

Ulster Hospital – Enhanced Minor Injuries Unit Review

South Eastern Health and Social Care Trust

April 2024



South Eastern Health
and Social Care Trust



Introduction and Contents

Introduction:

South Eastern Health and Social Care Trust (SEHSCT) is currently transforming its provision of unscheduled care. The Trust’s vision is to eventually provide a consultant-led ‘Urgent Care Centre’ (UCC) at the Ulster Hospital, co-located with the Level 1 Emergency Department (ED).

This change will be delivered in two phases:

- Phase 1 will deliver the closure of the existing Minor Injuries Unit in Ards Community Hospital and the establishment of an enhanced Minor Injuries Unit (enhanced MIU) at the Ulster Hospital, based in the previous ED building on the hospital site.
- Phase 2 will see the further transformation of the service into a Consultant-led UCC at the Ulster Hospital, co-located in the Acute Services Block alongside the ED.

The service has been in its Phase 1 state (enhanced MIU) since September 2023. This review seeks to understand how well these current arrangements are delivering for patients, staff and Trust.

In order to do this, the review has taken into account activity and performance data; feedback from patients; and insights gathered during staff engagement to provide an overview of what aspects of the current arrangements are working well and where opportunities for change and improvement exist.

Additionally, these findings have been compared to the intended benefits which were identified during consultation, in order to demonstrate to what extent these benefits have been realised. As the intended benefits were written in relation to the Trust’s full vision for the service, including Phase 2, it is regarded as reasonable to expect that the current Phase 1 arrangement will partially deliver these benefits.

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Executive Summary

Enhanced MIU Review Summary:

Overall, this review has found that the enhanced MIU at the Ulster Hospital is delivering a **high quality service** to a **very large volume of patients**. The **excellent patient feedback** which the service receives is a credit to its teams and reflects the **high quality of care** which staff reported that they are **proud to deliver**. Furthermore, the enhanced MIU has demonstrated **at least partial delivery against all of the intended benefits set out during consultation**, despite not having fully completed its transformation.



Between January and March 2024 the enhanced MIU managed a total of **9,904 attendances**



91% of patients would **recommend** the enhanced MIU service to friends and family



100% of patients were satisfied with how **safe** they felt in the enhanced MIU



87% of staff responded that the move to the enhanced MIU has been **positive for staff**

Performance and Activity Summary:

- The enhanced MIU manages a particularly large volume of attendances, which exceeds the volumes reported by the Department of Health (DoH) for other Type 3 EDs in Northern Ireland.
- On average, 76.5% of attendances at the enhanced MIU were triaged as Level 4 / 5. This is lower than the average reported by DoH for other Type 3 EDs in Northern Ireland, where 96.7% of attendances are triaged as Level 4 / 5.
- On average, 86.5% of attendances are managed within the 4 hour target, however median time spent in the enhanced MIU prior to admission/discharge was longer than the figures DoH reported for other Type 3 EDs.

Patient Experience Summary:

- Patient feedback demonstrated very high levels of satisfaction with the enhanced MIU service.
- Patients viewed the service as being of a very high standard and were particularly impressed by the excellent staff and the quality of care.
- 87% of patients were satisfied with the speed of the service. While service speed was also the number one challenge raised by patients in feedback, this was the experience of a minority.
- Other key issues for patients included information about the service and waiting area facilities.

Staff Experience Summary:

- Staff generally reflected positively on working within the enhanced MIU. They described their roles as fulfilling and enjoyable and noted that the MDT work effectively together. It was also recognised that the environment offers good learning and development opportunities.
- Staff did however raise a number of significant challenges relating to their roles, particularly in relation to staffing levels and a lack of clarity regarding exactly what presentations should be managed in the enhanced MIU vs ED.

Benefit Delivery Summary:

- As this review has been conducted while the service is in its Phase 1 state, it is not reasonable to expect all of the benefits identified during consultation to be delivered in full, as this would be anticipated within the Phase 2 state.
- However, despite this the enhanced MIU has demonstrated at least partial delivery against all of the intended benefits outlined during consultation, and full delivery against a number.

Minor Injuries Unit – Service Overview



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Data Context

On 9th November 2023, the South Eastern Health and Social Care Trust was the first Trust in Northern Ireland to go live with encompass, a new electronic patient record. The new system replaced all of the legacy digital systems and paper records and will be rolled out across all other Trusts in the region in the next 2 years. All Health and Social Care organisations have been advised that there is a period of 4-8 months of data stabilisation post go-live; during this time data coming out of the new system needs to be validated to ensure that it is of sufficient data quality to be considered as official statistics.

As a result of go-live, SEHSCT was not included in the September 2023 – December 2023 Urgent and Emergency Care Waiting time statistics publication. The January 2024 – March 2024 statistics were published on 25th April 2024 with SEHSCT figures included, however, with the caveat that this data should be treated with caution and considered ‘official statistics in development’.

Since the DoH publication the Trust has worked closely with Encompass, DoH and SPPG to resolve the data quality issues that impacted the report, mainly due to under counting as patients were not properly coded on the new system.

This report presents both the published statistics and also the revised statistics post data quality resolution. It should be noted that the data is subject to change as further issues are resolved.

Performance and Activity: Urgent and Emergency Care Waiting Time Statistics (DoH Published April 2024)

Below is a summary of the key points relating to the performance and activity within the enhanced MIU based on the DoH published Data (April 2024). The full data set is detailed over the page.

Activity and Performance Summary for January – March 2024:

- Between January and March 2024, the enhanced MIU managed a total of 7,952 attendances. The total number of attendances per month ranged between 2,478 and 2,863. There was an upward trend in monthly attendances, with a 15.5% increase in attendances across the period. This is a significantly larger volume of attendances than any other Type 3 ED in Northern Ireland included in the DoH published data for January to March 2024 (DoH list the enhanced MIU at the Ulster Hospital as a Type 3 ED). Other Type 3 EDs recorded monthly attendances of between 182 and 1,877 during the same period.
- On average 3.3% of attendances at the enhanced MIU were referred by GPs during the period. Comparatively, DoH reported that 1.1% of attendances at Type 3 EDs were referred by GPs in March 2024.
- On average, 78.6% of attendances at the enhanced MIU were triaged as Level 4 / 5 during the period, making up the majority of the patient cohort. Comparatively, DoH reported that 96.7% of attendances were triaged as Level 4 / 5 in Type 3 EDs in March 2024, which is higher than the enhanced MIU's monthly average. This may indicate that the enhanced MIU at the Ulster Hospital is managing a more complex patient mix than other Type 3 ED comparators. In the previous model Ards and Bangor MIU performed in-line with the other Type 3 EDs in terms of treating primarily Level 4 / 5 patients. As noted by DOH, since the change, the percentage of Level 4 / 5 attendances seen through the new model at the Ulster Hospital is 78.6%. The enhanced model at the Ulster is able to appropriately treat Level 2 and 3 patients, along with the occasional Level 1.
- Across the period, the enhanced MIU managed an average of 89.4% of attendances from arrival to admission/discharge within the 4 hour target. On average, a further 9.7% of attendances were managed within the 12 hour target and an average of just 0.9% exceeded the 12 hour target. Comparatively, DoH reported that 98.8% of attendances were managed within the 4 hour target in Type 3 EDs in March 2024.
- There was an upward trend in the median time spent in the enhanced MIU for those *discharged*, which ranged across the period from 1 hour 25 minutes in January 2024, to 1 hour 49 minutes in March 2024. This was a total increase in median time across the period of 24 minutes. This is longer than the DoH reported median time spent in Type 3 EDs prior to discharge, which in March 2024 was 37 minutes.
- There was a downward trend in the median time spent in the enhanced MIU for those *admitted to hospital*, which ranged from 8 hour 59 minutes in January 2024, to 7 hour 38 minutes in March 2024. This was a total reduction in median time across the period of 1 hour 21 minutes. This is longer than the DoH reported median time spent in Type 3 EDs prior to admission, which in March 2024 was 2 hours 51 minutes.

Enhanced MIU Data Insights:



7,952 attendances
(January – March '24)



Majority of attendances triaged as
Level 4 / 5



Majority of patients are discharged or admitted
within 4 hours

	Total Attendances	% Total Referred by GP
January	2,478	2.9%
February	2,611	4.3%
March	2,863	2.8%

Attendances Triaged As:	Jan	Feb	Mar
Level 1 / 2	1.4%	1.8%	2.1%
Level 3	14.9%	13.8%	16.9%
Level 4 / 5	78.8%	80.7%	76.2%

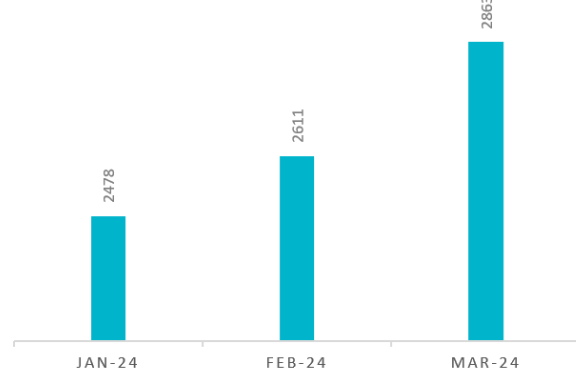
Arrival to Discharge/Admission:	Jan	Feb	Mar
Within 4 hours	92.2%	88.1%	87.8%
4 – 12 hours	6.9%	10.9%	11.4%
Over 12 hours	0.9%	1%	0.8%

*At the point when this report was written in April 2024, urgent and emergency care data for clinical care episodes completed on or after 9th November in SEHSCT was still being developed following the transition to the Encompass system. However, DoH has produced and published provisional figures for the period of January – March 2024 which are used in this document. However, DoH has provided the caveat that this data should be treated with caution and considered 'official statistics in development'.

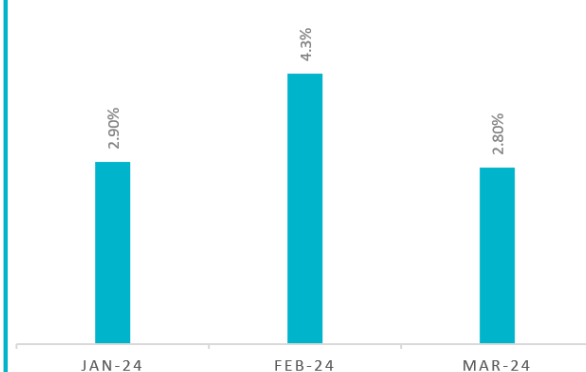
Performance and Activity: Urgent and Emergency Care Waiting Time Statistics (DoH Published April 2024) Full Data Set

Below is the full data set for activity and performance within the enhanced MIU at the Ulster Hospital, based on the DoH published Data (April 2024).

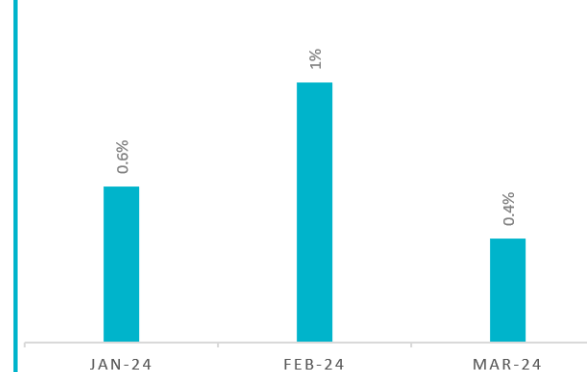
ENHANCED MIU ATTENDANCES
(NEW AND UNPLANNED REVIEWS)



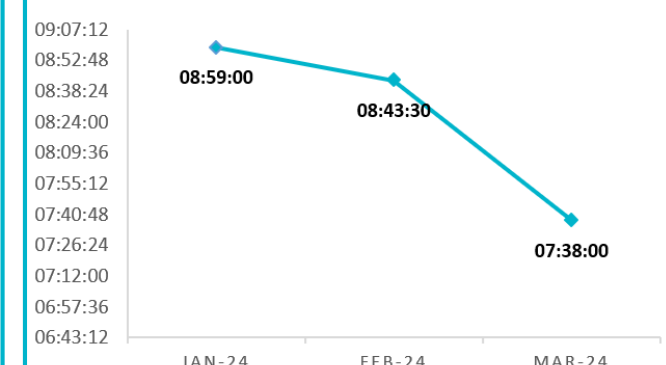
ENHANCED MIU ATTENDANCES REFERRED
BY GP (%)



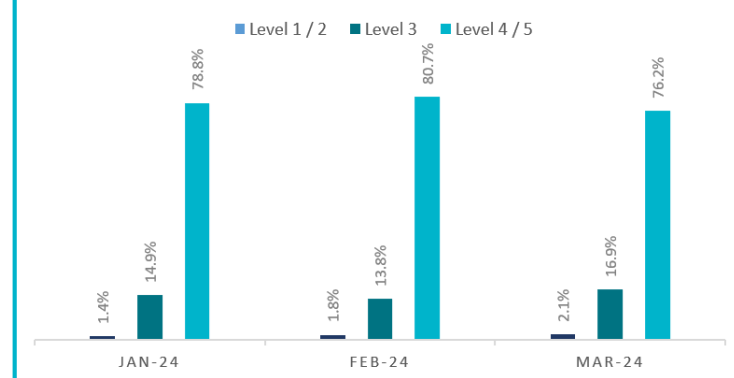
ENHANCED MIU ATTENDANCES WHO LEFT
BEFORE TREATMENT WAS COMPLETE (%)



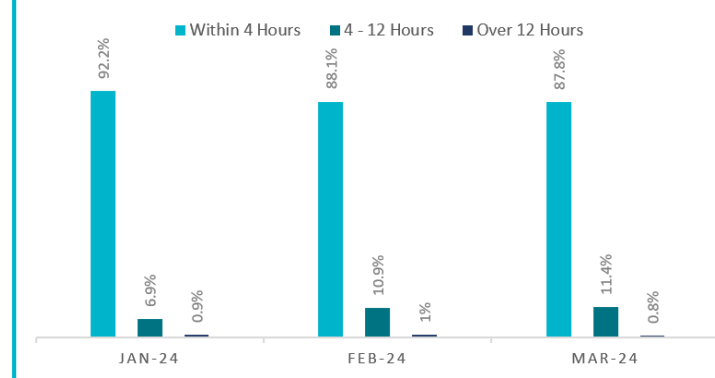
MEDIAN TIME SPEND IN MIU BY THOSE
ADMITTED TO HOSPITAL (HH:MM:SS)



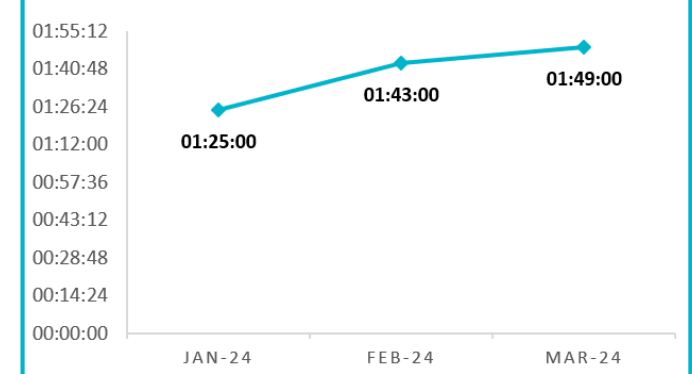
ATTENDANCES TRIAGED AS LEVEL 1 / 2; LEVEL 3
AND LEVEL 4/5



ATTENDANCES BY TIME SPENT IN ENHANCED MIU
FROM ARRIVAL TO DISCHARGE / ADMISSION



MEDIAN TIME SPENT IN MIU BY THOSE
DISCHARGED (HH:MM:SS)



*At the point when this report was written in April 2024, urgent and emergency care data for clinical care episodes completed on or after 9th November in SEHSCT was still being developed following the transition to the Encompass system. However, DoH has produced and published provisional figures for the period of January – March 2024 which are used in this document. However, DoH has provided the caveat that this data should be treated with caution and considered 'official statistics in development'.

Performance and Activity: Revised Statistics (May 2024)

Below is a summary of the key points relating to the performance and activity within the enhanced MIU based on the revised data set following resolution of data quality issues (May 2024). The full data set is detailed over the page.

Activity and Performance Summary for January – March 2024:

- Between January and March 2024, the enhanced MIU managed a total of 9,904 attendances. The total number of attendances per month ranged between 3,122 and 3,542. There was an upward trend in monthly attendances, with a 13.45% increase in attendances across the period. This is a significantly larger volume of attendances than any other Type 3 ED in Northern Ireland included in the DoH published data for January to March 2024 (DoH list the enhanced MIU at the Ulster Hospital as a Type 3 ED). Other Type 3 EDs recorded monthly attendances of between 182 and 1,877 during the same period.
- On average, 76.5% of attendances at the enhanced MIU were triaged as Level 4 / 5 during the period, making up the majority of the patient cohort. Comparatively, DoH reported that 96.7% of attendances were triaged as Level 4 / 5 in Type 3 EDs in March 2024, which is higher than the enhanced MIU's monthly average. This may indicate that the enhanced MIU at the Ulster Hospital is managing a more complex patient mix than other Type 3 ED comparators. In the previous model Ards and Bangor MIU performed in-line with the other Type 3 EDs in terms of treating primarily Level 4 / 5 patients. As noted by DOH, since the change, the percentage of Level 4 / 5 attendances seen through the new model at the Ulster Hospital is 76.5%. The enhanced model at the Ulster is able to appropriately treat Level 2 and 3 patients, along with the occasional Level 1.
- Across the period, the enhanced MIU managed an average of 86.5% of attendances from arrival to admission/discharge within the 4 hour target. On average, a further 11.7% of attendances were managed within the 12 hour target and an average of just 1.8% exceeded the 12 hour target. Comparatively, DoH reported that 98.8% of attendances were managed within the 4 hour target in Type 3 EDs in March 2024.

Enhanced MIU Data Insights:



9,904 attendances
(January – March '24)



**Majority of attendances triaged as
Level 4 / 5**



**Majority of patients are discharged or admitted
within 4 hours**

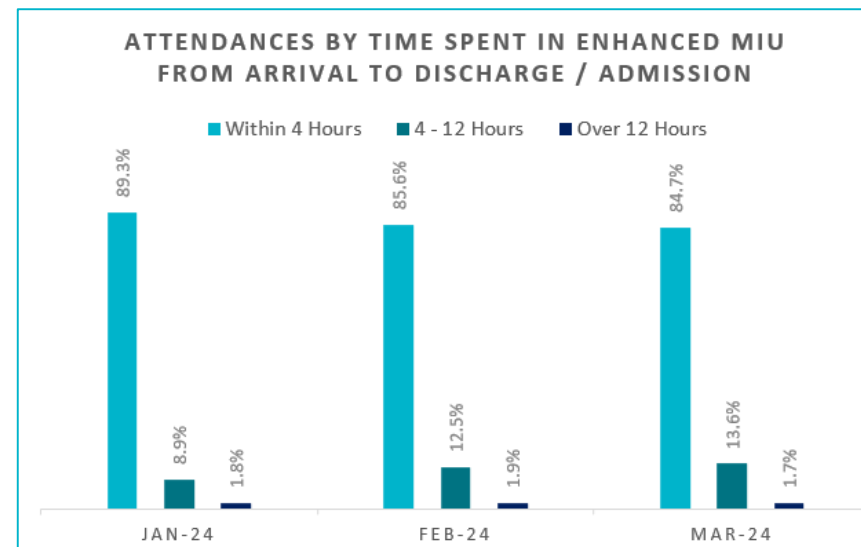
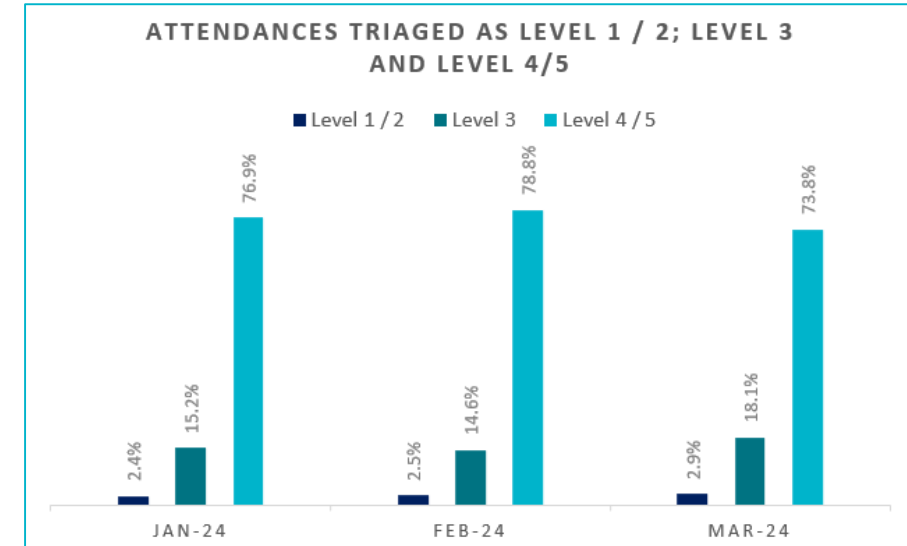
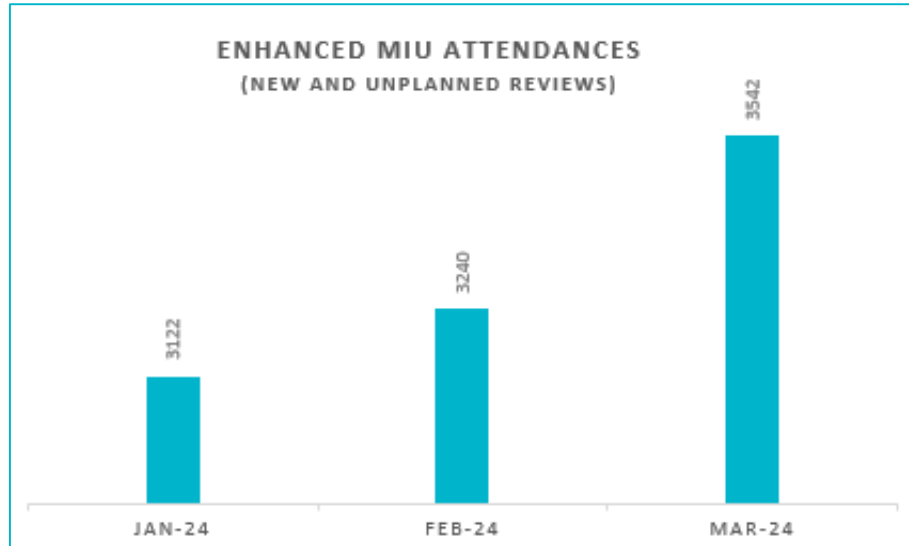
	Total Attendances
January	3,122
February	3,240
March	3,542

Attendances Triaged As:	Jan	Feb	Mar
Level 1 / 2	2.4%	2.5%	2.9%
Level 3	15.2%	14.6%	18.1%
Level 4 / 5	76.9%	78.8%	73.8%

Arrival to Discharge/Admission:	Jan	Feb	Mar
Within 4 hours	89.3%	85.6%	84.7%
4 – 12 hours	8.9%	12.5%	13.6%
Over 12 hours	1.8%	1.9%	1.7%

Performance and Activity: Revised Statistics (May 2024) Full Data Set

Below is the full data set for activity and performance within the enhanced MIU at the Ulster Hospital, based on the revised data set following resolution of data quality issues (May 2024).



Staff Experience – Overview

Staff were engaged via focus groups; 1:1 interviews and an online survey to gather their views on working in the enhanced MIU at the Ulster Hospital.

Staff Experience Summary:

Overall, staff engaged with were positive both about the move to the single, enhanced MIU at the Ulster Hospital and their experience of working within it.

It stood out that staff are very passionate about their work and take great pride in the service delivered to patients, which they believe to be very high quality. Staff were also very clear that they feel the MDT in the enhanced MIU works very well together and have come together well following the transformation within the service. Staff highlighted that the clinical environment in the enhanced MIU is very good and supports the delivery of an efficient, high quality service to patients. Learning opportunities provided within the enhanced MIU were further identified as a positive aspect of the current arrangements.

However, staff did also identify a number of challenges which they experience working within the enhanced MIU. A lack of staff was the core issue which came out across all engagement, particularly in relation to nursing staff. The team also raised challenges relating to medical cover within the unit, particularly in the late afternoon and evening. A need for greater clarity on the criteria for patients who can be treated within the enhanced MIU was identified, as was a desire for more clarity on the scope of the ENP (Emergency Nurse Practitioner) role within this setting. The Phone First model was also identified as a challenge which is not adding value to service delivery at present.

Looking to the future, staff expressed mixed views in relation to the future transformation of the service but were keen to be involved in the process, particularly to share clinical requirements to be considered in future environments.

The following [staff survey results](#) provide high level insights into the staff experience, which is further detailed on the next page. 22 staff members responded to the survey from a range of professional backgrounds:



87% believe the transition to the enhanced MIU at the Ulster Hospital has been 'Very Positive' or 'Positive' for staff

100% of staff nurses reflect that the opportunity to work alongside ENPs has increased their interest in pursuing this specialist career pathway



52% of staff feel that, on average, staffing levels are **NOT** appropriate and safe. Just 38% were satisfied with staffing levels

86% believe the transition to the enhanced MIU at the Ulster Hospital has been 'Very Positive' or 'Positive' for patients



83% of ENPs noted that the move to an enhanced MIU has increased the range of presenting conditions they interact with

64% do **NOT** believe that the Phone First model is having a positive impact on delivery within the enhanced MIU



82% believe that the enhanced MIU has had a positive impact on Urgent Care provision, owing to the wider range of patient cohorts who can use the service compared to previous arrangements

77% find the enhanced MIU a 'Very Positive' or 'Positive' working environment



- 5% believe it is having a positive impact
- 32% are unsure



91% feel that the clinical environment enables and supports the delivery of a high quality enhanced Minor Injuries service



73% find the enhanced MIU a 'Very Supportive' or 'Supportive' working environment

73% have felt 'Very Supported' or 'Supported' during the transition to the single, enhanced MIU at the Ulster Hospital



Staff Experience – Strengths and Positive Areas

Staff provided rich insight into the experience of working within the enhanced MIU and were generally very positive about the service and its current arrangements.

Staff raised the following themes as working well for staff within the MIU:



Overall, staff believe the move to a single, enhanced MIU at the Ulster Hospital has been positive for staff and patients – in the staff survey, 87% of respondents believe the move has been 'very positive' or 'positive' for staff and 86% believe the move has been 'very positive' or 'positive' for patients. 82% of respondents believe that the move to a single, enhanced MIU has had a positive impact on local Urgent Care provision, owing to the wider range of patient cohorts who can use the service. These sentiments were mirrored in both focus group and interview engagement with staff.



Staff find working in the enhanced MIU fulfilling and enjoyable - Staff take great pride in the quality of care which patients receive and the speed with which they can be treated, particularly in comparison to the waiting times they would otherwise experience within an ED setting. Staff also noted that they enjoy being able to follow the patient journey, for example by bringing them back to an MIU delivered clinic for a review.



The MIU team is an effective, supportive team who work well together - Across engagement staff spoke positively about the MIU team and how it works together. Staff particularly noted the value they perceive in the MDT approach within the enhanced MIU, which allows them to rapidly consult other professions. They feel this has a positive impact both on how supported staff feel and the patient experience. 77% of respondents to the staff survey rated the enhanced MIU as a 'very positive' or 'positive' work environment and 73% identified it as being a 'very supportive' or 'supportive' environment. It should be noted, however, that ENP survey respondents felt the environment was less supportive than other professional groups, with 67% of ENPs rating the environment 'average' or 'unsupportive'.



Communication was identified as good both within the enhanced MIU and with ED - staff reflected positively on communication within the enhanced MIU team. It was also noted that while consultants are rarely physically in the enhanced MIU, they are easy to contact when their advice and input is required.



The enhanced MIU's clinical environment is very good – Staff identified this as supporting the efficiency of the service. 91% of respondents to the staff survey agreed that the clinical environment enables and supports high quality service delivery and one individual described the enhanced MIU environment as *"a great space to see patients in"*. Staff commented that the current clinical environment within the enhanced MIU at the Ulster Hospital is better than previous arrangements on the site.



Staff have good opportunities for learning and development - ENPs noted that they have had opportunities to further their skill set owing to the larger range of presentations managed within the enhanced MIU setting, and staff based primarily in ED have found that rotations through the enhanced MIU are good opportunities to 'refresh skills and knowledge'. It was also noted that the learning opportunity offered is unique, as this is the only medically-led MIU in the region. One medic reflected that the learning opportunity is particularly valuable for junior doctors to gain exposure to minor injuries, as they are unlikely to receive this elsewhere.



The opportunity to work within the enhanced MIU has had a positive impact on nurses' career planning – 71% of staff nurses who responded to the staff survey said that the opportunity to work within the enhanced MIU had allowed them greater insight into the role of an ENP and 100% said that their interest in pursuing the ENP specialist pathway had increased as a result.



Separation from ED, but maintained proximity is viewed as positive – Staff believe the separate treatment of patients with minor injuries is positive and results in a better patient experience, while also supporting the flow in ED. However, they appreciated the proximity of ED for instances where patients do need to be transferred.

Staff expressed mixed feelings about the planned future transformation of the service into a UCC, co-located with ED in the Acute Services Block at the Ulster Hospital.

When staff were surveyed:

- **50%** of respondents believe a UCC is the right approach
- **23%** of respondents believe it is not the right approach
- **27%** of respondents are unsure

There were also variations of opinions between professional groups:

- 50% of medics and 80% of staff nurses believe a UCC is the right approach
- Conversely, the majority of ENPs (67%) are unsure of the right approach

Staff Experience – Challenges and Opportunities for Development

While positive about the enhanced MIU, staff did note a number of challenges and suggestions for improvement within the service.

Staff raised the following challenges and opportunities for change within the MIU:

From the perspective of staff, staffing levels are the greatest challenge within the enhanced MIU – across all



engagement forums, staff brought up staffing levels as a significant issue and 52% of those who responded to the staff survey felt that, on average, staffing levels are not appropriate and safe. Staff identified that 2 x HCA posts are unfilled and that typically there are not the required number of nurses allocated to the enhanced MIU. They identified full nurse staffing to be 1x Band 6 and 2x Band 5s, however staff said that often there is only one nurse allocated to the enhanced MIU. Staff described the impact of this to include individuals working at unsustainable levels of intensity as they take on multiple roles and extra responsibilities, such as managing pharmacy (particularly nurses); staff missing breaks and staying late; and longer waiting times for patients. The impact of under-staffing was notable during engagement, with one survey respondent describing it as '*unbearable at times*' and others noting that understaffing has resulted in some staff having bad experiences of working in the enhanced MIU.

Greater clarity is required regarding the criteria for what should be seen in the enhanced MIU, with inappropriate presentations placing strain on the service – staff



described that while clear criteria for what should be treated within the enhanced MIU existed initially when the unit opened, this has become more fluid over time and is now largely dictated by the doctor allocated to the unit on the day. This results in variation from day to day, creating confusion for staff, patients and those referring to the enhanced MIU, in addition to making triage more difficult. Furthermore, staff described that managing and providing care for patients who are more acutely unwell takes up a lot of doctor and nurse time, removing them from the floor and creating longer waiting times for other patients. It was also noted that practically it is challenging to care for these patients within the enhanced MIU setting, for example as staff cannot provide them with basic things such as meals during longer waits for admission or transfer. Staff also noted that they are currently managing patients who should be seen by GPs but cannot access appointments.

Challenges were raised surrounding the scope of the ENP role – as the MIU is enhanced,



it does manage some medical presentations in addition to minor injuries. ENPs have raised that at times they feel that their scope is blurred, with an expectation to manage medical presentations out with their primarily injury focused scope. Some shared that they have not received the training to feel fully comfortable with this, making it challenging at present. Additionally, ENPs reflected that it is not always easy to ask doctors to see patients alongside them if they feel their scope is being stretched, owing to the level of medical cover being lower than ideal and the doctors being very busy. It was also reflected on by a range of staff that given these circumstances, there is now inconsistency in the presentations individual ENPs are seeing, based on personal comfort. This is creating confusion and in some instances tension within the service.

Staff feel that the level of medical cover can be lower than required at times – this



issue arises particularly after 4pm when medical cover can be reduced yet the demand on the service is at its peak. This puts pressure on the staff in the enhanced MIU, especially as any patients not seen before 8pm have to be moved to ED, which the team want to avoid both to prevent adding pressure to ED and to ensure the best experience for patients. It was also noted that the level of experience of the doctor in the enhanced MIU has a significant impact and it can be an intense role for less experienced team members. Some senior members of staff did comment that the issue of medical cover is improving as ED better understand the needs of the enhanced MIU and have better visibility of demand, allocating medical cover accordingly.

Staff do not regard the Phone First model as providing any value or benefit –



64% of respondents to the staff survey do not believe that the Phone First model is having a positive impact on service delivery, and 32% are unsure. In particular, staff described difficulty when the Phone First system provides patients with a timed appointment, which cannot always be met within the service owing to the walk-in and triage aspects of how it operates. Some staff also cited frustration with the Phone First model sending inappropriate presentations to the enhanced MIU and not being able to provide medical advice over the phone to those who require reassurance but do not need to be seen.

In some instances, staff do not have all the specific skills required to be effective in the MIU setting –



this was raised particularly in relation to nurses who are rotated to the enhanced MIU despite not having critical skills for this setting such as plastering or triaging. It was raised that opportunities for individuals to gain these skills would be very helpful.

Staff identified that a board providing clarity on who is working within enhanced MIU each day would be a positive addition –



this would remove any confusion e.g. regarding which doctor is allocated to the MIU that day.

Parking was raised as a significant issue for staff –



particularly those with mobility challenges. However, it is recognised this is a generic site issue and not service specific.

Patient Experience – Overview

Data demonstrates that, for the vast majority, the quality of care provided by the enhanced MIU is satisfactory and in many cases is viewed as excellent.

Patient Experience Summary:

Patient feedback indicates that, at a cohort level, the enhanced MIU at the Ulster Hospital is providing a very good patient experience. This is evidenced in the very high satisfaction scores which the enhanced MIU achieves in multiple choice survey questions (outlined right) and is reinforced in written 'free-text' feedback.

The positive impact staff have on the patient experience is particularly highlighted in feedback. In all multiple choice questions relating to staff and their interactions with patients, satisfaction scores range between 100% and 97%. Furthermore, the excellent care from staff was the most commented upon theme in written 'free-text' feedback.

Multiple choice and written feedback does identify a number of key areas for improvement. These include:

- The speed of the service within the enhanced MIU
- The enhanced MIU's waiting environment and facilities e.g. toilets, drinks machines
- Greater clarity for patients regarding the service, how it operates and what to expect

However, these areas for improvement should be viewed in context. Survey satisfaction scores relating to waiting times and the waiting environment were still 87% and 88% respectively, demonstrating that while these could be improved they are not necessarily significant issues for the majority of patients.

*Patient feedback scorecard statistics are based on the number of individuals who responded to each specific question, rather than the total number of respondents to the survey

** 'Satisfied' is classed as a response of 'excellent' or 'good enough'

Patient Feedback Scorecard – Insight Gathered from Multiple Choice Patient Feedback Questions:

98% would recommend the MIU service to friends and family	99% were satisfied with staff's communication with them	97% were satisfied that they were provided with easy to understand information	88% were satisfied with the waiting environment
99% were satisfied with how staff introduced themselves to them	99% were satisfied with staff's attitude and behaviour	98% were satisfied that staff spent enough time with them	96% were satisfied with the hygiene and cleanliness of the unit
99% were satisfied with how staff put them at ease	100% were satisfied with how staff tailored care to their individual needs	98% were satisfied with their experience of triage	100% were satisfied with how safe they felt in the unit
100% were satisfied that they were treated with respect, privacy and dignity	100% were satisfied with how staff involved them in decision making discussions	87% were satisfied with the speed of the service they received	94% were satisfied with how staff performed in relation to resolving their problem (6% said it was too early to say)

Further Insight from Patient Survey Feedback:

Service speed and the waiting environment were the two areas most often rated 'not good enough' by patients. However, only 13% and 12% of respondents provided this rating respectively.

Women were slightly less likely to rate the service as 'excellent' in multiple choice questions compared to men.

The 3 questions with the largest difference were:

- Hygiene and cleanliness of MIU (49% of women rated this 'excellent', compared to 61% of men)
- Feeling of safety (68% of women rated this 'excellent', compared to 77% of men)
- Provision of information which was easy to understand (68% of women rated this 'excellent', compared to 75% of men)

No significant difference was identified in the use of the 'Not Good Enough' rating.

Patients aged 5 – 17 years were the age group most likely to rate the service 'excellent' in response to multiple choice questions.

A high % of patients rated the following areas of the service as 'excellent':

- Staff attitude and behaviour (83% of patients rated this as 'excellent')
- Staff introducing themselves (81%)
- Staff communication with patients (81%)
- Staff tailoring care to individual needs (81%)

Patient Experience – Further Detail

Across the patient survey conducted by the SEHSC Experience and Involvement Team and Care Opinion feedback, a total of 91 'free text' comments were provided by 72 individuals who attended the enhanced MIU (some individuals shared two 'free-text' comments - one positive and one negative). An analysis of these has demonstrated some clear themes, outlined below:

The 4 most commonly identified positive themes in written patient feedback were:



Members of staff were regarded as excellent by patients. The quality of staff was the most commonly mentioned feedback theme from patients. Many patients named specific team members who had contributed to their care and made a real difference for them. Examples of specific phrases used in feedback include: 'very friendly staff', 'staff lovely and efficient', 'staff excellent and very comforting', 'everyone was friendly and put us at ease'. (30 patients mentioned this)



Patients were impressed with the speed of the service. They commented on the efficiency of both the wider service and staff. Phrases were used such as: 'All very quick', 'Very well organised and efficient', 'Good speed of service', 'Seen quickly'. (21 patients mentioned this)



Patients commented that the service as whole was of a very high standard. They used terms such as: 'great', 'amazing' and 'five star' to describe the care they received. One patient commented 'Service was first class. Could not be better', while another shared 'I have received an excellent service today. Thank you'. (12 patients mentioned this)



A number of individuals commented on the quality of the care experience they received from the Unit. They described being treated with 'care', 'dignity' and 'respect', while feeling 'valued' and 'listened to'. (11 patients mentioned this)

The 4 most commonly identified areas for improvement in written patient feedback were:



While the speed of the service was identified by many patients as a positive aspect, some did however complain of long wait times. This was both to be seen initially and during their treatment e.g. for results. It should be noted there were more positive comments regarding service speed, than negative. (12 patients mentioned this)



Issues were highlighted with regard to clear directions and information regarding the service. This was noted across the patient journey, from issues finding out where the enhanced MIU is, through to issues with knowing where to go, how to sign in and what to expect within the department. Staff reinforced this point, noting that patient expectations are not clearly set or managed. (6 patients mentioned this)



A number of feedback comments did mention preferring the old approach to Minor Injuries Provision and stated that the service would have been better had the previous site at the Ards Community Hospital still been open. This related, however, to a relatively small number of comments. (5 patients mentioned this)



Some patients commented on a lack of facilities in the enhanced MIU. Specific examples included drinks machines being out of order and highlighted a lack of facilities for diabetic patients. (5 patients mentioned this)

Care Opinion data further supports the finding that patients have had largely positive experiences

when using the enhanced MIU. Below is a summary of key words from the feedback of patients who utilised this platform:

What's good?

- | | |
|----------------------|---------------------|
| • Efficient | • Friendly |
| • Professional | • Humour |
| • Amazing | • Kindness |
| • Attentive | • Kindness of staff |
| • Care | • Lovely staff |
| • Care and attention | • Physio |
| • Clear explanation | • Physiotherapist |
| • Communication | • Professional team |
| • Compassionate | • Prompt care |
| • Dignity | • Quick service |
| • Effective | • Seen quickly |
| • Environment | |
| • Explanation | |

Feelings

- | | |
|----------------|------------------|
| • Thankful | • Respected |
| • Comfortable | • Secure |
| • Confident | • Well cared for |
| • Listened to | • Well treated |
| • Looked after | |
| • Relaxed | |

*Note the Care opinion report noted three items under what could be improved, however these were related to LVH, which a service user story jointly focused on, and were not linked to the Ulster MIU. One negative 'feeling' of 'rushed' was also listed, but again was in the part of a Care Opinion story focused on LVH.

Analysis of Intended Benefit Delivery



South Eastern Health
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Analysis of Intended Benefit Delivery

The anticipated benefits of the transformation of unscheduled care delivery have been outlined below, along with evidence demonstrating the extent to which they have so far been achieved. As this review has been conducted while the service is in its Phase 1 state, it is therefore not expected that the benefits will be delivered in full, as this would be predicted within the Phase 2 state. However, it is encouraging to see that progress has already been made against all benefits, with some delivered in full.

Intended Benefit <i>(as detailed in consultation documents)</i>	Evidence of Delivery <i>(as detailed above, as the service is in its Phase 1 state, rather than final state, progress toward delivery can be expected but not full delivery)</i>	Extent of Delivery
Access to the service would increase as a result of the proposed longer opening hours, both in terms of hours per day and weekend opening. Access to both urgent and emergency care, through the provision of 24/7 access to emergency care, supported by 8am – 6pm access to urgent care, including minor injuries, 7 days per week (this would include access to an enhanced urgent care service at weekends and bank holidays). This service would be co-located in a dedicated space alongside the ED. The Trust would be aiming to extend the opening hours of the UCC in the future to 8am – 8pm, 7 days per week, subject to adequate resources.	<ul style="list-style-type: none"> In its Phase 1 state, the enhanced MIU website states that the Consultant led service operates 7 days per week, 8am – 6pm. This demonstrates that the opening times outlined in consultation have been partially delivered. This is not unexpected given that the service is not in its final state. At present, the enhanced MIU is located within the grounds of the Ulster Hospital, which also houses the ED. However, at present they have a significant distance between them. Full co-location is planned to be achieved following the creation of the UCC. 	Partially delivered
People who are triaged and meet the criteria to be treated through the minor injuries stream are managed separately to those acutely unwell patients requiring hospital admission.	<ul style="list-style-type: none"> The enhanced MIU is currently operating independently of the ED in terms of patient streaming, meaning individuals within this service are being managed separately to those acutely unwell in the ED. It was noted in feedback from staff that they feel it is positive that patients with minor injuries are being managed separately to those acutely unwell individuals in the ED, both in terms of having separate waiting areas and this set up allowing patients with minor injuries to be seen more quickly. Patients also reflected positively on the separate streams for minor injuries and the ED. One individual commented that they were seen quicker in the enhanced MIU compared to previous experiences in the ED. Another commented that they preferred waiting separately from those acutely unwell in the ED. 	Delivered
The Trust believes that this service would be safe and sustainable due to the dedicated clinical space and staffing this proposal would provide.	<ul style="list-style-type: none"> 91% of staff surveyed stated that the enhanced MIU clinical environment enables and supports the delivery of a high quality enhanced Minor Injuries service, indicating that the clinical space is appropriate. However, staffing levels have been raised by staff as a significant challenge. This is outlined in detail in the 'Staff Experience' section of the review. This related in particular to nursing staff and medical cover. 	Partially delivered

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Intended Benefit <i>(as detailed in consultation documents)</i>	Evidence of Delivery <i>(as detailed above, as the service is in its Phase 1 state, rather than final state, progress toward delivery can be expected but not full delivery)</i>	Extent of Delivery
<p>Enable the clinical needs of all those requiring care to be seen on one acute hospital site, regardless of presentation. It would also mean patients with more complex presentations would not need to travel to an additional site to complete their care, ensuring a more seamless service for the patient while receiving treatment.</p>	<ul style="list-style-type: none"> • Under current arrangements, the enhanced MIU and ED are on the same site. • Staff noted during engagement that it is more convenient for patients to be seen on a single site and that for those who do need to move between the enhanced MIU and ED to access the most appropriate care (or vice versa) it is a much more straightforward process. • The convenience of moving between the enhanced MIU and ED is anticipated to be furthered by the opening of the UCC in the future. 	Delivered
<p>The UCC would be staffed by highly skilled clinicians from a Multi-Disciplinary Team, including Emergency Nurse Practitioners, Advanced Nurse Practitioners, First Contact Physiotherapists and Senior Medical staff. This would enable the Trust to provide an enhanced and more comprehensive service with the ability to assess, investigate and treat more patients and more complaints than minor injuries. There would be no age restriction for those people presenting to the Urgent Care Centre.</p>	<ul style="list-style-type: none"> • The enhanced MIU is delivered by an MDT, consisting of the professional groups outlined at consultation. Staff consistently noted throughout engagement that the team works well together and that the MDT approach enhances patient care. • The current service is an 'enhanced' MIU, fulfilling the need to increase the range of presentations which can be seen within the service. • Patient feedback includes patients from ages 0 – 65+, demonstrating that the desire to create a service for all ages has been achieved. • It is anticipated that this will only be furthered through the future move to an UCC. 	Delivered
<p>The proposed new model of care would allow for the role of the Emergency Nurse Practitioner to be optimised, enabling them to treat a greater range of patients which would significantly help with resourcing issues and also enable more patients to be seen by Emergency Nurse Practitioners who are highly qualified specialist nurses. Emergency Nurse Practitioners are continually expanding their role and capability supported by ongoing education programmes and medical support. The scope and role of the Emergency Nurse Practitioner can further be developed when working alongside medical support.</p>	<ul style="list-style-type: none"> • ENPs have reported that they have had an expansion in the range of presentations they see and treat, with the opportunity to expand their skill set. • However, it should be noted that there are some ongoing challenges in relation to clarity regarding the scope of the ENP role and the need for further training to support ENPs to feel confident managing different presentations. Therefore while this benefit has objectively been delivered, there are some further considerations required. 	Delivered

Analysis of Intended Benefit Delivery

The anticipated benefits of the transformation of unscheduled care delivery have been outlined below, along with evidence demonstrating the extent to which they have so far been achieved. As this review has been conducted while the service is in its Phase 1 state, it is therefore not expected that the benefits will be delivered in full, as this would be predicted within the Phase 2 state. However, it is encouraging to see that progress has already been made against all benefits, with some delivered in full.

Intended Benefit <i>(as detailed in consultation documents)</i>	Evidence of Delivery <i>(as detailed above, as the service is in its Phase 1 state, rather than final state, progress toward delivery can be expected but not full delivery)</i>	Extent of Delivery
Staff nurses working in an Urgent Care Centre environment would be exposed to the Emergency Nurse Practitioner role and have opportunities to work alongside these teams creating opportunities for interest in this specialist career pathway.	<ul style="list-style-type: none"> 71% of staff nurses who responded to the staff survey agreed that the move to an enhanced MIU had allowed them greater insight into the role of an ENP. Furthermore, 100% of staff nurses indicated that this opportunity had increased their interest in pursuing the ENP specialist career pathway in the future. 	Delivered
The implementation of this service is clinically and financially deliverable and could be established relatively quickly, utilising existing estate and finite resources. Thereby enabling the Trust to improve the sustainability of urgent care services.	<ul style="list-style-type: none"> The enhanced MIU at the Ulster Hospital opened in September 2023 and has been delivering clinical care since this time. This was a rapid transition, given that it was scheduled for Trust Board consideration and decision making on 28th June 2023. As planned, the enhanced MIU makes use of existing estate, based in the old ED building at the Ulster Hospital. At this point in time no data has been provided to this review regarding the financial sustainability of the service so this could not be commented upon. 	Partial delivery, with full extent unclear at this time

Appendix



South Eastern Health
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Review Methodology

The review of the enhanced MIU at the Ulster Hospital takes into account three key focus areas: performance and activity; staff experience and patient experience. These have been reviewed to facilitate insights to be developed into each and an overarching view taken on the extent to which the intended benefits of delivering the minor injuries service through a single, enhanced unit have been achieved. The review was undertaken in April 2024.

1

Performance and Activity:

Performance and activity data has been taken from the Department of Health's 'Urgent and Emergency Care Waiting Time Statistics for Northern Ireland (January to March 2024)', published in April 2024. Owing to the introduction of the Encompass system urgent and emergency care data for clinical episodes completed within SEHSCT on or after 9th November 2023 are still being developed. However, provisional figures have been produced for SEHSCT for the period of January to March 2024, which have been used within this report. However, these should be regarded as 'official statistics in development' and caution should be exercised when using these figures as they may be subject to change.



2

Patient Experience Review Approach:

The gathering of data on the patient experience within the enhanced MIU at the Ulster Hospital has been ongoing since its opening in September 2023. This review considered both Care Opinion data drawn from the system in April 2024 and feedback gathered in patient surveys by the SEHSCT Involvement and Experience Team between September 2023 and February 2024. This data has then been further reviewed to develop insights into the patient experience.

3

Staff Experience:

To gain the views of staff and provide the opportunity for all to participate in this review, 3 x focus groups; 5 x 1:1 interviews and a staff survey were undertaken. 35 individual inputs from staff were received. These were then reviewed to develop insights into the staff experience.



4

Analysis of Intended Benefit Delivery:

During consultation, a wide range of intended benefits were identified which supported the rationale for moving to a single, enhanced MIU at the Ulster Hospital. The insights gathered across the review have been collectively used to assess the extent to which these benefits have been delivered to date. Note as the transformation of the service is not yet complete, it is not anticipated that all benefits will have been delivered in full.