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Isle of Wight NHS Trust

Policy and Scrutiny Committee for Adult Social Care and Health

Isle of Wight Council

14 September 2020

PAPER C

Introduction

- Performance and quality of our services
- An update on our partnership work
- Investing in our future – progress on the £48 million
- The impact of COVID-19 and our recovery
- Our Chair

Performance

Responding to COVID-19 has taken a tremendous effort from NHS staff, our teams have worked hard to maintain and improve services.

The introduction of social distancing and infection prevention and control measures, as well as changes in demand have impacted performance.

- Operational performance overview
- Emergency activity
- Diagnostics
- Ambulance service

Operational Performance Overview

Metrics	Latest Period	Target	Month	Last Month	Trajectory
Accident & Emergency:					
4 Hour Performance - All Types (%)	Jul-20	*95%*	95.5%	95.1%	▲
4 Hour Performance - Type 1 (%)	Jul-20	*95%*	92.8%	91.8%	▲
12 Hour Breaches (number)	Jul-20	*0*	0	0	▬
Referral to Treatment:					
18 Weeks Incomplete (%)*	Jul-20	92%	38.0%	39.6%	▼
52 Week Waits (number)*	Jul-20	0	247	123	▼
Total Incomplete List Size (number)*	Jul-20	10,884	9,207	9,394	▼
Cancer:					
2 week GP referral to 1st outpatient , cancer (%)*	Jul-20	93%	95.4%	95.2%	▲
2 week referral to 1st outpatient - breast symptoms (%)*	Jul-20	93%	98.0%	97.7%	▲
31 day wait from diagnosis to first treatment (%)*	Jul-20	96%	96.4%	94.3%	▲
62 Day urgent GP referral to treatment for all cancers (%)*	Jul-20	85%	79.7%	68.8%	▲
28 Day total performance (%)* **	Jun-20	75%	71.8%	68.2%	▲
Discharge Summaries					
Discharge summaries completed within 3 days of discharge (%)	Jul-20	100%	88.0%	85.8%	▲
Diagnostics:					
%. Patients waiting < 6 weeks for diagnostics	Jul-20	97%	77.8%	71.4%	▲

** These provisional figures and are therefore subject to further validation and may change.*

**28 Day Performance - The target has not been confirmed due to the std. is not yet being measured because of COVID but we have been shadown reporting

▲ Improved

▬ Same

▼ Worse

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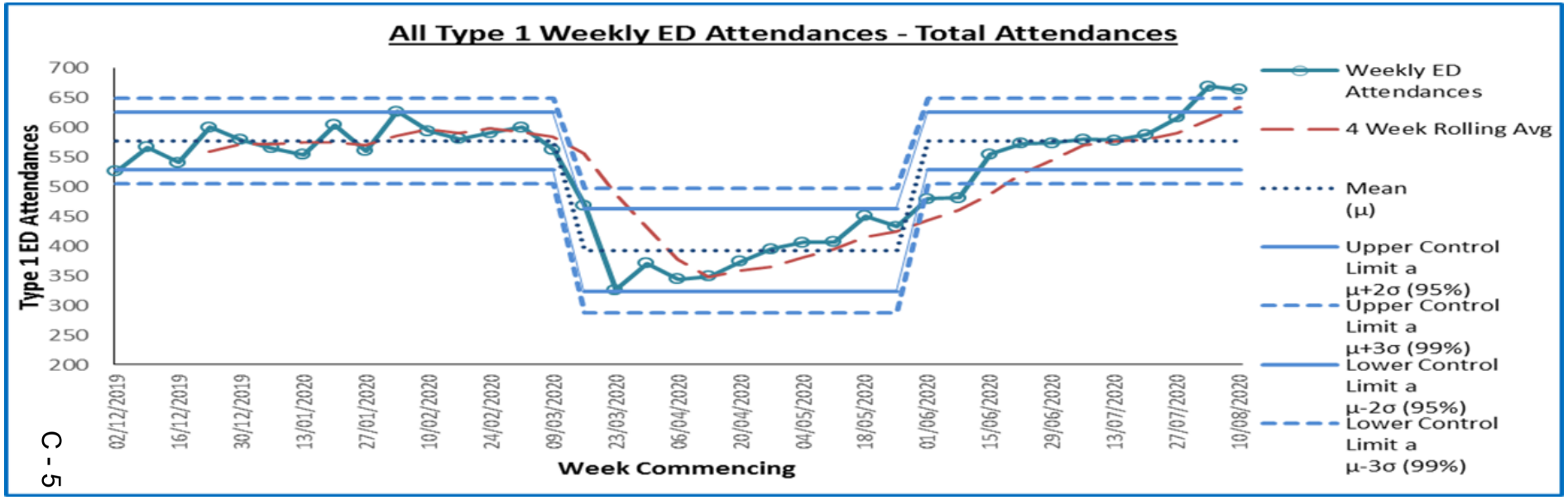
Type 1 Average Weekly ED Attendances All Conditions

03/08/2020

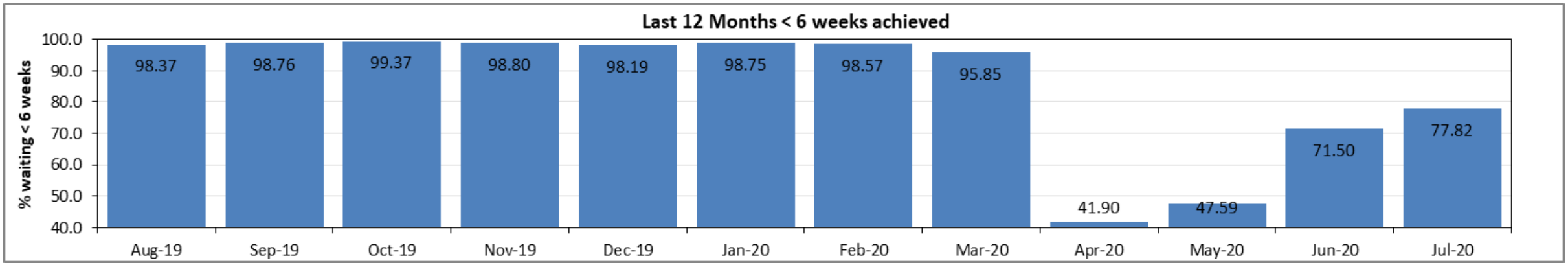
Attendance Type	Pre-COVID (Dec19 - Feb20)	Total COVID Period (16/03 - 31/05)		Last Week (10/08 - 16/08)		
	Avg Per Week	Avg Per Week	% Change (Pre-COVID)	Attendances	% Change (Pre-COVID)	% Change (Week Prior)
Total Attendances	**576**	**393**	**-31.8%**	**664**	**15.3%**	**-0.7%**
Mental Health Related	18	10	-44.4%	16	-11.1%	-30.4%
Cardiac Related	37	26	-29.7%	38	2.7%	-15.6%
Stroke Related	15	11	-26.7%	10	-33.3%	-23.1%
Drug & Alcohol Related	18	11	-38.9%	27	50.0%	42.1%
Respiratory Related	68	47	-30.9%	55	-19.1%	71.9%
Trauma Related	93	66	-29.0%	127	36.6%	-15.9%
Paediatric (Under 17)	71	29	-59.2%	82	15.5%	-7.9%

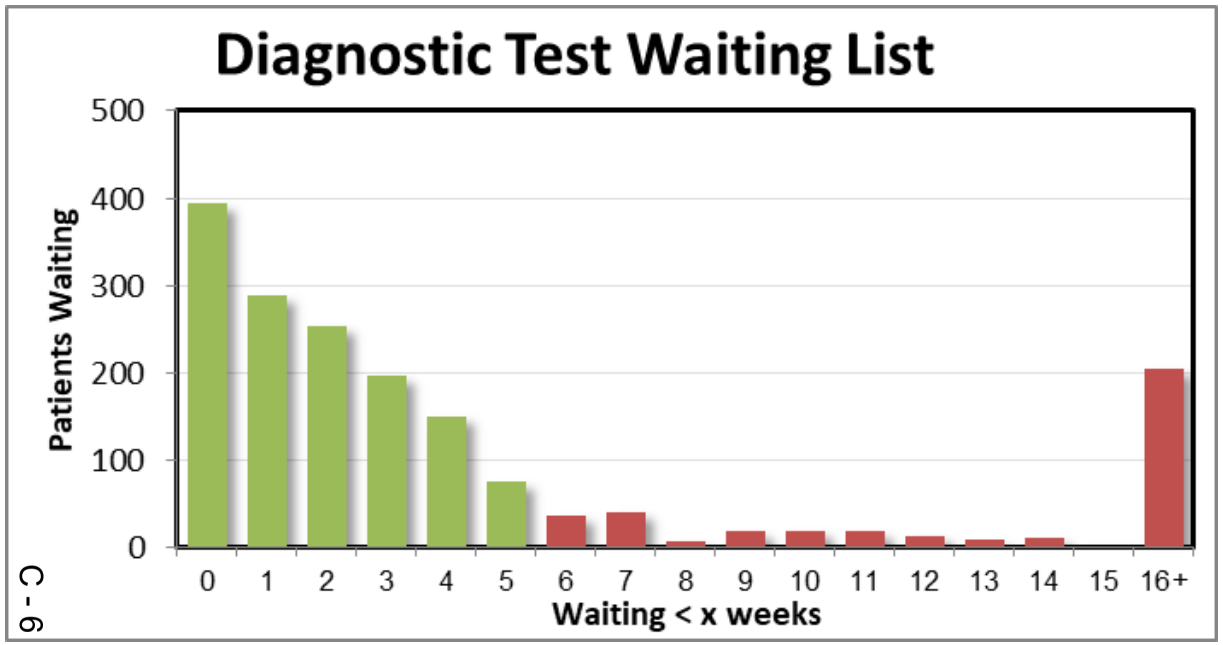
% Increase / - Decrease



- ED attendances have peaked over the previous three weeks from the 27th July onwards, in correlation with the start of the main tourist season.
- Average of 140 Trauma related attendances over the previous three weeks is a 50% increase on the Pre-COVID average.
- Drug and Alcohol related attendances have also increased over the previous three weeks, on average 30% increase against Pre-COVID levels.

Diagnostics Data – July 2020





List Size	19-Jul	26-Jul	02-Aug	09-Aug
Magnetic Resonance Imaging	316	322	289	206
Computed Tomography	422	414	415	297
Non-obstetric ultrasound	693	716	745	606
Barium Enema	0	0	0	0
DEXA Scan	0	0	0	0
Cardiology - echocardiography	50	33	39	53
Neurophysiology - Nerve conduction studies	3	6	17	35
Respiratory physiology - sleep studies	28	16	15	8
Urodynamics - pressures & flows - Urology	6	5	7	7
Urodynamics - pressures & flows - Gynae	35	27	29	30
Colonoscopy	133	157	147	126
Flexi-Sigmoidoscopy	83	80	73	65
Cystoscopy	21	27	26	23
Gastroscopy	286	290	309	293

Ambulance Service

Performance Metric		Period	Target	Current Month	Previous Month	Trajectory
Ambulance Service						
Call Answer Time	- Mean	Jul-20		8 (S)	6 (S)	▼
	- 90th Percentile			5 (S)	4 (S)	▬
Response Time Category 1	- Mean	Jul-20	00:07:00	00:09:50	00:09:44	▬
	- 90th Percentile		00:15:00	00:19:14	00:17:42	▼
Response Time Category 2	- Mean	Jul-20	00:18:00	00:20:09	00:17:30	▼
	- 90th Percentile		00:40:00	00:41:08	00:30:45	▼
Response Time Category 3	- Mean	Jul-20		00:49:53	00:47:57	▼
	- 90th Percentile		02:00:00	01:54:34	01:55:55	▬
Response Time Category 4	- Mean	Jul-20		01:14:55	01:00:41	▼
	- 90th Percentile		03:00:00	02:48:45	02:39:50	▼
999 Call Volumes	Trend	Aug19 - Jul20				
Ambulance Responses	Trend					
111 / Integrated Urgent Care						
% Calls Answered < 60 Seconds		Jul-20	> 95%	93.31%	91.58%	▲
% Calls Abandoned > 30 Seconds		Jul-20	< 5%	2.99%	3.48%	▲
% Calls With Clinician Input		Jul-20	> 20%	28.72%	29.20%	▬
% Calls Triaged By IUC Clinician (CAS)		Jul-20	> 50%	41.84%	43.09%	▬
111 Call Volumes	Trend	Aug19 - Jul20				
Patient Transport Services						
Travel Time, < 10 Miles (< 60 Mins)		May-20	95%	97.79%	98.70%	▬
Travel Time, 10 Miles - 35 Miles (< 90 Mins)		May-20	90%	98.82%	100.00%	▼
Travel Time, 35 Miles - 50 Miles (< 120 Mins)		May-20	85%	100.00%	N/A	▬
IOW OP Appt Arrival (60 Mins Prior & 15 Mins Post)		May-20	95%	54.00%	43.30%	▲
Patient Collection - Prior To Appt (< 60 Mins)		May-20	85%	71.22%	75.00%	▼
Patient Collection - Post Appt (< 60 Mins)		May-20	85%	92.25%	94.30%	▬
Patient Collection - Same Day Bookings (< 240 Mins)		May-20	85%	93.03%	92.70%	▬
PTS Journeys Booked	Trend	Jun19 - May20				

Trajectory Key

Improved	▲
Same	▬
Worse	▼

Mental Health Performance Data

Operational Performance Overview

Metrics	Latest Period	Target	Month	Last Month	Trajectory
Single Point of Access Referrals	Jul-20	-	323	329	▬
CMHT Caseload	Jul-20	*720*	917	901	▼
% CMHT Caseload on CPA with in date Risk Assessment*	Jul-20	95%	93.4%	96.3%	▼
% of people experiencing a First Episode Psychosis taken onto the EIP Pathway within 2 weeks	Jul-20	60%	100%	-	▬
CAMHS % RTT Incomplete	Jul-20	92%	100%	100%	▬
OPMH % RTT Incomplete	Jul-20	92%	47%	39%	▲
IAPT - 18 Weeks from Referral to Entering Treatment %	Jul-20	95%	99%	99%	▬
IAPT - 50% Recovery Rate	Jul-20	50%	51%	53%	▼
IAPT - 25% Access Rate	Jul-20	25%	18%	23%	▼
7 Day Follow Up	Jul-20	95%	93%	91%	▲
% Gatekeeping of Admissions	Jul-20	95%	89%	81%	▲
Bed Occupancy - Adult Acute Beds - Excluding Home Leave	Jul-20	85%	90%	90%	▬
Bed Occupancy - Adult Acute Beds - LOS in days Excluding Leave	Jul-20	**32	19	23	▼

** Includes Risk Assessments also includes Risk Assessments where the Service User is Open to Inpatients/Home Treatment*

** Mean taken from the National Benchmarking output report 18/19 data

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Improved ▲
Same ▬
Worse ▼

Community Performance Data

Operational Performance Overview

Metrics	Latest Period	Target	Month	Last Month	Trajectory
Community Services Activity					
Attended Contacts	Jul-20	-	14,347	13,421	-
Referrals	Jul-20	-	1,845	1,828	-
Community Bedded Care					
Community Unit - Bed Occupancy	Jul-20	-	51.5%	35.8%	-
Community Unit - Average LOS (Days)	Jul-20	-	9.6	4.9	▼
Community Rehab Beds - Bed Occupancy	Jul-20	-	72.2%	70.0%	-
Community Rehab Beds - Average LOS (Days)	Jul-20	-	45.2	44.7	▼

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Community Unit

- 97% Patients out of bed
- 94% Patients happy about their activity level
- 84% Patients feel an improvement in their condition

Virtual Community Unit

- 58% Patients have been out the house in the last 48 hours
- 84% Patients are happy about their activity levels
- 97% Patients prepared a hot drink

Integrated Discharge Team

The Integrated Discharge Team (IDT) continue to work with the acute teams to support prompt and timely discharge for people requiring support - Pathways1-3. To date 916 notifications have been received by the IDT. 835 discharges have been facilitated to date (July 2020). We have seen an increase in average LOS of 1 day between June and July 2020 (6.5 LOS in June compared to 7.5 LOS in July). Occupancy has increased by 4% from an average of 64% June to 69% in July. We have seen Increased delay setting EDD post admission and an increased number of patients without a discharge pathway set within 7 days of admission as a result of increased demand on acute wards. Bed occupancy within each LOS category has shown a swell in line with admissions as they move through the system. – See Graph on slide 2.

Outcomes for care dependency:

Patient outcomes as they move through the D2A process appear positive. There has not been an increase in the number of placements comparative to last year. The LOS pre discharge has reduced which is having a positive impact on patient outcomes, especially for those patients who are generally deemed our most dependent.

Quality

- Improvements
- Next steps
- Our Care Quality Commission (CQC) inspection

Quality – improvements in August 2020

Acute	Mental Health and Learning Disabilities	Ambulance	Community
• New Infusion Suite opened • Medical ward improvement strategy launched • Increase in patient feedback • Associate Practitioners for Dementia in place • Endoscopy JAG accreditation • Blood tests happening in the community reducing waits and travel • A&E recruitment including paediatric • A&E waits, achieved 4-hour target for three months running • New scanner in ophthalmology	• Self harm training identified and funding agreed • Transformation programme progressing well • Integrated Mental Health Hub continues in new location • New referral process for CAMHS to improve access • Successful recruitment into CMHT and IAPT • Improved recording of management and clinical supervision	• Suicide prevention training offered to all front line staff. • 4 new front line ambulances in use and IPC compliant kit bags in circulation • Achieved Cat 2 Cat 3 and Cat 4 performance year to date • Emergency Operations Centre vacancies recruited to. • Move to phase 2 of 111 First project • Debrief and lessons learned from COVID-19 pandemic undertaken	• 25% reduction in overdue incidents continues • Mobile pods now in use by 0-19 Service for school leaver vaccinations. • No new complaints received for August , maintained reduction of over 50% year on year. • Waiting lists continue to be reviewed for key services and risks identified. • Audit suite completed for the community unit and clinical standards continue to be monitored for the unit. • Reduction in staff sickness.

Quality – next steps

Acute	Mental Health and Learning Disabilities	Ambulance	Community
• Embed Medicine Ward Improvement Strategy • Undertake CQC 40 day improvement plan work • CQC preparation focuses on three key areas: dementia, documentation and the deteriorating patient. • Planning to increase capacity in Diagnostics • High Dependency Unit project progess • Introduce rotations between the Urgent Treatment Centre and Emergency Department • 'Streaming' nurses at ED from September • Closer working with MH&LD to support patients presenting in ED requiring MH support	• Draft MHLD Strategy to be published • Actions from acute MH GIRFT (Getting It Right First Time) meeting • Registered Nurse Competencies - self assessment • Progress Green Light Tool kit work. • Carer strategy completion • Restrictive practice recording improvements • Smoke Free Policy written for Trust in partnership with other divisions. • Mail shot planned to all CMHT caseload regarding crisis and contingency plans . • Partnership working with wider trust re dementia and deteriorating patient improvements.	• More blue light driver training courses and trial of new pelvic binders for the management of serious trauma • Recommence SORT training • Start to explore ceasing the use of cervical collars for trauma patients • Approve Ambulance service 2020 Quality Strategy • Commence use of attend anywhere with Community Practitioners • Review of recognition of life extinct (ROLE) procedure • Recommence Ambulance Quality meeting • Training starting on PTS computer aided dispatch • Explore continuing Chaplaincy support to Ambulance Service post COVID-19	• Continue to focus on overdue incident reduction to achieve the 50% target set out which is on track. • To continue services to work with TEC team to explore new delivery model. • Continue to review estates within the division to locate suitable venues for clinics. • Clinical Standards Audit suite to be finalised for community nursing. • Community Conversions to continue to be delivered to all community staff via Microsoft Teams. This will develop into a monthly divisional session with a hot topic/theme each month.

Quality – CQC preparation

- This work isn't about the inspection it is about long-term, continuous improvement for our community
- 40 day Improvement Plan launched
- A focus on dementia, documentation and the deteriorating patient
- CQC has a new approach to inspection responding to COVID-19
- No notification of when we might be inspected but our preparation is well under way
- Dedicated quality improvement and communications support in place

Our partnerships

- Ambulance service
- Acute services
- Mental health and learning disabilities services
- Community services

Ambulance Partnership

Service & partner

Ambulance

South Central Ambulance Service NHS FT (SCAS)

Progress & impact

- SCAS providing senior leadership support to IW ambulance service and Trust Board
- Good progress being made migrating all IW ambulance IT systems to SCAS systems
- Ambulance response times improving. More to do to achieve standard

- The partnership with SCAS is delivering significant benefits for Island residents
- Provision of **senior leadership support** and **advice** by SCAS to IW Ambulance Service and Trust Board
- Migration of all IoW Ambulance Service technical systems to SCAS systems. IoW becomes the 8th 'node' of the SCAS system:
  - **999 Computer Aided Despatch (CAD) rolled out**
  - **PTS CAD being rolled out now**
  - **Next step is to move to SCAS telephony system**, funded through the £48m capital allocation
  - Covid investment in **additional temporary ambulance capacity**
- Alignment of technical systems allows further service transformation with SCAS as a next step
- IoW have also increased workforce, to support SCAS during COVID – **partnership is two way**
- Summary: Performance and resilience are **improving**, with **more to do together through the partnership**

May 2018: IW ambulance performance

999 Performance	Mean standard	Mean	90% standard	90%
Call Answer	N/A	05.33	N/A	21
Category 1	7 minutes	16:31	15 minutes	18:41
Category 2	18 minutes	14:01	40 minutes	33:53
Category 3	N/A	39:08	120 minutes	01:34:53
Category 4	N/A	01:34:43	180 minutes	03:45:20

999 Response Performance	Mean		90th Percentile	
	Target	Actual	Target	Actual
Call Answer		6(s) ↓		4(s) ↓
Category 1	00:07:00	00:09:44 ↑	00:15:00	00:17:42 ↑
Category 2	00:18:00	00:19:30 ↑	00:40:00	00:30:45 ↑
Category 3		00:47:57 ↑	02:00:00	01:55:55 ↑
Category 4		01:00:41 ↑	03:00:00	02:39:50 ↑

June 2020: IW ambulance performance

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Acute Partnership

Service & partner

Acute services

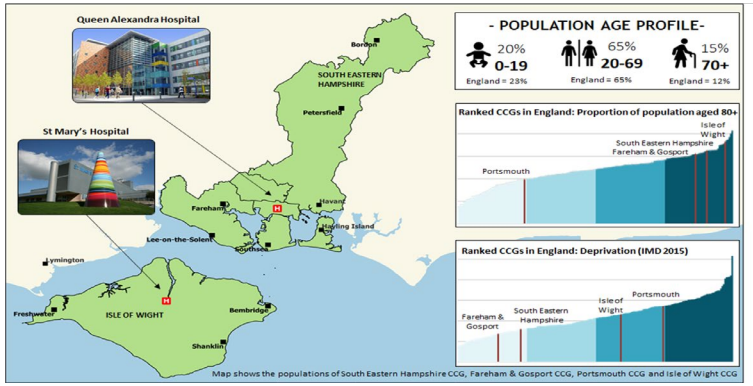
Portsmouth Hospitals University NHS Trust (PHU)

Progress & impact

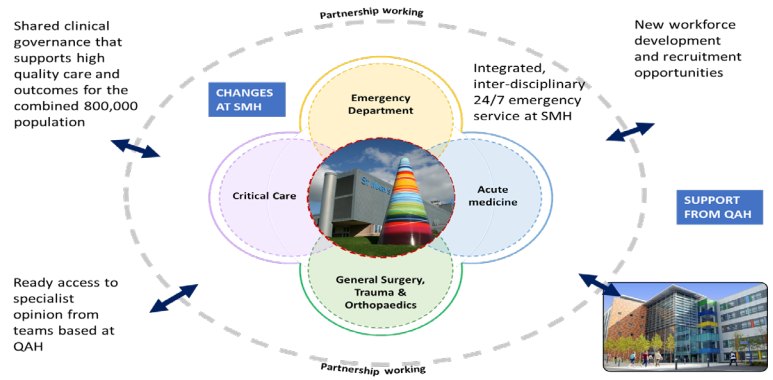
- Significant IW service & financial risks to address. Strong partnership, incl through Covid
- Joint strategy agreed and published – delivering one acute service from two hospitals for the combined population of 800,000 people.
- Focus on implementing changes to increase resilience in core emergency service ahead of winter/2nd surge; strengthening cancer, improving elective access & phase 2 critical care
- Joint appointments

- Strategic direction for acute services agreed
- Direction of travel is towards the delivery of one acute service for the 800,000 combined IWT/PHU population from two main sites – QA Hospital (QAH) & St Mary's Hospital IoW.
- **Strategy** reflects the learning about delivering acute care in small hospitals: inter-disciplinary team based care at St Mary's, with support of clinical teams at QAH
- Translated into **practical action** to improve the quality and resilience of the Island's core emergency services – ED, acute medicine and surgery, critical care.
- Means that services are better prepared ahead of winter and any potential future surge in Covid demand
- **Programme of redesign over the summer and autumn** improving **cancer services** & improving access to **elective care**, investment in estate & digital technology
- **Joint IWT/PHU posts** to support delivery together: Governance, Medical Workforce, Chief Digital Information Officer, Emergency Planning (EPRR), Programme Director advert out
- Chief Executive led Partnership Board provides executive leadership to the Acute Partnership

PHT & IWT provide acute services to a local population of c800,000 people across the Isle of Wight, Portsmouth & South East Hampshire



Core emergency services future model
Redesigned services at St Mary's Hospital with support from QAH



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Mental Health and Learning Disabilities (MH&LD) Partnership

Service & partner	Progress & impact
Mental Health Solent NHS Trust	▪ Service is being redesigned; good progress being made with Solent developing new model ▪ Strategy envisages most care delivered locally with central Island hub for complex care ▪ Service was rated inadequate by CQC in 2019; CQC recognition of impact of partnership ▪ Implementation of new model and improvements during 2020/21 and 2021/22

- Through the Partnership with Solent, the **service model is being redesigned** to deliver a sustainable, high quality solution for Island residents.
- The aim is that people can **access most care locally**, in the community, with teams aligned to Primary Care Networks, and a central hub for those with the most complex needs (see figure opposite)
- Good progress is being made. The **initial design phase** has been completed. Draft clinical strategy for consultation in Q2, with the intention that it can be refined and finalised in Q3
- Implementation of the **new model during 2020/21 and 2021/22**
- The response to Covid-19 has accelerated change, including the implementation of an **Integrated Wellbeing Hub**.
- The whole system response to support and improve mental health services has been significant.

Emerging Mental Health & Learning Disability Service Model

- An integrated model of care across all mental health and Learning Disability services based upon a hub and locality model, that ensures people with moderate and low complexity of needs are able to access services in their local communities, and those with high complexity of needs will have their care delivered through a centrally co-ordinated Mental Health & Learning Disability hub.
- Virtual online support will be delivered through an interactive Mental Health & Learning Disability website.
- The service will be easy to access, with 'no wrong door', and café-fronted locality bases, that encourage self referral.
- Locality teams will be aligned to primary care networks, and delivered in partnership with local authority, third sector and community physical health services, bringing holistic physical and mental health and social care together.
- The central hub will deliver an integrated multiagency crisis and liaison services, an Assertive Outreach/Intensive Community Rehabilitation service, and a community Dementia Outreach service.
- We will remodel the acute service, with a view to ensuring we minimise the need for admission.

Community Partnership

Service & partner	Progress & impact
Community Partner to be determined	• Good progress developing community based services with **Primary Care Networks (PCN) – collaboration agreement**. • Strategic partner needed to support transformation, improve quality & provide financial sustainability. Process to secure a partner to commence **during quarter 2.**

- Trust community care services include district nursing, health visiting, community nursing teams, therapy services, podiatry and orthotics, as well as inpatient rehabilitation and community post-acute stroke wards.
- Good progress is being made developing community based services with PCNs, with **a number of joint initiatives**. Collaboration with primary care and PCNs is crucial to the model of care, and involves a whole system response.
- A **strategic partner for Community Services** is needed, in order for these important services to be clinically and financially sustainable.
- The purpose of the community partnership will be to support the service to **continue to transform**, improving quality and financial sustainability.
- A **community prospectus** been issued, and a process to secure a partner to commence during Qtr 2

Investing in our future

Investing in our future is a £48m programme of capital investment, intended to ensure the continued development of safe and sustainable health services for our population.

- Improvements in St Mary's hospital and the facilities in the community to improve patient experience and make more efficient use of our resources
- The development of new capacity at Portsmouth Hospitals NHS Trust to enable the transfer of additional complex clinical activity, in line with our emerging shared acute services development plans
- Funding for digital development, with plans to invest in our IT infrastructure, clinical systems and devices to improve our resilience and allow us to maximise the benefits that technology can bring to both staff and patients

How will we spend the money?

£18.5m

Improving patient flow at St Mary's
Developing an Emergency Care Floor [£9m] and an Integrated High Dependency Unit [£9.5m]

£10m

Enabling PHU to support IW patients
This investment will enable Portsmouth Hospitals University Trust to increase its capacity and resilience and allow it to continue to support the care of Isle of Wight patients with more complex needs

£7m

Community Health & Wellbeing Hub
Developing the first of three locality hubs across the Island for integrated community, mental health and primary care with the potential to include other services e.g. adult social care

£11.5m

Digital
This will support an urgent infrastructure investment in IT and allow the replacement of some key clinical systems, both of which are key to resilience and partnership working

£1m

Ambulance integration
This will enable an initial investment in the IW/SCAS Ambulance partnership and ensure the upgrade of key systems

What are we doing in 2020/21?

Securing support from our regulators, for the overarching strategic case, in order to allow the individual projects to be progressed

Setting up the governance structure and working groups that we will need to make sure that we are able to stay on track with delivering our plans

Producing the programme plan, setting out who is doing what and when

Developing our estates and IT plans and designs in greater detail, working closely with the operational teams to make sure that the investments meet their needs

Securing a building contractor for the estates projects, using the Procure 22 procurement process

Completing Full Business Cases for each of the major projects to secure approval to draw down funding so that we can get started

COVID-19: Recovery and way forward

- Outpatients
- Inpatients
- Diagnostics
- COVID-19 impact and mitigations

Outpatients

- Increase in waiting times for outpatient appointments – progress is being made but it will take some time until we are able to list all patients on the backlog
- Letters have been sent and will continue to go to patients to update them on our progress and to reassure them that we will get to them as soon as possible.
- Continued increase in the use of virtual outpatient appointments – keeping people out of the hospital and reducing waiting times
- Main outpatient department has now re-opened with expanded waiting areas, new one way system and new drop off point and care park
- Significant reconfiguration and investment to get services restarted. We are now at 91% of normal activity levels in our Outpatient Department

Inpatients

- Inpatients / Day Surgery – the pandemic has caused significant delays and there will be some people that will wait more than 12 months for their procedure.
- People are being prioritised by clinical need and then by date order.
- Reviews have been under taken on all patients with extended waiting times.
- Recovery is being hampered as we comply with enhanced Infection Prevention and Control (IPC) measures – significant loss of theatre time.
- Use of the independent sector will be an important part of our recovery. We will be expanding our patient contact team and more people will be given the opportunity to have their procedure with the independent sector

Diagnostics

- During COVID routine scanning was suspended across the country. Similarly GP direct referrals reduced considerably. This has created significant backlogs for MRI, CT and Ultrasound.
- Post lockdown referrals for diagnostics have increased and are approaching near normal levels.
- Scanner capacity similar to theatres is impacted through compliance with enhanced Infection Control and Prevention (ICP) measures.
- Managing the backlog and near normal levels of demand in reduced capacity means there are currently long delays in accessing these services.

COVID-19 impact – our capacity

	Current capacity	
Theatres	79%	• 12% capacity lost due to infection control measures between operations • 9% lost due to the need to separate 'hot' and 'cold' theatres
Endoscopy	75%	• Due to enhanced infection control and prevention (ICP) measure
CT	82%	• Capacity lost due to enhanced ICP measures, enhanced cleaning of scanner between patients
MRI	82%	• ICP measures, deep cleaning of scanner between patients

Mitigation

- Plans in place to improve access to all services and reduce waiting times.
- Some already approved and being implemented, including access to the independent sector, use of Medefer and virtual clinics
- A number of the plans require financial approval and are being considered

Action being taken
Use of the private sector to reduce waiting lists, this has central funding.
Extending the theatre days will provide additional capacity and help reduce waiting times. This has a cost implication but is being considered.
There is potential to bring in clinical teams to operate in our theatres over the weekend which would create additional capacity. We are speaking to a number of organisations exploring how it could work.
Looking to bring in a third MRI scanner (potential availability January 21) if this scheme can be implemented the scanning back log will be cleared by March 2021.
Bringing in a third CT scanner (potential availability November 20), if this scheme can be implemented the scanning back log will be cleared by March 2021.
Staffing challenges mean the endoscopy unit cannot open at the weekend to provide additional capacity. However, the unit has in the past used insourcing (a company comes on site uses Trust facilities to undertake procedures) as a means of managing waiting times. We are exploring an opportunity to insource additional capacity that, if successful, could reduce endoscopy waiting times to near pre-COVID levels by March 2021.

Our Chair

We announced recently that our Chair Vaughan Thomas is stepping down at the end of his three-year tenure with the Trust.

We have seen a period of stability and improvement under his leadership and I would like to place on record my thanks to Vaughan for his dedicated service to the Trust and to our community.

NHS England and Improvement confirmed the appointment of Melloney Poole OBE as the Trust's new chair.

Melloney has extensive NHS leadership experience, including in acute, mental health and community mental health services. Her appointment underlines the NHS' commitment to partnership working, both on the Island and with colleagues on the mainland.

Melloney joins the Trust from Portsmouth Hospitals University NHS Trust (PHU), where she is also Chair. She will be Chair of the two Boards, which will oversee the two separate organisations.