



Committee report

Committee	POLICY AND SCRUTINY COMMITTEE FOR ADULT SOCIAL CARE AND HEALTH
Date	16 JULY 2018
Title	UPDATE ON KEY ISSUES – ISLE OF WIGHT NHS TRUST
Report of	MAGGIE OLDHAM, CHIEF EXECUTIVE

1. Summary / Introduction

To consider key significant issues relating to the delivery of services by the IWNHS Trust. This report provides an update on the key challenges and achievements at Isle of Wight NHS Trust, the Island's main provider of ambulance, community, hospital, learning disability and mental health services.

Much of the information is drawn from the papers for the last Trust Board meeting. Trust Board meetings are held in public on the first Thursday in the month and the papers are available on the Trust's website at www.iow.nhs.uk. The last Board meeting was held on 05 July 2018 and therefore this report uses information provided to that meeting.

2. Operational

During the last four months the Trust has made progress in a number of areas including:

- Emergency Department building remodeling
- Commencement of GP advice and guidance services
- Maintained progress on delayed transfers of care
- Improved position on stranded and super-stranded inpatients
- Delivered winter plan
- Upgraded Intensive Care Unit
- Unplanned Flow Project
- Delivered a community rehab workforce model
- Cancer – performance in May & June as expected following trends
- Diagnostic progressing well, despite workforce issues.
- Referral to Treatment (RTT) timescales on trajectory

- Ambulance AQI (Ambulance Quality Indicators)
 - Computer Aided Discharge implementation (on track for Oct 18)
 - England Emergency Preparedness Resilience health lead appointment (on track for Sept 18)
 - Discussions for strategic partnerships and/or derogations applicable to the island (ongoing)
- Improving management of ambulatory cases through the development of innovation to avoid admission while maintaining safety and quality.
- Increased number of Clinical Nurse Specialists and pathway trackers

We have experienced challenges in our Emergency Department during June caused by a combination of factors including non-seasonal norovirus and increased footfall associated with the Isle of Wight festival.

Planned position

- Continuing to hit trajectory on RTT
- Stabilisation of Emergency Department performance
- Reduce backlog of Cancer patients and improve diagnostic capacity locally and tertiary
- Finalised winter plan and full preparations

3. CQC

In April 2017 the Isle of Wight NHS Trust was rated as 'Inadequate' by the Care Quality Commission (CQC) following an inspection of some, but not all, of our services. As a result of the CQC's concerns NHS Improvement placed the Trust in 'special measures'. Since then all of our staff have been striving to improve the care and services we provide.

In January and February this year the CQC revisited the Trust to conduct its first full inspection of our all of our services and in June the CQC published its report. The revised ratings for the Trust are below:

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Inadequate →← Jan 2018	Requires improvement →← Jan 2018	Good →← Jan 2018	Requires improvement ↑ Jan 2018	Inadequate →← Jan 2018	Inadequate →← Jan 2018

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Overall, the CQC said it found “*clear signs of recovery and improvement*” since its last inspection and there was “*growing momentum*” at the Trust. The CQC acknowledged that the Trust’s recovery was, “*starting from a very low base*” and therefore “*it was too early for the overall rating to change*”. However, although the Trust remains rated as ‘Inadequate’ overall, the CQC identified a number of areas of progress in the report, including several examples of outstanding practice in both acute and ambulance services.

In the context of whether staff are caring, the CQC rated all four of the Trust's services as 'Good' overall. It said: "*Staff treated patients with kindness, respect and compassion, providing emotional support when needed*", "*involved patients and those close to them in decisions about care and treatment, and promoted privacy and dignity*". There was also acknowledgment that the Trust is now more responsive, with the rating improving from 'Inadequate' to 'Requires Improvement', and we saw an improvement in the overall rating for our ambulance services, which moved from 'Inadequate' to 'Requires Improvement'.

The Trust is acutely aware that we have not improved our overall rating from 'Inadequate' and is clear that we still have a lot of hard work ahead of us to turn things around. We have always said that our improvement journey would not be an easy or a short one and we were not expecting to have seen significant improvement at this stage. Turning things around will take time and a lot of hard work. The report provides us with a number of recommendations that will help us continue our improvement journey, and our aim remains to be rated as 'Good' by 2020.

We must build on these small but important steps of progress by continuing at pace to deliver better care and services across the board. This will require continued commitment from everyone at the Trust, as well as continued support from our health and social care partners.

As the CQC rightly concluded, the Trust is in the early stages of its improvement journey and the potential for significant improvement is there.

4. Quality

On the 27th June the Trust held a Quality Summit; demonstrating the work that the Trust has done to ensure the foundations are in place for our Getting to Good journey. We have worked hard to ensure that our staff are engaged in the process and are empowered to make the necessary changes to ensure the Trust can deliver safe and effective care at all times.

The Trust Quality Strategy has now been published to our staff and on our website, and will form the basis of future reporting as well as laying out a clear roadmap for teams to develop quality in their services.

As of 18 June 2018, there are a total of 96 current cases being managed through the serious incident process and the combined Island wide Quality team is working collaboratively to ensure that when incidents do arise we deal with them efficiently and learn from them.

At the time of writing

- there have been no cases of hospital acquired Clostridium Difficile infection for six weeks,
- it has been more than 18 months since the last never event,
- the Hospital has been MRSA (meticillin-resistant Staphylococcus aureus) free for two months

The National Patient Experience Survey has now been published, with full details included on the Trust website, demonstrating that the Trust is on par with many other inpatient trusts across England. The Patient Experience Sub-Committee is monitoring actions taken in response to the survey as part of the 'Learning from Experience' Quality Strategy priority.

5. Workforce

Summary

The Trust employs 3112 (headcount) substantive full and part time staff, some 400 bank workers with additional support provided by 300 volunteers.

Action is underway to recruit more substantive staff and offer long term agency doctors employment with the Trust.

- We have stabilised nursing with recruitment matching leavers
- We are actively targeting leavers to understand why they are leaving and, if possible, offer them a reason to stay – Our turnover between June 17 – May 18 has decreased to 9.2%.
- The nursing leadership has made recruitment and retention a priority with weekly meetings with sisters and HR
- Positive progress has been made with recruiting to key medical staffing posts – an unprecedented 25 nurses are due to start with us in two cohorts: 11 by August and 14 through a degree programme – with overall numbers of vacancies dropping
- We have taken steps to reduce the time it takes to recruit staff but, importantly, without compromising essential pre-recruitment checks and actively converting temporary workers into substantive workers

Sickness

Trust sickness absence rate: 4.13% in month (decrease from April sickness of 4.64%). Top reasons for absence: Anxiety, Stress & Depression remains the highest % reason for sickness absence in May, representing almost a third of sickness absence at the Trust.

6. Finance Month 2:

Income and Expenditure

- The Trust's in Month Financial position is a deficit of £2.2m
- £0.5m in month adverse variance against deficit plan
- Run position off plan due to:
 - a) Under delivery against the phased cost improvement programme plan (£124k)
 - b) The cost of Winter bed capacity remaining open without an agreed funding source (£182k)
 - c) Cost pressures to deliver ED service (£170k)
- £4.3m actual deficit year to date (£1.0m off plan)

Year-end forecast and financial recovery plan

- A revised planned deficit of £17.149m was submitted to NHSI on 20 June as agreed by the Board
- CCG contract income is not finalised and income assumptions remain a risk for acute services.
- There is currently an outstanding issue of £1.4m on the CCG contract for Community Services. The year to date position (£0.2m) and year end forecast assume that this income will be received.

7. Other Issues

The guidance for refreshing NHS plans in 2018/19 asked all sustainability and transformation partnerships (STPs) to undertake a strategic, system-wide review of buildings and land (Estates) and develop a plan.

The Hampshire and Isle of Wight sustainability and transformation partnership (STP) have submitted a local system bid of £48m to NHS Improvement/NHS England. The bid has been developed jointly by the Solent Acute Alliance (SAA) partners (Isle of Wight NHS Trust, University Hospital Southampton NHS Foundation Trust and Portsmouth Hospitals NHS Trust) in support of the delivery of the strategic ambitions set out in the Isle of Wight Acute Services Redesign (ASR) blueprint agreed in February 2018.

In summary, the bid enables the Island to reconfigure St Mary's Hospital and other buildings that improves the estate and enables better streaming of patients between urgent and planned care. There will also be additional capacity put in place at Southampton Hospital and Queen Alexandra Hospital. A further focus is a major investment in modernising the digital systems on the island. A national announcement on the bids supported will be made in the autumn 2018.

Maggie Oldham
Chief Executive