NHS Widening Digital Participation Programme Year 3 Pathfinder:
Leeds Digitally-enabled older people’s mental health wards and memory services.

mHabitat April 2016
Introduction

In the summer of 2015 the mHabitat team, along with our colleagues at Leeds and York Partnership NHS Foundation Trust, kicked off a new initiative in Leeds as part of the Pathfinder programme. Our ambition was to create the city’s first digitally enabled older people’s wards and memory service to support improved experience and outcomes for people with mental health problems/dementia and their carers. We aimed to deliver this through a peer-learning programme to create Digital Champions who could deliver a range of inclusion activities tailored to people’s individual passions and interests, therapeutically and recovery focused. We match funded the grant provided to us as a Pathfinder, by setting up free public wifi on all the wards, providing mobile wifi devices and investing in small tablet devices for individual use by patients and carers. This report highlights the quantitative and qualitative findings and insights generated through this year long project and use a series of quotes and case studies to illustrate the impact it has had on all involved. The project is now embedded in the ‘usual care’ approach for all service users. Further work is being explored to ensure sustainability.

In the words of one member of staff involved in the project:

“The project has had its twists, turns and challenges but now that the dust has settled and the culture is changing, the essence of the project will be sustained and expanded on with great benefit to all.”

Acknowledgements

The mHabitat wishes to acknowledge the continued support and dedication of the DigitALL project group comprising of: Paul Exley, Gemma Wormald, Christine Ward, Christine Roworth-Gaunt, Katie Walsh, Christine Heath, Caroline Agnew, John Needham, Lindsay Lockwood and John Popham.

Thank you to Andy Gleadall and Matthew Johnson for their support at Leeds and York Partnership NHS Foundation Trust’s IT and procurement services during the public WIFI installation at The Mount.

The involvement of the clinical staff, volunteers, people accessing services and their carers has been greatly appreciated throughout the project.

A special thanks to Carer’s Leeds for supporting the DigitALL project at carer’s group sessions and aiding our research through the carer’s survey.
1. Preparing the ground

1.1 Using an Agile Approach

The mHabitat team worked with ward and Memory Services staff and volunteers to kick off an agile approach to their training. This required complex organisation to schedule sessions around shifts, clinical commitments and service user admissions/incidents. The training approach was iterative and developed over a number of weeks to hone plans and protocols staff felt were feasible in the constraints of an ongoing service re-design. The try, test, evaluate, adapt approach that agile methods offer, enabled the mHabitat team to flex with the changing clinical demands. The lack of wifi was the biggest challenge faced at this point in the project.

What worked well?

- Practical interactive sessions
- Q & A approach for staff
- Scenario based sessions for volunteers.
- Short, regular sessions with devices to build staff confidence
- Example apps for staff to try
- Co-designed protocols/information resources
- Champions taking the lead to inform colleagues
- Low key launch to build momentum from the ground up.
- Use of familiar tools such as surveys and PDSA cycles to evaluate.

What would we change?
1.2 Installing the wifi – impact and learning

The wards are based in a fairly new building with only Trust staff accessible wifi. The insulation in the building has meant that there are numerous ‘dead spots’. The technical and procurement challenges were significant and resulted in a 5 month delay in full installation. During this time the staff, volunteers and mHabitat team got on with the training using portable wifi devices and using public wifi in buildings such as libraries, for the memory services activities with service users and carers.

The Mount:

<table>
<thead>
<tr>
<th>Pre install</th>
<th>Install</th>
<th>Post install</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal feasibility review &amp; spec definition mapped to existing installs.</td>
<td>Phased approach to install to implement system changes needed for this to work. Liaison with clinical systems, staff &amp; PFI. Scheduling install with contractor &amp; staff. Minimum disruption/interuption; clinical areas - privacy &amp; dignity, safety. Snagging &amp; technical, landing page amendments. Promotion to staff and people accessing services. Data reporting set up - analytics.</td>
<td>Debrief with teams - lessons learned &amp; data analysis. Technical checks etc &amp; teams feedback. Amendments to system to resolve blackspots &amp; speed issues. Review of future funding streams: budgets under review. May re-tender. At scale roll out feasible. Requirements now refined &amp; increasing demand from staff.</td>
</tr>
<tr>
<td>External scoping in budget &amp; anticipated sign offs, training &amp; deliverables.</td>
<td></td>
<td></td>
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<tr>
<td>Mapping to scheduled upgrades.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procurement processes for each requirement. Several needed.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost required 3 quotes for each &amp; tender processes*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implementing pre-wifi install upgrades. Scheduling to map to other system work. Additional system challenges - operational &amp; new directives.</td>
<td></td>
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</tr>
<tr>
<td>Negotiation of features for wifi, degree of lock-down &amp; sign in governance etc. Review of costs &amp; requirements: last minute sign offs/discussions.</td>
<td></td>
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</tbody>
</table>

* Process defined by Trusts internal standing financial instructions. These may change depending on which Trust requires the work. LYPFT state anything over £10k needs three quotes, anything over £50k needs a full tender. This project however accessed the ‘G-cloud’ framework which meant we could bypass this and directly award the tender.

The group working with mHabitat to implement the installation were able to identify a simplified process, below, which aims to support other organisations carrying out a similar process.
Once the public wifi was installed the provider supplied usage reports for the mHabitat and Trust team to analyse. This was important to understand how and when users were clicking into the system. The report shows that in the space of 10 consecutive days, the public wifi was accessed 742 times. 75% of the records were repeat visits from devices at The Mount. The report also tells us that the average busiest time of day for activity is between approximately 13:00 and 17:00, which coincided with several of the ward activities and group sessions.

1.3 Clinical Impact

Memory Services teams were the first to fully implement the DigitALL project across all their group activities, followed by the Dementia wards and general mental health wards once the wifi was installed. No login was required and standard Trust filers were applied.

Several digital cafes were held to promote the launch of the public wifi aided by a bespoke landing page and the DigitALL logo/branding seen throughout this report that was co-designed with the volunteer champions.

A direct link to Adult Social Care and other web based resources frequently used by older people were linked to the tiles on the wifi landing page (below) for ease of access. Carers and staff were encouraged to try the wifi and posters promoting its launch were distributed throughout the building and also to teams who would benefit from it (eg Memory Services staff use the facilities to run groups on site).

“From a ‘shop floor’ side of things – there wasn’t much, if any, upheaval on the day of installation.” (Member of staff).
2. Innovation in action: Highlights of DigitALL

In this section we want to focus on the insights gained and provide examples of how the project has embedded change. The changes have included workforce, culture, custom and practice in communication, clinical intervention and assessment methods and also in the engagement of carers.

What was going on?
The Occupational Therapy team run groups on all the wards every day during the week. The sessions cover a wide range of subject areas as part of people’s rehabilitation and recovery from conditions such as depression. Sessions relating to relaxation and recreational activities were aimed at supporting confidence building and learning new skills. The team were provided with tablet devices and a free public wifi system was installed in the Mount, with mobile wifi devices to use in case of ‘dead spots’ in the building and to use on home visits before people were discharged.

The mHabitat team who led the implementation of the project, loaded the tablet devices with apps and website links which the team felt would be most useful for people to use as part of their therapy alongside supporting the staff/volunteer training.

The teams all worked together to devise easy ways to adopt a ‘pick up and go’ approach with the tablets so that clinical teams could take the opportunity to use them with someone at a moment’s notice. This was particularly important on the dementia wards. Due to the nature of the condition, sometimes the devices were best used as a tool for relaxation and distraction for a few minutes at a time.

This mind map shows how wide the application of digital was across the project:
2.1 Dementia wards

The dementia wards cater for those most in need and often in the latter stages of the illness. The challenges of using mobile devices are significant and the project was most embraced by the Occupational Therapists. They embedded the use of technology into assessment, care planning and delivery systems. Most notably, the Pool Activity Level Assessment has been used to ensure apps and devices are used which are appropriate to the individual’s level of functioning. We have included a fictitious example of this below. This is enabling people discharged to care homes, to take this bespoke digital care plan with them for care staff to deliver, supporting quality of life along their care pathway.

In-patient Dementia Digital Care Plan:

<table>
<thead>
<tr>
<th>Needs Summary</th>
<th>Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information about my life and me as a person that is important for you to know: (Please see the “All About me ” document for a more comprehensive history)</td>
<td>How you can help me to be as independent as possible and maintain daily routines and be involved in activities important to me:</td>
</tr>
<tr>
<td>I lost my long term partner and my brother within a year and I find this very difficult to talk about and can often be distressed about this.</td>
<td>Prior to admission I liked to have breakfast then get myself dressed and go for a walk down to the shops. I then called into my sisters for a cuppa. Please try and echo this routine as much as possible during my admission with regards to dressing and breakfast.</td>
</tr>
<tr>
<td>Both my daughters have had treatment for cancer but are on ‘the mend’.</td>
<td>I have been very fit and enjoy walking throughout the day and have been very active in the past. I would appreciate being offered time outside in the grounds if possible – I don’t mind cold weather but am not keen on rain. I have found that I like looking at the weather on the Digital tablets (BBC Website is good) as this is often easier to understand than looking out of the windows due to the security panels, as they obscure the view.</td>
</tr>
<tr>
<td>I like anything to do with Scotland as I was raised there with a big family of brothers &amp; sisters and love to be reminded of that.</td>
<td>I like to have a rest/quiet time in the evening and go to bed around 10 - I am a good sleeper.</td>
</tr>
<tr>
<td>PAL level:</td>
<td>My hobbies were going for walks and visiting family. At weekends I would go to my local social club for the music and to have a dance. As described in ‘My Mental Health and Well-Being Needs’ please make use of the Digital Tablets to facilitate my love of music and dancing.</td>
</tr>
<tr>
<td>Name: Edith Blake</td>
<td>I like to get on with everyone and I am friendly, outgoing and always happy</td>
</tr>
<tr>
<td></td>
<td>I am a catholic and used to like going to church please invite me to the hospital faith service</td>
</tr>
<tr>
<td></td>
<td>I love my personal possessions like my wedding ring and St Christopher medal. I have lots of family photos in my flat. I really enjoy looking at photographs of my family &amp; friends – when the service is available my photos are to be scanned onto the Digital tablets.</td>
</tr>
<tr>
<td></td>
<td>I love singing and dancing and will join in with others and love to have a laugh and joke</td>
</tr>
<tr>
<td></td>
<td>I have 4 children, 2 sons John &amp; Colin and 2 daughters Carol &amp; Liz. It is reported that they live locally and I see them regularly. Liz lives in Bridlington near the beach and I like to go and visit her. On occasions I have looked at photos or street view versions of Bridlington on the Digital Tablets. I like looking at the photos but can at times find the street view disorientating.</td>
</tr>
</tbody>
</table>

PAS Number
2.2 Memory Services

The three Leeds community teams who support people diagnosed with memory problems and dementia of all ages, have been proactively involved since the project started. Focused on occupational therapy and group therapy interventions such as cognitive stimulation, the multi-disciplinary teams have used mobile wifi units to facilitate use of the tablet devices across the city.

“I recently worked with a lady in her late 70s, with vascular dementia, using digital technology which was unfamiliar to her. She has a PC and used it to play the card game Solitaire and to e-mail a friend in Devon and one in Canada.

Suffering from poor mobility and balance, with a history of falls, she was reluctant to go shopping by herself but felt upset that she was reliant on friends taking her when they wanted to go. This meant that she ran out of things that she needed in between supermarket visits with family and friends.

I suggested that she might like to look at online supermarket delivery. We worked on this for a couple of sessions, making out prompt cards for her to use and on the third visit, she had managed the order before I arrived! She also saw her friends once again for social interaction, instead of task orientated meet-ups only focused around shopping.

Boosted by this success, she then went on to learn how to skype her friends in Devon and Canada and is continuing to do more online shopping for presents, supported by her family. The world has opened up for this lady and she stated that it had “brought quality of life back to her”.” (Occupational Therapist)

“It is good to have the tablets to complement our existing groups. We use the devices in our reminiscent music group to find out information about singers and artists.” (Occupational Therapist)

“A gentleman with Parkinson’s was thrilled that the device was so easy to use even though he had never used any computer based device before.” (Occupational Therapist)
2.3 Carers

The mHabitat team carried out a survey of carer’s digital maturity to clarify their interest and the potential for supporting digital as a new mode of engagement in the person’s care at home. The results of this are highlighted below.

The impact of a lack of digital inclusion in the past was highlighted by the story of a carer shared in this report to emphasise the need for this to be considered much earlier in dementia care services.

Jackie worked full time in a care home as a support worker. She had family still at home and had been caring for her husband for 5 years since his diagnosis. She knew there was something wrong but couldn’t put her finger on it. Then things started to go wrong at work for him and eventually he was diagnosed. It wasn’t long before he had his driving licence taken away and that is when she really realised what was coming. Life had changed and become focused on hospital visits and working to keep the family going: “Some days are good, some hard”

Jackie was not a person to complain or share her sadness publicly: “You don’t see me at home on my own; but I’ve made my peace with it now”

She told us how she struggled to manage her husband’s cat that would protect him from any visitors, including unsuspecting health professionals visiting the house! One day she came home to find one pinned to the front door step which was barred by the cat. His cat now had to share home with a small dog, brought home by their daughter. Jackie shared funny stories about the antics of the animals, making everyone laugh.

“If only I could bring the dog onto the ward, it would really cheer him up. “

We asked Jackie if her husband had any hobbies: “Computers! He loved his computer. Spent hours every day on it and he had a big TV – he used that too. Loved it! It’s not my thing. I would be afraid I’d break the screen if I had one of the ones you touch. I have a mobile free with my broadband I can call and text. That’s it. Oh, and I have a reader. I would be lost without that, it’s marvellous!”

Jackie did not see that her e-reader (Kindle) was a computer/mobile device. She was worried about the government putting everything online. She had never used her husband’s computer. At work all the teams notes were still on paper. It was a nursing home for people at the end of life so the residents also didn’t use any kind of smart phones or tablets. Her access to devices, her energy levels and time were limited so how could she learn to use one?

She felt that, at the point her husband had been diagnosed, he would have really loved using a tablet device, like an iPad, to keep him independent, remind him of things and cheer him up.

She felt it was too late now for both of them.
The team have found that by working collaboratively throughout the project, carers have become more confident in using methods of engagement and have been keen to purchase devices for use at home.

**Carer survey key issues:**
70% of the carers surveyed were women all of whom were under 65 years old.

85% of the carers had access to broadband at home but only 45% had mobile access to the internet and only 35% had any interest in apps/health apps. 80% had access to a laptop, tablet, smart phone or desktop computer. One person had no internet access at all but had a basic mobile for texts/calls.

The dominant issues for the carers were:
- Time – to learn how to use apps or navigate complex websites.
- Use – no time to use complicated self-monitoring apps or health websites.
- Interest – they had little interest in apps and were more interested in practical use of the internet to support their daily lives.

Several carers were using messaging/communication apps to get help and support from family and friends. A very small number of carers used anything health related and only one person used online transactions for her GP (appointments/prescriptions).

This was a small sample of carers (20) and the lack of understanding of how carers use/could improve the use of the internet would indicate a wider survey would be beneficial.

“During a session with 4 service users and 3 carers they all had a ‘go’ and enjoyed the experience, despite their previous experience of using devices/pcs etc. We had difficulty encouraging them to leave.”
(Occupational Therapist)

“After a Digital Cafe a Carer said that they feel confident to use a tablet instead of a PC despite previous reservations to buy one. “
(Occupational Therapist)
2.4 Mental Health Wards

The staff on these wards were slower to adopt the DigitALL project as there were significant staff changes and a loss of several trained champions during the time it was running. However, staff on the other wards were actively supported by the management and senior clinical team to work across all the wards, supporting a surge in activity in the last quarter.

As a result, it is now fully embedded in practice and staff have taken a further step to build independent use day to day of the mobile devices but leaving them in the lounge for people to use whenever they wish. We have seen a significant change in the atmosphere on the ward with people being more communicative, engaged and motivated to get involved with ward activities. Many people have also used devices with visitors and carers logging onto the wifi to share photos, apps, news and music.

Therapists are now routinely holding discharge groups for people on the wards, using digital as an integrated part of preparing for life at home.

“A lot of the people on the Mental Health wards have surprised themselves by their ability to learn not only a new skill but also one that they perhaps thought of as a “modern” skill that they would never have seen the need or use for. The ease of learning and the immediate results of such have increased confidence and self-worth in numerous people, whether they are looking on YouTube or completing word searches. The introduction of the tablets and Wi-Fi have also given staff food for thought when planning and thinking about future interventions. Interventions now can be reactive and spontaneous and have the ability to be used for leisure, reminiscence, education, life management and more.”

(Occupational Therapist)
2.5 Volunteers

The Trust Volunteer Services Team carried out a specific and targeted recruitment campaign for the DigitALL project and the resultant team of individuals were core to the success of this project. Many were aiming to join the health and care workforce in the future and all had personal experiences which brought a high level of empathy and commitment to the work.

They take time to support ‘activation’ of service users to the benefits of digital technologies for a wide range of interests, under the supervision of the occupational therapists and nurses.

The model has already been extended to adult services where the mHabitat is also facilitating the implementation of digital inclusion in care delivery.

“Being a volunteer for the Digiwards project has been a valuable experience. From the beginning, it was clear to me that older service users enjoy the digital sessions run by us. They benefit greatly from the information and instructions provided by us for various purposes— from watching TV dramas on the downloaded android applications, to using internet banking. Each session is about exploring different ideas and hobbies that service users share with us, for example, history, art, music or sport. Furthermore, as service users get to know us better, they engage with the sessions more and become more talkative. This, in turn, helps us to improve their well-being by listening to them and showing understanding. Each week they provide us with positive feedback at the end of each session and are looking forward to seeing us the following week.”
(Volunteer)

“At a Community Social Club, a group of volunteers met with a Service User who was difficult to engage with. The Service User has a keen interest in sport and after using the device to look up football games, he was highly delighted with the session.”
(Voluntary Services Manager)

“I used a variety of apps with the Service Users, and have used the devices to research new apps that the Service Users were interested in. Some of the Service Users would now like to buy their own device.”
(Volunteer)
2.6 Workforce and culture change

The Trust teams were in the middle of a service redesign at the point of this projects kick-off event which had a serious impact on the morale of the staff being trained. The mHabitat team were able to flex and accommodate their needs and respond to their anxieties about the use of digital with very vulnerable adults, as we were already working with other Trust teams and could share the learning at cross-directorate level.

Service users are admitted to wards due to an acute phase in their mental health that means they cannot be maintained safely within a community setting. Initially assessment is the main focus of therapeutic work.

Using and embedding the tablets within a ward based environment has sparked user and staff imaginations to see the ‘possible’, especially those who are not familiar with tablet devices. They asked a lot of thought provoking questions regarding the abilities and potential of a digital device.

It has taken a lot of work to change culture on the wards, from initial scepticism to the team members seeing people working independently with the tablets. The Occupational Therapists, in particular, now appreciate how the devices and use of digital have become embedded into everyday therapeutic use. The wider team are also beginning to think of this as a normal feature of ward life, noting the benefits to people accessing services and their carers.

The devices helped staff to feel confident in using digital technologies to support their work. The learning and experience has been gained by all participants including volunteers, clinical staff and service users.

Devices have been used to support a change of opinion on digital technology by reinforcing positive and fun experiences through experimental and exploratory sessions.

Measuring culture change is difficult to do, but the statements from team members and volunteers, people using services and carers indicate that digital is becoming ‘business as usual’ for the services involved.

The confidence of staff has increased, indicated by the decision to stop locking devices away and instead, trust users on the mental health wards to use them day to day for their own benefit. Adoption may have been speeded up if the wider MDT had taken up the champion’s mantle. However, it was the therapists who did this and the teams are now joining in, reinforcing the need for a bottom up approach. Scepticism about the public wifi was evident from staff and they are now the greatest advocates for its use!
3. Evaluation and Outcomes

In this section to summarise the outputs from a range of evaluation tools we built into the project as part of our co-design process. We used a Plan Do Study Act cycle (PDSA) to structure our approach and embedded surveys into the mobile devices so that we collected data as we went. The use of the Tinder Foundation Learn My Way website/Capture IT system was also included in activities across the project.

The results are included below and woven throughout the report.

Summary

The DigitALL project has illustrated the real world challenges of implementing pathway based digital interventions in healthcare, for those most excluded from this approach.

Key messages generated during this project:

1. Workforce – the need to adopt a ground up approach to roll out, supported by senior team commitment to creating infrastructure and permissive, governance based enablers across the organisation. This needs to include partner organisations across the pathway and needs to include re-visioning of budgets to embed the needs of a digital, clinical community.

2. Co-design – the integration of carers, volunteers, clinical staff of all grades/professions and service users ideas in the early stages is vital, even if this takes longer to achieve. These groups are best placed to clearly define the problem to be addressed, and identify the technology solution to meet all parties needs.

3. Early inclusion of IT and procurement in the co-design process, to anticipate potential technical challenges and ensure there is time to address these before launch. Systems to embed digital are immature so there needs to be developments to enable app purchasing for clinical use and technical policies to support this way of working and data harvesting to support insight analysis. The use of G Cloud will simplify procurement for technical developments.

4. The technology is not the issue, a lack of confidence and exposure to the clinical use of technology and the extensive ways it can be applied is the main barrier. There needs to be a systematic, comprehensive staff development programme to improve this situation, perhaps supported at a national level by professional and regulating bodies. Issues faced early in this project were exacerbated by the lack of wifi access but on balance, staff resistance was largely driven by workload pressures/service redesign and lack of confidence in themselves as digital clinicians.

5. The qualitative and anecdotal evidence from the people involved in DigitALL gives a clear flavour of the benefits of this approach and would benefit from more detailed and methodologically robust research to provide evidence for clinicians and managers/commissioners.
Tinder Foundation Desired outcomes/SMART objectives

The table below shows the completion level of the project’s desired outcomes and SMART objectives.

<table>
<thead>
<tr>
<th>Category</th>
<th>Completion Details</th>
<th>Rating:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key deliver targets</td>
<td>Numbers trained: 238 people trained including nurses, support staff, occupational therapists, managers, AHPs, carers, service users and volunteers. 69 device surveys completed</td>
<td></td>
</tr>
<tr>
<td>Training targets</td>
<td>15 Digital Health champions trained (both employees and volunteers) through the Digital Champions training sessions.</td>
<td></td>
</tr>
<tr>
<td>Reporting to Tinder or NHS England</td>
<td>Milestone Plan submitted within 30 days of project start date.</td>
<td></td>
</tr>
<tr>
<td>Performance management visit</td>
<td>Management visit completed in November 2015</td>
<td></td>
</tr>
<tr>
<td>Case studies</td>
<td>3 case studies submitted within this report</td>
<td></td>
</tr>
<tr>
<td>Evaluation</td>
<td>Project Lead completed evaluation interviews as requested All monthly survey’s completed by the tenth of each month End of project online survey completed Project Lead assisted Tinder researcher to arrange interviews or focus groups with learners where appropriate Project Lead assisted Tinder researcher to arrange interviews with key project partners</td>
<td></td>
</tr>
<tr>
<td>Advocacy network</td>
<td>Project Lead recruited and shared contact details with Tinder of five healthcare professionals into a nationwide ‘Healthcare Professionals Advocacy Group for ‘Digital Inclusion’.</td>
<td></td>
</tr>
<tr>
<td>Delivery model</td>
<td>End of Project report detailing your findings, to include a comprehensive Model of Delivery (see below)</td>
<td></td>
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</tbody>
</table>
Model of delivery

**Discovery**
- Clinical teams exploratory workshops
- Surveys of carer's and users

**Alpha**
- Achieving sign offs and undertaking pilots

**Beta (roll out)**
- Final testing and review of data/training

**Live**
- Full launch and wider roll out

**Activities**
- Engagement activities
- Champion training
- Infrastructure planning
- Equipment purchase
- Evaluation scoping
- Sustainability planning
- Volunteer recruitment
- Protocol development
- Infrastructure testing
- Baseline evaluation
- Agile team pilots of interventions
- Protocol sign off
- Clinical systems alignment
- Peer support and learning
- Data collection for infrastructure, device usage and users feedback
- Embedding digital - 'business as usual'
- Show and tell - shared learning events
- Promotion and feedback
- Sharing learning
- Review and adapt

Report Author: mHabitat is part of the NHS and hosted by Leeds and York Partnership NHS Foundation Trust. Supporting NHS Trusts, social care and third sector organisations as well as academia and industry, to implement and utilise digital innovation from early stage discovery through to strategic planning.
1. A Clinicians' Perspective

Access to Wi-Fi and Digital tablets is a long imagined goal achieved for Dementia in-patients. We as a service identified the potential use of tablets prior to DigitALL.

At the time our Activity Organiser used her own tablet to support groups and provide meaningful interventions across the service. We were exploring how to make this a more formal intervention when we were approached by the DigitALL project.

Providing linkage between the Dementia Inpatients service and mHabitat has been a fantastic opportunity for me. Not only have I seen the realisation of our original ideas and more, but also my own appreciation of the opportunities presented, regarding the process and the possibilities for digital inclusion, has increased vastly.

The project has had its twists, turns and challenges but now that the dust has settled and the culture is changing, the essence of the project will be sustained and expanded on with great benefit to all.

One of the main challenges for the project was the process of changing Inpatient culture - the Digital Champions encountered serious hesitation regarding staff's perceptions of knowing how to use tablets, scepticism about how they would enhance therapeutic activities and concerns regarding the possible loss or damage of the tablets and repercussions on staff.

These issues were discussed and dealt with in differing ways – the initial learning concerns were partly resolved by the Digital Champion sessions and partly by 1:1 peer learning. Staff that had experience of using tablets were encouraged by the OT team to access the tablets and spend time exploring the apps and internet for useful resources, so that they could pass this knowledge on. Many staff and Service Users were under the impression that “digital” equalled “things for the young” or did not understand the potential for people accessing services.

By being persistent, use and demonstration of the tablets and communication surrounding the therapeutic benefits Staff and Service Users began to see the benefits and accept it as practice. This approach was later enhanced by embedding digital approaches and their benefits within Care Plans. The concerns surrounding the loss or damage of the tablets were probably the hardest misconception to alleviate. Staff saw the tablets as expensive and fragile and belonging to the project, they were worried of repercussion and shied away from using tablets. Digital Champions, OT staff, managers and mHabitat had to work really hard to change minds and advocate the understanding that the tablets were for Service User therapeutic use and that the project was fully aware that the building was an Acute Mental Health Assessment Unit and the possible hazards this may present for Digital equipment. Once this barrier was overcome the project finally felt that it had changed Inpatient culture.

I am looking forward to the expanding use of the tablets and seeing how the original project aims continue to influence practice and promote wellbeing.
## Case presentation including method:
Doris is a 75 year old lady with a diagnosis of Dementia. She has been an Inpatient for several weeks due to her initial complex behaviours, which were a result of a Delirium. Her physical health has now improved and the MDT are planning discharge. She previously lived in a Care Home where she had a good routine and several friends. Her family often visited and she enjoyed these interactions, especially talking about her life and family. Doris will often engage in 1:1 reminiscence with the digital tablets and particularly likes to look at old photos of Leeds and especially her local area Meanwood. On discussing discharge with Doris and her family, staff mentioned that she benefited from a session using the tablet and that this may be something they would like to consider in the future to improve and maintain Doris’ well-being.

## Challenges:
Doris initially wanted to be able to use the tablet independently and became frustrated when she couldn’t.
Managing Doris’ family proved difficult as initially they were hesitant about the use of a digital device with Doris. All family members are familiar with digital tablets and believed that they would be too “complex” for Doris. They also did not understand the benefits for Doris.

## Benefit gained:
Doris clearly enjoyed reminiscence and this was often a topic of conversation with peers or staff. The table gave her a chance to see visual images to enhance her conversations and to spark new memories.
At one time she was able to identify a Social Club that she used to go to with her husband – staff were able to find photos of the club now and then, which Doris very much enjoyed.
Doris also enjoyed the social aspect of having visual images to discuss, she would often encourage peers over and ask if they remember this or that.
Doris appeared to gain in confidence and a self of pride over the session as she clearly has a good recall of her local area and stories to go with it!

## Evaluation of process and advice to others using this approach:
Staff found that an encouraging approach worked best for Doris, after her early frustrations at being unable to use the tablet independently. Initially Staff would sit and use the tablets in the lounge and encourage Doris to sit beside them. Once Doris became familiar with the devices she would come and sit next to Staff without encouragement. In time Doris began to ask for the devices – often describing the use of them rather than using the word “tablet”.

## Next steps and goals accomplished:
To ease Doris’ frustrations at not being able to use the device at first Staff encouraged her to ‘lead’ the conversation/session and build self-confidence and wellbeing.
Doris’ family have made plans to use the tablets with Doris so that they can see first-hand the enjoyment and confidence she gains from them – Staff are hoping that they will purchase one for future use when Doris is discharged.
3. Mental Health Ward Case Study

Case presentation including method:
Steve, a 68 year old gentleman with a diagnosis of anxiety and depression, was experiencing anxieties about returning home as his wife had passed away prior to his admission to The Mount. He has been experiencing grief but also a large loss of role as he used to visit her daily in her nursing home.

Steve joined the Discharge Planning group, which utilises digital devices too quickly and easily access information about local areas. He had identified that he had become fearful when thinking about how he would now spend his time. Steve's stated he has a PC at home, which he uses for internet banking and similar and can access YouTube via his Smart TV. We discussed several of Steve's interests prior to discharge – he likes horse racing, gardening, visiting local towns and had recently joined a leisure centre. The digital device was used to establish times and dates of local horse race meetings as Steve used to go regularly to York but has now found this too busy – he was aware that Pontefract and Doncaster have course but wasn't sure of the details.

Challenges:
The main challenge with Steve was his initial reluctance to join the digital group in previous sessions. He had convinced himself that he would not be able to use the tablets and he would stick to using a PC and mouse.
During the initial sessions with digital technology, a number of Service Users described the project as ‘using technology to support discharge’ – a concept many found hard to comprehend or of value.

Benefit gained:
Steve was able to find information about his interests. He found out the horse racing times but also local public transport links from both the hospital and his home. He was extremely pleased with not only finding out the information but also being able to view the horse racing course, especially as one had a 360 degree video viewing option.
Steve surprised himself with his ability to use a tablet, he had thought they were “much harder” to use and thought they looked very “whizzy” when observing others using them in other groups. Steve thought that the touch screen would be difficult to use as he had only used a PC with a mouse before.

Evaluation of process and advice to others using this approach:
In order to overcome Steve's initial anxieties the Occupational Therapist stated the best approach was for the digital device to be used by the staff member whilst Steve observed. Once Steve became familiar with the touchscreen of the device he quickly began using it, often without even realising.
By focussing on social aspects of Steve’s life that he was keen to regain the OT found that his initial engagement levels were higher than when the device was used for things that did not interest him.

Next steps and goals accomplished:
The Occupational Therapist team plan to encourage Steve to use the devices to explore the social/leisure side of his recovery, focussing on finding activities that he would like to attend and utilising leave periods. These will be built into Steve's care plan.
5. A Volunteer’s Perspective

I really enjoyed my involvement in DigitALL. I took part in the planning process (such as safeguarding) being asked whether we as volunteers think certain things would work in practice. I felt like my opinion has been valued during these meetings. There was a long planning process with a number of meetings discussing scenarios that may arise and we also had a chance to meet the staff that were involved with this project. Both staff and volunteers were able to discuss what the service users may be able to get out of DigitALL. The volunteers then were able to have a look around the ward with the staff members before our first group. We chose a date to start that was suitable for everyone involved in the project.

At the start of the project there was another volunteer, Alex, so we decided it was best to both spend one hour on one ward and another hour on another ward. At first many of the service users were quite apprehensive about coming in to the therapy room to have a look at the tablets, so we started by going into the lounges and talking to people about what they were interested in and demonstrating what a tablet could do.

By the second week we had an idea of what to set up on the tablet that service users might be interested in. We were still met with comments such as “that’s not for me”, “I can’t learn anything new at my age”. We then noticed that ladies who had this outlook still kept coming in and out of the room, therefore we decided to start playing with the applications ourselves and invited them to come and watch what we were doing. A lot of the service users would then point at the screen, which soon turned into them touching the screen and allowing us to teach them the different ways to touch the screen, how to be gentle and how different icons worked.

As time went on the service users, especially ones who protested the tablets “weren’t for them”, have been in the activity room asking specific questions or using the tablets and telling me what apps they have used over the weekend. Whether it be how many word searches they have managed to complete or they have searched for something in Google, they are clearly pleased with the results! I have also noticed the increase in confidence in some of the service users not to mention improvement in other areas. One service user took around 10 minutes to complete a simple word search, whereas more recently I have seen this same service user complete a more difficult word search in 5 minutes.

On ward 3 it was slightly more difficult to engage service users with the tablets, there is a big range of people from those who know what a tablet can do and what they want from it and others who have never seen one and are not interested. One male patient who has a great depth of knowledge about computers and knows specifically what he wants to do with the tablets, has started to encourage others around him by sharing sports results and reminiscing, watching old boxing matches with his friends crowding round to watch the screen.

I believe they have enjoyed not only these sessions but also having the tablets available to use when the volunteers are not there, it will be interesting to think of ways to take this to the next level.