

The work of managing patient safety in the context of virtual wards: a qualitative multi-site study in Northwest England

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Background: Digitally-enabled remote care, such as Virtual Wards (VWs) (also referred to as Hospital at Home HaH) are central to the NHS Long-Term Plan and aim to increase system capacity, reduce hospital admissions, and improve patient outcomes. While empirical research highlights potential benefits, including enhanced patient experience and reduced infection risk, concerns persist around patient safety, particularly regarding the unintended consequences of patient self-monitoring. There is need for further evidence regarding the patient safety impacts associated with changing care practices and the varied models of VWs being implemented by NHS organisations and within varied personal and social contexts for patients and carers.

Objectives: This study aimed to explore how clinicians identify and address safety within the context of delivering preventative and transitional care from hospital via a VW service. We also examine the role of patients and carers in this context, specifically how self-monitoring shapes concepts of safety and potentially shifts some of the day-to-day responsibilities of managing and anticipating risk to the patient.

Methods: We employed a multi-centred ethnographic approach across four NHS sites in North-West England between July 2024 and February 2025. Data collection included 17 patient and 5 carer interviews, 4 patient observations, 42 healthcare staff interviews, and 10 organisational-level observations. Semi-structured interviews explored perceptions of risk, clinical eligibility decision making processes and the role of carers. Reflexive thematic analysis was guided by the Systems Thinking for Everyday Work (STEW) framework, which highlights how clinical decisions develop in response to shifting system conditions.

Results: Three critical points of “safety work” emerged across pathways through the service: assessing eligibility, managing care at home, and discharge planning. Focussing on the critical safety point of ‘assessing eligibility’, clinicians and patients frequently used relativist and contextual reasoning, comparing risks in the home to those in hospital and balancing clinical guidelines with embodied and tacit knowledge. In managing care at home, responsibility for risk was distributed across clinical teams, and patients and carers were expected to take an active role in maintaining their own safety. Digitally-enabled technology provided reassurance to clinicians, patients and carers but also reinforced expectations of patient autonomy and compliance, which made some patients feel unsafe in certain contexts. For frail patients, digital-remote monitoring was generally deemed unsafe, with staff preferring to offer face-to-face delivered care at home. There was concern from clinicians and patients alike that system pressures, such as bed shortages, shaped the thresholds for “acceptable” risk, with capacity issues sometimes leading to missed conversations about safety.

Conclusion: This study highlights the complex and negotiated nature of risk and safety associated with varied models of virtual wards and in varied personal and social contexts and at key points across pathways through VW services. While VWs were often experienced positively by patients and carers with potential to enhance safety, the shifting boundaries of clinical care and ‘safety work’ also increased burden and responsibility for risk management for patients and carers.

The work of managing patient safety in the context of Virtual Wards (Hospital at Home): a qualitative multi-site study in Northwest England

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Background

- Digitally-enabled remote care, such as Virtual Wards (VWs) (also referred to as Hospital at Home HaH) are central to the NHS Long-Term Plan
- They aim to increase system capacity, reduce hospital admissions, and improve patient outcomes.
- Concerns persist around patient safety, particularly regarding the unintended consequences of patient self-monitoring.
- There is need for further evidence regarding the patient safety impacts associated with changing care practices and the varied models of VWs being implemented by NHS

Aim

- Explore how clinicians identify and address safety
- Examine the role of patients and carers, specifically how self-monitoring potentially shifts some of the day-to-day responsibilities of managing and anticipating risk to the patient.

Results

Three critical points of “safety work” :

1. Assessing eligibility
2. Managing care at home
3. Discharge planning.

• Focussing on the critical safety point of ‘assessing eligibility’, clinicians and patients frequently used *relativist and contextual reasoning*, comparing risks in the home to those in hospital and balancing clinical guidelines with embodied and tacit knowledge

- Responsibility for risk was distributed across clinical teams,
- Patients and carers were expected to take an active role in maintaining their own safety,
- For frail patients, digital-remote monitoring was generally deemed unsafe, with staff preferring to offer face-to-face delivered care at home.
- System pressures, such as bed shortages, shaped the thresholds for “acceptable” risk, with capacity issues sometimes leading to missed conversations about safety

Conclusion

- This study highlights the complex and negotiated nature of risk and safety associated with varied models of virtual wards and in varied personal and social contexts and at key points across pathways through VW services.
- While VWs were often experienced positively by patients and carers with potential to enhance safety, the shifting boundaries of clinical care and ‘safety work’ also increased burden and responsibility for risk management for patients and carers.

 Qualitative ethnographic study

 17 patient interviews

 42 healthcare staff interviews

 10 organisational observations