleagues will champion me which is also helpful" (*Community Health Visiting)

Clinicians would also feel more comfortable if there were opportunities available to them where they could drop-in virtually with any questions they may have for the use of VC.

Velindre Cancer Centre (VCC)

Due to the very specific service VCC offers, there were only 5 respondents from the training survey. All 5 rated the training while only 1 clinician recorded their use of VC. 80% of respondents rated the training as 'very good' while the remaining 20% rated it as 'good'. The clinician who rated their use of VC stated that they intended to 'use it 'now, post-COVID and long-term in the future'. The same results were found when a Secondary Care split was conducted due to all clinicians from VCC being in the Hospital/Other sector.

There were few responses from the Velindre NHS Trust Cancer Services within the training survey. A non-surgical oncology clinician at VCC said that the training was;

> *"Easy to follow with good demonstrations".*

The oncology clinician went onto say that;

> *"I think it would have been useful in the training to explain the next steps e.g. local team will discuss clinic set".*

The clinician did query whether this had already occurred and so may be something that is already in place. The same oncology clinician suggested that it would have been useful if the training

> *"Signposted to the how-to guide".*

Other comments were left from clinicians; however, they did not state their speciality. One clinician felt that the training could be lengthened to an hour due to the amount of information needed to be covered.

> *"There was quite a fair deal to cover, if the same format is used then maybe the session could be extended to 40-60 mins"*

Another clinician from VCC suggested;

> "*A video of the training delivered to be made available*".

This would allow clinicians to watch the training video back at their leisure if, and when needed.

Overall Summary

From the Perspective of the Analysis

By analysing the clinician VC training feedback survey comments across the Welsh Health Boards and Trust, it is clear that the VC training was received well by all clinicians who attended and found the experience essential and valuable to their VC use. There were very small differences across the care sectors and Health Boards which suggests that the training is well accepted across Wales.

The need for online help resources was mentioned across the majority of the Health Boards. Those that already had access to the resources were pleased with the advice they offered. Clinicians who did not have access may need to be prompted as to where to find the resources they need and reassured that the relevant help is available if and when needed. For example, by signposting them to online resources as a link at the end of the feedback survey, or a follow-up email at the end of the training with additional links and resources.

There was an apparent need across all of the Health Boards for follow-up or drop-in sessions to be made available to clinicians who are using VC such as a refresher course, which could be beneficial in maintaining high confidence levels of clinicians. ICT Health Board issues were raised across Wales where clinicians were concerned that VC would be difficult to implement without the appropriate technology, this is however service and Health Board specific with varying levels of ICT accessibility, such as for ICT issues specific to Health Boards and ensuring that the signposting to the correct service desks for this additional support.

From the Perspective of the Training Programme

From the onset of this training programme it was recognised that due to the ongoing pandemic and ever changing needs of the Health Boards the training would need to be flexible and adapt to changing requirements. Monitoring of the feedback surveys has been constant and a contact mechanism into the programme teams at each board was established for additional feedback at local level.

Access to the training remotely and the need for support resources was identified early. In the very early days of the programme both access instructions and support materials were emailed and distributed by local Health Boards. Identified from the feedback very early was that this was inconsistent and presented problems as material was updated. It was quickly established that access arrangements would need to be centralised onto a single source (TEC Cymru website) where it could be updated when needed and found easily. A number of support materials including user's guides and quick guides had already been produced. These were made available through the website in an easy to find format. Following training all participants were emailed the link to this website and encouraged to view the easy guides in the hope this would be established as the first port of call for questions, as well as an open invitation for all trainees to contact the trainer should any questions arise or help be needed. The first major test of this approach occurred in August where Attend Anywhere had been upgraded to include new features. This meant that all new trainees were aware of the new features however those that had been trained previously may not be. A new easy read guide to the upgrade was produced and hosted on the website. In early September all trainees who had undergone the training prior to the upgrade were emailed the link to this update PDF easy guide and at the same time the website was re promoted for advice, guidance and updates. At the same time a webinar (replicating the training) was developed, and is now available on YouTube and the TEC Cymru website. This is available as an alternative to the

live training sessions for those that can't make the pre-set times or as a refresher. Those choosing to view the webinar as the primary training are required to complete a short on line test.

Anecdotally since that point queries and questions to the trainers have dramatically reduced.

Continuing points for Improvements.

One common request has been the need for a training account that trainees can access in order to use the system for practice prior to being granted access to the live system. This was discussed, however it was noted that unless trainees were only granted temporary access to the system and then removed confusion would be created in which Waiting Area to use for clients. In light of the very large numbers of people requiring training this was not practically possible give our resources that were available at the time. Going forward however this would be a very useful and welcome addition.

Access to a helpline and / or a drop in session were also noted by respondents. Open access via email was offered to all attendees and attendees had access to their local help desks. The addition of a specific helpline however would be useful, although it's unclear if this would be utilised given the low level of general queries following training.