

Research and Improvement

Annual Report: 2020/2021



Overview

As with all NHS Teams, 2020/21 has been an extraordinary year for the Academy team. Like others, we've had to adjust our ways and places of working, and in particular, how we've supported services across the organisation.

A large number of our team were redeployed to support other services, both within the Trust and in the Wessex-wide vaccine research hubs. For those that weren't redeployed, we:

- Ran a large scale rapid evaluation on Solent's response to the pandemic. [The learning from this](#) has continued to inform successive waves of COVID and organisational response, and provided ongoing updates to the Solent Gold Command Incident Control Centre.
- Ran three COVID-related national trials, as part of the Urgent Public Health (UPH) programme.
- Supported the Vaccine Research Centres with clinical and administrative staff.
- Kept connected with our Side-by-Side network with newsletters, Zoom calls and regular phone calls
- Issued regular evidence updates via our Knowledge Exchange service, including COVID-related updates to NICE guidance.
- Ran bespoke QI training workshops using Zoom.
- Supported services to engage with patients on changes to services, including remote consultations.
- Lead the volunteer programme for the mass vaccination centres; supporting and rostering 1,500 volunteer shifts a week as well as building [bespoke web pages to share information and stories](#).
- Carried out the evaluation of the mass vaccination centres.
- Managed to run a Virtual Conference in partnership with our Side-by-Side group, which was 'PatientsIncluded' accredited and attended by nearly 400 people.
- Launched a 'new look' external website.

There is more detail on these activities in this report, but for up to date news and information, please visit www.academy.solent.nhs.uk or get in touch with us directly.



2020 Virtual Conference

In September we held our first virtual conference which saw more than 370 people join us online for a day of sharing knowledge and learning.

Having had to cancel our traditional event in June, it was exciting to be able to organise the event differently and hear about many of the research and improvement projects that have taken place over the past year in Solent.

As ever, this was a Patients Included accredited event – it was planned and delivered in partnership with our Side-by-Side network, and the event was open to all of our patients and the public. Many of the presentations at the conference were given by our patient partners and it was amazing to see our staff members, patients and community come together virtually.



Side-by-Side member, Mary Ramsay, and Solent Speciality Registrar, Rebecca Iles

The day was a mixture of presentations, posters and interactive events. Our Trust Chair, Catherine Mason, and CEO, Sue Harriman, opened the event with a warm welcome, and Prof Saul Faust (Professor of Immunology at the University of Southampton) delivered a keynote on COVID research and vaccine development.

Other presentations included covered topics such as innovations around using home monitoring during COVID, and the development of a well-being app. We heard from service user partner, Bethany Wood, on the development of a series of pocket memory aids to help during recovery from Mental Health illness, and Mary Ramsay spoke about working alongside with our Specialist Dental Team to create dementia-friendly spaces. We also held our first mini workshop on our co-designed 'Patients in QI training' (thanks to Roger Stevens and Paula Tyler) and so much more.

During the day, a poster cinema ran with voting for the People's Choice winner. Sarah Obourne, Training Lead for our Southampton Nursing team won with her poster on "Making Clinical Supervision better through Staff Views".



COVID-19 Rapid Evaluation





As the seriousness of the pandemic became evident, we decided it was important to capture learning and stories from the Solent response.

The approach we took needed to be flexible and varied. It also needed to be pragmatic and set up at pace. In total, we carried out:

- 112 Interviews around experiences with both staff and patients.
- A range of observations of events, services and remote consultations.
- Spotlights and case studies on particular services and responses.
- Two surveys of staff and patients, with almost 2000 responses.
- [A series of blogs](#), own account narratives about experiences of the pandemic and lockdown.
- Collation of a trust time line; recording what happened and when.
- Collation of quantitative data for deep dives into particular topics such as remote consultations and redeployment.



Evaluation in numbers:

	<ul style="list-style-type: none"> • 112 in-depth interviews • 1256 survey responses • Observation 	<ul style="list-style-type: none"> • Patients • Staff 	Apr 2020 - Sept 2020
	<ul style="list-style-type: none"> • 23 in-depth interviews • 11 hours of observation 	<ul style="list-style-type: none"> • Staff 	Feb 2021 - Apr 2021
	<ul style="list-style-type: none"> • 70 interviews • 49 hours of observation • 39,500 survey responses 	<ul style="list-style-type: none"> • 'Clients' • Staff • Volunteers and partners 	Jan 2021 - ongoing
	<ul style="list-style-type: none"> • 99 service level evaluations/audits specific to COVID-related service change 	<ul style="list-style-type: none"> • All service lines 	2020/21

Key findings from the evaluation:

1. Compassionate leadership is central to people's experience of change

Clear and supportive leadership led to feelings of trust. Positive experiences of leadership was linked to good communication, transparency and compassion which generated a feeling of safety. Leadership that supported people's experiences often was from direct line-managers, but some line-managers reported difficulties in accessing their own support.

2. Connectedness with team and peers was key to helping people adapt to change

Sense of team and connectedness improved wellbeing and feelings of positivity; helping people as they adapt to change. Peer support decreased uncertainty, particularly for people in patient-facing roles as this contact helped to foster feelings of safety.

3. Everyone is different; people need individualised and personalised support

COVID-19 blurred the lines between our work lives and our home/family lives, and everyone's situation was different, with differing factors impacting them. People were able to adapt, respond and then thrive if they had leaders and peers who were able to respond compassionately to their specific, individual needs.

4. Change can be empowering but only in the right conditions

People with the right support not only adapted to change but were empowered to cultivate positive change. People who had both leadership and peer support were able to thrive and make positive change when underlined by the principles of autonomy, trust, safety and compassion.

5. The pandemic has facilitated a 'digital revolution'

The need to work from home and to carry out remote consultations with patients led to a rapid adoption of digital technologies. Often these were technologies or approaches that services had been trying to implement for a long time, but had been considered risky at the time. This has been shown to be a highly acceptable and effective approach both from the staff and patient viewpoint.

Find out more about the evaluation

We encourage you to visit the [Academy Rapid Evaluation webpages](#) where you can find lots more information about what our teams and services have been learning during the pandemic.

Research

COVID-19 continues to dominate the research landscape. In line with the National Institute for Health Research guidance, our priority this year has been urgent public health studies. This has inevitably reduced the amount of research that we have been able to do in other health conditions.

Between April 2020 and March 2021, we recruited 868 participants in 21 studies.

Research has been at the centre of the COVID-19 pandemic. It has played an essential role in helping us to understand, treat, and prevent COVID-19. The Solent Research Team have proudly supported the national and global effort by recruiting 525 participants to three COVID-related studies.

We have also worked collaboratively within Wessex Research hubs in Southampton and Bournemouth, with 10 members of the team working in the Wessex Covid vaccine research hubs. As a region, to date, Wessex has recruited close to 2000 participants to randomised controlled trials, to determine the effectiveness of a range of COVID vaccines.

We have continued to work in partnership with our community partners in care homes and local Universities during the pandemic. Through these partnerships we have helped to facilitate VIVALDI, an Urgent Public Health study relating to COVID outbreaks at care homes.

COVID Studies

SIREN Study-UPH study

This study is being led by Public Health England and is looking at healthcare workers' immune response to COVID-19. The aim of the study is to see if prior infection has a protective effect against future re-infections of COVID. They are also interested in looking at the effectiveness of vaccines and how long vaccine immunity lasts

for. More than 100 Solent staff are participating in this trial, which involves fortnightly swabs and blood tests checking for current infection and presence of antibodies. We have gathered and acted upon regular feedback from participants to improve the way we deliver the SIREN trial.

This team also won the Wessex CRN award for Outstanding Team Contribution to Research.



Solent SIREN Team

VIVALDI Study-preventing COVID-19 in care homes-UPH study

This is a study investigating how the current Coronavirus pandemic is affecting people who live or work in care homes across the country. They are interested in looking at how many people have been infected with COVID-19 and how infection spreads in care homes and whether you can be infected more than once. Through our Care Home Research Partnership, we were able to facilitate the opening of this study. A total of 21 care home staff and residents have been

recruited into this study.

The ISARIC Clinical Characterisation Protocol study-UPH study

The ISARIC Clinical Characterisation Protocol study involves review of notes for people who have been hospitalised due to COVID to understand the nature and extent of symptoms, treatment, and associated outcomes. We recruited 26 participants from our in-patient wards.

Psychological impact of the Coronavirus (COVID-19) pandemic and experience: An international survey

The aim of the study was to investigate the impact that the COVID-19 outbreak and the resulting lockdown had on our behaviour and mental wellbeing. Participants had to complete an online questionnaire. Solent helped to recruit 395 participants to this study.

Non-COVID-19 research highlights

The PrEP Impact Study

This 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. Solent NHS Trust continued to recruit and follow up participants throughout the pandemic. The trial closed to recruitment in July 2020, with a total of 387 participants recruited across Solent. The results have informed service commissioners (funders) on how to deliver a routinely commissioned PrEP service.

The PROMISE Study (Predictors Of Mindfulness-based Self-help Engagement)

Research studies have identified that mindfulness meditation practices are linked to positive wellbeing outcomes and are often delivered online and on apps. However, user engagement and upkeep of mindfulness activities is particularly poor.

The PROMISE study aimed to identify which habit formation and retention psychological theories could be used to help increase engagement with mindfulness activities in

the future. The study was open to NHS staff and provided one year of free access to the Headspace app and 115 people took part through Solent.

The CAP-MEM study

This study explores the cause and prevalence of memory problems in mental health. It assesses self-reported concentration and memory problems amongst people with a clinical diagnosis of a psychiatric disorder and a comparison group of healthy controls. In total Solent have recruited 686 participants. Findings will enable researchers to better understand the relationships between psychiatric diagnoses and memory and concentration.



The Prevenar Study

The Prevenar vaccine was introduced into the routine childhood vaccination programme in September 2006. Prevenar protects us against bacteria called *Streptococcus pneumoniae* (*S. pneumoniae*). These bacteria are normally harmless but can cause illnesses such as ear infections, pneumonia or meningitis.

This research study monitors the changes in the bacteria that are currently carried in children's noses to help us to develop and improve the vaccine for the future. Solent have been involved in recruitment since 2017 and have recruited 1285 participants in total. Our team of research nurses and allied health professionals recruit infants and toddlers from our child and family hubs.

Quality Improvement

During a year of challenge and rapid change there have also been significant opportunities to develop our services. Our workshop programme and Quality Improvement Programme were quickly adapted for virtual delivery, which has seen a notable increase in attendees and the development of new resources and techniques for working. New workshops were also delivered to meet the needs [Solent's Rapid Evaluation during COVID](#).

Digital innovations have been a key topic for a series of new evaluations conducted in our services, for example, individual and group therapy by video, remote assessments and online requests for test kits or medicine by post. The addition of these new evaluations enabled our services to conduct as many Clinical Audits and Service Evaluation projects as they had in the 2019/20 pre-COVID year, demonstrating a healthy amount of improvement and learning.

This year of rapid change was also an ideal time to develop our library services to include an in-house Knowledge Specialist who is able to support clinical and organisational services in identifying the most up-to-date and evidence-based ways of working.

Our activity in numbers:

314

staff and patients participated in 34 QI training sessions including six cohorts of our foundation programme

321

11

national Clinical Audits and three national confidential enquiries

107

local audits and evaluations

staff attended 61 research and improvement workshops



**Quality
Improvement**
P R O G R A M M E

Solent's Quality Improvement (QI) Programme is designed to support individuals and teams to develop the skills and capability to successfully identify and implement QI projects within their workplace. The QI team provides support and facilitation during and between QI training sessions.

Whilst some of our QI staff were redeployed to support and evaluate priority services, others were developing our QI Programme and resources for remote delivery. Like our evaluation work, many of the QI projects have focused on changes and challenges to services as a result of COVID.

We have a dedicated co-designed with patients for patients QI training package. Patients and public representatives attending QI training are also supported by our dedicated patient participation team.

Our current QI Leaders programme includes 16 staff and patients who have already participated in the QI Teams Practitioner programme, which develops their coaching and leadership skills in order that they can support QI projects.

The second cohort of QI Leaders commenced in 2020 with the inclusion of patients who are working and learning alongside Solent staff. Changes as a result of the pandemic led to the first and second cohorts combining to provide peer reflection and more support to each other.

This group of 14 QI Leaders received improvement training and coaching to influence and grow improvement principles and activity across their service lines. QI Leaders are close allies with the Academy in the development of improvement culture across Solent NHS Trust.

As an improvement focused team, our challenge for the year ahead is to provide a more bespoke and patient experience based programme.



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 can make plans for improvement. Our meetings and communications are set up to share learning across the trust and beyond.

This year saw many audits and evaluations added to our plans which were influenced by COVID; the majority of these were service-specific evaluations designed to compliment our trust-wide evaluations into topics such as remote working. This work was supported by a series of new workshops and resources for rapid evaluation using surveys and interviewing.

Patient involvement in Clinical Effectiveness

2019/20 saw a considerable increase in patient-involved Service Evaluations, and whilst there were fewer patient-involved projects this year, the depth of involvement for many has increased. For example, during 2020/21 there were more evaluations including patient interviews in place of surveys.

National campaigns and conferences

As for previous years we participated in the national Clinical Audit awareness week by offering staff a series of ten minute virtual drop-ins which were popular, developing awareness and interest for some who would otherwise struggle.

We were also pleased to see 15 audits and evaluations present a high standard of presentations and posters at our first virtual conference.

Quality Improvement

Summaries

In 2019 we introduced single page summaries for Academy projects. These are available on our intranet and on display in service areas. We have added 25 more summaries to our collection of 90 which aim to represent the diversity and quality of projects we produce.

National Audits

Despite a number of national audit postponements, we participated in 11 national audits and three confidential enquiries.

Solent NHS Trust was the top performing trust for first episode psychosis 0-17yrs and for the start of CBT alongside a supported employment programme. There was also significant improvement in completion of outcomes measures after introduction of the DIALOGUE outcomes system.

Service user feedback was high with 100% reporting they felt listened to. Key areas for improvement included additional resources for people with at risk of psychosis mental state, increased physical health monitoring, although this has increased significantly and further improvements in outcome measure collection.

Service level Clinical Audits and Service Evaluations

Evaluation of digital pulmonary rehabilitation

Digital pulmonary rehabilitation includes combinations of attendance at virtual rehabilitation groups on Zoom and the use of the myCOPD app. Outcomes for eligible patients showed increased engagement with digital tools since the start of the pandemic as well as: increased frequency of positive outcomes, and increased efficacy for exercise and health status outcomes.

Evaluation of the ECHO early help programme for children's health visiting

ECHO is a targeted programme for supporting families with infants most in need. This repeat evaluation showed that the ECHO approach, combined with personalised early help plans, is having a positive impact on outcomes for children and their families.

Improvements in service delivery include earlier identification of families with an early help plan with more contacts being achieved in the antenatal period. Where parents do engage, improvements have been seen in their mental health as well as reductions in domestic abuse for some families.

Repeat evaluation of virtual bright beginnings mother and baby group

This was the second evaluation of this new virtual format for supporting mothers and babies. Most mothers reported that the group was beneficial, increased their confidence and improved their relationship with their babies. Most also reported a decrease in anxiety and low mood.

In this evaluation, the importance of collecting the clinical outcome measures via 1-2-1 telephone appointments was found to



be important, as this enabled risk and needs to be assessed and allowed for further support to be put in place if needed.

Mothers also described the value of meeting with other mothers with similar worries, though all attendees reported that a face-to-face group would be preferable to virtual.

Access and outcomes in Psychological Therapies (IAPT) by ethnicity

This evaluation is one of a series looking at equity of service provision. It found that there were inequalities in referral numbers to IAPT from different ethnic backgrounds, compared with the population we serve, and in clinical outcomes. This was particularly true for those from Asian/Asian British and Chinese groups.

Regarding reliable improvement, people from Mixed, Asian, and Other ethnic groups did not appear to be improving at the same rates as other groups. However, service users from Caribbean and other Black/African backgrounds appeared to have above average improvement rates. A more in-depth evaluation will follow as well as an evaluation looking at service use for LGBTQ communities.

Use of video assessment during the COVID pandemic and antibiotic prescribing in specialist dental

Specialist dental services conducted two evaluations as a response to the limited face-to-face services during the pandemic. Initially they looked at the use of video appointments for 188 patients seen during a two week period in June 2020. This showed that with video triage clinicians were more frequently able to obtain a provisional diagnosis (97%) when compared to non-video triage (78%).

The dental service also looked at their use of antibiotics following remote triage for 477 patients. They found that 35% were prescribed antibiotics which was close to the previous rate of 27% for emergency



attendance. The audit also showed that appropriate antibiotics were being prescribed, though changes were made to documentation to ensure more accurate recording of diagnosis and clinical rationale.

Shared decision making with patients presenting with osteoarthritis

This project evaluated the quality of shared decision-making using the collaboRATE tool for patients presenting with osteoarthritis (OA) of the hip or knee. It included a short cycle of improvement using an 'action learning' feedback session with clinicians.

Overall, 51% of patients reported a top score on the collaboRATE tool and qualitatively, many participants expressed positive experiences such as: "I felt listened to, understood and involved in my treatment plan".

Some participants gave lower scoring and responses such as "I would have appreciated more information on likely treatment options". When comparing the outcomes before and after the action learning session, the top score increased significantly ($p < 0.05$) and the mean score also increased.

Patient Participation



Side-by-Side, our patient representative steering network has maintained connection throughout the pandemic by meeting virtually, having 1-2-1's and sharing news and updates through the Staying Connected newsletter. We have focused on being as supportive as possible; members have had different experiences during the pandemic and recognising this has been invaluable.

We have learnt to work differently, by forming groups that focus on specific activities, such as: codesigning a package for staff to enable patients and people to be involved in recruitment interviews, the planning and delivery of the 2021/24 Academy strategy planning.

Side-by-Side network member, Mary Ramsey, published a follow up to the first blog that she wrote in the Spring of 2020 ['Fun, fit and living alone during lockdown'](#). The sequel, ['Fun, fit and living alone during lockdown 2.0'](#) shared Mary's thoughts and feelings of going into a second lockdown, and provided an insight into the ways that Mary was going to manage through the second lockdown.

Roger Stevens shared a blog on [finding new ways to manage Ankylosing Spondylitis during COVID-19](#). An insight into change from services and support from the National Axial Spondyloarthritis Society (NASS) charity, who adapted to be more accessible by creating virtually Zoom meetings and classes.

Julian nominated for Clinical Audit Awareness Week (CAAW)

Julian (who began volunteering with the Academy after participating in a research study) was nominated and short listed for Volunteer of the Year award for CAAW 2021. Julian supports audit and evaluation by working across the Academy to promote and support clinical services, and ensure the patient voice is at the heart of improvement.

The CAAW nomination recognised Julian's dedication, passion and 'greatness' and we believe this will encourage other patients, people and communities to get involved in clinical effectiveness and audit. We need more Julian's working with services on the audit for improvement journey!



Julian Martin

Money Problems and Mental Health Problems

Dr Tom Richardson, Clinical Psychologist and Researcher has formed online groups with patients with lived experience. The group share their views on Tom's previous research and work together on future research.

The research looks at the impact of money difficulties on mental health and cannabis use and psychosis. The group have helped Tom to shape and direct further research.

COVID-19: A Catalyst for Change, Adult Southampton stories

As a result of the pandemic from March to September 2020, Adult Southampton Service Line teams embraced the need to make positive changes during the lockdown.

The aim was to create a better “norm”, keep the good things and embrace transformational change with open minds and confidence. To do this each service collated the stories, the experiences and the feedback from patients and staff. Staff spoke to the patients in their services, using an experience-based design survey. This involved truly listening to the patient’s experiences and feelings of receiving care during the pandemic.

Services presented the findings through short videos. The collective of all services engaging in gathering patient views and then sharing together, provided a real insight into the challenges, experiences and emotions which patients had been through from the start of the lockdown, at their appointments and of remote consultation. The patient voice guided the areas to improve, the technology to embrace and the different ways of working.

Portsmouth integrated Learning Disability service

Many of the ways service users have been involved in the service were adapted to working virtually. The development of the ‘Stay safe and in touch’ newsletter provided regular updates, experiences, hints and tips during lockdown. It was a way of connecting and supporting each other during this time.

As restrictions have been eased, two new service user groups at the Kestrel centre have been launched (May 2021). The ‘Quality Checkers’ groups will visit different services to see how welcoming, accessible and useful they are. The group will then provide a

report of suggestions to make improvements for people with learning difficulties.

The second group on ‘Staff recruitment and induction’ are establishing ways to be part of staff recruitment. The group will be involved in interviews and in the induction process for new members of staff. The Academy and Side by Side network are working alongside LD leads, child and family leads and parents to develop resources and guidance to aid further services to involve patients and people in staff recruitment.

Learning from Excellence Awards

As part of our Virtual Conference and in the run up to Christmas 2020, we asked our communities to nominate an NHS staff member, colleague, or patient for something they’d done in the year which had helped us to learn and improve.

This could have been a project, an act of kindness, training support, or something that’s just really struck you as an example of excellence. We then took these nominations and turned them into Star Awards with their very own mug, certificate, and other sweet treats for them to enjoy.

Dragons’ Den

In December 2020, following a successful Dragons’ Den bid, Head of People Participation, Carl Adams, alongside Community Nurse, Jodie Bland, secured funding to pilot the use of Automatic Dopplers across Southampton Community Nursing.

The use of automatic dopplers has seen an increase in the number of doppler assessments, which has led to the optimum treatment as nurses have reported that the simplified process and visual display, gives them greater confidence in making decisions about treatments. Patients have also reacted positively to the new technique, and state that they like the fact they don’t need to lie flat and that the whole process is quicker than the traditional method.

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