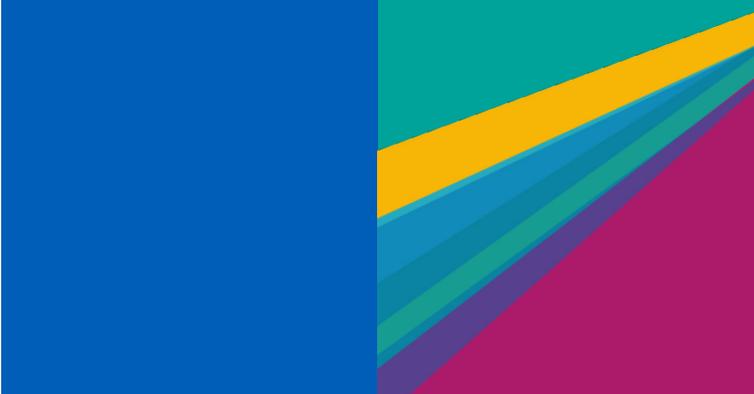




Research and Improvement

Annual Report: 2019/2020





Overview

The end of this year (March 2020) has required massive change in our Academy activity - like all NHS services, we've had to pause most of our normal tasks and adapt to new ways of working and supporting the Trust.

COVID-19
LEARNING AND EVALUATION

RAPID APPRAISAL

- Telephone and video interviews with staff and patients
- Feedback surveys
- Quantitative review of service use data

APPRECIATIVE INQUIRY

- What's worked well and why?
- Learning from Excellence
- Case studies and shared examples

RAPID ETHNOGRAPHY

- Observations and shadowing
- Our people, their stories - blogs and vlogs
- Participation in events

CO-DESIGN

- Patient and community input in service reset
- Peer to peer interviews
- Experience based co-design on Zoom
- 'Staying Connected' with existing patient groups

sidebyside

Approximately a third of the team has been re-deployed, most are working at home and we've suspended our training programme. We were required to cease all non Covid-19 research studies (keeping only one study active for safety reasons), and most 'usual' audit and evaluation activity. But, as with other services, we've adapted our focus.

In addition to the Public Health England Covid Studies, we are also co-ordinating and leading on a Trust-wide programme of learning and evaluation of Solent's response to the pandemic. For this we are using a rapid evaluation approach, which allows for 'live learning' and adaptation (rather than waiting for a range of findings at the end of an event). We are listening to staff and patients about their experiences, gathering quantitative data from feedback and differential service use, and gathering case studies of innovative practice to support shared learning.

Details will be available on SolNet and our website: www.academy.solent.nhs.uk

Covid-19 notwithstanding, we have supported a broad range of research and improvement activity over the course of 2019/20, and there's been some big moments for the team.

In November 2019, we moved into our new facility; a space designed for community engagement and learning; an office and

meeting environment aligned to our learning and development space in Portsmouth. On the same site, we now have a Clinical Trials Pharmacy and fully equipped clinical space to support research. This opens up opportunities for a greater range of trials, and more commercial activity.

In July we held our annual conference, "Learning Together - a Journey to Excellent Care," our third accredited 'Patients Included' event. This means the event is co-designed and delivered by our patient ambassadors, the Side-by-Side Network, including patient speakers and workshop leads. We had almost 200 delegates on the day.

Other highlights have included being named the most research active care organisation in the National Institute for Health Research's Annual League table, and launching our Quality Improvement Leadership programme. Our continued focus on co-design and partnership working includes an expansion of our Side-by-Side Network, the launch of a 'Join In' toolkit and the development of a patient-led QI training package.

This report showcases some examples of the Research and Improvement work across the organisation over the past year. For more up to date information, particularly on our learning during the Covid-19 pandemic, please see our website or intranet pages.

Activity in numbers

Research	Quality Improvement	Dragons' Den	Audits and Evaluations		Patient Partnership
42 studies 2,192 participants	75 staff trained 5 foundation days 2 practitioner cohorts involving 12 teams 23 workshop training sessions attended by 250 staff	13 projects in progress	12 national audits 4 national confidential enquiries	97 local audits and evaluations	22 members in the SbS network 19 services supported to involve pts in improvement



Working Side-by-Side

The vision of the Academy is to enable our staff and those that use our services to learn, and to use that learning to adapt and improve. Central to our ethos is that this has to be done in partnership - the people that know best about the effectiveness of our care are those that receive it.

It means that as much of our activity as possible includes the patient voice; we have patients on all of our Quality Improvement teams - or at least ways of working with them remotely. Our audit and evaluation activity increasingly includes the views of those that use our services, with the number tripling this year. We are also offering more and more training and tools to support services, and help them to engage and involve patients and communities (for example through our 'Join In' Toolkit, Patient led training in QI and patients on our QI Leader programme).

Within the Academy

Within the Academy we have a patient representative steering group and network, Side-by-Side. This group meets regularly with us to plan events, support on projects, promote participation and consider more diverse and innovative ways of working.

In lockdown, we've kept in touch with fortnightly newsletters, Zoom calls and regular phone conversations. Members of the group are sharing stories of their lockdown experience, supporting peer interviews, editing the newsletter and starting to support the recovery - the patient voice has to be an integral part of this.



Staying connected

- updates, latest blogs, opportunities and support from the Academy team

Edition 2, 29th April

Updates from the team

What we're learning during Covid-19



The scale of the Covid-19 outbreak and its impact is unprecedented and has changed the way in which we are able to look after those in our care, as well as how we work here at the Academy. With all of this change, we know it's essential for us to keep track of what is changing, why it's changing and what our staff and patients think about these changes.

We also understand that it's vital we share with you this learning and the experiences of our colleagues and community members, which is why we've put together the [Solent Covid-19 evaluation and learning webpage](#). This webpage helps to explain the methods we're using to evaluate and learn from what we're doing, and why we think this is important.

We hope you find the new webpage useful, and if you have a story or experience you'd like to share, please drop us an email: involvement@solent.nhs.uk

"Hello" from Sarah Williams, Associate Director for Research and Improvement



"Hello! I'm Sarah and I lead our Research and Improvement Team. Since the pandemic started I've been involved in all manner of different things, such as helping with the fit testing of masks and looking after our teams on the Isle of Wight (where I live), as well as sourcing and arranging transport for Personal Protective Equipment (PPE) across Solent.

I'm also part of the Trust ethics panel which works with our clinical teams to look in detail at some of the more difficult decisions that have to be made. As part of this, I've just started working on the 'Recovery and Refresh' programme, which focuses on trying to re-open our services in Solent. My key role here is making sure this is done in partnership with our patients and others in our communities.

A few of you may have seen me on the [Side-by-Side](#) network Zoom calls, which I've really enjoyed! Something that really struck me on the last call was the extent that we are all isolated at the moment, and how important it is that we make time to connect and remind people that we are thinking of them, even if it's just a quick "hello" text message.

In December 2019, members of our side by side network won two national awards at the NHS Improvement/ NHS Elect Patient Experience Event - Paula Tyler collected the Communications Award on behalf of the group that co-designed a patient QI training module; and Mary Ramsay won the Team Working award for service improvement in our older person's mental health ward.



Words by Julian - from research participant to volunteer

"I have been coming to the Academy of Research as a volunteer for about a year now. I came by this work having taken part in a clinical study which supported my giving up smoking (I'm still abstinent which is great). As part of the study I was asked to feature in a brief film about my experience and this can be seen on the Academy website. It is being used in conferences and events in the UK promoting the importance of helping people not to smoke and the huge benefits to health and wellbeing. Making the film was interesting and great fun.

I work alternate Thursdays and Friday mornings for 2-3 hours each week. The kinds of things I do for the team include:

giving my opinion as a service user when staff need it for whatever they are involved with, making up study packs (which are all different), laminating signs, posters, labels, proof reading and annotating, organising/ tidying cupboards and drawers, supporting bookings for events, and, making up gift packs and badge making for the Academy's annual conference.

It was also great celebrating Christmas with the team at our meal out and meeting two new staff members for the first time in such a relaxed atmosphere.

The thing I have enjoyed most and found most fulfilling was being part of an interview panel for a team vacancy. It was great to be able to represent the patient voice and to be part of the team in this important process. It made me feel I was contributing to the Academy's planning and future in getting the right person for the job. It was a chance to join minds and views and discuss the pros and cons of the interview questions and responses.

The benefits to me personally of my work with the team is that it (along with other activities) adds structure and purpose to my week. I enjoy the cycle ride that gets me there and home again and this is good for my wellbeing. To be back in a work environment and part of a team after not working for a number of years has been a welcome experience. It adds to my confidence, I give service which makes me feel useful and there is always a sense of fun and laughter. Additionally it is a great excuse to sample the delights of the St Mary's Campus restaurant breakfasts. They are superb and great value for money!"



Across the organisation

To capture the extent and ways in which patients and service users are involved in improvement across the Trust, we've conducted a mapping exercise - the aim was to look at types of activity, and what changes these have resulted in. We also asked what teams needed and these have informed our plans for this current year.

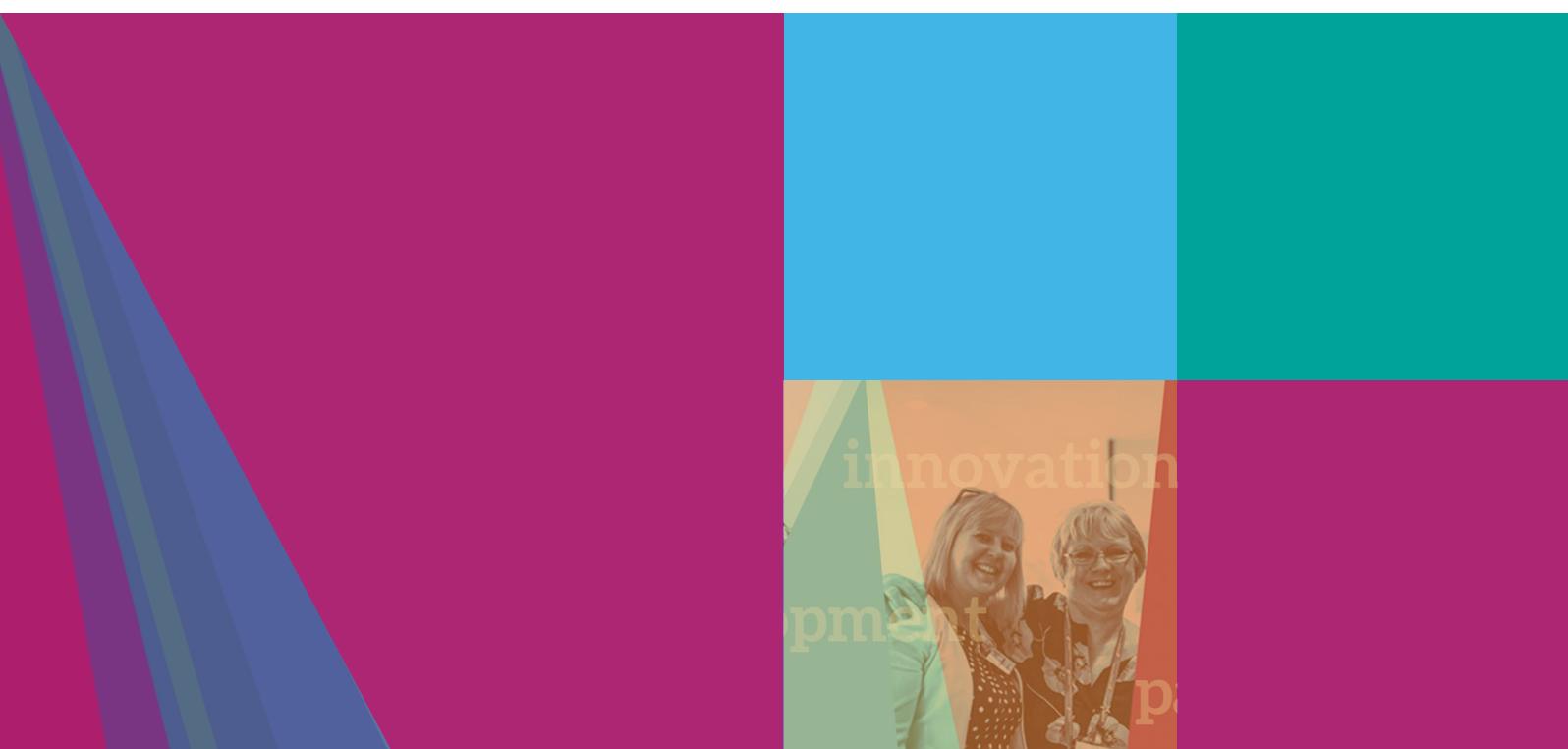
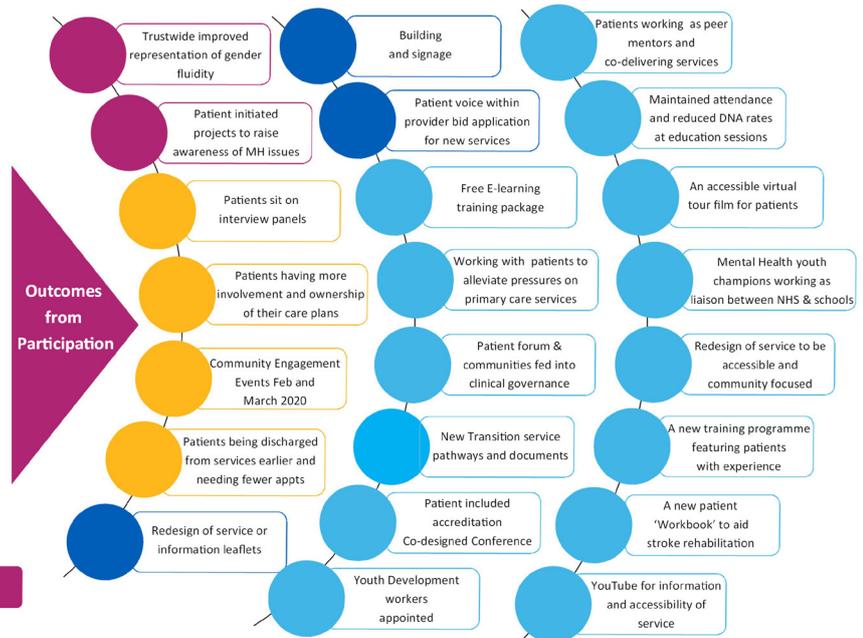
The results are shown in this infographic:



People Participation



The way people participation is taking place and how we can develop



Research

In the past year, we've participated in and led research across a range of specialty areas including infection, neurology and stroke, musculoskeletal, mental health and ageing. We host grants and lead trials as well as contributing to research studies being led by other NHS Trusts and universities. We also run training events through the year, and have a clinical academic career pathway.

Between the 1st April 2019 and the 31st March 2020, we recruited 2192 participants into 42 NIHR portfolio studies.

There has been research activity across all of Solent's service lines with Adults Mental Health, Child and Family Services and Sexual Health being our most research active services.

We have a formal Community Research Partnership model in which we run research and training events with local Universities, care homes, community organisations, schools, colleges, and the Dental Academy in Portsmouth.

Feedback from and to research participants

This year we sought feedback to help us to understand our patients' experiences of taking part in research. The feedback was

very positive with the vast majority saying it was a good experience, happy with the information they were given, feeling they were able to ask questions, happy with their appointment arrangements and indicating they would recommend taking part in research to others. However, only 50% felt they learnt more about their condition and there is further work to do around dissemination of research findings. We continue to work with study teams make improvements and to be able to share updates and outcomes from [research on our website](#).

Equality and diversity in research

A further focus this year has been on monitoring equity and diversity in our participant populations. An initial audit has led to significant improvements in the recording of demographic data, however, often this is not part of the study protocol.

Monitoring and improving equality and diversity in research participation is a key priority - and we have started to collate demographic data regardless of the protocol as part of our own monitoring. We are hopeful this will give us evidence to support national approval organisations to challenge inclusion strategies in research.



Clinical academics

To support the link between academia and clinical practice, we work in partnership with a number of Universities to create joint posts along a clinical academic career pathway. This includes internships, doctoral training fellowships and post-doctoral posts. We have a range of joint funded posts across the organisation - particularly within podiatry, children's services, mental health and pain/MSK team.

This allows us to prioritise the research that our clinical teams are interested in - for example, Dr Cathy Price, Consultant in Pain Management and Clinical Director for Primary Care Services, has established a national patient registry for those attending pain clinics, and lead national audits around the work. Dr Thomas Richardson (pictured), a senior Clinical Psychologist has a large programme of work



on the effectiveness of various mental health therapies, with a specialism in bi-polar disorder and the links with debt (Tom sits as part of a parliamentary advisory group for this research).

In September 2019, Dr Raj Patel, Consultant in Genito-Urinary Medicine within the Solent Sexual Health Services was awarded the European Medal Of Merit by the IUSTI (International Union against Sexually Transmitted Infection). This highly prestigious award was in recognition of

outstanding achievement in research, and was presented at the International Meeting in Estonia.

Two medical students also won awards at the conference - Rafia Miah won first prize for the Best Oral Presentation for her work 'Are clinicians accurately taking and handling samples for STI diagnosis?' She recommended that a standard operating procedure should be introduced which could be utilised nationally for training and reviewing clinicians.

Anya Mann was awarded first prize for the Best Clinical Case Presentation. She presented the three recent congenital syphilis cases from low risk mothers we have had in the past year in the Solent region. She illustrated her presentation with images of bone x-rays and teeth abnormalities in these children reminding the audience to consider syphilis as a differential diagnosis in sick newborns. This has recently been added to the usual 'TORCH' screen of sick neonates in the Solent region.

Adults Services

PALS Genie

This study looks at the impact of supporting 'networking' via an online tool can reduce social isolation. Volunteers across the community work with participants to identify activities and other agencies that they could link with within their local community. To date, Solent has helped recruit 98 participants to the study.

Predict - Dementia and Incontinence

This study aims to help people with dementia who live at home, and their carers, to choose the best products for them - to inform clinician and patient understanding around the range of products, challenges and strategies to maximise effectiveness. We have supported 30 individuals on this study.

Primary Care and MSK

Fluenz

This is a public health surveillance study monitoring the Fluenz influenza vaccine. The surveillance is designed to rapidly detect any increase in the frequency or severity of local and systemic adverse events and to identify unexpected suspected adverse drug reactions following vaccination. 214 patients from Solent's have taken part.



SarcNet

Solent research physiotherapists and nurses have recruited 22 participants to a registry of older people with reduced physical function, measuring their muscle size, strength and asking a series of questionnaires about function and how muscle weakness affects their quality of life.

SYMPACT

This study seeks to explore the interaction between symptom burden and burden of treatment in patients with chronic heart failure. We have recruited 32 patients from our heart failure clinic in Portsmouth to take part in the first stage of the study; a questionnaire to help to understand patients' experiences.

Sense Cog Study

This study investigates the impact of sensory impairment on cognition in older people with dementia. Through our Care Home Research Partnership, Solent was able to be involved in The SENSE-Cog Residential

aged care facility study. This study is part of a European research project which focuses on the combined impact of dementia, age related hearing and vision impairment. Solent was the most successful recruiting site for this study for which we recruited 521 of the total 967 participants.

Adult Mental Health

Exploring unusual feelings

A study into non-affective psychosis. The specific aim of the study is to better understand what factors cause dissociation (where thoughts, feelings and experiences seem detached, unreal, unfamiliar or strange). It is hoped that this study can contribute to the development of specific therapies for this patient group; 11 service users have taken part so far.

The LIGHTMind Study

This randomised controlled trial compares the benefits of cognitive behavioural therapy (CBT) to mindfulness therapy amongst patients seeking treatment for depression. Patients were recruited from Solent NHS Trust's Improved Access to Psychological Treatment centre in Portsmouth. Solent recruited 49 participants into the study, many of whom are currently in the follow-up stage of the study.

Sexual Health

HIV Prevention Study

PrEP Impact is a high profile national trial looking at people who are at high risk of acquiring HIV and involves them taking medication to reduce their risk. Interest in the trial has been high and, to date, we have recruited 202 participants. Our role includes regular follow up visits and collection of samples to determine successful avoidance of infection.

Research with children

Your Tube

This research seeks to understand the role of different diets in children who are gastrostomy fed, that is through a tube directly into their stomach. It considers a range of health and quality of life outcomes amongst children who are fed formula-based diets and those give home-blended foods. Our community paediatric team has recruited 24 participants, across 12 families, to the study.

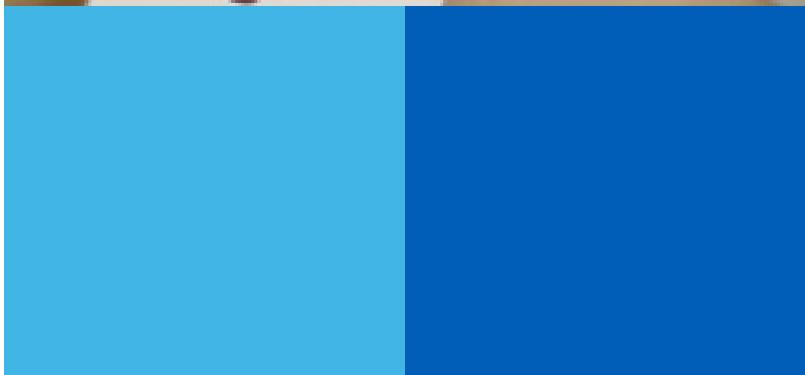
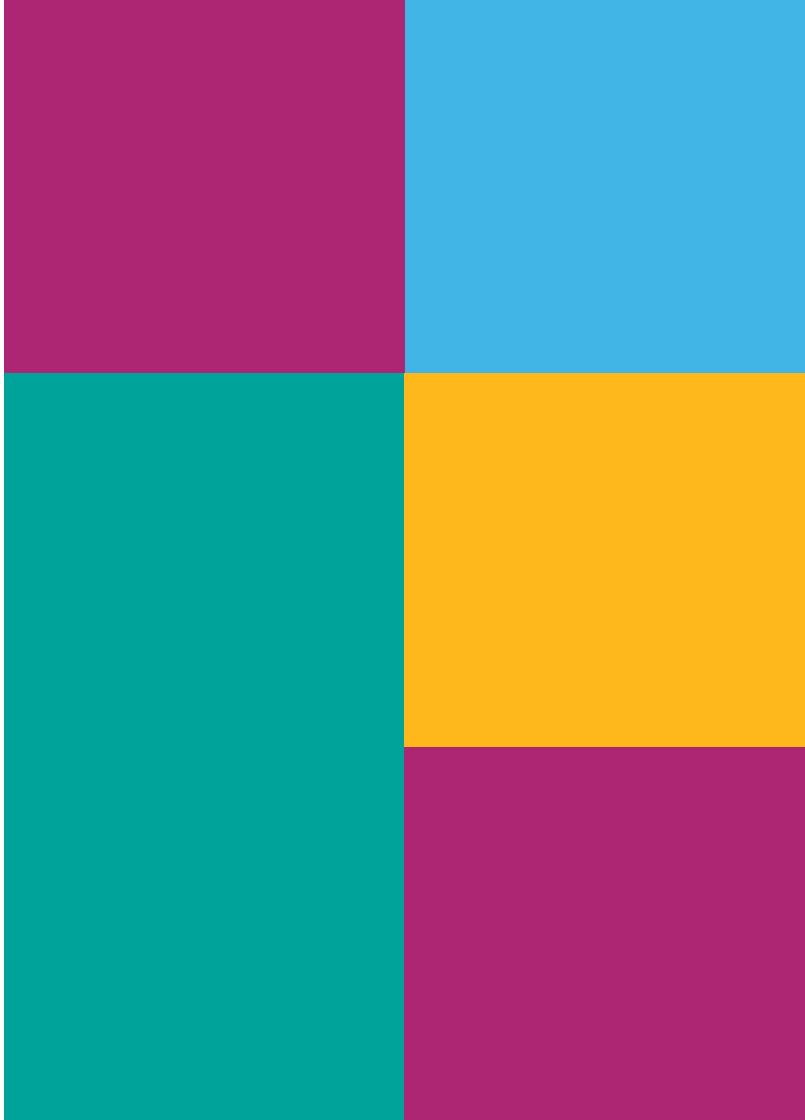
Infant feeding, non-nutritive sucking and speech development

This Solent led study looks at whether there is a relationship between how babies are fed, whether they suck a dummy/hand and how they develop speech. The chief investigator is one of our clinical academic NIHR doctoral fellows and a paediatric speech and language therapist. With the support of her clinical colleagues she has recruited 52 families to the study to date. Findings will be used to improve speech and language outcomes for children in our community.

PREVENAR

The Paediatric post pneumococcal conjugate vaccine study is one of our highest recruiting studies. Solent has been involved in recruitment for several years and recruited 471 participants in 2019/20. Collecting samples via nasal and oesophageal swabs of babies and young children in the community, the study seeks to understand whether bacteria, in particular *Streptococcus pneumoniae* (*S. pneumoniae*) and other disease-causing types of bacteria that are carried in the upper airways of children and adults have varied since the introduction of the Prevenar vaccines.

Our team of research nurses and allied health professionals recruit infants and toddlers from our child and family hubs. The research findings have been used to understand the way diseases have adapted to medical measures to prevent them such as vaccines and antibiotics and to improve those medical measures.



Quality Improvement (QI)

The Academy's Quality Improvement (QI) Programme, launched in July 2016, is designed to support individuals and teams to develop the skills and capability to successfully identify and implement QI projects within their workplace.

The programme has extended into a stepped progressive model comprising five key elements:



The Academy's QI Programme continues to grow and expand. In 2019/20, five Foundation QI days have been delivered to approximately 75 staff, two cohorts of QI Practitioner have been delivered to a total of 12 teams (45 staff and patients), the workshop programme has provided 23 training sessions which have been attended by approximately 250 staff. Staff continue to give positive feedback about each element of the programme.

QI Practitioner cohorts continue to report increased skills, knowledge and confidence. Examples of feedback from QI Practitioner include:



"Great course, really valuable both personal and team wise."

"I found the QI project very good and has built my confidence - thank you."

"This experience has been very rewarding: for me to be able to share my knowledge and experiences, as well as to bring these up to date with new ideas."

"Great to have protected time to think out of the box, strategise and learn ways to promote change."

are underway or have been completed in 2019/20 are:

Improving pain management in neurological inpatient care

Snowdon Ward in Southampton has been working to improve pain management for patients. Their project team included a patient representative. Activities to date include developing a comprehensive pain assessment tool kit for staff which includes a range of assessment tools.

These have included accessible information tools which the team have developed in conjunction with their Speech and Language Therapy colleagues. The toolkit is currently being tested and they are exploring the potential for upgrading the pain management/monitoring template on the electronic record. It is expected that this work will lead to improved more accurate and consistent assessment and management of pain resulting in improved patient experience.



Improving documentation for the use of syringe drivers

A team from Portsmouth Community Nursing, Inpatient care and Community Specialist Palliative care have been working to improve the documentation standards for the use of syringe drivers. They are currently trialling new documentation which requires staff to clearly record and demonstrate their rationale for decisions taken, with

In 2019, our first cohort of QI leaders graduated – interspersed across the organisation, these eight individuals provide local support for QI activity and shared learning. The second cohort is underway and this time, we have patient representatives being trained as leaders.

Every project is required to include a patient voice – this year, we won a grant from the Health Foundation to co-design a training module to support more people and patients to get involved in our improvement projects. This training is [now available to all members of the public on the Academy website](#) and when we are able, we will also include a face-to-face training module.

The first cohort of eight staff also completed the year long QI Leaders programme; the second cohort is underway with eight staff and four patient representatives joining.

Those on the QI leader programme have noted that they would like access to mentoring or peer support networking opportunities. A successful funding application to Health Education Wessex is supporting development of an online platform to facilitate development of a live interactive digital network, which includes space for learning, peer support and sharing projects.

Examples of some of the QI projects which

accompanying guidance for staff. They also worked with carers/patients to design a patient/carer Anticipatory Medicines information leaflet. All of this work is reflected in an updated operating procedure for the use of syringe drivers. It is expected that this will lead to more clearly justified and consistent use of syringe drivers.

Reducing rates of aggression and violence on Maples Ward

A team from Maples ward (psychiatric intensive care unit) have been working to reduce the rates of aggression and violence on the ward. The team asked staff and patients to share their ideas on factors/triggers which increased aggression and violence on the ward and also on potential solutions. From this they identified the themes of:

- Physical Environment,
- Smoking Ban,
- Boredom/Activities and
- Communication.

Changes being tested include introducing the use of the Dynamic Appraisal of Situational Aggression tool at handover to support improved risk assessment, planning and communication by staff and an enhanced daily activity programme which is supported by all staff. The team have also participated in the national Royal College of Psychiatrists Safety Improvement collaborative

programme on Reducing Restrictive Practices.

Right patient, right results, right time

A sexual health team have been working to improve their systems

for managing test results in order to reduce errors and improve performance against key performance indicators. Changes made so far include making processes paper free, increased use of text messaging and changes to how results are recorded on the electronic patient record.

A trial of a new process for how doctors manage complex positive test results is underway. It is expected that this work will reduce the likelihood of errors in recording and providing test results to sexual health patients.



Improving the CAMHS pathway for children with depression

The team have process mapped their current service pathway against NICE guidance. From this, they have developed criteria guidance for clinicians to use when assessing new patients. Taking this into account, they are now looking to improve parts of current pathway and are currently focusing on improving group therapy. It is expected that this work will lead to a more consistently provided and understood service for children and young people with depression.

Creating a dementia friendly service

A team from the Specialist Dental Service have been participating in a project seeking to improve the experience of dementia patients attending Brambly Grange and Gosport Special Care Dental services. The team includes a patient



representative with experience of caring for someone with dementia. The patient representative, together with a member of the team and a representative from Estates, have carried out 'Dementia Walkthroughs' at the two clinics. They used the "Is your health centre Dementia friendly?" assessment tool from The King's Fund to assess the environment and also collected feedback from patients, carers and staff.

The main areas identified requiring improvement included:

- signage,
- clocks,
- music,
- artwork, and
- colour contrast of doors/walls.

Improvements to the environment are currently being planned.

A number of quality improvement projects have specifically focused on patient engagement.

Rehabilitation and Reablement team patient care plans

The Portsmouth Rehabilitation and Reablement Team have worked in collaboration with patients to improve care plan writing. This is based on the idea that having clearer care plans with patient led

aims should encourage patients to be more active participants in their care and rehabilitation. During home visits, the service used a questionnaire to gather patients' views on their own care plans.

This highlighted that the document layout and language used by staff was not accessible to patients and carers and was unclear to some team members. This could lead to an inconsistency in the delivery of care offered.

Following changes to the layout and the language used, the care plans are now easier for staff to use and for patients to understand. Staff report that this has supported patients becoming actively involved in their own care.

Raising service awareness by YouTube

The Child and Families Service wanted to increase accessibility and awareness of the service. Their aim was to create YouTube videos about the service, which would be viewed through different media and communication channels.

Clinical Effectiveness

Our clinical effectiveness activities include clinical audits, service evaluations, the development of clinical outcome measures and the dissemination and review of NICE guidance.

In these activities we are looking to identify areas of concern and evidence of effectiveness, from which services make plans for improvement. Our meetings and communications are set up to share learning across the trust.

Patient involvement in Clinical Effectiveness

We are keen to involve patients in order that improvements made and services evaluated are most meaningful to them. Patients were involved in 23 projects this year which is a significant increase on 8 projects in 2018/19.

Planning for Improvement

For the third year running we organised a trust wide improvement planning event.



This was attended by 70 people with teams from each service line, patient representatives and representatives from corporate teams who shared key themes and learning from complaints, incidents and patient experience.

The image shows a representative from Adults Portsmouth sharing their plans with the chief nurse, a patient and representatives from other service lines.



Clinical Audit Awareness Week

We participate in the HQIP national clinical audit awareness week each year and this year we were recognised with a clinical audit hero award for our manager.

Clinical Outcome Measures

During the year we have continued to provide training on the use of clinical outcome measures. As well as measures established for on-going data collection, 13 of our service evaluations have made use of a patient or clinician reported outcome measure.

Summaries

Early in 2019 we introduced single page summaries for Academy projects. These are available on our intranet and on display in service areas. This year we will have produced 38 summaries of audit and evaluation projects.

National Audits

During 2019/21 we participated in 16 national audits and confidential enquiries.

In one example, the National Clinical Audit of Anxiety and Depression (NCAAD), members of the clinical effectiveness and mental health team attended a Royal College of Psychiatrists' Quality Improvement workshop to learn more about the context of the audit, results and interpretation from other trusts.

The reports were then reviewed at a specific mental health audit meeting to identify actions for the improvement of assessment, shared decision making and physical health screening.



Local Clinical Audits and Service Evaluations

During 2019/20 we conducted 97 local audits and evaluations.

The examples below are brief summaries of a range of projects from each service line. Our reporting is designed to identify concerns, evidence of effectiveness, improvements, patient and staff involvement and learning all feeding into actions for further improvement.

Re-audit of physiotherapy electronic records management for falls

A new screening questionnaire was added after the initial audit in 2018. This allowed for more details of falls to be documented and led to an overall improvement in documentation of 43%. Areas of improvement included; asking about footwear from 71% to 86%, alcohol documentation from 0 to 58%, medication from 0% to 86%, medical reviews from 0% to 43% and osteoporosis diagnosis from 0% to 71%.

Use of acupuncture within the specialist palliative care team

Acupuncture use was introduced into SPCT in 2017. This evaluation showed that 100% (10/10) of patients had clinically significant improvement in at least one symptom rated on the MYMOP2 scale following their acupuncture treatment. 26 of the 37 items measured show a clinically significant improvement following acupuncture; in particular for pain, activity and wellbeing. All six patients completing an experience questionnaire reported that acupuncture was effective in helping their symptoms.

Re-audit of falls assessments (East and West)

61 records were checked and it was found that the use of standardised assessment tools to measure gait, mobility, balance and strength had improved from 37% to 84%. The quality of the detail of exercise prescription also improved from 59% to 84%.

Accessible information (AI) assessment, Southampton

Out of 150 patient records audited, 77% had a completed AI template; 51 of those showed that the patient had AI needs, of which 88% indicated how the needs should be met. In 76%, the assessment was reflected in the electronic record. This is a significant improvement on the previous result of 40% having a completed AI template.

Stoma care product supply costs

52 patients with a stoma, from three Southampton City GP practices, were reviewed. Potential savings of £13,500 were identified by recommending changes to repeat prescriptions. Patients in a focus group and 1:1 described their experience of ordering

supplies with the majority finding the process difficult initially then using a system of contacting their delivery contractor to re-order via the GP.

ECHO health visiting programme service evaluation

This evaluation found that this targeted approach (ECHO) in conjunction with individualised plans is impacting positively on outcomes. There was a high level of need in families receiving ECHO. Since the previous evaluation, improvements in service delivery include earlier identification of families meeting ECHO criteria, more families receiving the correct dosage of ECHO, correct eligibility criteria and a significant increase in use of an Early Help Plan.

Documentation of clinical discussions regarding domestic abuse in child and family

Since the initial audit in 2016, a significant improvement has been seen in the recording of the question about domestic abuse or reasons for not asking; 89% (178) of records indicated that a conversation relating to domestic abuse had taken place (previously 47%) and the remaining 11% recorded a legitimate reason for not doing so.

Quality of safe sleeping advice to reduce SIDS

32 client records were checked and questionnaires given to families. Safe Sleep messages were documented in 100% of records; 28 out of 32 parents reported receiving information on safe sleep which was easy to understand. There was variation in which messages were retained by parents. Some parents reported visual demonstration was more easily retained.

Reasons for discontinuation of psychotherapy in AMH

The majority of patient feedback was positive. Patients were mostly satisfied with the therapy and their therapist. They were able to implement what they learnt from therapy and apply it day to day. Dissatisfaction and inconvenient appointments were the main reasons for discontinuation.



The study found that people, who left their treatment early appear to overcome their mental health difficulties by practicing their learnt strategies and techniques during their treatment.

Evaluation of Psychometric Outcome Measures in the Portsmouth Persistent Pain Team pain management programme (PMP)

Significant improvements were demonstrated for patients who completed the PMP for Pain Interference, Depression, Self-Efficacy, Anxiety and Pain Catastrophising. The mean score for anxiety changed from the moderate to mild range after treatment. The measure of Pain Acceptance showed a change in the hoped-for direction. The gains from attending were maintained at the three month follow up.

improvement shown since the previous audit (87%). No clinic or individual dentist had failed to record parental consent on at least one occasion which confirms all staff were aware of the standard; 138 (79%) of records had recorded the school name, which was a high level of compliance for a new requirement.

Lower limb rehabilitation class outcomes

Of the 19 patients who completed pre and post forms on pain, function, expectations and self-management, 13/19 reported a significant improvement; four of the remaining six reported an improvement in pain and function.

Patients reported an overall average improvement in their pain of 58% and function of 55%. 95% felt their expectations of the class had been met whilst 84% reported being better able to manage their condition.

GP retrospective review of deaths

This cycle of audits assessed care planning for patients at the end of their life. An initial audit showed 40% compliance overall with seven standards; after implementation of actions, the re-audit showed 70% compliance overall.

Infection prevention society standards in specialist dentistry

Overall compliance with guidelines was 97% to 100%. Hand hygiene compliance was maintained from the previous audit. Areas of good practice were; prevention of blood borne virus exposure (18/20 clinics 100% compliant); use of personal protective equipment (18/20 100% compliant); management of Dental Medical Devices (18 out of 20 clinics 100% compliant).

Recording parental consent in specialist dentistry

Out of 175 records, compliance with recording a parental consent name was 94%, which maintains the continued

Evaluation of Antiretroviral Treatment Switches for HIV from patented to generic drugs

Two drug switches were analysed and overall found to be acceptable, virologically effective and cost effective; with an approximate saving of £70,000.

In one switch group, £4,300 saving was lost due to additional monitoring and drug wastage and 18% of patients switched away from this regime at one year. For both switches, there was a patient discussion in 70% of cases, with cost saving mentioned in 23%, and efficacy reassurance given in 9%.



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Patients diagnosed with chlamydia before and after the introduction of online testing in Sexual Health

This evaluation compared patients identified with chlamydia before i.e. in clinic (2014/15) and after (2017/18) online testing was introduced. Females, non-heterosexuals and white ethnicity patients were more commonly diagnosed online than in clinic. More

asymptomatic patients diagnosed with chlamydia infection online were seen within 48 hours from the result being available, than those diagnosed in clinic.

Appropriately trained assistants at IUC fittings

221 patients were audited. There were improvements in use of trained assistant during coil fitting (96% compared to 79% in 2017) and not using inappropriate assistants which had dropped from 4% in 2017 down to <0.5%. The number of patients who were offered a chaperone and declined has fallen from 16% to 0.5%, which suggests a positive culture change towards having a trained assistant in the consultation.

Supportive Peer-Led Pain Group

The pain team provide a management programme for patients with long-term pain. To complement the pain programme, the team have created a support group where service users with lived experience of pain could support patients new to the service. This has provided an additional dimension

to the pain programme which in turn has had a positive impact on attendance levels at self-management groups.

Supportive transition process for young people

Young People transitioning from the Child and Adolescent Mental Health Service (CAMHS) were being transferred to GPs or other adult community services raising challenges and concerns about their ability to provide the right level of support. In reviewing this process, the discharge paperwork was identified as needing improvement.

The Dynamite group consisting of ex CAMHS service users were approached to consider the accessibility and appropriateness of the transition paperwork and personal progression plans. From this work, a new progression plan has been implemented across the service. This is still being trialled. Formal evaluation is planned with the expectation that further improvements will be required.



Dragons' Den



12 new Dragons' Den projects have been funded in 2019/20. These include:

Solent Connect - digital noticeboards

Digital noticeboards are being deployed across Southampton and then the rest of the organisation – this means messages and offers, and news can be displayed easily, in real time and across key sites for our staff.

INR testing

Our inpatient rehabilitation wards in Southampton (Lower Brambles and Fanshawe) who are Warfarin, need to have regular blood tests. This has traditionally been done by sending samples to the laboratory in Southampton General Hospital - a quicker and more convenient method is using a rapid finger prick test with an INR (International Normalized Ratio) device. This was tested on the ward and how now been fully deployed.

Dental anxiety management

The Special Care Dental team have had to use pharmacological techniques to manage dental anxiety using conscious sedation and general anaesthetic. Both are effective but can be expensive and time consuming. Adding CBT sessions has been shown to lessen the number of sedation sessions needed - and it allows for a more holistic offering to manage dental anxiety services. Dragons' Den funded the training for Band 4 Dental Nurses to test this intervention.

CAMHS transition

The Child and Adolescent Mental Health Service in Portsmouth have been working with their young adults who will be transitioning into Adult Services to design a care package and a 'passport' - this will enable a smoother transition between services and support communication.

Diabetic foot imaging

The podiatry diabetes service has introduced the use of MolecuLight i:X. This is a hand held camera that is simple to use and uses fluorescence to quickly, safely and easily visualise potentially harmful bacteria in wounds that could otherwise lack signs and symptoms of infection bacterial. This allows clinicians to quickly, safely and easily visualize bacteria and measure wounds at the point of care so they have maximum insights for accurate treatment selection and accelerated healing.



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