Bath & Northeast Somerset, Swindon & Wiltshire (BSW) Digital Literacy Scoping of Allied Health Professionals (AHP) Support Workforce Project

2023



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**Background / Rationale:**

Health Education England (HEE) defines digital literacy(-ies) as: ***“the capabilities that fit someone for living, learning, working, participating and thriving in a digital society.”*** [1]

Health Education England funded this allied health professionals (AHPs) digital literacy project to support the findings of the Topol review 2019, which advocates for the necessity of innovative use of digital technology in healthcare for proven staff and patient benefit. It is advised by both the Topol Review and NHS England, that increasing our digital and technological use/skills within healthcare will increase our efficiency, reduce risk of errors, support our environmental sustainability pledge, and support our communications [2]. The NHS Long Term Plan commits one of its five ambitions to “*making better use of data and digital technology*”; including more convenient access to services and health information for patients, better access to digital tools and patient records to staff and using the NHS App as a ‘*digital front-door’* [3]. Subsequently, digital literacy is one of the four priorities of ‘AHP’s into Action’ and is supported into practice within ‘The Digital Framework for Allied health Professionals’ [4]. This emphasis on prioritising NHS digital transformation and ‘going paper-free’ comes from the identified need in both the UK government’s ‘Five Year Forward View 2020’ and the ‘Wachter Report, 2016’ [5],[6].

To achieve the desired digital framework for AHPs, NHS England identify the three stages of digital readiness which each organisation should measure against when planning their digital strategy:



[7].

By undertaking this project, BSW are entering stage one, (illustrated above), of the AHP digital framework to delivering digitally mature services. Beginning this journey via this project will provide the ability to demonstrate:

1. Strategic alignment – this is evidenced in the BSW Digital Strategy 2023 – 2028, particularly the ‘Digital workforce’ section [19].
2. Demonstrate digital leadership with my role, the positive impact it has and encourage the BSW organisations to follow suit with employing digital leaders and champions.
3. By assessing our AHP workforce’s digital literacy skills and attitudes, we are aligning ourselves to be able to support, address and build upon their current skills to ensure they are digitally ready.
4. My role as silo digital lead has set a precedence for the use, relevance, and application of digital careers within allied health professionals. Similarly, this role has enabled me to network with similar AHPs leading digital roles nationally which can be shared to inspire others. Furthermore, from the findings of this scoping project it becomes very apparent the necessity for digital use within the AHP profession now. And when looking at digital therapeutics, this could easily lead to a silo digital AHP career pathway in the near future.

The importance, relevance and requirement for a digitally literate workforce has been nationally well identified for years now. And whilst the digitalisation of the NHS is well and truly underway, there has been an anecdotal undercurrent of deficient digital knowledge, training, engagement, confidence and/or ability of our workforce. We could have the perfect ‘paper-free, digitalised NHS’, but if our workforce are unable to navigate it, then we would still be unable to deliver the necessary services to our patients. Afterall, Wachter himself claimed that *“digitising effectively is not simply about the technology, it is mostly about the people”* [8].

This project sets out to turn that anecdotal workforce digital literacy deficiency into facts and figures, which can be used to both highlight our successes, and guide the identifiable future development and requirements of our AHP workforce. Thus, ensuring BSW as a system is compliant with the NHS Long Term Plan [13], and is progressing through the AHP digital framework stages of readiness [7].

**Elements your project relates to:**

BSW AHP Faculty commissioned by HEE (hosted by WH&C)

**Aim:**

To record the current digital literacy skills of our BSW AHP support workers and identify any themes in competency.

Once mapped, this resource has the potential to enable targeted training, service development, mentorship opportunities, digital champions, career progression, staff retention and ultimately improved service provision system wide.

**Objectives:**

* To create a digital literacy self-assessment tool suitable for disseminating to the BSW AHP support worker workforce by March 2023.
* To collect a representative sample and analyse the self-assessment tool data for any gaps in knowledge/skill by May 2023.
* To collect a representative sample and analyse the self-assessment tool data for any underutilised knowledge/skill by May 2023.
* To collect a representative sample and analyse the self-assessment tool data for any patterns in gaps in knowledge/skill by May 2023 e.g. geographic, band/grade, profession etc.
* To report the project findings with clear indication for the current digital literacy capabilities of AHP support workers working in BSW, and the likely recommendations for ongoing digital literacy development, as a result of this, by May 2023.

**Sample:**

My selected sample includes all currently employed, (February – March 2023), AHP (all 14 professions) support workers, (band 2, 3, 4, 5 or equivalent), working within BSW.

I will be accessing this sample via a fourfold approach.

* Firstly, have 139 direct e-mail addresses of samples, (voluntarily given from a previous AHP Faculty project with permission to contact directly about any future faculty projects), who I will send the survey directly to.
* Secondly, I will utilise the communications teams, intranet pages, and heads of departments across BSW to promote and signpost to the survey.
* Thirdly, I will utilise the BSW AHP Faculty lead support workers roadshow to help promote the survey.
* Fourthly, I will employ social media to engage, inform and signpost BSW AHP support workforce towards it.

**Methodology:**

I cross-referenced the digital literacy skills established for each banding of each AHP profession as outlined in the “Development of a digital competency framework for UK Allied Health Professionals” [9], created by the 2020 Topol Digital Health Fellowships, who based their work from the Topol Review 2019 [10]. Once I narrowed these down with the faculty lead to those deemed most applicable to the band 2,3,4,5 (or equivalent) AHP support staff in BSW, I created a smart survey with the support of the smart survey team at Wiltshire Health & Care. Once I had a draft version of the survey, formatted in a way that I felt was accessible, user-friendly and met our information governance requirements, I asked for feedback from colleagues about the survey I had produced. One piece of feedback that I acted upon, was that the questions were both lengthy and phrased in a way that could be interpreted as biased, (leaning towards expecting the employee to have a certain degree of skill). I therefore altered the phrasing of the questions from the original ones that were directly used in the Topol digital fellowship competency framework [9], to a revised, unbiased, sample-friendly version.

Next, I piloted the survey with a group of BSW AHP support workers to ensure that the survey not only was user-friendly but also that it worked from a technology vantage. This also highlighted the need for alternative formats for those with accessibility, language and/or additional requirements to ensure a representative sample could be obtained. Therefore, I ensured that electronic, paper and telephone versions of the survey were available to the entire sample, with clear signposting on every advertisement, communication, and survey page.

Once the pilot feedback came back, positively, and I had confirmation that the digital survey format was working, we went live. The survey was sent out, as outlined in the sample section, and was open for 3 weeks. It was distributed via the communications teams, team leads, AHP council and social media of the 8 targeted BSW organisations. It was additionally e-mailed directly to the 139 BSW colleagues who had consented to direct e-mails with future AHP Faculty projects from a previous project undertaken. During this time, my colleague was available two afternoons a week to assist with telephone versions, any additional support, and to provide paper copies as required to ensure accessibility for all.

The completed surveys were submitted to the Smart Survey team who removed any personal or identifiable information, e.g. e-mail addressed, before the data was then sent to me for analysis.

The £50.00 electronic gift voucher incentive draw was completed by the Wiltshire Health & Care patient & public involvement officer (PPIO). She received a random number between 1 – 109 from her manager, (number 50), she then correlated this to the 50th survey entrant’s e-mail address and she directly e-mailed them the e-gift voucher. Therefore, I have no knowledge of who won, or their confidential information. This method ensured that all GDPR requirements were maintained.

**Caveats:**

* There were an additional 70 partially completed surveys, the data of which are not recorded in this report.
* There were an additional 35 complete entries to this questionnaire, 6 of which would qualify as our desired sample; however they could not be included. This is due to the way we recorded staff’s banding with an “other” option (for those working in the Council, private or voluntary sectors). This would have been fine; except we gained an additional 29 completed surveys from staff that recorded themselves in the “other” option as being bands 6-8. Due to the formatting of the survey / data base, we are unable to comb out the bands 6-8 without eliminating the entire “other” selectors. And so, that is what we have had to do in order to maintain our desired sample group of bands 2-5 only. This is unfortunate, as it means we have lost 6 voices from council, apprenticeships and hybrid working AHP support workers recorded in the “other” banding category. However, we have still gained a fair sample, and have also gained a small sample of unexpected bands 6-8 AHPs across BSW that we can draw some themes from.
* There were no participants from South Western Ambulance Service NHS Foundation Trust (SWASFT) that completed this survey. This may be due to them not having band 2,3,4 or 5 support workers, it is unclear.
* There were no art therapy, drama therapy, music therapy, osteopath, paramedic, prosthetists or orthotists support worker participants from any BSW organisation.

**Project Considerations:**

* We need to consider that if someone really struggles with digital literacy or digital accessibility, then digital surveys and digital advertisement/ engagement may not be a viable format for them to participate. Due to the GDPR requirements of system working, we are unsure how far this project was advertised in both a digital and non-digital capacity e.g., word of mouth, posters etc. This is due to the very restricted view we have when system working across multiple organisations and not a single legal entity. For example, I can see the global emails, intranet advertisement and Twitter engagement that Wiltshire Health & Care prompted for the digital literacy survey, but I have no visibility/access at all to the other 7 organisations, or their physical bases/environments for advertisement. Therefore, we could have missed participation from those who require digital literacy support/ development the most.
* Disappointingly, we were unable to capture participant demographic / protected characteristics in this survey due to individuals working across multiple organisations and not a single legal entity, which meant there was not a legal basis for the information to be centrally held. This is a shame as we are unable to see whether aspects such as age, race, gender, etc. appear to have an impact on participant’s digital literacy abilities. Unfortunately, this is a common barrier to system working.
* It is also worth noting that this report’s findings were based solely off self-assessment style surveys. Therefore, a degree of insight is required for this which may therefore not always be 100% accurate.
* For question 26 there were different total numbers of people answering the different devices, and so the data percentages could appear slightly distorted. However, the difference in total answers per device was inconsequential. This scenario also applies to questions 16 and 27.
* We captured additional complete data from twenty-nine band 6, 7 and 8s that participated in the survey. Their anonymised data can be separately viewed and analysed at request via whc.legal@nhs.net.

**Results**

**Demographic:**

109 fully completed surveys revealed that samples were acquired from 7 out of the 8 organisations within BSW participated, these include:

* Wiltshire Health & Care
* Royal United Hospitals Bath
* Great Western Hospital, Swindon
* Salisbury Hospital
* Avon & Wiltshire Mental Health Partnership Trust
* HCRG
* Swindon Borough Council

(Question 2)

**Domain 1: General Digital Skills**

**(Simple computer skills, Questions 4- 14)**

The first section of questioning was comprised of 10 questions around participants’ general simple digital use in their AHP profession. This looked at their awareness and attitudes towards digital healthcare, their ability to learn and facilitate learning of digital skills, their ability to evidence their digital skills, their use of digital technology to enhance their continued professional development (CPD), and their use of electronic health record documentation in their roles.

**Digital learning, and signposting to learning resources, ability:**

Over 85% of participants reported that they have average, or above, abilities to electronically record, learn and facilitate learning of digital skills; as well as navigate digital platforms in order to achieve this (questions 4 & 5). This indicates that using digital platforms to deliver training would be an effective method of roll-out for the vast majority of our BSW workforce.

It also shows that there is an additional area for development with around a quarter of the workforce who do not feel able to use, understand or demonstrate digital platforms within their learning and development or the development of their profession.

(Question 4)

For that 13.7% of participants that felt poorly, or unable to, facilitate learning of digital skills in themselves and others, question 13 highlights that as many as 51% of participants reported having less than average knowledge and understanding of local support and training resources available to enhance digital literacy for both professionals and the public. With a concerning 15% reporting they have no knowledge or understanding. These findings suggest that having more accessible and substantial signposting toward digital literacy resources would be immensely beneficial to our AHP support workforce. The data shows that they are predominantly more than capable of navigating, learning from, and recommending digital platforms; however, they are not as confident on where to source further support and knowledge around gaining these skills or building upon them further. We can therefore predict, that if our AHP workforce had knowledge of where to seek additional digital skills training, or at least know where to go for further signposting around this, that around three quarters of our workforce could further increase their digital literacy autonomously. Moreover, straight away around three quarters of our workforce would be able to signpost and educate our service users on how to enhance their own digital literacy to ensure accessibility in this digital age.

(Question 13)

**Electronic Health Records (EHRs):**

Moving on to look at the use of digital software to document patient interactions, otherwise known as electronic health records (EHRs). Whilst most participants felt able to document to their organisation’s standards on EHRs, (78.7%), worryingly, 7.4% reported not being able to document on EHRs at all, with an additional 8.3% unable to do so to an average ability, and a further 5.6% reported that they have no requirement to digitally record due to their workplace using paper notes (question 8). This is despite the recommendation from NHS England that *“AHP services as a minimum should be aiming to capture their records, assessments and care plans digitally in a format that supports their service, partner services and patient/service user needs. This is a core foundation for developing digitally mature AHP services.”* [11].

(Question 8)

13% of participants reported being unable to comply with electronic documentation standards, (either from inability or lack of introduction). This is worsened further by the fact that 100% of participants reported they had at least limited knowledge and ability of simple computer skills, with 92.7% declaring their skills as above average (question 9). This lends us to believe that the lack of EHR competency is likely a result of inaccessibility and/ or software specific training requirement, rather than general digital literacy barriers. This conclusion appears evidenced by the results of question 13, which show that less than 50% (48.6%) of participants had average knowledge and understanding of the training and resources available for both professionals and the public.

Clearly, we have a requirement from this insight to look into why 5.6% report having no requirement to complete EHRs and address our ways of working to comply with the evidence-based NHS England [11].

**Simple computer skills and competencies:**

(Question 9)

As Previously discussed, 100% of our BSW AHP support workforce report having at least some simple computer skills. And of this sample, as many as 92.7% reported average, or above, ability with simple computer skills. This includes familiarity with basic computer functions (email, web-based systems, video communication software, Microsoft Office) and practical use of appropriate digital devices (i.e. tablets, smartphones, laptops/desktop computers). This is fantastic news for BSW providers, as it shows that there is a, (more than), basic awareness and ability to use digital technology and thus this can be applied to healthcare more readily.

What may be surprising then, is that only 78.9% reported average, or above, ability to demonstrate their basic digital skills via a completed competency (question14). Whilst of course it is positive that over three quarters of our sample workforce feel able to do this, it is concerning that almost a quarter feel unable to demonstrate this and a further 2.8% reported that “*this has never been asked of me”* / “*Haven’t been introduced to this yet*”. Given the basic IT/ digital literacy requirements listed in all job specifications and advertisements these days, and the mandatory requirement for annual appraisals to ensure up-to-date competencies and address areas of development, this is surprising (question 14).

(Question 14)

**Continued Professional Development (CPD):**

Question 10 demonstrates that 85% of participants across BSW felt they have average or above ability to use digital resources to contribute towards their continued professional development (CPD). Again, this suggests we could utilise digital courses / resources to facilitate, encourage and enable the continued professional development of our BSW AHP support workers. This will have cost, time and accessibility benefits. Both in the form of additional accessibility for those unable to travel, with physical access needs etc., as well as the opportunity to attend a wider variety of opportunities virtually.

(Question 10)

**A digital culture via values, attitude and innovation:**

Questions six and seven focus on digital innovation of the allied health profession that they work in. Whereas questions eleven and twelve focus on the innovation of the workforce themselves.

Whilst over 85% report good ability in using digital platforms and learning digital skills, only 75.9% reported average or above awareness in understanding the benefits and wider implications for digital transformation within their profession and across the wider healthcare environment (question 6). And even fewer still, 71.5%, felt they could demonstrate the implications of digital transformation within their profession to an average or above standard (question 7). These are still impressive figures showing that the majority of our BSW AHP support workforce have a high level of awareness of the innovative digital healthcare advances within their professions. Nevertheless, it also indicates that there is room for improvement in educating and empowering those who are already digitally literate, to understand the application and innovative of digital healthcare in their professional field. This may be an area for discussion/ highlight during team CPD sessions, or for their unions to provide resources/ updates around.

(Question 7)

Anecdotally, there has been reporting of difficulty with providing a digitally innovative culture amongst our workforce in the NHS however, the data from question 11 reflects that 76.1% of the AHP support workers who participated felt that they could demonstrate to an average or above ability that their values and behaviours embrace digital and technological innovation. As well as, demonstrating the benefits of advancing quality of care and development of healthcare workforce via digital means. This indicates that amongst our BSW AHP support workforce there is a majority willingness to embrace and promote the future of digital healthcare. Although, there is likely a piece of work to be done around enabling and encouraging those who possess this innovative digital healthcare outlook to have the confidence to facilitate this engagement amongst their colleagues, as demonstrated by the 3.7% who felt that although they possessed the attitude themselves, they had less than average ability to facilitate engagement in others. This is on top of the 22.9% who reported having less than average or no ability to facilitate digital engagement in others (question 12).

This shows that the potential for digital growth amongst our BSW AHP support workforce is high, with the majority expressing the values and beliefs required for digital innovation. This shows a readiness referred to the digital framework for AHPs, which would allow us to step into the second stage of readiness – digitally mature AHP services, where we could start to evidence our digital innovation [7].

**Domain 1 Summary:**

Taking all these basic professional digital literacy factors into consideration, the overarching consensus is that around three quarters of our BSW AHP support workers feel they have at least average digital literacy capability in all areas of basic professional use, except for knowing how and where to access additional training resources. With only half of our workforce having at least an average ability to access and signpost to additional digital literacy training, this is a priority piece that requires addressing. So far, the attitudes towards the promoting the innovative use of digital technology in healthcare appears present in the majority of our workforce, the tools to action it are simply lacking.

**Domain 7b: Personal Professional Use**

**(Personal professional asset and resource digital skills: Questions 15 – 19)**

This section probes the participants’ abilities to perform personal professional digital functions (e.g. completing HR requirements, accessing occupational health, managing their electronic staff record (ESR) to access payslips, total reward statements and absence calendars). As well as the use of electronic rostering.

**Electronic Staff Record (ESR) knowledge and use:**

Only 1 person out of 109 reported they had no knowledge or understanding of ESR, with the vast majority (89.8%) reporting average or above knowledge and understanding (question 15). The general feedback, as presented it the bar chart below, was that the vast majority (77.7% +) of our BSW AHP support workers have at least average ability to access and manage the various functions required of them on ESR. The results show that staff found checking their training needs/ competencies requirements the easiest (94.4% able to do so to an average or above standard). And still the vast majority at 88.9% reported the average or above ability to book into training via ESR. However, despite the high recording of ability, there were multiple comments in the free-text box of the survey claiming that they found ESR “*difficult”, “hard”, “tricky” and “clunky”,* particularly in relation to booking training (question 16).

(Question 16)

**E-rosters:**

Question 17 revealed that E-roster appears to be used by 89.9% of the participants’ organisations, (with some of the remaining 10.1% reporting they still use paper formats). However, could this figure be closer to only 82.6% of organisations using e-roster if those who reported having “no knowledge/ understanding” have none because e-rosters are not adopted by their organisation, rather than the individual having no knowledge with it in place. Either way, only 86.1% report the use of e-rostering in their direct work setting (question 18). 24.7% report they have no or limited knowledge and understanding of their organisations’ e-rostering system (question 17), and similarly, 22.3% report being not at all or not very well able to use their own e-rostering system (question 18). This is obviously concerning as the inability to understand, access or navigate their e-roster will likely lead to errors in shift attendance, lone working practice, and annual leave and toil accruement and distribution.

**Occupational health and wellbeing access:**

In the main, the 109 participants felt able to navigate and use digital systems to self-refer to occupational health and wellbeing services. However, 11.0% felt unable to, with a further 24.8% reporting their ability to do this as ‘not very well’ (question 19). Off of the back of the pressures and physical and mental toll of combatting the COVID19 pandemic, staff health and wellbeing, (*“looking after our people*”), has been places at the forefront of the NHS People Promise [14]. Therefore, it is crucial to ensure that all staff can access occupational health and wellbeing services as required. It may be that only 82.6% of staff, (as reported), are able to autonomously access it digitally with varying degree of skill; but that is not to say that they cannot still access it through phone calls, their manager’s referral, or physical centres/clinics.

It is also key to note, that of the 7 participants that answered as N/A, 4 reported they have *“never tried to use it”* so felt that they couldn’t comment, 2 answered that they were “*not sure it was available*” to them, and 1 unfortunately commented that they have *“been waiting for two years with regard to Occ. Health”.*

(Question 19)

**Domain 9: Digital Therapeutics Skills**

**(Questions 20-29)**

This final section explored the ability and use of digital therapeutics. This encompassed a multitude of platforms due to this project looking at all 14 AHP groups. This included online patient bookings, physical and psychological therapeutic apps, identifying clinically assured health signposting, virtual communications and clinics, and digitally capturing patient data at the point of care.

**Online appointment booking systems:**

Question 20 studied the ability to use online patient booking systems to book, reschedule and cancel clinical appointments. As many as 18.3% reported not using online patient booking systems, predominantly due to working in inpatient settings or because it is considered “*not part of my role”* (as reported in the free-text box). However, NHS England argue that *“AHPs should consider how PAS (patient administration systems) and related capabilities facilitate patient flow and the planning of resources (AHP and other) to support this.” [18].*

Caution should be taken, as it could be that only 60.6% use online booking systems, rather than 81.7%, if those declaring their ability to use it as ‘not at all’ is because they don’t have it/ need to use it.

In fact, irrelevant of whether 60% or 80% of work environments use online booking, less than 50% (49.5%) felt able to use online booking systems to an average or above ability.

**Identifying and signposting to clinically assured digital resources:**

(Question 20)

Moving onto the knowledge and understanding of how to recognise clinically assured online health and care information content (question 21). Whilst at first glance it looks positive that 60.2% of participants felt they had average or above ability to know how to identify clinically assured digital resources; it becomes worrying that 69.7% reported that they had average or above ability to direct patients to clinically assured on-line health and care information (question 22). The concern being that a proportion of staff that report they are lacking the ability to identify whether a digital resource is clinically assured but are happy to signpost patients to resources regardless of this. It may be the case that 69.7% felt more confident in signposting patients to the specific, well known, examples I gave (e.g. NICE guidelines), but this could also be a case of 69.7% felt more confident signposting patient to online resources than knowing/ identifying the validity of the resources. This is an area for development to ensure that our service users are only being signposted to research based, clinically assured, accurate health and wellbeing information. And that our non-registered clinical workforce are able to identify, and therefore challenge if required, unreliable sources.

Question 23 asked participants how well they could identify non-clinically assured / inaccurate online health and care information, which 80.8% reported average or above ability in. Meanwhile, 18.3% reported less than average ability and worryingly of these 6.4% reported no ability. With our current and future digitally weighted methods of communicating with each other, (e.g. news aps, e-papers, social media, forums, blogs, vlogs etc.), it becomes more important than ever to be able to ascertain for ourselves what is medically assured / accurate due to the open nature of publication on various digital platforms.

(Question 23)

**Recommendations of physical healthcare apps:**

Furthermore, the recommendation or prescription of approved mobile health applications (apps), (e.g., NHS app, mHealth, Hope For The Community, MDCalc, Keele Pain Recorder etc.), appears vastly underutilised with 28.5% reporting being completing unable to, or not using, at all (question 24). Less that half, 47.7%, of our BSW AHP support workforce participants felt they have average or above ability to signpost our patients to physical health apps. This is a hugely untapped / underutilised resource with large cost, patient self-efficacy, patient empowerment and accessibility benefits.

(Question 24)

**Recommendation of psychological healthcare apps:**

Question 25 then went on to look specifically at the knowledge and understanding of psychological therapies digital platforms (e.g., IAPT, Woebot Health, Hub for Hope). Almost half of participants, 46.8%, reported no knowledge or understanding, or use of this field of digital therapeutics.

The statistics show that back in 2014, *“one in six adults (17 per cent) surveyed in England met the criteria for a common mental disorder” [12],* and now in 2023 to has risen to*, “One in four adults experiences at least one diagnosable mental health problem in any given year*” [15]. Therefore, the chances are that our workforce, irrelevant of bandings, profession, speciality, or location, will encounter patients and colleagues with mental health difficulties on a weekly, if not daily, basis. And so, the ability to appropriately signpost to digitally-enables psychological support is an area for development.

This becomes more important still given the extensive wait lists for face-to-face interventions of stretched services across the UK. Additionally, with WHO recognising that *“Mental health conditions now cause 1 in 5 years lived with disability” [*16]*,* accessibility is another factor that needs considering. And so for someone suffering from a mental health condition, using an app from the safety of their own home may be more realistic way that they can reach the support that they need.

**Knowledge and use of viewing and capturing patient data digitally at the point of care:**

Question 26 explored the confidence to view and / or capture patient data at the point of care via a variety of devices as demonstrated below:

(Question 26)

**Handheld devices:** 25.7% of participants reporting being completely unable to use handheld devices in this way. With only 43.1% reporting average or above ability to use handheld devices for capturing patient digital data.

**mHealth wearables:** Almost half, 45.5%, reported being completely unable to use mHealth wearable technology to capture digital patient data. Only 20.5% felt they have average or above ability to view and use wearable devices in their work setting.

**Medical devices:** 23.4% reported being completely unable to use connected medical devices to capture patient physical parameters (e.g. blood pressure or blood-oxygen saturation readings). 55% reported average or above ability.

**Digital cameras**: 33.6% reported being completely unable to use digital camera technology to facilitate medical image capture and recording in electronic health records (EHR) (e.g. with patient’s consent, photographing a wound and uploading the digital image to the patient’s EHR for registered staff review). 32.7% reported average or above ability to use digital camera technology to capture patient data. This is only one employee more than those reporting no ability at all.

**Remote monitoring:** 36.4% reported being completely unable to use remote monitoring of patient HER data (e.g. viewing clinical notes & test results). 37.3 % reported average or above ability to use remoted monitor patient HER data. Again, this is only one employee more than those reporting no ability at all.

**Image exchange portals:** 40.4% reported being completely unable to use image exchange portals (IEP) to capture or view patient data. 26.6% reported average or above ability to use IEPs. Given the specialist nature of IEPs I do not think this is as great a training / development area as the numbers may suggest.

**Remote working:** 20.2% reported being completely unable to use remote working methods (e.g. laptops) to capture or view patient data whilst remote working (e.g. in patient’s homes or community settings). 56% reported average or above ability to capture and view patient data whilst remote working.

I think the most surprising theme of this category of data, is that between 12.6% - 20.5% of participants reported that using each digital data capturing method was not applicable to them. Given the future of healthcare in our digital age, the advancement in our digital and technology software/ devices/abilities and the overall positive attitude of our BSW AHP support workers I am surprised that so many reported that they felt it was not applicable to them. While I accept that certain modalities would not be applicable in certain areas of professions, I would not expect to see as many as 20.5% report so.

**Knowledge, understanding and use of virtual clinics and communications platforms:**

Question 27 explored the knowledge and understanding of the role and benefits of virtual clinics via secure platforms, including telephone, text-only messaging, online video platforms, interactive media platforms and virtual reality/ augmented reality platforms:

**Telephone:** 14% reported no knowledge or understanding of role and benefits of virtual clinics via telephone. 57.2% reported average or above knowledge and understanding.

**Text-only messaging**: 14.7% reported no knowledge or understanding of role and benefits of virtual clinics via telephone. 52.3% reported average or above knowledge and understanding.

**Online video platforms:** Only 8.3% reported no knowledge or understanding of role and benefits of virtual clinics via telephone. 59.6% reported average or above knowledge and understanding.

**Interactive media platforms:** 47.7% reported no knowledge or understanding of role and benefits of virtual clinics via telephone. 15.6% reported average or above knowledge and understanding.

**Virtual reality / augmented reality platforms:** 46.8% reported no knowledge or understanding of role and benefits of virtual clinics via telephone. 15.3% reported average or above knowledge and understanding.

It is also worth noting that between 11% - 18.3% of participants reported that it was not applicable to them to have knowledge and understanding of the role and benefits of each platform for virtual clinics. Again, this is more than I expected as these are all platforms that could be utilised in any profession or setting, and for some of our service users, would be more accessible options. As stated by NHS England, “*It is important that AHP services keep up to date on the remote care capabilities available for their service and their service users” [17].*

Moving on to the knowledge and understanding of the limitations and common problems associated with remote care; less than half, 46.3%, of our staff reported average or above knowledge and understanding of this (question 28). This is an area for further development to ensure smoother professional use, and the ability to troubleshoot and escalate issues as required.

How well our staff can use online communication platforms to provide clinical teaching to colleagues working remotely was looked at in question 29. 64.8% reported average or above ability but interestingly, 8.3% felt this was not applicable to them, and a further 12% felt they had no ability at all. This seems surprising given the shift to virtual delivery of many services since the COVID19 pandemic, particularly staff meetings/ handovers and training.

(Question 29)

**Additional Questions:**

**(Questions 30-31**)

At the end of the three sections of questions based off the 2020 Topol Digital Health Fellowships, who based their work from the Topol Review 2019, there were two additional questions to ascertain general feedback/ feeling. These questions were generated from feedback when piloting the study, and considering the insight aims specifically for BSW.

**“What would be useful to widen your digital knowledge?”:**

 Question 30 asked in free text form “what would be useful to widen your digital knowledge?”, to which 67 participants responded. Themes:

**Training:** 44/67 = 65.7% of participants that answered requested additional training

 Online: 4/44

 Video resources: 3/44

 Face to face: 5/44

Workshops: 3/44

One to one: 2/44

Unspecified: 39/44

Mentioned how people were ok in their current roles but would find it beneficial to embed the necessary digital skills in the inductions of any future roles. This was added to in another comment about how it would be really useful to have “*training before you actually start your job*” i.e. during induction rather than weeks or months into their post.

**Increased use / innovation roll-out:** 9 / 67 = 13.4% of participants that answered requested further roll-out of digital health care technology/ use in their roles to enable them to practice and upskill their digital literacy, *“match the rest of the organisation \*digital prescribing*” and increase their opportunity for innovative digital advancement within their profession.

**Signposting / Communication:** 8/67 = 11.9% of participants that answered requested better signposting, updates and communication around digital training/ resources.

**Access to devices / software:** 6/67 = 9% of participants that answered requested better access to computers/ digital devices and software to enable them to utilise, practice and further develop their digital literacy skills.

**Protected Time:** 6/67 = 9% of participants also answered protected time to complete training / familiarise themselves / update themselves around digital literacy skills.

**Do you have any difficulties / barriers to physically accessing the necessary digital devices? :**

Finally, question 31 which asked whether staff experience any difficulties / barriers to physically accessing the necessary digital devices, (e.g. not enough devices, not enough software licenses, broken devices, disability accessibility requirements not fulfilled etc.). 103 participants responded to this with as many as 26.2% reporting that they experience accessibility issues. In the free text option, they go on to detail with the most common themes being not enough devices for the ratio of staff, poor Wi-Fi connectivity / strength, and no enough space to access a device.

(Question 31)

There are 8 themes emerging from the free-text explanation from the 27 staff that reported difficulties or barriers to physically accessing digital devices, these were:

**Limited number of computers/ phones / devices**: 10/27

**Poor or temperamental internet connection**: 7/27

**Limited/ not enough space to access computer/ device:** 5/27

**Faulty / broken laptops/ devices:**  3/27

**Slow software:** 3/27

**Poor or no mobile service:** 2/27

**Health accessibility requirements not met:** 2/27 (neurodiverse & physical health reported)

**Not enough software licences:** 1/27

**Key Assurances**

**Domain 1: General:**

* The biggest assurance of this projects is that the overall self-assessed level of digital literacy amongst our BSW AHP support workforce, is much higher than anecdotally acknowledged. This project shows that on average three quarters of our staff have an average or above level of digital literacy (spanning all areas covered).
* We now know that not only would using digital platforms to deliver training be an effective method of roll-out for the vast majority of our BSW workforce, but also that the majority are actively requesting it.
* We know that our AHP support workforce are showing to predominantly be more than capable of navigating, learning from, and recommending digital platforms. And we can predict, that if our AHP workforce had knowledge of where to seek additional digital skills training, or at least know where to go for further signposting around this, that around three quarters of our workforce could further increase their digital literacy autonomously.
* We can demonstrate the majority willingness to embrace and promote the future of digital healthcare amongst our AHP support workforce. This is reflected in their high scores for having positive attitudes towards digital based innovation, and the subsequent values required to promote this.
* The lack of EHR competency reported appears likely a result of inaccessibility and/ or software specific training requirement, rather than general digital literacy barriers from our AHP support workforce. This is an assurance as it will only require a targeted training programme to address this one function, rather than a plethora of training to get digital literacy foundations up to scratch first.
* This is backed up by the finding that 100% of participants reported they had at least limited knowledge and ability of simple computer skills, with 92.7% declaring their skills as above average. This is fantastic news for BSW providers, as it shows that there is a, (more than), basic awareness and ability to use digital technology and thus this can be applied to healthcare more readily.
* And that we can demonstrate that 85% of participants across BSW felt they have transferable skills in that they also have average or above ability to use digital resources to contribute towards their continued professional development (CPD).

**Domain 7b: Personal**

* 77.7% + of our BSW AHP support workers have at least average ability to access and manage the various functions required of them on ESR (qu15 &16). This goes a long way to support the Five Year Forward [5] paper-free vision for the NHS as payslips and rotas no longer require printing for the majority of our staff in 2023.
* The majority of our organisations are using e-rostering.
* The majority of our BSW AHPs support workforce are able to autonomously access occupational health and welling digitally.

**Domain 9: Digital Therapeutics:**

* It is positive that the majority of workforce feel able to identify and signpost to clinically assured digital resources. However, caution is needed as only 60.2% of participants felt they had average or above ability to identify clinically assured digital resources; and yet 69.7% reported that they had average or above ability to direct patients to clinically assured on-line health and care information.
* 80.8 % felt they have average or above ability to identify non-clinically assured/ inaccurate online health & care information.
* How well our staff can use online communication platforms such as video conferencing, e-learning webinars etc. was looked at in question 29; with 64.8% reporting average or above ability.
* A very clear theme of our workforce wanting to engage in more digital training was identified in question 30, (66% of those that responded).
* The majority reported no physical barriers to accessing digital devices (74%).

**Key Areas for development**

**Domain 1: General**

* We need to be educating and empowering those already digitally literate, to be innovative and broader with their incorporation of it in enhancing their professional practice.
* We need to be assisting approximately a quarter of the workforce who do not feel able to use, understand or demonstrate digital platforms within their learning and development or the development of their profession.
* Our AHP support workforce are showing to predominantly be more than capable of navigating, learning from, and recommending digital learning platforms autonomously. However, they are lacking in the knowledge of where/ how to find the support/material to begin with due to inadequate signposting.
* We need to investigate the accessibility and training available around EHRs.
* And look into why 5.6% report having no requirement to complete EHRs and address our ways of working to comply with the Five Year Forward View.
* Whilst of course it is positive that over three quarters of our sample workforce feel able to demonstrate their basic digital skills via a completed competency, it is concerning that almost a quarter feel unable to demonstrate this and a further 2.8% reported that “*this has never been asked of me”* / “*Haven’t been introduced to this yet*”. Given the basic IT/ digital requirements listed in all job specifications and advertisements these days, and the mandatory requirement for annual appraisals to ensure up-to-date competencies and address areas of development, this is surprising.
* There is room for improvement in educating and empowering those who are already digitally literate, to understand the application and innovative of digital healthcare in their professional field. This may be an area for discussion/ highlight during team CPD sessions, or for their unions to provide resources/ updates around.
* There are some colleagues who felt that although they possessed the embracive attitude to digital healthcare themselves, they had less than average ability to facilitate engagement in others. This is on top of the 22.9% who reported having less than average or no ability to facilitate digital engagement in others.

**Domain 7b: Personal**

* There were multiple comments in the free-text box of the survey claiming that they found ESR “*difficult*”, “*hard”,* “*tricky”* and “*clunky*”, particularly in relation to booking training.
* 24.7% report they have no or limited knowledge and understanding of their organisations’ e-rostering system, and similarly, 22.3% report being not at all or not very well able to use their own e-rostering system. This is obviously concerning as the inability to understand, access or navigate their e-roster will likely lead to errors in shift attendance, lone working practice, and annual leave and toil accruement and distribution.
* Furthermore, E-roster appears to not be used by 10.1% of BSW AHP support workforce, some of which report that they still use paper formats. However, could this figure be closer to 17.4% if those who reported having “no knowledge/ understanding” of e-rosters have none because they are not adopted by their organisation, rather than the individual having no knowledge with it in place.
* Not all staff have the digital literacy skills to access online occupational health and wellbeing services with 11.0% reporting they are ‘unable to’, with a further 24.8% reporting their ability to do this as ‘not very well’.

**Domain 9: Digital Therapeutics**

* It could be that only 60.6% use online booking systems, rather than 81.7%, if those declaring their ability to use it as ‘not at all’ is because they don’t have it/ need to use it. In fact, irrelevant of whether 60% or 80% of work environments use online booking, less than 50% (49.5%) felt able to use online booking systems to an average or above ability.
* There is a discrepancy between those who reported being able to identify clinically assured digital resources and those able to signpost to them. With more staff happy to signpost than to identify.
* The concern being that a proportion of staff that report they are lacking the ability to identify whether a digital resource is clinically assured, are happy to signpost patients to resources regardless. Whist this may simply be a case of 69.7% felt more confident in signposting patients to the specific, well known, examples I gave (e.g. NICE guidelines), this could also be a case of 69.7% felt more confident signposting patient to online resources than knowing/ identifying the validity of the resources. This could be an area for development to ensure that our service users are only being signposted to research based, clinically assured, accurate health and wellbeing information. And that our non-registered clinical workforce are about to identify, and therefore challenge if required, unreliable sources.
* Meanwhile, 18.3% reported less than average ability and worryingly 6.4% of which reported no ability to identify clinically assured online health and care content. With our current and future digitally weighted methods of communicating with each other, (e.g. news aps, e-papers, social media, forums, blogs, vlogs etc.), it becomes more important than ever to be able to ascertain for ourselves what is medically assured / accurate due to the open nature of publication on various digital platforms.
* Furthermore, the recommendation or prescription of approved mobile health applications (apps), (e.g., NHS app, mHealth, Hope For The Community, MDCalc, Keele Pain Recorder etc.), appears vastly underutilised with 28.5% reporting being completing unable to, or not using, at all. Less than half, 47.7%, of our BSW AHP support workforce participants felt they have average or above ability to signpost our patients to physical health apps. This is a hugely untapped / underutilised resource with large cost, patient self-efficacy, patient empowerment and accessibility benefits.
* Almost half of participants, 46.8%, reported no knowledge or understanding, or use of psychological health apps. The statistics show that back in 2014, *“one in six adults (17 per cent) surveyed in England met the criteria for a common mental disorder” [12],* and now in 2023 to has risen to*, “One in four adults experiences at least one diagnosable mental health problem in any given year*” [15]. Therefore, the chances are that our workforce, irrelevant of bandings, profession, speciality, or location, will encounter patients and colleagues with mental health difficulties on a weekly, if not daily, basis. And so, the ability to appropriately signpost to digitally-enables psychological support is an area for development.
* This becomes more important still given the extensive wait lists for face-to-face interventions of stretched services across the UK. Additionally, with WHO recognising that *“Mental health conditions now cause 1 in 5 years lived with disability” [*16]*,* accessibility is another factor that needs considering. And so for someone suffering from a mental health condition, using an app from the safety of their own home may be more realistic way that they can reach the support that they need. And so, the ability to appropriately signpost to digitally-enables psychological support is an area for development.
* Our participants reported really poor ability to use digital devices to view and/or capture patient data at the point of care, in contrast to their other digital literacy skills. With the highest score being only 56% felt able to remote work from a laptop to an average or above ability and the lowest scoring only 27% average or above ability to use imagine exchange portals. Handheld devices, mHealth wearables, medical devices, digital cameras and remote monitoring all scored between just 21% to 55% of participants reporting average or above ability.
* Similarly, the knowledge and understanding of digital platforms for virtual clinics was poor relative to other skills. With only 15% - 60% of participants reporting average of above knowledge around telephone, text, video, interactive media or virtual reality/ augmented reality communication use and benefits. With a further 11 % - 18% of participants reporting that understanding the use and benefits of the various methods were not applicable to them in their roles.
* Less than half, 46.3%, of our staff reported average or above knowledge and understanding of the limitations and common problems associated with remote working.
* 35% of participants reported having a less than average ability to use online communication platforms to provide training remotely. Of this, 12% felt they had no ability at all. And interestingly, 8.3% felt this was not applicable to them. This seems surprising given the shift to virtual delivery of many services since the COVID19 pandemic, particularly staff training, handovers and updates etc.
* More training is needed (requested by 66% of the participants that answered question 30. They also made reference to the need for digital training prior to starting in the organisation, i.e. at induction; and also when starting a new role within the organisation.
* 26% are reporting difficulties physically accessing digital devices, especially on wards. They also reported poor internet/ Wi-Fi connection and not having enough space to access computers/ devices as barriers they experience.

**Recommendations**

What we can do now:

1. All training and education faculties across BSW will have reviewed and updated their digital literacy training/resources by October 2023 and make contact with the BSW digital board to ensure that the digital resources that are recommended are clinically assured. They will also identify whether further training on *“how to identify if digital material is clinically assured”* requires creating or signposting to.
2. All training and education faculties across BSW will work in collaboration with their IT/ digital departments to ensure they can provide or signpost their workforce to online digital literacy training/updates by November 2023. This will include signposting for service users to digital literacy aid. Each organisation will then present these recommendations to the BSW Academy to review the resources available to staff and how we might advertise /publish them.
3. As a system, we understand the digital resources we can use, and promote them in a single space that our workforce can be signposted to and access- by December 2023.
4. All organisations across BSW will incorporate a digital competency within their staff annual appraisals and/or training requirements when their appraisal framework is next due for review.
5. Each BSW organisation’s IT department to review their ESR formatting and usability, particularly booking training function, to improve the accessibility and use of it by October 2023.

What we could do with more resources:

1. Heads of AHP departments to identify what digital devices are already in use in their departments and evaluate any that could be better utilised or trialled. This will be escalated to a designated digital lead to oversee and facilitate the continuum of digital innovation in BSW.
2. By March 2024 IT departments and Team managers across BSW will complete an audit of the ratio of devices to staff across all settings. BSW organisations will then report to the BSW digital transformation group for awareness what/how/where devices are still not easily accessible to staff and how as a system we can improve this.
3. Complete a system review of where Wi-Fi connectivity works/doesn’t sufficiently work across BSW, for both service users and staff, and look for recommendations to rectify this accessibility barrier.

Where we aim to be:

1. All organisations within BSW to establish a digital champions programme by February 2024. To promote leadership at every level, promote digital healthcare innovation, encourage peer support and an inclusive culture and provide opportunity to develop in a cost-effective matrix.
2. Provide substantive AHP digital lead roles to facilitate BSW progressing into the second stage of maturity in the digital framework for AHPS and continuing to foster innovative change in the digital healthcare age.
3. Digital accessibility not to be a barrier for our staff due to sufficient devices, connectivity, software licences, IT helpdesk responsivity and reasonable adjustments for our employees to perform their best at work.

**Overall Outcome**

The overall observations gained from this project are:

* Our current AHP support workforce already has a high level of digital literacy, a positive attitude toward innovative digital use in healthcare and are wanting to further build upon their skills with training.
* They predominantly prefer this training in the form of digital platforms / online learning, with a small minority requesting 1:1 or face to face support.
* One issue expressed by most, is that our workforce is not aware of what training already exists due to a lack of, or inept, signposting to the resources available.
* They also feel that digital literacy is not spoken about enough in the workplace, including lack of updates from managers around new initiatives, innovative change, training availability, piloting technology/device, resource availability etc.
* The areas that our workforce require more intensive development in are around online booking systems, electronic patient recording, viewing and capturing patient data via a digital device.
* Knowledge and awareness that would benefit further expansion in our workforce include the benefits and uses of remote working modes, how to identify clinically assured digital content, and signposting service users to physical and mental health apps.

**Summary of Assurance and Risks**

The project identifies:

* No Assurance [ ]
* Limited Assurance [ ]
* Reasonable Assurance [x]
* Substantial Assurance [ ]
* Extreme Risks [ ]
* High Risks [ ]
* Moderate Risks [ ]
* Low Risks [ ]
* No Risks [x]

Based on the risk rating above, has a risk assessment been completed?

[ ]  Yes Risk Register Number:

[x]  No If no, please document the reason: Not indicated

**Do you plan to repeat this projects again?**

[ ]  Yes Re-audit date:

[x]  No

**Acknowledgements**

Sue Elliott – BSW AHP Faculty Lead

Scott Buxton – BSW AHP Faculty Lead

Gemma Pugh – Associate Director of the BSW Academy

Gina Sargent – Health & Care Professional Director BANES

Lina Middleton – Patient & Pubic Involvement Officer WH&C

Andrea Morgan – Workforce development Lead HEE

Steven Lobb – Information Governance Manager WH&C

Emma Bye – Communication & Engagement Manager WH&C

Jason Young – BSW ICB Assistant Director of Digital Transformation

**References**

1. A digital framework for AHPs, pg 7, [NHS England » A Digital Framework for Allied Health Professionals](https://www.england.nhs.uk/publication/a-digital-framework-for-allied-health-professionals/)
2. A digital framework for AHPs, pg 3, [NHS England » A Digital Framework for Allied Health Professionals](https://www.england.nhs.uk/publication/a-digital-framework-for-allied-health-professionals/)
3. The NHS Long Term Plan- a summary, pg 2, [The NHS Long Term Plan – a summary](https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/the-nhs-long-term-plan-summary.pdf)
4. A digital framework for AHPs, pg 3, [NHS England » A Digital Framework for Allied Health Professionals](https://www.england.nhs.uk/publication/a-digital-framework-for-allied-health-professionals/)
5. Policy Paper: Delivering the Five Year Forward View, June 2015, Page 6 “domain five”, [Delivering the Five Year Forward View - GOV.UK (www.gov.uk)](https://www.gov.uk/government/publications/implementing-personalised-health-and-care-2020/delivering-the-five-year-forward-view#domain-five-paper-free-healthcare-and-system-transactions)
6. Wachter report: [Making IT Work: Harnessing the Power of Health Information Technology to Improve Care in England (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/550866/Wachter_Review_Accessible.pdf)
7. A digital framework for AHPs, pg 6, [NHS England » A Digital Framework for Allied Health Professionals](https://www.england.nhs.uk/publication/a-digital-framework-for-allied-health-professionals/)
8. Wachter report executive summary:, pg 4, [Making IT Work: Harnessing the Power of Health Information Technology to Improve Care in England - Executive Summary (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/550899/Watcher_Exec_Summary_Accessible.pdf)
9. Christopher Tack, (2020 Topol Digital Health Fellowship), “Development of a digital competency framework for K Allied Health Professionals”. [NHS Digital Academy - Website Content - Digital-competency-framework-for-UK-AHPs.pdf - All Documents (sharepoint.com)](https://healtheducationengland.sharepoint.com/sites/NHSDAWC/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2FNHSDAWC%2FShared%20Documents%2FDigi%2Dlit%2FDigital%2Dcompetency%2Dframework%2Dfor%2DUK%2DAHPs%2Epdf&parent=%2Fsites%2FNHSDAWC%2FShared%20Documents%2FDigi%2Dlit&p=true&ga=1) (via HEE website: [Profession and Service Specific Digital Capabilities Frameworks | Digital Transformation (hee.nhs.uk)](https://digital-transformation.hee.nhs.uk/building-a-digital-workforce/digital-literacy/digital-capabilities-frameworks#digital3)).
10. The Topol Review 2019: [The Topol Review (hee.nhs.uk)](https://topol.hee.nhs.uk/the-topol-review/#:~:text=The%20Topol%20Review%20outlined%20recommendations%20to%20ensure%20the,greater%20scale%20than%20anywhere%20else%20in%20the%20world.)
11. A digital framework for AHPs, pg 10, [NHS England » A Digital Framework for Allied Health Professionals](https://www.england.nhs.uk/publication/a-digital-framework-for-allied-health-professionals/)
12. “Adult Psychiatric Morbidity Survey: survey of mental health and wellbeing, England 2014”*,* [[ARCHIVED CONTENT] Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014 - NHS Digital (nationalarchives.gov.uk)](https://webarchive.nationalarchives.gov.uk/ukgwa/20180328140249/http%3A/digital.nhs.uk/catalogue/PUB21748)
13. The NHS Long term Plan 2019, pg 91- 99, [nhs-long-term-plan-version-1.2.pdf (community.local)](file:///%5C%5Cwhcaz019310.community.local%5CUserData%24%5CRachel.Churchman%5CDocuments%5CU_Drive%5CBSW%20AHP%20Digital%20Lead%5CBSW%20AHP%20Digital%20Literacy%20Project%5Cnhs-long-term-plan-version-1.2.pdf)
14. Supporting the wellbeing needs of NHS staff, NHS employers, [Supporting the wellbeing needs of NHS staff | NHS Employers](https://www.nhsemployers.org/articles/supporting-wellbeing-needs-nhs-staff)
15. Adult and older adult mental health, NHS England, [NHS England » Adult and older adult mental health](https://www.england.nhs.uk/mental-health/adults/)
16. Mental health burden, World health Organization, [Mental health (who.int)](https://www.who.int/health-topics/mental-health#tab=tab_2)
17. A digital framework for AHPs, pg 16, [NHS England » A Digital Framework for Allied Health Professionals](https://www.england.nhs.uk/publication/a-digital-framework-for-allied-health-professionals/)
18. A digital framework for AHPs, pg 14, [NHS England » A Digital Framework for Allied Health Professionals](https://www.england.nhs.uk/publication/a-digital-framework-for-allied-health-professionals/)
19. “Digital Strategy for BaNES, Sindon and Wiltshire Partnership 2023 -2028”.

**Appendix A:** Action Plan

|  |  |
| --- | --- |
| **Project Title:** | Bath & Northeast Somerset, Swindon & Wiltshire (BSW) Digital Literacy Scoping of Allied Health Professionals (AHP) Support Workforce Project 2023 |
| **Action plan lead:** | **Name: Rachel Davis** (née Churchman) | **Title: BSW AHP Digital Lead** | **Contact:** **Rachel.churchman@nhs.net** **/ Rachel.Davis@ghc.nhs.uk**  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Recommendation***Ensure that these mirror those recorded in the “Recommendations” section of this report* | **Actions required***These should specifically state what needs to be done to achieve the recommendation* | **Action by date***(DD/MM/YY)* | **Person responsible** | **Closed Date***(DD/MM/YY)* | **How are you going to evidence this action** | **Comments / Action status / Progress** |
| Report dissemination  | This report has been disseminated to: * Gemma Pugh - Head of Service for NHS@Home (virtual wards) WH&C
* Andrea Morgan – Workforce Development Lead, NHS England – South West.
* Jason Young - BSW ICB Assistant Director of Digital Transformation
* Gina Sargent - Health & Care Professional Director (Wilts)
* Carrie Biddle – AHP Regional Faculty lead – South West
* Abi Hall - AHP Faculty Project Lead – Devon
* Lynsey Forsey – South West AHP Digital Network lead
* Sam Olden – Consultant Therapist WH&C
* Rozz McDonald - Supporting TEL Relationship Manager (Technology Enhanced Learning, Directorate of Innovation and Transformation) - HEE
* Shanil Mantri – BSW ICB CIO
* Christian Bailey – CCIO WH&C
* Sarah Paterson – Salisbury Therapy Team Lead
* Katherine Godfrey – AWP therapy lead
* Adam Rochford – HCRG Therapy Lead
* Alex Harrington- GWH therapy lead
* Claire Young & Scott Buxton – RUH therapy leads
* Sophie Palmer – Swindon County Council lead therapist
* Cris Mulsaw - Salisbury therapy lead
* Dennis Deguzman – Systm1 education specialist WH&C
* Gabriele Tilley – head of education and training WH&C
* Rachel Green – head of operations WH&C
* Jane Barkshire – clinical team manager WH&C
* Carol Langley-Johnson – head of operations of long term conditions
* Rachel Byford - regional southwest lead for long covid
* Anna Paisley – clinical lead for long covid service WH&C
* Gemma chappell – project manager, south west
* Lina Middleton – patient and public involvement officer WH&C
* Kelsa Smith – head of IT WH&C
* Sarah Green – The Academy
* Sue Elliot – head of orthoptists salisbury, previous BSW AHP faculty lead
* Katie Williams – BSW AHP faculty placement expansion lead.

Results of this project has been presented to: BSW AHP CouncilSouth West AHP Digital NetworkBSW AcademyBSW ICB digital forumThe WH&C people forum | 25.05.2023Recordings provided and live presentation TBC | Rachel Davis | **26.05.2023** | **K.Gullis , Sam Sousa & Emma Crowe copied into the email disseminating the report and signposting to the full resources via FOI link.** |  |
| The below recommendations are suggested as a result of the data recorded. There was no capacity within the scope of this project to formalise these with all stakeholders, and so it is for the stakeholders to further discuss and prioritise actioning these as a system in line with the evidence provided. This should be used to inform and guide the stakeholders to progress supporting our AHP workforce as per the BSW ICB workforce digital strategy. |
| 1. All training and education faculties across BSW will have reviewed and updated their digital literacy training/resources by October 2023 and make contact with the BSW digital board to ensure that the digital resources that are recommended are clinically assured. They will also identify whether further training on *“how to identify if digital material is clinically assured”* requires creating or signposting to.
 | Training and education departments authorised to review and update their digital literacy training/ resources.Each organisation to report these findings to the BSW digital board.BSW digital board to review the findings and make recommendations accordingly.The Academy to signpost to an existing, or create, a module around ‘identifying clinically assured digital content’ to be passed and rolled out to all clinical staff as a compulsory learning module. | October 2023December 2023 | BSW OrganisationsBSW digital board |  | Audit BSW training and education departments for digital literacy signposting and resources.The Academy to provide or signpost to ‘clinically assured identification’ training  |  |
| 1. All training and education faculties across BSW will work in collaboration with their IT/ digital departments to ensure they can provide or signpost their workforce to online digital literacy training/updates by November 2023. This will include signposting for service users to digital literacy aid. Each organisation will then present these recommendations to the BSW Academy to review the resources available to staff and how we might advertise /publish them.
 | Education, communications, engagement and IT teams to work throughout the system to inform The Academy of their resources.Organisations to facilitate the resource signposting advised by The Academy.  | November 2023January 2024 | BSW digital boardThe Academy |  | BSW digital board to audit organisations compliance. |  |
| 1. As a system, we understand the digital resources we can use, and promote them in a single space that our workforce can be signposted to and access- by December 2023.
 | The digital board to work alongside The Academy and BSW organisations to compile a list of their existing resources.Resources to be differentiated as targeted for ‘staff’ or ‘service user’ .A single accessible, space to be created by The Academy and signposting created and disseminated amongst the ICB. | September 2023December 2023February 2024 |  |  | The Academy to have set up and distributed the accessible resources signposting. |  |
| 1. All organisations across BSW will incorporate a digital competency within their staff annual appraisals and/or training requirements when their appraisal framework is next due for review.
 | Each organisation ‘s education and training department will review their competency frameworks, inductions, and appraisal paperwork to advise on whether digital competency is currently incorporated.In areas that it is not, education and training teams to collaborate with the SW digital board, The Academy, their HR policy managers and their IT departments to incorporate this.  | November 2023March 2024 | Policy boardITEducation and training |  | Digital literacy competencies will be available and carried out for our BSW staff as business as usual.  |  |
| 1. Each BSW organisation’s IT department to review their ESR formatting and usability, particularly booking training function, to improve the accessibility and use of it by October 2023.
 | Organisation’s IT departments to collaborate with education and training and consider accessibility and usability when redesigning their ESR formatting- particularly ‘booking training’ function.  | October 2023 | ESR owner -IT |  | Repeat a staff survey and/or pilot group to review whether staff report an improvement in ESR usability. |  |

**Appendix B:** Data Collection Form

**

BSW Digital Literacy Scoping of AHP Support Workforce Survey

This survey will take approximately 15 minutes to complete; and aims to assess the current digital abilities of the Allied Health Professionals (AHP) support workforce across Bath, Northeast Somerset, Swindon & Wiltshire (BSW). Please ensure you only complete this survey if you are a band 2, 3, 4, 5 (or equivalent) AHP support worker / technician / assistant / instructor / advisor / co-ordinator/ therapy worker.

This survey is being utilised for service development across AHP services within BSW, all answers are anonymous, unless you enter identifiable information in a free text box.  The data will be held and managed by Wiltshire Health and Care.  Your feedback will help us review and develop the service, making improvements where necessary and knowing what is already working well.  Thank you for your time and insight.

If you require assistance to complete this survey, or an alternative format, please contact Sue Elliott via whc.bswahpfaculty@nhs.net or on 07733 285 289 between 14:00 – 16:00 on Tuesdays and Wednesdays.

Before you start, please complete the following:

1. Which organisation do you work for?

|  |  |
| --- | --- |
|    | Wiltshire Health and Care |
|    | Royal United Hospitals Bath |
|    | Great Western Hospital, Swindon |
|    | Salisbury Hospital |
|    | Avon and Wiltshire Mental Health Partnership Trust |
|    | South Western Ambulance Service NHS Foundation Trust (SWASFT) |
|    | HCRG (formerly Virgin Care) |
|    | Other (please specify):

|  |
| --- |
|   |

 |

2. What is your current banding?

|  |  |
| --- | --- |
|    | 2 |
|    | 3 |
|    | 4 |
|    | 5 |
|    | Other (please specify):

|  |
| --- |
|   |

 |

3. What AHP profession do you support? (you can select up to 3)

|  |  |
| --- | --- |
|    | Art therapists |
|    | Drama therapists |
|    | Music therapists |
|    | Podiatrists |
|    | Dietitians |
|    | Occupational therapists |
|    | Operating department practitioners |

|  |  |
| --- | --- |
|    | Orthoptists |
|    | Osteopaths |
|    | Paramedics |
|    | Physiotherapists |
|    | Prosthetists and orthotists |
|    | Radiographers |
|    | Speech and language therapists |

2. General Digital Skill

This section of questions is around your general foundational digital / IT abilities.

If you require assistance to complete this survey, or an alternative format, please contact Sue Elliott via whc.bswahpfaculty@nhs.net or on 07733 285 289 between 14:00 – 16:00 on Tuesdays and Wednesdays.

4. How well can you use digital platforms to record your own learning and direct colleagues to?
(For example: Training Tracker, union website resources, organisation’s e-libraries, Digital Learning Solutions, e-learning for healthcare etc)

|  |  |
| --- | --- |
|    | 1 - Not at all |
|    | 2 - Not very well |
|    | 3 - Average ability |
|    | 4 - Quite well |
|    | 5 - Very Well |
|    | N/A (please explain):

|  |
| --- |
|   |

 |

5. How well can you facilitate learning digital skills both in yourself and your peers / patients / students?
(Digital skills include: basic digital skills for the normal running of services, how to use technology to record, direct and implement learning for continued professional development e.g. Digital Learning Solutions, organisation’s IT and systems trainers, team IT/systems champions).

|  |  |
| --- | --- |
|    | 1 - Not at all |
|    | 2 - Not very well |
|    | 3 - Average ability |
|    | 4 - Quite well |
|    | 5 - Very well |
|    | N/A (please explain):

|  |
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|   |

 |

6. Do you have knowledge and understanding of the benefits and wider implications of digital transformation for your own profession and across the wider healthcare environment?
(For example: transparency and continuation of care via information sharing, accessibility via remote consultations, reduced missed appointments from automated text reminders, improved flexibility and attendance of training with online courses/webinars, environmental impact of going paper-free).

|  |  |
| --- | --- |
|    | 1 - No knowledge and understanding |
|    | 2 - Limited knowledge and understanding |
|    | 3 - Average knowledge and understanding |
|    | 4 - Good knowledge and understanding |
|    | 5 - Excellent knowledge and understanding |
|    | N/A (please explain):

|  |
| --- |
|   |

 |

7. How well can you demonstrate the implications of digital transformation within your own profession?

|  |  |
| --- | --- |
|    | 1 - Not at all |
|    | 2 - Not very well |
|    | 3 - Average ability |
|    | 4 - Quite well |
|    | 5 - Very well |
|    | N/A (please explain):

|  |
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|   |

 |

8. How well can you apply appropriate documentation standards within your organisation’s electronic health record system?
(e.g. recording of intervention on Systm1, Lorenzo, Medisoft, Medway, Eclipse, Liquid Logic etc.)

|  |  |
| --- | --- |
|    | 1 - Not at all |
|    | 2 - Not very well |
|    | 3 - Average ability |
|    | 4 - Quite well |
|    | 5 - Very well |
|    | N/A (please explain):

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 |

9. Do you have knowledge of, and the ability to demonstrate, simple computer skills?
For example familiarity with basic computer functions (email, web-based systems, video communication software, Microsoft Office) and practical use of appropriate digital devices (i.e. tablets, smartphones, laptop/desktop computers).

|  |  |
| --- | --- |
|    | 1 - No knowledge and ability |
|    | 2 - Limited knowledge and ability |
|    | 3 - Average knowledge and ability |
|    | 4 - Good knowledge and ability |
|    | 5 - Excellent knowledge and ability |
|    | N/A (please explain):

|  |
| --- |
|   |

 |

10. How well can you use variable forms of digital resources to contribute to your continued professional development?
(For example; social media, podcasts, online research, e-CPD platforms, webinars, vlogs)

|  |  |
| --- | --- |
|    | 1 - Not at all |
|    | 2 - Not very well |
|    | 3 - Average ability |
|    | 4 - Quite well |
|    | 5 - Very well |
|    | N/A (please explain):

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|   |

 |

11. How well can you demonstrate values and behaviours which embrace digital and technological innovation, focused on advancing quality of care and development of the healthcare workforce?

|  |  |
| --- | --- |
|    | 1 - Not at all |
|    | 2 - Not very well |
|    | 3 - Average ability |
|    | 4 - Quite well |
|    | 5 - Very well |
|    | N/A (please explain):

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 |

12. How well can you facilitate engagement in, and reflective values and behaviours toward, digital and technological innovation in the current and future healthcare workforce?

|  |  |
| --- | --- |
|    | 1 - Not at all |
|    | 2 - Not very well |
|    | 3 - Average ability |
|    | 4 - Quite well |
|    | 5 - Very well |
|    | N/A (please explain):

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 |

13. Do you have knowledge and understanding of the local support and training resources available to enhance digital health literacy for both professionals and for the public?

|  |  |
| --- | --- |
|    | 1 - No knowledge and understanding |
|    | 2 - Limited knowledge and understanding |
|    | 3 - Average knowledge and understanding |
|    | 4 - Good knowledge and understanding |
|    | 5 - Excellent knowledge and understanding |
|    | N/A (please explain):

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 |

Please provide examples of support and training resources:

|  |
| --- |
|   |

14. How well can you demonstrate the completion of a basic digital skills / tools competency?
i.e. electronic health record systems, foundational level programmes, CPD platform etc?

|  |  |
| --- | --- |
|    | 1 - Not at all |
|    | 2 - Not very well |
|    | 3 - Average ability |
|    | 4 - Quite well |
|    | 5 - Very well |
|    | N/A (please explain):

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|   |

 |

3. Personal Asset and Resource Digital Skill

This section of questions is around your ability to use digital / IT skills for your personal workplace requirements.

If you require assistance to complete this survey, or an alternative format, please contact Sue Elliott via whc.bswahpfaculty@nhs.net or on 07733 285 289 between 14:00 – 16:00 on Tuesdays and Wednesdays.

15. Do you have knowledge and understanding of the Electronic Staff Record (ESR) / Employee Self-Serve for appropriate functions?

|  |  |
| --- | --- |
|    | 1 - No knowledge and understanding |
|    | 2 - Limited knowledge and understanding |
|    | 3 - Average knowledge and understanding |
|    | 4 - Good knowledge and understanding |
|    | 5 - Excellent knowledge and understanding |
|    | N/A (please explain):

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 |

16. How well can you access and manage the following via your ESR / Employee Self-Serve system:

|  | 1 - Not at all | 2 - Not very well | 3 - Average ability | 4 - Quite well | 5 - Very well | N/A |
| --- | --- | --- | --- | --- | --- | --- |
| Personal information via the ESR / Employee Self-Serve system (e.g. payslips, sickness absence etc.) |    |    |    |    |    |    |
| Update your personal details |    |    |    |    |    |    |
| Check your competency/training needs |    |    |    |    |    |    |
| Enrol in online training |    |    |    |    |    |    |

Comments:

|  |
| --- |
|   |

17. Do you have knowledge and understanding of your organisation / departmental e-rostering systems (electronic rota)?

|  |  |
| --- | --- |
|    | 1 - No knowledge and understanding |
|    | 2 - Limited knowledge and understanding |
|    | 3 - Average knowledge and understanding |
|    | 4 - Good knowledge and understanding |
|    | 5 - Excellent knowledge and understanding |
|    | N/A (please explain):

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 |

18. How well can you use the e-rostering system used by your organisation/department, including viewing and changing your own status on the e-rostering schedule?
(For example; request leave, check who is working certain shifts, report your preferred days off etc).

|  |  |
| --- | --- |
|    | 1 - Not at all |
|    | 2 - Not very well |
|    | 3 - Average ability |
|    | 4 - Quite well |
|    | 5 - Very well |
|    | N/A (please explain):

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|   |

 |

19. How well can you navigate digital systems to identify and self-refer to staff occupational health and wellbeing services?

|  |  |
| --- | --- |
|    | 1 - Not at all |
|    | 2 - Not very well |
|    | 3 - Average ability |
|    | 4 - Quite well |
|    | 5 - Very well |
|    | N/A (please explain):

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|   |

 |

4. Digital Therapeutics Skill

This section of questions is around your ability and use of digital skills during your clinical role

If you require assistance to complete this survey, or an alternative format, please contact Sue Elliott via whc.bswahpfaculty@nhs.net or on 07733 285 289 between 14:00 – 16:00 on Tuesdays and Wednesdays.

20. How well can you use an on-line patient appointment booking systems to reschedule, book or cancel patient appointments?

|  |  |
| --- | --- |
|    | 1 - Not at all |
|    | 2 - Not very well |
|    | 3 - Average ability |
|    | 4 - Quite well |
|    | 5 - Very well |
|    | N/A (please explain):

|  |
| --- |
|   |

 |

21. Do you have knowledge and understanding of how to recognise clinically assured on-line health and care information content?

|  |  |
| --- | --- |
|    | 1 - No knowledge and understanding |
|    | 2 - Limited knowledge and understanding |
|    | 3 - Average knowledge and understanding |
|    | 4 - Good knowledge and understanding |
|    | 5 - Excellent knowledge and understanding |
|    | N/A (please explain):

|  |
| --- |
|   |

 |

22. How well can you direct patients to clinically assured on-line health and care information?
(For example; NHS.UK, NICE.ORG, WHO.int).

|  |  |
| --- | --- |
|    | 1 - Not at all |
|    | 2 - Not very well |
|    | 3 - Average ability |
|    | 4 - Quite well |
|    | 5 - Very well |
|    | N/A (please explain):

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 |

23. How well can you identify non-clinically assured/ inaccurate on-line health and care information?
(For example social media, apps, e-newspapers & magazines, forums, material by non-accredited sources/ reporters / authors etc).

|  |  |
| --- | --- |
|    | 1 - Not at all |
|    | 2 - Not very well |
|    | 3 - Average ability |
|    | 4 - Quite well |
|    | 5 - Very well |
|    | N/A (please explain):

|  |
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 |

24. How well can you recommend or prescribe approved mobile health applications such as the NHS app, mHealth, Hope For The Community, MDCalc or Keele Pain Recorder?

|  |  |
| --- | --- |
|    | 1 - Not at all |
|    | 2 - Not very well |
|    | 3 - Average ability |
|    | 4 - Quite well |
|    | 5 - Very well |
|    | N/A (please explain):

|  |
| --- |
|   |

 |

25. Do you have knowledge and understanding of digitally-enabled psychological therapies (online or via mHealth app)?
(e.g. IAPT, Woebot Health, Hub for Hope)

|  |  |
| --- | --- |
|    | 1 - No knowledge and understanding |
|    | 2 - Limited knowledge and understanding |
|    | 3 - Average knowledge and understanding |
|    | 4 - Good knowledge and understanding |
|    | 5 - Excellent knowledge and understanding |
|    | N/A (please explain):

|  |
| --- |
|   |

 |

26. How well can you view and / or capture patient data at the point of care via:

|  | Not at all | Not very well | Average ability | Quite well | Very well | N/A |
| --- | --- | --- | --- | --- | --- | --- |
| Hand held devices for patient-reported outcome measures and/ or patient experience data |    |    |    |    |    |    |
| mHealth wearable technologies for personal health and exercise data tracking (e.g. KiActive) |    |    |    |    |    |    |
| Connected medical devices to measure patient physical parameters (e.g. Blood pressure or blood glucose readings) |    |    |    |    |    |    |
| Digital camera technology to facilitate medical image capture and recording in EHRs |    |    |    |    |    |    |
| Remote monitoring of patient EHR data (clinical notes, test results) |    |    |    |    |    |    |
| Use of image exchange portals |    |    |    |    |    |    |
| Remote working using laptops to record your intervention |    |    |    |    |    |    |

27. Do you have knowledge and understanding of the role and benefits of virtual clinics using secure platforms via:

|  | No knowledge and understanding | Limited knowledge and understanding | Average knowledge and understanding | Good knowledge and understanding | Excellent knowledge and understanding | N/A |
| --- | --- | --- | --- | --- | --- | --- |
| Telephone |    |    |    |    |    |    |
| Text-only messaging (email, instant messaging) |    |    |    |    |    |    |
| On-line video platform (e.g. Skype, Zoom, Attend Anywhere) |    |    |    |    |    |    |
| Interactive media platform (e.g. Physitrack) |    |    |    |    |    |    |
| Virtual reality/ augmented reality platforms |    |    |    |    |    |    |

28. Do you have knowledge and understanding of the limitations and common problems associated with remote care?
Including: suitability of patients, control of the environment to prevent reduction in data quality, hardware capabilities, maintenance of professionalism via remote communication and accessibility requirements.

|  |  |
| --- | --- |
|    | 1 - No knowledge and understanding |
|    | 2 - Limited knowledge and understanding |
|    | 3 - Average knowledge and understanding |
|    | 4 - Good knowledge and understanding |
|    | 5 - Excellent knowledge and understanding |
|    | N/A |

29. How well can you use online communication platforms (e.g. video conferencing, e-learning webinars) to provide clinical teaching to professionals working remotely?

|  |  |
| --- | --- |
|    | 1 - Not at all |
|    | 2 - Not very well |
|    | 3 - Average ability |
|    | 4 - Quite well |
|    | 5 - Very well |
|    | N/A (please explain):

|  |
| --- |
|   |

 |

5. Lastly...

If you require assistance to complete this survey, or an alternative format, please contact Sue Elliott via whc.bswahpfaculty@nhs.net or on 07733 285 289 between 14:00 – 16:00 on Tuesdays and Wednesdays.

30. What would you find useful to widen your digital knowledge?

|  |
| --- |
|   |

31. Do you have any difficulties / barriers to physically accessing the necessary digital devices?
e.g. not enough computers available, internet connectivity issues, not enough software licenses, broken devices, disability accessibility requirements not fulfilled.

|  |  |
| --- | --- |
|    | Yes |
|    | No |

If yes, what barriers/difficulties do you face?:

|  |
| --- |
|   |

32. The £50.00 John Lewis voucher prize will be announced on 31 March 2023, the winner will be contacted via their work e-mail provided. Your e-mail address will only be used to contact you if you win the prize draw.

Your e-mail address will be removed from your answers before they are sent back to us, and so your answers will remain anonymous (unless you type anything identifiable in the free text boxes)

Please enter your work e-mail address if you wish to be entered for the prize drawer.

|  |
| --- |
|   |

7. Thank you for completing the survey.

This survey was devised as a result of the recommendations of the 2019 Topol Review; advising of the future of digital use within healthcare. If you have any further questions or interest in digital literacy, you can contact me via Rachel.Churchman@nhs.net or alternatively whc.bswahpfaculty@nhs.net

If you are interested in accessing the KiActive Programme please contact dawn.bolton@nhs.net for further information on claiming one of the 400 licenses available to BSW clinicians.