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Monitoring Officer
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Agenda

Name of meeting	POLICY AND SCRUTINY COMMITTEE FOR HEALTH AND SOCIAL CARE
Date	MONDAY 6 MARCH 2023
Time	5.00 PM
Venue	COUNCIL CHAMBER, COUNTY HALL, NEWPORT, ISLE OF WIGHT
Members of the committee	Cllrs J Nicholson (Chairman), M Lilley (Vice-Chairman), D Adams, R Downer, C Mosdell, J Robertson and N Stuart
Co-opted	Chris Orchin (Healthwatch Isle of Wight)
	Democratic Services Officer: Megan Tuckwell democratic.services@iow.gov.uk

1. **Apologies and Changes in Membership (If Any)**

To note any changes in membership of the Committee made in accordance with Part 4B paragraph 5 of the Constitution.

2. **Minutes** (Pages 5 - 10)

To confirm as a true record the Minutes of the meeting held on 5 December 2022.

3. **Declarations of Interest**

To invite Members to declare any interest they might have in the matters on the agenda.



Details of this and other committee meetings can be viewed on the Council's [website](#). This information may be available in alternative formats on request. Please note the meeting will be audio recorded and the recording will be placed on the website (except any part of the meeting from which the press and public are excluded). Young people are welcome to attend however please be aware that the public gallery is not a supervised area.

4. **Public Question Time - 15 Minutes Maximum**

Members of the public are invited to make representations to the Committee regarding its workplan. Questions may be asked without notice but to guarantee a full reply, a question must be put (including the name and address of the questioner) in writing or email to democratic.services@iow.gov.uk, no later than two clear working days before the meeting. The deadline for submitting written questions is Wednesday, 1 March 2023.

5. **Outcomes and recommendations arising from previous meetings** (Pages 11 - 12)

To receive an update on the progress against the outcomes arising from previous meetings, and to provide an update on any outstanding actions.

6. **Winter Pressures** (Pages 13 - 14)

To receive a verbal update on the winter pressures, alongside a review of the Winter Plan and how these pressures have been dealt with.

7. **Recruitment & Retention in Health and Social Care** (Pages 15 - 26)

To consider steps being taken to assist in the recruitment and retention of staff working in health and social care.

8. **Carers Strategy 2023-28** (Pages 27 - 60)

To consider the new Carers Strategy and action plan, as aligns with an action from the Corporate Plan, prior to submission to Cabinet for approval on 9 March 2023.

9. **Isle of Wight Strategic Partnerships Update** (Pages 61 - 72)

To receive an update covering both Trust (Southern, Solent, Portsmouth Hospital Trusts) and mental health partnerships.

10. **Proposals to vary, develop or consult upon service changes** (Pages 73 - 74)

To be advised of any proposals relating to health and social care services affecting Island residents and progress on those previously notified. Verbal updates will be provided on the Elective Surgery Hub and on Dementia Beds.

11. **CQC Inspection Reports** (Pages 75 - 76)

To consider any CQC reports in relation to the operation of any health trust, Primary Care or council adult social care facility:

- (a) Maternity Services (Pages 77 - 96)
- (b) TrustedCare report - Care Quality League Table (Verbal Update)

12. **Workplan** (Pages 97 - 100)

To consider any amendments to the current workplan.

13. **Members' Question Time**

A question may be asked at the meeting without prior notice but in these circumstances there is no guarantee that a full reply will be given. To guarantee a reply, a question must be submitted in writing or by email to democratic.services@iow.gov.uk no later than 5pm on Thursday, 2 March 2023.

CHRISTOPHER POTTER
Monitoring Officer
Friday, 24 February 2023

Interests

If there is a matter on this agenda which may relate to an interest you or your partner or spouse has or one you have disclosed in your register of interests, you must declare your interest before the matter is discussed or when your interest becomes apparent. If the matter relates to an interest in your register of pecuniary interests then you must take no part in its consideration and you must leave the room for that item. Should you wish to participate as a member of the public to express your views where public speaking is allowed under the Council's normal procedures, then you will need to seek a dispensation to do so. Dispensations are considered by the Monitoring Officer following the submission of a written request. Dispensations may take up to 2 weeks to be granted.

Members are reminded that it is a requirement of the Code of Conduct that they should also keep their written Register of Interests up to date. Any changes to the interests recorded on that form should be made as soon as reasonably practicable, and within 28 days of the change. A change would be necessary if, for example, your employment changes, you move house or acquire any new property or land.

If you require more guidance on the Code of Conduct or are unsure whether you need to record an interest on the written register you should take advice from the Monitoring Officer – Christopher Potter on (01983) 821000, email christopher.potter@iow.gov.uk, or Deputy Monitoring Officer - Justin Thorne on (01983) 821000, email justin.thorne@iow.gov.uk.

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If you wish to record, film or photograph the council meeting or if you believe that being filmed or recorded would pose a risk to the safety of you or others then please speak with the democratic services officer prior to that start of the meeting. Their contact details are on the agenda papers.

If the press and public are excluded for part of a meeting because confidential or exempt information is likely to be disclosed, there is no right to record that part of the meeting. All recording and filming equipment must be removed from the meeting room when the public and press are excluded.

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Minutes

Name of meeting	POLICY AND SCRUTINY COMMITTEE FOR HEALTH AND SOCIAL CARE
Date and Time	MONDAY 5 DECEMBER 2022 COMMENCING AT 5.00 PM
Venue	COUNCIL CHAMBER, COUNTY HALL, NEWPORT, ISLE OF WIGHT
Present	Cllrs J Nicholson (Chairman), V Churchman, R Downer, J Lever, R Quigley and J Robertson
Co-opted (Non-Voting)	Chris Orchin (Healthwatch)
Also Present	Simon Bryant, Laura Gaudion, Paul Thistlewood, Megan Tuckwell and Melanie White
Also Present (Virtual)	Joanna Smith (Healthwatch), Pam Fenna (Patients Council), Lesley Stevens (IW NHS Trust) and Michaela Dyer (HIOW ICP)
Also Present (Virtual)	M Legg and Jo York (HIOW ICP)
Apologies	Cllrs M Lilley

11. **Apologies and Changes in Membership (If Any)**

Cllr Vanessa Churchman was in attendance as a substitute for Cllr Clare Mosdell. Cllr Joe Lever was in attendance as a substitute for Cllr David Adams. Apologies were received from Cllr Michael Lilley.

12. **Minutes**

RESOLVED:

THAT the minutes of the meeting held on 6 June 2022 be approved.

13. **Declarations of Interest**

No declarations were received at this stage.

14. **Public Question Time - 15 Minutes Maximum**

No written public questions were received.

15. **Outcomes and recommendations arising from previous meetings**

15a **Progress Update**

The chairman presented the report which provided an overview of the progress against outcomes and recommendations from previous meetings. No comments or questions were received at this stage.

RESOLVED:

THAT the progress report be noted.

15b **Notes of the informal meeting held on 12 September 2022**

The committee received the notes of the informal meeting of the committee held on 12 September 2022, which took place in lieu of the formal meeting which was cancelled as a result of the official period of national mourning following the death of Her Majesty the Queen. No comments or questions were raised at this stage.

RESOLVED:

THAT the notes of the informal meeting held on 12 September 2022 be noted.

16. **Pressures on the Health and Care System**

The Managing Director of the Hampshire and the Isle of Wight Integrated Care Board presented an update on the current pressures on the health and social care system across the Island, particularly as they related to hospital and emergency ambulance services, urgent and primary care, adult social care, paediatric services, adult social care, and the winter plan. Questions were raised regarding funding, workforce pressures, hospital bed occupancy, discharge arrangements, population health data, and primary care capacity.

RESOLVED:

THAT the update be noted.

17. **LGA Peer Review of Public Health**

Consideration was given to the outcomes of the LGA peer review which was undertaken to ensure that the formal partnership agreement between the Isle of Wight Council and Hampshire County Council continued to meet the needs of the Island. The Director of Public Health presented an update from the LGA which outlined the process, scope, and feedback of the review. Discussion took place regarding the areas identified for further consideration, and the implementation of the recommendations. Questions were raised in relation to preventative services and collaboration with the community and voluntary sector.

RESOLVED:

THAT the outcome of the LGA peer review be welcomed, the report to Cabinet on the future of the public health partnership be supported, and the committee receives

and monitors the delivery of the action plan arising from the areas identified for consideration in the review.

18. **IW Safeguarding Adults Board Reports**

18a **Annual Safeguarding Report**

18b **Business Plan 2022-24**

Consideration was given to the Isle of Wight Safeguarding Adults Board's annual report for 2021-22, and business plan for 2022-24. The Independent Chair and the Board Manager were thanked for their work. No comments or questions were raised at this stage, and the reports were noted.

RESOLVED:

THAT the reports be noted.

19. **Dentistry on the Isle of Wight**

The committee received an update on dentistry from the Hampshire and the Isle of Wight Integrated Care Partnership (following its take-over of dental services from NHS England). This included an overview of new procurement and contracting arrangements, and routine and urgent care provisions. Questions and concerns were raised in relation to capacity, workforce, and contracts. The committee requested copies of the action plan and timetable for improvement and requested a future report on oral health promotions activities.

RESOLVED:

THAT the committee requested that the Island's MP asks that the newly appointed Secretary of State for Health make changes to the leadership of those responsible at a national level in the NHS for the planning, provision, and delivery, of NHS dental services due to the complete collapse of the existing structure for both patients and dentists under their tenure.

20. **Patient Transport**

Consideration was given to the progress with establishing a working group to look at patient transport. The committee expressed concern as to the lack of progress on this matter and were assured that the Integrated Care Partnership would make patient transport for Island residents (in terms of the cost, ease of use, and impact on clinical outcomes) a key priority. It was agreed that the scope of the work would be circulated to the committee and a formal report would be presented to the next meeting in March 2023.

RESOLVED:

THAT the update be noted.

21. **Service Changes, Reconfigurations and Developments:**

21a **Elective Surgery Hub Update**

The committee received an update on the progress with the construction of a dedicated 'elective hub' facility to allow more operations to take place in order to address the backlog and reduce waiting times for patients requiring non-urgent surgery. Questions were raised in relation to the timeline, and it was confirmed that construction was on track to start from January 2024 with the facility anticipated to be fully operational by June 2025. The proposals were supported, and the committee were reassured that clear consideration would be given to the transport needs of patients travelling to the hub from the Isle of Wight.

RESOLVED:

THAT the update be noted.

21b **Community, Mental Health and Learning Disabilities Services**

The committee received a progress update on the review of community and mental health services, including the scope of the review, future strategic priorities, and future recommendations. The proposed establishment of a new Trust to be created for all community and mental health services across Hampshire and Isle of Wight was accepted.

RESOLVED:

THAT the proposals be supported.

22. **Workplan**

Consideration was given to the future workplan, and the committee and health partners were invited to identify any key issues that should be included. The Cabinet Member for Adult Social Care and Public Health suggested that the committee reviews the impact on adult social care after the budget has been set in February 2023.

RESOLVED:

THAT the workplan be noted.

23. **Members' Question Time**

Cllr Churchman asked a question in relation to free school meals and it was confirmed that the matter would be passed to the Policy and Scrutiny Committee for Children's Services, Education and Skills.

Cllr Churchman asked a question in relation road safety campaigns and it was confirmed that the matter would be passed to the Policy and Scrutiny Committee for Neighbourhoods and Regeneration.

Cllr Quigley ask a question regarding a resident accessing referrals and it was confirmed that the details would be shared outside of the meeting.

The Cabinet Member for Adult Social Care and Public Health requested that the committee write to the Local Government Association, Health Secretary and Chancellor of the Exchequer regarding the lack of reform and funding for Adult Social Care.

CHAIRMAN

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Policy and Scrutiny Committee for Health & Social Care - Progress on Actions & Outcomes

Meeting Date	Agreed Action	Responsibility	Update	Actioned
Outstanding Actions				
13 September 2021	<p>GP Patient Survey 2021 An informal meeting between the Committee and Patient Participation Groups be arranged to discuss working arrangements to help support the delivery of effective care and enhance communications and engagement between the local community and GP Practices.</p>	Scrutiny Officer/ Committee	To be arranged. Discussion are being held with Healthwatch IW and the IWICP about the best approach to engaging with PPGs.	
June 2022	<p>Place Plans It was agreed that the Chief Executives of the Council and IW NHS Trust, and the Managing Director of the HIOW CCG, would meet in the first instance to discuss the matter. It was agreed that place-planning and locality hubs would be a future agenda item for the committee.</p>	CX Health Trust/IWC/ MD HIW ICP	To be added to the workplan when appropriate.	
5 December 2022	<p>Pressures on the Health and Care System The Cabinet Member for Adult Social Care and Public Health requested that the committee write to the Local Government Authority, Health Secretary and Chancellor of the Exchequer regarding the lack of reform and funding for Adult Social Care.</p>	Scrutiny Officer/ Committee	Copies of any letters already sent by the Cabinet member for Adult Social Care and Public Health have been requested to enable the committee to reinforce and strengthen the message	
	<p>Dentistry on the Isle of Wight The committee requested that it be provided with an update on the Oral Hygiene Health promotion from the Director of Public Health</p>	Director of Public Health	No update has currently been received	

<p>Dentistry on the Isle of Wight The committee requested that a timetable on the upcoming future plans for dentistry be provided before the next committee meeting by the Integrated Care Partnership.</p>	<p>Interim Lead for Delegated Commissioning of Dentistry, Optometry & Pharmacies - HIOW ICB</p>	<p>No timetable has currently been received</p>	
<p>Hampshire and Isle of Wight Community and Mental Health Services Review The committee requested that it receive a copy of the detailed engagement and involvement plan for Project Fusion once it has been developed and receive a formal update on the item at a future committee meeting.</p>	<p>Director of Community, Mental Health and Learning Disabilities - NHS Trust</p>	<p>No copy of the plan has currently been received</p>	

Actions Completed (Since Last Meeting)

<p>5 December 2022 Page 12</p>	<p>Dentistry on the Isle of Wight THAT the committee requested that the Island's MP asks that the newly appointed Secretary of State for Health make changes to the leadership of those responsible at a national level in the NHS for the planning, provision, and delivery, of NHS dental services due to the complete collapse of the existing structure for both patients and dentists under their tenure.</p>	<p>Scrutiny Officer/ Committee</p>	<p>Letter sent to the Island's MP on behalf of the committee</p>	<p>Dec-22</p>



Agenda Item Introduction

Committee	POLICY AND SCRUTINY COMMITTEE FOR HEALTH AND SOCIAL CARE
Date	6 MARCH 2023
Topic	WINTER PRESSURES

BACKGROUND

At the committee meeting in December 2022 an update was provided on the pressures on the health and care system.

The committee are to receive a verbal update on the winter pressures that have been, and are being, faced alongside a review of the Winter Plan that was submitted to the HIOWICB in September 2022 and how these pressures have been dealt with.

FOCUS FOR SCRUTINY

- How robust were the plans put in place for winter?
- What has been the public feedback over the winter period?
- What lessons can be learnt for the future, specifically when it comes to the Easter and summer holiday periods?

APPROACH

A verbal update to be provided at the meeting.

APPENDICES ATTACHED

None.

Contact Point: Melanie White, Scrutiny Officer, ☎ 821000 ext 8876
e-mail melanie.white@iow.gov.uk

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Agenda Item Introduction

Committee	POLICY AND SCRUTINY COMMITTEE FOR HEALTH AND SOCIAL CARE
Date	6 MARCH 2023
Topic	RECRUITMENT AND RETENTION IN HEALTH AND SOCIAL CARE

BACKGROUND

Successful recruitment and retention is important for the future of the health and social care industry. Robust processes should be in place to support the wellbeing and development of all staff, encouraging and supporting the workforce to remain within the sector for a long-term and rewarding career.

FOCUS FOR SCRUTINY

- What are the current challenges within health and social care regarding recruitment and retention?
- What is being done to improve recruitment and retention within the health and social care sector?
- What have been the successes with recruitment and retention on the island?
- What learning can be taken from these successes and utilised in other service areas?
- As there is a national crisis ongoing with recruitment and retention within health and social care has any inspiration come from other areas of the country?

APPROACH

A presentation to be provided to the committee.

APPENDICES ATTACHED

Appendix 1 - System Workforce Update Presentation

Contact Point: Melanie White, Scrutiny Officer, ☎ 821000 ext 8876
e-mail melanie.white@iow.gov.uk

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Health and Social Care SYSTEM WORKFORCE

- Workshop 19 May 2022, attended by representative for:
 - Isle of Wight Council – ASC, Childrens Services, Public Health, Learning and Development
 - Isle of Wight NHS Trust – Community Division, People and Organisational Development
 - HSIOW CCG – also representing Primary Care, Pharmacy
 - ICS Workforce team
 - Independent Sector
 - Voluntary Sector

Purpose of the session

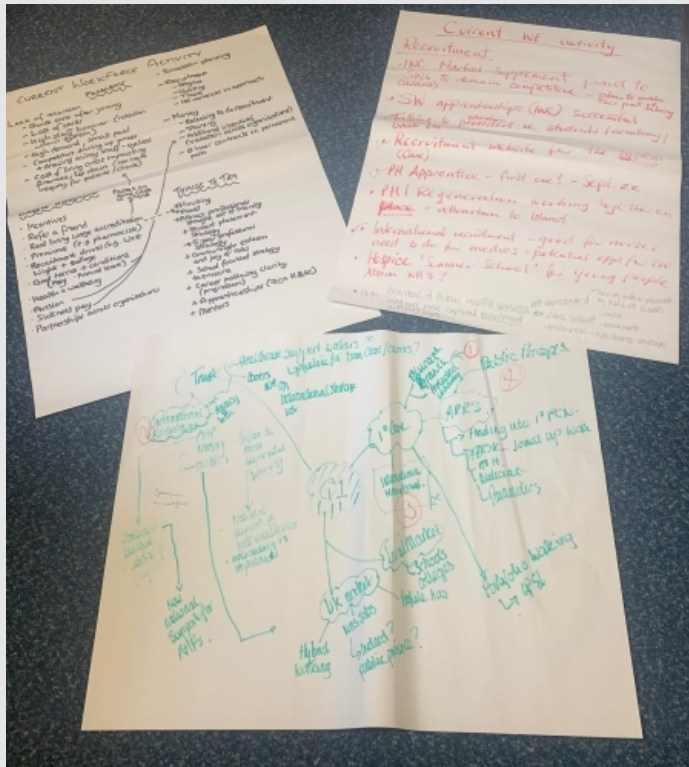
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The session provided a stocktake in relation to current activity relating to recruitment and retention for the health and social care system and focused on achieving 3 main outcomes:

1. We will have a clear picture of all current workforce activity across our Isle of Wight health and social care system
2. We will understand the activity that needs to be undertaken over the next year, 3 years and 5 years to develop our workforce and ensure that it is fit for purpose
3. We will have a clear and agreed vision of what is required to enable us to deliver the necessary activity

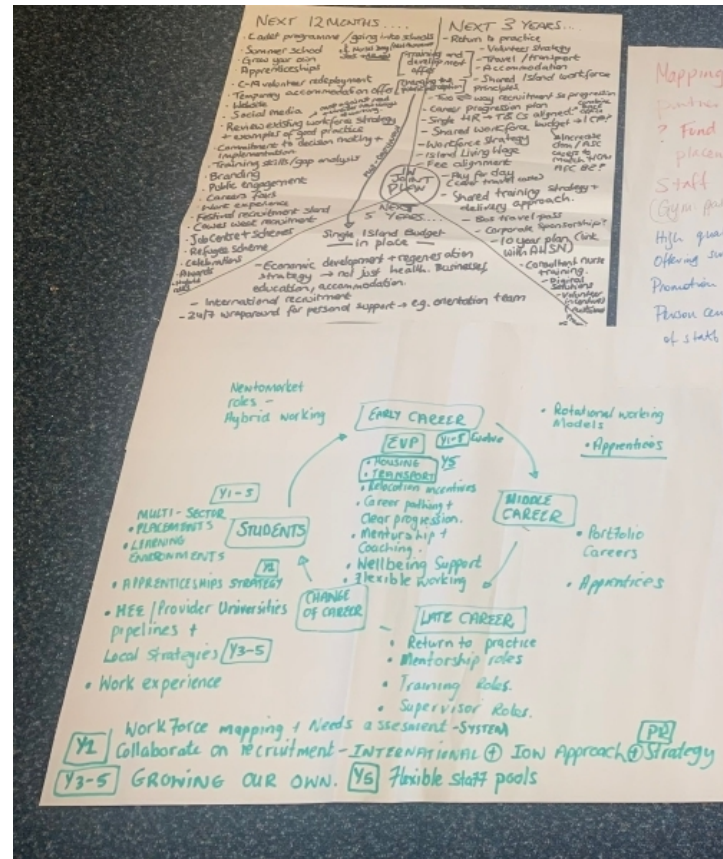
Outcome 1 - We will have a clear picture of all current workforce activity across our Isle of Wight health and social care system



- Financial
 - Market supplements
 - Incentives
 - Retention bonuses
 - Refer a friend schemes
 - Workforce gift card - recognition
- Learning and Development opportunities
 - Apprenticeships
 - Access to formal qualifications
 - Hospice – Summer School offer
 - National offer ????
- Recruitment initiatives
 - International recruitment
 - Single recruitment portal for care jobs
 - Work with training providers – local universities, college and HTP.

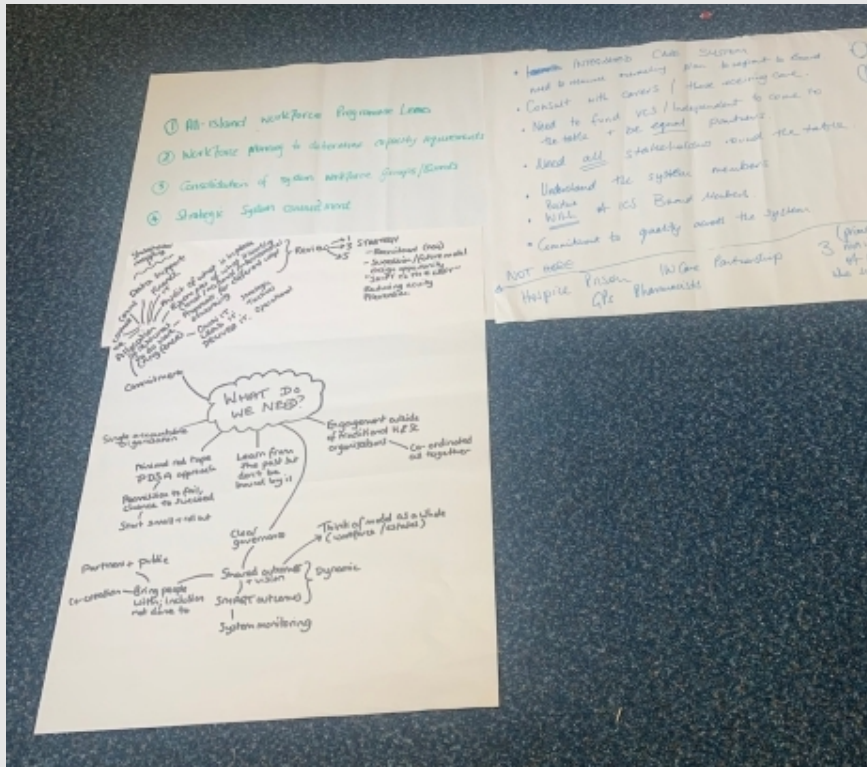
Outcome 2 - We will understand the activity that needs to be undertaken over the next year, 3 years and 5 years to develop our workforce and ensure that it is fit for purpose

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 Recognition of role of third / Vol / private sector in the workforce journey + funding to support the pipeline
 Website for recruitment
 IW Bank in an overarching legal entity @ better rates
 Block book independent care to guarantee his a week so that carers can get mortgage funded. provision being part of the system - acknowledged as prevention.
 Plan for front-end care.
 High performance schools need to attract us back.
 Retention.



- Recruitment:
 - One website for recruitment
 - Development of an attraction offer
 - Focus on career pathways and opportunities
 - Relocation packages
 - Joined up international recruitment
- Retention:
 - attractive pay and conditions – linked to fees paid and the way in which services are commissioned
- In addition, we need to develop:
 - Detailed overview of the whole system workforce mapping needs and skills
 - Whole system skills/gap analysis
 - System workforce plan
 - Shared/joint training and development offer
 - Co-ordinated approach to workforce initiative to avoid 'unintended consequence'
 - Clear support for people at ALL stages of their career – students, those new to roles, people in the middle of their careers, those approaching retirement and those wanting to change career

Outcome 3 - We will have a clear and agreed vision of what is required to enable us to deliver the necessary activity



- We need a single JOINT plan.
- Consolidation of the many workforce groups and boards to create a single board with full oversight of all activity.
- Strategic system commitment to working together.
- Maintain an approach of 'doing with' not 'doing to' in planning and development of our workforce activity.
- Identify our core workforce activity and the KPI's/outcomes to be delivered from that activity which can be regularly reported on.
- Look at how we can release finding (across the system) through joint working and putting resources in the right place to support higher rates of pay for frontline staff delivering direct care and support.

Key themes identified

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- Recruitment is a challenge and needs to be aligned to stop 'robbing Peter to pay Paul'.
- Retention continues to be an issue and leads to a loss of staff to roles outside of the sector.
- Pay parity will be essential to any changes in the recruitment and retention challenges as will pay reflective of professional roles.
- Career opportunities need to be expanded to incorporate career progression opportunities – we need to invest in our people.
- Alignment of the independent sector offer needs to be considered to reduce 'competition' for the same workforce. Alignment of terms and conditions/pay/benefits could really help.
- The Isle of Wight is a great place to work (and to live) and we need to make sure that our activities get that message across.
- There is some duplication of our offers that can be streamlined to provide more clarity for job hunters and reduce system resource.
- A 'whole system' approach – inclusive of care and support for children and young people – is needed moving forward.
- The number of groups meeting and discussing workforce needs to be rationalised – less groups more action

Dependencies

Being an Island has an impact ... workforce can only be developed and increase within the resources available, and this is impacted by other challenges:

Housing

Transport / travel

Schools and their performance

Funding

Change in public perception of careers in health and care

IOW is 'net exporter' of young people – we need to encourage them to return!

Outcome from the Workshop

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We need to learn from the past and not be bound by it.

Workforce will continue to be an issue unless we act, we need to ensure that we have a clear system workforce strategy and we need a single accountable group reporting to the Local Delivery System with responsibility to:

Own it

Lead it

Deliver it

What Happened next

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Isle of Wight Health and Care Partnership Board received a report following the workshop

System Workforce Board, chaired by Director of Adult Social Care set up

Terms of reference, membership and governance for the System Workforce Board put in place

Initial workstreams identified

Workstream leads allocated

Task and finish groups developed to lead on the workstreams

Workstreams



Workforce stocktake and Strategy development



Recruitment and onboarding



The Island as an inspiring place to live and work



Developing our workforce



Agenda Item Introduction

Committee	POLICY AND SCRUTINY COMMITTEE FOR HEALTH AND SOCIAL CARE
Date	6 MARCH 2023
Topic	CARERS' STRATEGY 2023-28

BACKGROUND

“Working Together With Carers’ Strategy 2013 to 2016” and “Working Together With Carers’ Strategy 2017 to 2019” (Refresh) are out of date. The new Carers’ Strategy was delayed by the global Covid 19 pandemic but is now ready to be formally adopted and agreed by our island’s statutory partners. The strategy focuses on the direction and areas which need to change to better support our island’s unpaid carers and make a real difference to those people supporting our islands most vulnerable residents. The committee will be reviewing the strategy before it goes to Cabinet for approval on 9 March 2023.

FOCUS FOR SCRUTINY

- What approach is the new strategy going to take?
- What are the key differences in comparison to the old strategies?
- What level of consultation and engagement has taken place to feed into development of the new strategy?
- What have been the biggest challenges in developing the new strategy?
- Is there an action plan that will sit alongside the strategy?
- How will any actions be monitored and who will hold responsibility for making sure these actions are delivered?

OUTCOME

Do councillors wish to support the proposed recommendations, or report any comment to Cabinet.

APPROACH

A report to be submitted.

APPENDICES ATTACHED

Carers’ Strategy Report (to Cabinet on 9 March 2023)
Appendix 1: Carers’ Strategy 2023-28

Contact Point: Melanie White, Scrutiny Officer, ☎ 821000 ext 8876
e-mail melanie.white@iow.gov.uk

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Cabinet Report

Date	9 MARCH 2023
Title	CARERS STRATEGY 2023 – 2028
Report of	CABINET MEMBER FOR ADULT SOCIAL CARE AND PUBLIC HEALTH

EXECUTIVE SUMMARY

1. The report seeks Cabinet approval of the Isle of Wight Carers Strategy 2023 – 2028. The Carers Strategy is provided as Appendix 1 of this report
2. The strategy has been developed in partnership with the IW NHS Trust, Hampshire and Isle of Wight Integrated Care Board, and partners from the voluntary and community organisations on the Isle of Wight together with, most importantly, with direct input from our islands unpaid carers.
3. The new carers strategy has been co-produced through detailed and extensive consultation during 2021 – 2022 with our islands unpaid carers and our strategy steering group, which included representation from statutory services, and the Voluntary, Community and Social Enterprise sector, including Healthwatch Isle of Wight, Carers IW, People Matter Isle of Wight and AGE UK IW.

RECOMMENDATION

- | |
|---|
| 4. Cabinet approves the Isle of Wight Carers Strategy 2023 – 2028 enabling the strategy to progress to approval and adoption by the Isle of Wight Health and Care Partnership Board |
|---|

BACKGROUND

5. Supporting our islands unpaid carers is key to ensuring that they and the people they care for, who are often very vulnerable people within our community, live well and live the best lives that they can. The latest Census data has just been published which showed that 19757 people on the Isle of Wight provide unpaid care to others, this is an increase from the previous census of over 3000 of our islands residents, since the last census in 2011.
6. Our islands unpaid carers need to be supported to continue the selfless and relentless roles that they have. This in turn reduces the dependency of those needing support from statutory or formal care services, and it allows them as carers to not just simply survive but live the life they want to.

7. The work that our islands unpaid carers do, often behind closed doors and away from public eyes, needs to be recognized and a new unpaid carers strategy was needed as the previous strategies were out of date.
 - “*Working Together With Carers Strategy 2013 to 2016*”
 - “*Working Together With Carers Strategy 2017 to 2019*” (*Refresh*) was out of date.
8. The new unpaid carers strategy has been co-produced though detailed and extensive consultation during 2021 – 2022 with our islands unpaid carers and our strategy steering group, which included representation from statutory services, and the Voluntary, Community and Social Enterprise sector including Healthwatch Isle of Wight, Carers IW, People Matter Isle of Wight and AGE UK IW.
9. The new carers strategy is now ready to be formally adopted and agreed by the Council. The Integrated Care Board and by the Isle of Wight NHS. The new strategy focuses on the direction and areas which need to change to better support our islands unpaid carers and make a real difference to those people supporting our islands most vulnerable residents.
10. The new strategy was developed in three stages.
 - (a) Stage one – a review was undertaken in early 2020 of the *2017 – 2019 Carers strategy refresh* and the current services supporting our islands unpaid carers. The strategy steering group looked at what was being done on the island to support our unpaid carers. We established some really important information that enabled us to ask the right questions and develop an island wide carer survey. The survey allowed us to gather more information on what services and support were needed, and what needed to change to better support those undertaking the vital role of an unpaid carer.
 - (b) Stage two – the strategy steering group undertook a programme of consultation and focussed engagement with local residents and professional partners, to gather their views and experiences of what areas are working well and what needs to improve to support our islands unpaid carers. The strategy steering group then used the feedback and data collected to develop the system wide carers strategy which is being presented for adoption.
 - (c) Stage three – once the strategy has been agreed and adopted by the Local Authority, The NHS Trust and the Isle of Wight Health and Care Partnership Board we will develop and implement a delivery plan for the strategy, which will be overseen by the established unpaid carers strategy steering group enabling the provision of regular updates detailing progress against the ambitions within the strategy to be provided.

CORPORATE PRIORITIES AND STRATEGIC CONTEXT

11. The Carers Strategy 2023 – 2028 supports the core values of the Alliance as outlined in the Corporate plan 2021 – 2025 including:
 - Being community focused
 - Working together
 - Being effective and efficient
 - Being fair and transparent

12. The Carers Strategy 2023 – 2028 supports the following Alliance aspirations and priorities as outlined in the Corporate Plan 2021 – 2025
13. **We will ensure that we listen to people. We will do so by holding consultations in which we will have a proper discussion with residents about issues.** We have listened to our residents on the island throughout the development of the strategy and co-produced the strategy and would like to record our thanks to them and our island partners.
14. **Prioritise dealing with the health inequalities and the resulting poverty highlighted during the pandemic.** The health inequalities identified in the Public Health Isle of Wight COVID-19 Health Impact Assessment published in October 2021 reported how the pandemic had highlighted existing health inequalities and had exacerbated health and social care vulnerabilities for people living with health condition on the Isle of Wight which has further increased the pressure on our island's unpaid carers.
15. **Support and increase the influence of Healthwatch and the voluntary sector.** The strategy development has been led by the islands unpaid carers and by the voluntary sector partners including Healthwatch Isle of Wight, Carers Isle of Wight, People Matter Isle of Wight and AGE UK Isle of Wight.
16. The aims of the Carers Strategy 2023 – 2028 also align with the recently refreshed Adult Social Care – Care Close to Home Strategy 2022 – 2025 and the Alliance Administration priorities sent out in the Corporate Plan, by seeking to ensure that people and their families are provided with the information that they need and that they are provided with the support they need when they need it. Supporting our islands residents to live within their own homes and communities for as long as is possible, avoiding the unnecessary use of hospital care or care in funded care settings.

Responding to climate change and enhancing the biosphere

17. The Climate and Environment Strategy is not directly impacted by the Carers Strategy 2023 - 2028

Economic Recovery and Reducing Poverty

18. The Carers Strategy 2023 – 2028 looks to influence both locally and nationally the support offered to our islands unpaid carers many of whom may be experiencing financial hardship whilst undertaking the demanding role of an unpaid carer.
19. The more support that can be offered to our island unpaid carers helping them where appropriate manage their finances and offer them the support that they need when they need it will reduce any financial inequalities which can be the result of undertaking the vital role of an unpaid carer in our community.

Impact on Young People and Future Generations

20. The decisions the Council makes now not only affect current residents, but may have long term impacts, both positive and negative, on young people and future generations. These impacts may not immediately be apparent or may not emerge for a number of years or decades. Impacts will be interrelated across the various

domains of young people's lives from housing, employment or training, health and the environment.

21. The United Nations Conventions on the Rights of the Child (UNCRC) in 1989, in particular article 12, places a duty for children and young people to have an active voice in decision making on matters that affect them. We value the views of our young people. Incorporating coproduction and consultation with young people into our decision-making process is a robust way of ensuring young people's views are taken into consideration. Participation workers experienced in coproduction can support engagement with the Youth Council, our Island children and wider groups of young people to ensure the voice of young people is sought, heard and acted upon on important matters that will affect them.
22. The Isle of Wight Council understand and acknowledge that we have a number of young carers on the Isle of Wight who also need support and guidance. Our islands young carers under the age of 18 are supported by the Young Carers Service, who can be contacted on [01983 861071](tel:01983861071) at any time or email iowyoungcarers@ymca-fg.org. [Young Carers Service – IOW - YMCA \(ymca-fg.org\)](https://www.ymca-fg.org/young-carers-service-iow)

Corporate Aims

23. This strategy and the activity undertaking during its development supports the Alliance aspirations and priorities as outlined in the Councils' corporate plan
 - We will ensure that we listen to people. We will do so by holding consultations in which we will have a proper discussion with residents about issues.
 - Prioritise dealing with the health inequalities and the resulting poverty highlighted during the pandemic
 - Support and increase the influence of Healthwatch and the voluntary sector

CONSULTATION

24. As part of phase two of the strategy development the strategy steering group delivered a lengthy and diverse programme of public consultation and engagement to ensure that the views of our islands unpaid carers and the people they care for were heard along with the voices of other partners and stakeholders, which is outlined in paragraph 11 of this report.

SCRUTINY COMMITTEE

25. The Carers Strategy 2023 – 2028 is being read by the Policy and Scrutiny Committee for Health and Social Care on 6 March 2023.

FINANCIAL / BUDGET IMPLICATIONS

26. There are no direct financial budget implications with the endorsement and adoption of this strategy. However, the strategy seeks to ensure that existing and future budgets can be used efficiently and effectively to meet the needs of our islands unpaid carers, which will include the continuation of a Community Carers Support service.

LEGAL IMPLICATIONS

27. The Isle of Wight Council has duties under the Care Act 2014 to proactively assess and meet the needs of vulnerable adults when defined eligibility criteria are met. Many carers will have eligible needs as defined by the Care Act and as such this strategy will enable the council to meet its statutory duty.

EQUALITY AND DIVERSITY

28. Our Alliance Administration celebrates equality and diversity in our communities. Our Carers Strategy 2023 – 2028 provides a valuable opportunity to ensure that all Island residents, including those with protected characteristics benefit from care and support that best meets their personal needs and choices even when not specifically highlighted as impacted through the Equality Impact Assessment process.
29. An Equality Impact Assessment has been completed to assess how this strategy will impact on any persons with a protected characteristic. This EIA has been signed off by Legal Services and the Director of Adult Social Services and Housing Needs. A copy of the EIA is provided as Appendix 7.
30. The EIA assessment concluded that the Carers Strategy 2023 - 2028 will have a positive impact on all people undertaking the role of providing unpaid care on the Island regardless of any protected characteristic they may have. All unpaid carer support services will be fully inclusive.
31. The strategy will have a particular positive impact on the following protected characteristics
- Age – The strategy will seek to improve services for all of our island’s unpaid carers regardless of age
 - Disability – the strategy will seek to improve the support available for all unpaid carers regardless of any disability they may have and enable the right support to be available for them when they need it.

OPTIONS

32. Option 1 – Cabinet approval and endorsement of the Isle of Wight Carers Strategy 2023 – 2028, enabling the strategy to progress for formal adoption by the Isle of Wight Health and Care Partnership Board, and supporting a whole system approach to improving care and support for our islands unpaid carers.
33. Option 2 – Cabinet does not approve and endorse the Carers Strategy 2023 – 2028 resulting in the council not having an up to date or relevant strategy outlining the support available to local unpaid carers and assisting in the discharge of our statutory functions in this area.

RISK MANAGEMENT

34. Option 1 - There is potential risk associated, post adoption of the strategy in the ineffective strategy implementation. This will be mitigated by the development of a robust delivery plan clearly outlining the actions required to drive forward the strategy’s implementation and through ongoing leadership and scrutiny by partners in the voluntary sector.

35. Option 2 - The failure to adopt a new and updated Carers Strategy will result in the support for our islands unpaid carers remaining which will place further pressure on statutory services. The needs of our islands unpaid carers will not be improved which will lead to
- **Increasing the vulnerability to ours island cared for and unpaid cares**
 - **Increased levels of unpaid carers at crisis point**
 - **Increased financial pressure for the Council**
 - **Increased financial pressure for the NHS Trust**
 - **Reputational risk for the Council**

EVALUATION

36. To progress with the implementation and adoption of the Carers Strategy 2023 – 2028. The adoption and endorsement of the strategy is needed by the Alliance. Once the strategy has been agreed and approved, the strategy can be presented to the Isle of Wight Health and Care Partnership Board. This will enable a detailed delivery plan to be coproduced with unpaid carers and the services which support and represent them to ensure that the strategy is effectively implemented to better support our islands unpaid carers.

APPENDICES ATTACHED

37. Appendix 1 - Carers Strategy 2023 – 2028

38. Appendix 2 - Equality Impact Assessment

Contact Point: Alaster Sims, Commissioning Officer, ☎ 821000 ext. 6934 e-mail Alaster.sims@iow.gov.uk

LAURA GAUDION
*Director of Adult Social Care
and Housing Needs*

CLLR KARL LOVE
*Cabinet Member for Adult Social Care
and Public Health*

Isle of Wight

Carers' Strategy



2023 to 2028



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Introduction

The Isle of Wight Carers' Strategy is aimed at everybody with caring responsibilities, across all ages, who provide unpaid care for people living on the Isle of Wight.

The strategy has been co-produced with the Isle of Wight Council, the NHS, our voluntary and community sectors and, most importantly, local people who have caring responsibilities. This was at the heart of its development and demonstrates our commitment to identifying and supporting carers across the whole Island.

Caring is a selfless role, where families and friends look after their loved ones or others that they feel a sense of responsibility for, but it should not be carried out at the expense of the carer's own health and wellbeing. However, we know that many carers do not access the support that they may need as they do not think of themselves as 'carers' or have not been identified by statutory organisations as such (known as 'hidden carers').

The Isle of Wight is a place with a rich and varied history, but with huge potential for future generations and filled with people passionate about our unique Island. This community pride and sense of belonging gives the Island and its people the compassion and resilience which carers demonstrate each day.

We need to do more to identify these quiet heroes in our island's community and ensure they have the help and support to enable them to carry out their caring responsibilities, but also flourish in whichever goals and ambitions they have for themselves.

We need to promote, improve and protect our island's unpaid carers wellbeing for the future.



Forewords

Supporting the Island's unpaid carers

Over 19,000 people were identified as unpaid carers on the Isle of Wight in the 2021 census.

Having a new unpaid carers strategy which is supported by the Isle of Wight Council, The Hampshire and Isle of Wight Care Board and the Isle of Wight NHS Trust recognises the important and vital role of our island's unpaid carers.

This new strategy aims to make a real difference to the lives of our island's unpaid carers. It will have three key priorities:

Priority one: To ensure that our Islands unpaid carers are recognised.

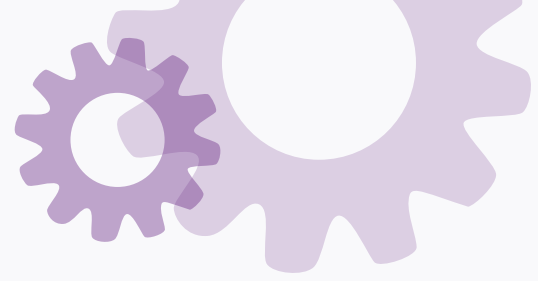
Priority two: Our islands unpaid carers can communicate and have access to health and social care services when needed.

Priority three: Unpaid carers on the Island are supported, so that their health and wellbeing are improved.

We would like to thank all of those who took part in our Island survey, workshops and focus groups. We would like to especially thank Carers IW, Age UK, Healthwatch Isle of Wight and People Matter Isle of Wight for their continued support and involvement in the ongoing work, making the new unpaid carers strategy something which the island can be proud of, improving the lives of both the unpaid carers and indeed their cared for.

Laura Gaudion

Director of Adult Social Care and Housing Needs



Committed to supporting local people

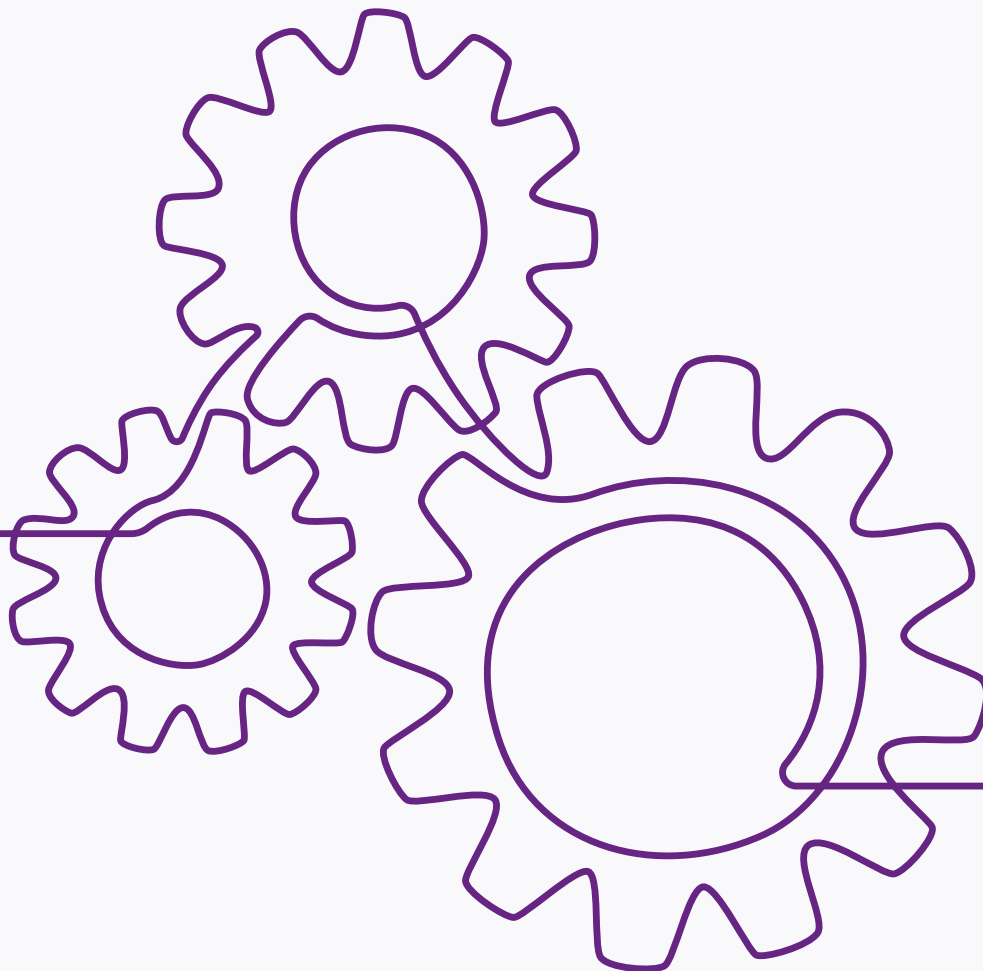
I am delighted to support this strategy which sets out a joint vision for identifying and supporting carers across the Island.

We need to do more to help and support carers who provide such a vital role in our community often at great cost to their own health and wellbeing. I regularly witness how meaningful involvement and inclusion of carers can lead to better care for people accessing our services.

The Isle of Wight NHS Trust is committed to supporting all local people with caring responsibilities and delivering on the priorities identified by them in this strategy.

Juliet Pearce

Director of Nursing Midwifery and AHPs



Definition of a carer

What do we mean by a carer?

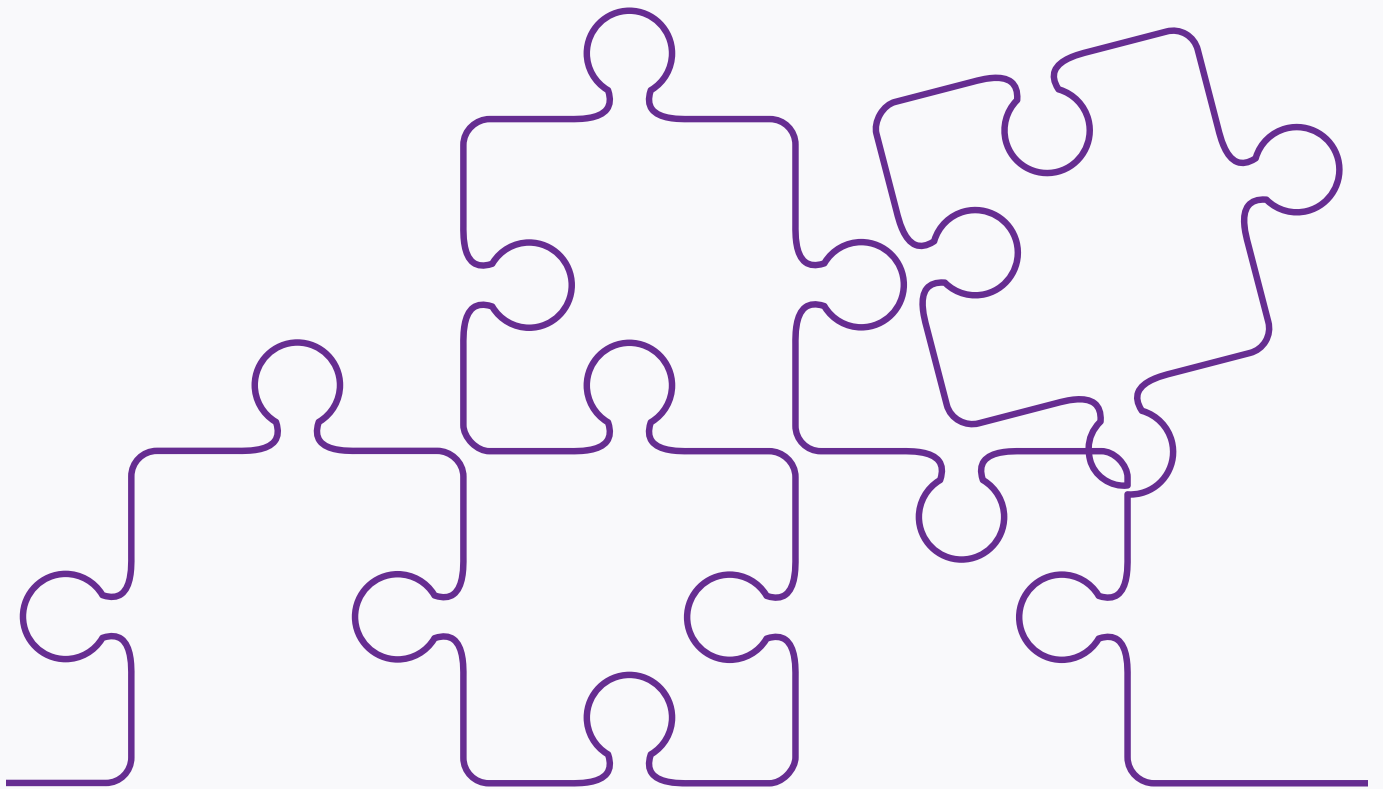
The standard definition of a carer is *"A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support. Caring for someone can take up a few hours each week, or a carer may be caring for 24 hours a day, seven days a week."*

However, we know that it can sometimes be difficult for carers to view themselves as carers, when they are fulfilling that role through, friendship, love, compassion, and loyalty. They understand the person they care for better than anybody else.

Carers understand their physical and emotional needs, their interests, what they enjoy, and what causes them anxiety. This level of insight and understanding is something which statutory services could never replicate, and which emphasises what an incredible role they all play.

Unpaid carers are holding families together, keeping individuals safe and enabling them to participate within the community, while at the same time making an enormous contribution to society.





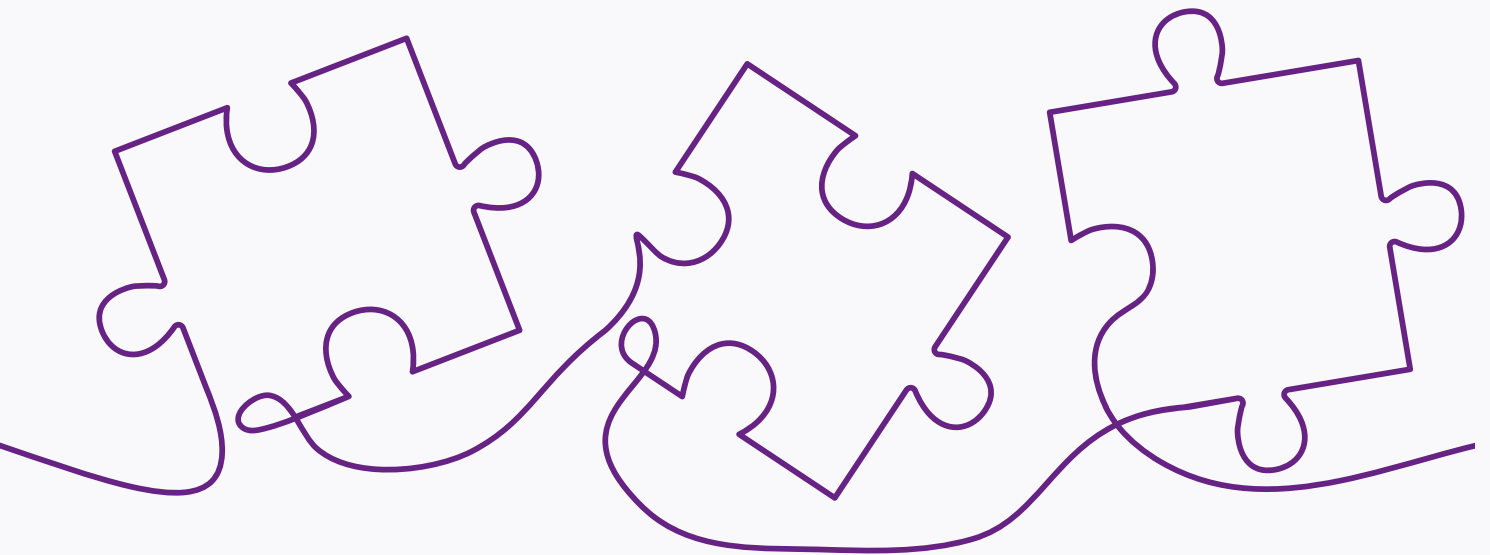
The national picture

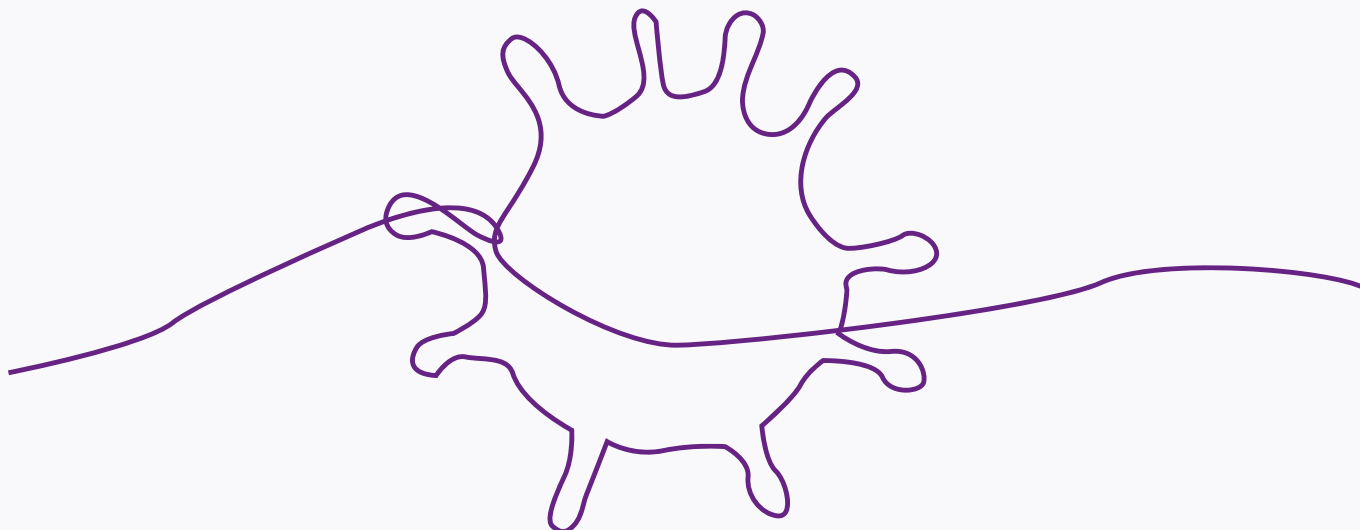
- Support provided by carers is valued at around £132 billion a year before the pandemic and during 2020 over £193 billion. (Nuffield Trust Report, October 2022)
- It is estimated that the number of people aged 65 years or over who are caring has grown to over two million - a 43 per cent increase from 2011 to 2019.
- Disabilities amongst working age adults and the numbers of older people in the UK who requiring help with personal care are increasing.
- People are living longer due to better access to medical care, healthier lifestyles, and fewer labour-intensive jobs, meaning they stay physically fit for longer.
- Many carers suffer from loneliness and isolation, require support to help them stay in work, and face their own health problems as a result of their caring role.
- Carers may have to give up paid employment, school, or study which affects their independence, wellbeing, and their economic wellbeing. This may also have a substantial effect on their former employers' productivity and lead to high costs of recruitment and training.

Ref: CARERS UK policy briefing, August 2019

Island carers

- The Isle of Wight has over 19,000 unpaid carers over the age of 18 within our island's community, providing essential support to those they care for. (Census data 2021)
- Split between male and female carers on the Isle of Wight that have completed a carers assessment are 59 per cent female carers and 41 per cent male carers. (Census data 2011)
- The average age that carers on the Isle of Wight to receive a statutory assessment is 68 years. (Isle of Wight Council 2022)
- The Isle of Wight has around 300 young carers, who are likely to be juggling their caring role alongside education and other interests. This can make it hugely challenging for young carers to enjoy the same opportunities as their peers.
- Relatively low numbers of people from culturally diverse backgrounds identify as carers or access support services on the Isle of Wight, due to our island's demographics and unique geographical location, however support must be made available for all unpaid carers regardless of who they are or their background.





The impact of Covid-19

Carers UK estimates that an additional 4.5m people have taken on caring responsibilities since the Covid-19 pandemic. Research in the early part of the pandemic showed that carers were providing an additional ten hours of support per week on average. (Carers UK, Caring Behind Closed Doors, April 2020)

- Carers have seen invaluable day service provision for the person they care for, being suspended, which meant they were unable to take a much-needed break from their role.
- Carers may have been unable to visit the person they care for if they were admitted to hospital, which added to their anxiety about whether they could provide the support they needed when they returned home.
- Carers may have been unable to access medical appointments due to their increased caring role, meaning their own health and wellbeing suffered.
- Carers may have been furloughed by their employer and receiving a reduced salary, meaning they have experienced additional financial challenges.
- Carers may have been unable to access some services which moved to online only support, meaning they felt more isolated and unable to cope. In a Carers Trust report published in July 2020, 56 per cent of young carers say their education has suffered, and 40 per cent of young carers (aged 12-17) and 59 per cent of young adult carers (aged 18-25) say their mental health has deteriorated. (Carers Trust, My Future, My feelings, My Family, July 2020)
- Age UK recently reported that 27 per cent of older people are unable to walk as far since the pandemic, with 25 per cent living with more physical pain. This is likely to be placing additional pressures on carers. (Age UK, One Year On, July 2021)

These findings illustrate the scale of the challenge now facing us. However, they emphasise the extraordinary strength, commitment, and resilience of carers to continue in their caring role.

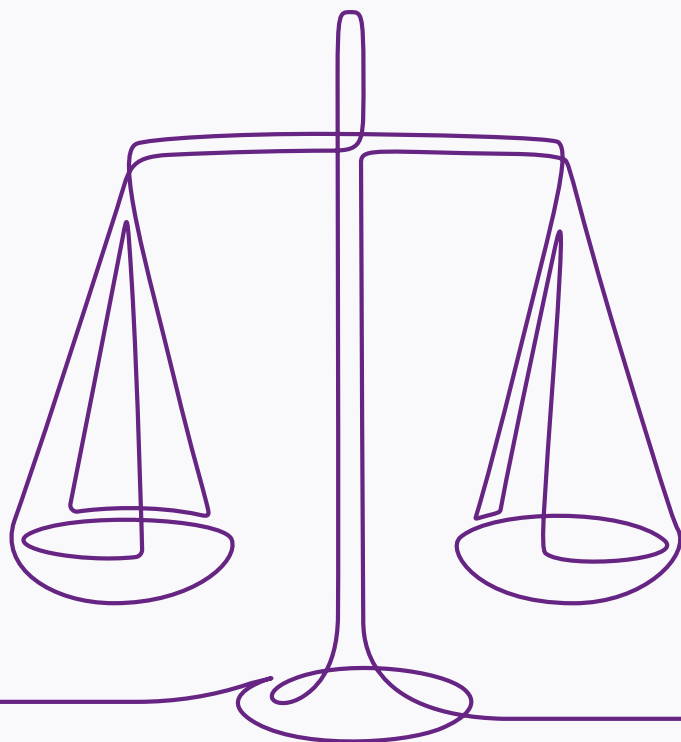
Legal responsibilities

The Isle of Wight Council and other statutory bodies have a legal duty to meet the needs for unpaid carers and the people that they care for, below is the list of those duties and commitments to unpaid carers.

- Care Act 2014 places a requirement on local authorities to promote the wellbeing of individuals when carrying out their social care functions. Carers have a right to an assessment to establish whether they have eligible needs, together with the provision of information and advice to help make the best choices about accessing support.
- Children and Families Act 2014 makes it easier for young carers to have an assessment of their needs and introduced 'whole family' approaches to assessment and support.

In addition, the NHS Commitment to Carers sets out eight priorities for the NHS:

- Raising the profile of carers
- Education, training and information
- Service development
- Person-centred, well-coordinated care
- Primary care
- Commissioning support
- Partnership links
- NHS England as an employer, the National Institute for Health and Care Excellence (NICE) has also produced a guideline on supporting adult carers which will underpin all our future work to improve support. We also have a duty to safeguard carers from any kind of abuse or neglect, in relation to their own needs or those of the person they care for. This includes making it straightforward to raise any kind of safeguarding concern, safe in the knowledge that we will be supportive and non-judgemental throughout.



Working together as an island

This strategy has been shaped by the voices and experiences of carers and those organisations which support them, to ensure that the priorities for the future are based upon what is most important to them as carers.

We did this in a number of ways:

- Holding focused discussions with carers in a range of locations to gather real life examples of their everyday challenges and what might help.
- Carried out an islandwide survey during 2021.
- Held regular meetings with our strategy partners, Healthwatch IW, Carers IW, AGE UK IW and People Matter IW.
- Held a workshop with carers to review the draft strategy and give their feedback.

Carers told us

- From our survey nearly a third of those who responded to the survey were neglecting themselves, this is a shocking finding and something which needs to be reduced within our island's community.
- Carers have told us that they are increasingly getting into crisis situations because of the lack of support available. We need to ensure that the right support is available at the right time at the right location.
- All carers who responded to our survey reported that they had their own disabilities. This means our carers have more barriers increasing the difficulty of their role as a carer.
- The majority of our island's carers who completed the survey said that they were frequently disturbed at night and did not have a regular sleep patten.

Carers told us that the support groups and advice offered by Carers IW was invaluable and vital for their care journey. They also told us that having regular telephone support and contact with Carers IW helped them sustain their unpaid caring role.

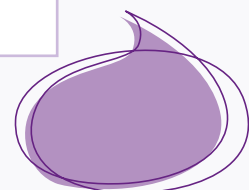
Carers told us that they also received invaluable support from other organisations within our community including People Matter Isle of Wight (PMIW), Healthwatch Isle of Wight and AGE UK Isle of Wight.



"We are experts by experience for the people we care for and being an unpaid carer is difficult."

"I'm not just an unpaid carer I'm a cook, cleaner, financial accountant, a husband, a father, a gardener, a taxi driver, a social worker and a nurse."

"We as unpaid carers do everything."



Strategic priorities

The themes identified throughout our conversations with carers and the people they care for have enabled us to clearly identify the three areas which need to be prioritised to support unpaid carers.

We are absolutely committed to delivering against these three priorities.

Priority One

People being recognised as a carer and recognition of the important role they play within our island's community, carers being able to shape the services they need.

Being recognised

The first priority which our conversations and survey showed us was that carers don't feel that they are always recognised and involved with many of the important decisions along their care journey. Carers told us that when services were needed to support them and their cared for they were often missed out. Carers also felt that they were unable to help shape the services and support which they needed.

What are the challenges?

We recognise that supporting unpaid carers with the services which they need, including respite is an area which needs to be improved.

- Carers told us that the availability of day respite care, to help them sustain their caring role is rarely available.
- Carers told us that overnight respite care is also rarely available to help them sustain their caring role.
- Carers told us that services often don't allow them to help shape the services which the cared for needs.
- Carers told us that they feel they are not recognised as an unpaid carer when in hospital or by health and social care professionals.

How are we going to overcome the challenges?

- Through better partnership working with statutory services making the role of the unpaid carers more visible.
- Promoting and raising awareness of the Emergency Carers Alert Card so that it can be used more widely within our island's community.
- Ensuring that statutory services consult with carers on what respite and support they need and ensuring that options are available.
- Commissioning a voice through a community carers support service for our island's unpaid carers.
- Ensuing information, advice and training is available through a suitable commissioned service for our Island's unpaid carers.
- Educating our Health and Social Services to identify and recognise our island's unpaid carers and the impact that decisions have on them both as individuals.
- Providing advice and information to those people giving unpaid care in strategic locations including but not limited to Severnacres, St Mary's and Carers Centre in Newport.

- Offering advice and information that is more geographically accessible within our island's community.
- Recognising unpaid carers as experts and that the Island has a joined up approach to the identification and recognition of the carer and their cared for.
- Encouraging carers to register with their GP as an unpaid carer, and recognition for their role.
- Carers are recognised by the health and social care system and supported so that they don't become in need of care and support themselves.



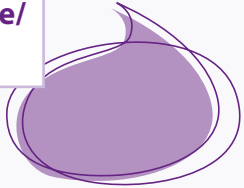
"Everyone's care and life journey is different making sure that we need statutory services understand this."

"I have not been spoken to or asked about caring at all."

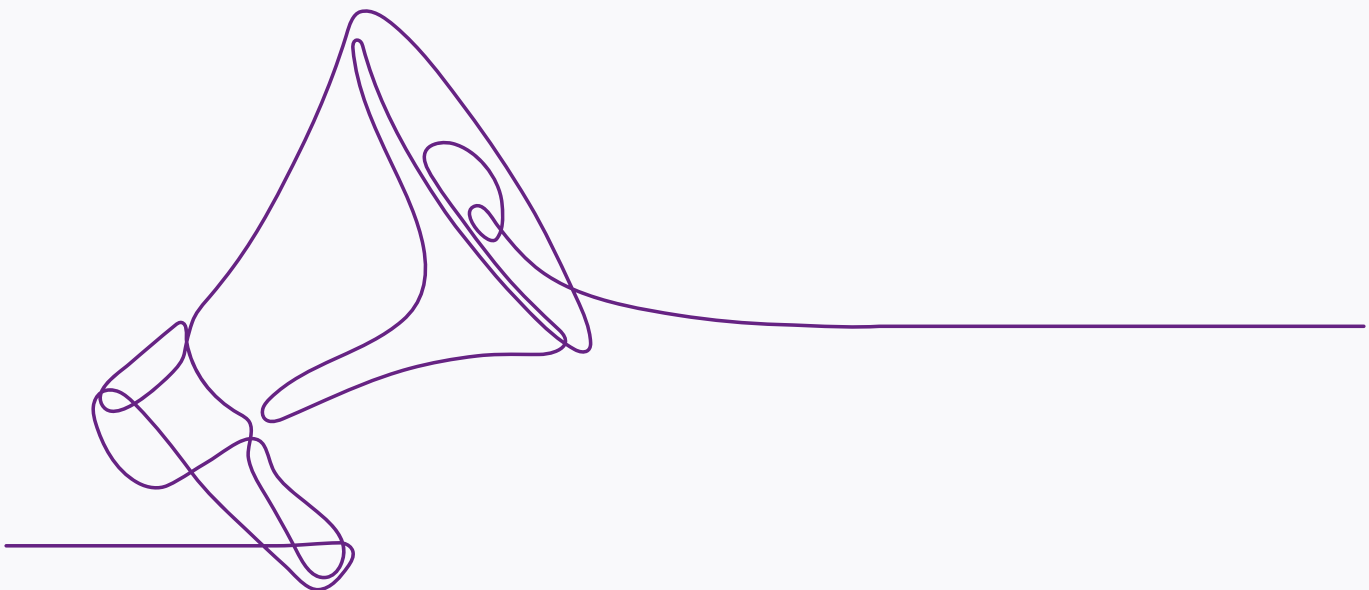
"I appreciate a two-to-three hour break twice a week, but really a full morning or afternoon is the minimum needed to do anything relaxing, when you are on call 24/7. Live in carers get two hours off every day as well as being paid, so why are unpaid carers discriminated against?"

"I rang the mental health crisis number and was told that my partner needed to contact his GP, they totally ignore carers, we are never listened to"

"Services more accessible and easier to contact, services linked. At present there is no cooperation with GPs/Consultants/Social Care/ Support Services. All operate independently argh!!"



"My opinions and observations are dismissed - they are The Professionals and they Know All About It."



Being able to communicate and have access to health and social care services, and those services being provided by other organisations when needed.

Being able to communicate

We recognise that being able to communicate, clearly and appropriately with each other is very important to ensuring that carers are supported through their care journey. Our island's unpaid carers told us that they are not always able to communicate clearly and appropriately, which causes a lot of problems for them and makes their role increasingly difficult.

What are the challenges?

- Carers told us that they feel departments/wards within statutory services don't talk with each other clearly enough, and when they do its often a confusing message.
- Carers told us that they feel the hospital and the council don't communicate with each other well enough and there is too much red tape.
- Carers told us that they feel ignored, and taken for granted by professionals, and that when they try to tell their story, that they are not listened to.
- Carers told us that they often feel isolated and unable to access support which is available within our island's community.
- Carers informed us that paperwork and financial assessments are not easy to understand and complicated to complete, and often it's difficult to understand the results from them.
- Carers stated that some professionals don't know what support is available for carers and that they should know what is available and proactively signpost them.
- Carers told us that they need better information in a clear and concise form to help them with advice and about what support is on offer.

How are we going to overcome the challenges?

- Through better information to our island's professional statutory services enabling them to understand and communicate better with our island's unpaid carers.
- Access to awareness training to our statutory service departments, wards, GP practices, and emergency services on the important role of our island's unpaid carers.
- When financial assessments are required, that they are carried out in a respectful and timely manner, and that a clear explanation of the results is given to the carer and the cared for when appropriate.
- Encouraging GP practices recognise and take account of where an unpaid carer is involved in supporting someone, and that they are kept informed, and supported in their role.
- Supporting unpaid carers through the Living Well and Early Help service which is now embedded within the Island's community.
- The Voluntary Community Social Enterprise (VCSE) community are aware of the support available to unpaid carers, which can help improve their wellbeing.
- Recognising that preventative help and advice will stop small problems becoming bigger ones.
- Realising that a phone call should be a last resort when a carer is falling into crisis or at crisis point and that a face-to-face response is offered when possible, to prevent or reduce the situation from deteriorating further.

- If carers are to undertake fundamental roles like dressing ulcers, that they are offered the necessary support and training from professional services, including the ongoing monitoring by a professional.
- If actions are promised by services, that they are carried out, as a phone call back on the same day could prevent a carer going into crisis.
- Look at options to increase the day care and respite options for carers.
- Increase the carer awareness training to organisations and statutory services across the Island.



“Communication is extremely difficult and frustrating with the hospital.”

“It’s distressing when you get an answerphone message saying someone will call you back and they never do.”

“I was not involved in my partner’s discharge from hospital at all; do I not count?”

“The GPs don’t seem to want to know or help with current medical situations with regards to Mum, it’s not easy to speak to them either.”

“I never knew that I could call Carers IW in a crisis situation.”

“Biggest issue I have is communication between cared for, GP and unpaid carer, I can’t get support from admiral nurses without going through her GP.”



Priority Three

Regular support to help the unpaid carers within our island's community, ensuring both the cared for and the carers health and wellbeing are improved.

Being Supported

Supporting carers is recognised as a significant part of ensuring our community not only survives but thrives, ensuring that people's wellbeing is not only protected but improved and promoted. We need to ensure that the right support is available, at the right time and in the right location for our island's unpaid carers where possible.

What are the challenges

- Carers told us that there is not enough respite is available for their cared for person and that this has a massive impact on the carer's health and wellbeing.
- Carers told us that they are not just carers they are nurses, cleaners, cooks, friends, bankers, bill payers, home repair specialists and gardeners and that they need better timely support if they are to stay in their role.
- Carers told us as carers they are financially worse off and with the cost of living increasing, they have no fall back position.
- Carers asked for more training to help them cope better and where specific medical conditions require specialist training that its available in a timely manner, in the right location at the right time.
- Carers told us that they often struggle to get a diagnosis from the mental health and dementia service, which can impact on them both financially and with what support is available.
- Carers and the people they care for do not have a named social worker which means that they often have to tell their story over and over again.

How are we going to overcome the challenges?

- By ensuring that unpaid carers are aware of the support available through commissioned services.
- Offering carers access to carers crisis support plans through Carers Isle of Wight.
- Increasing the access to respite offer and improving access to it.
- Offering more tailored respite support.
- Review and improve the local authority's processes to identify the gaps for respite and finding alternatives or funding to be able to create those opportunities.
- Access to immediate support for those carers who are experiencing domestic violence and abuse.
- Increasing knowledge to ensure that a consistent message is given to all unpaid carers and professionals across the Island.
- Offering carers opportunities for their voices to be heard both locally and nationally.
- Encouraging the use of networking events to allow organisations to grow their knowledge and support on what is available, and to encourage collaborative working to improve carers lives.



"I would just like a A4 sheet of paper when we get a diagnosis of who can help us."

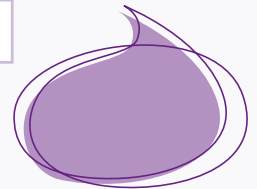
"I am 63 and I don't know what financial support is available."

"My mum was referred to the Mental Health Service over a year ago and still no one has been in touch."

"I never knew I could phone Carers IW in a crisis situation."

"What are the options for us for respite, my mum always says that my daughter will do that but I cannot cope."

"My son needs mentoring support which is not available."

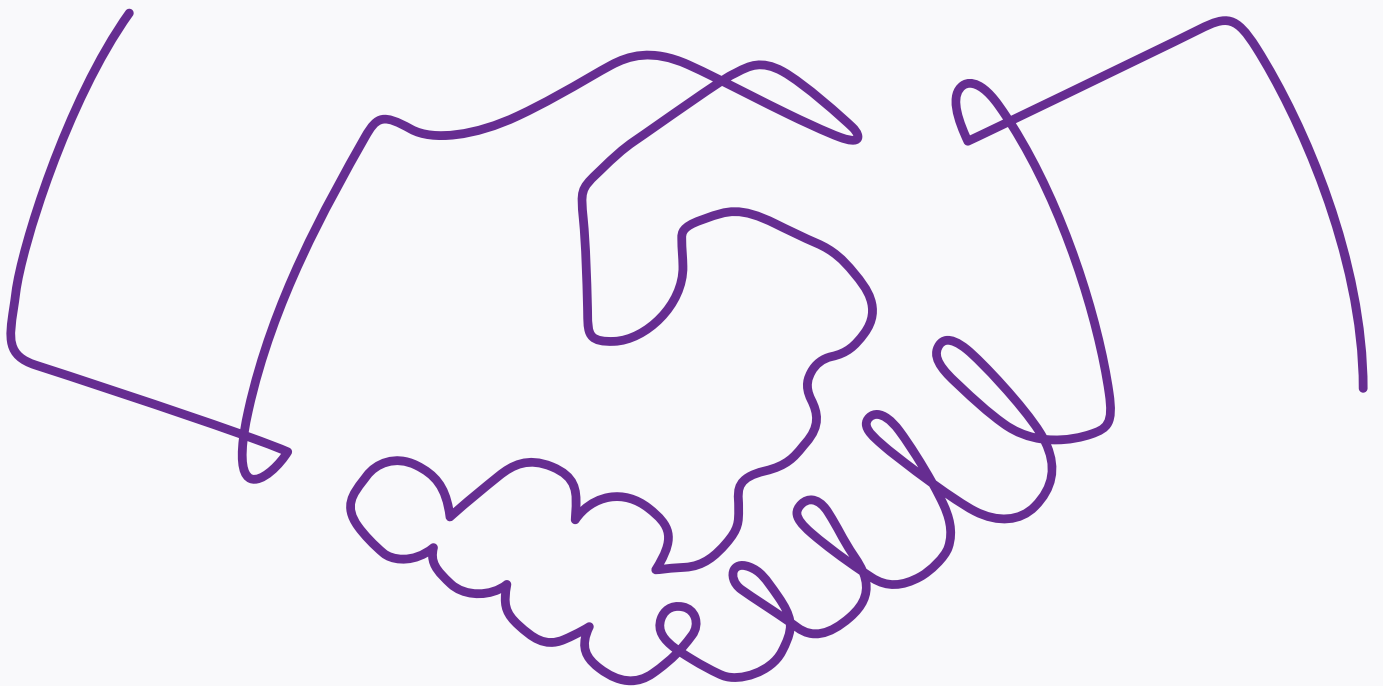


Putting the strategy into action

Developing the strategy has highlighted that a lot of activity is already taking place. In addition to this, to meet the outcomes of this strategy, we will develop an action plan to identify what we need, who will do it and by when. This will cover the commitments identified under the three priorities of the strategy.

The action plan will be led by Isle of Wight Council and Hampshire and the Isle of Wight Integrated Care Board and will be delivered in partnership with the local organisations who supported the development of the strategy and other relevant partners.

We will publish regular updates against progress, as well as all the reports produced to inform the strategy and consultation reports making these available via websites. This will provide evidence to support decision making by commissioners and service providers about carer support services.





Governance and monitoring

The Carers Strategy Steering Group will continue to oversee the implementation of the strategy. The group will meet regularly so they have the opportunity to address any issues highlighted and monitor progress. The steering group will provide twice yearly updates the to the Health and Wellbeing Board and Integrated Care Partnership.

The success of the delivery of the carers strategy will be measured by a set of indicators that will be used to create a dashboard to monitor effectiveness of the strategy. We know that to really meet the needs of the individual, it is important to listen to them and act. We will continue to re-visit our vision to ensure the voice of lived experience not only remains central to the strategy but helps to measure the impact of it.

Strategic Commissioning Team

Isle of Wight Council
County Hall
High Street
Newport
Isle of Wight
PO30 1UD

www.iwight.com
asc@iow.gov.uk



5068ASC 02/23 CJ

Equality Impact Assessment

Before carrying out an Equalities Impact Assessment (EIA), you should familiarise yourself with the [guidance](#). This document should be in **plain English**, include **Stakeholder** involvement and be able to stand up to **scrutiny** (local and/or court) if/when challenged to ensure we have met the councils public sector equality duty.

An Equality Impact Assessment (EIA) should be completed when you are considering:

- developing, reviewing or removing policies
- developing, reviewing or removing strategies
- developing, reviewing or removing services
- developing, reviewing or removing a council function/system
- commencing any project/programme

Assessor(s) Name and job title:

Alaster Sims

Directorate and Team/School Name:

Strategic Commissioning and Partnerships Team, Adult Social Care

Name, aim, objective and expected outcome of the programme/ activity:

Name: Isle of Wight Carers Strategy 2023 – 2028

Aim: Supporting our islands unpaid carers is key to ensuring that they and the people they care for, who are often very vulnerable people within our community, live well and live the best lives that they can. Our islands unpaid carers need to be supported to continue their selfless and relentless roles that they have. This in turn reduces the dependency of those needing support from statutory or formal care services, and it allows them as carers to not just simply survive but live the life they want to. The work that our islands unpaid carers do often behind closed doors and away from public eyes needs to be recognized and a new unpaid carers strategy was needed as the previous strategies were out of date.

“Working Together With Carers Strategy” 2013 to 2016

“Working Together With Carers Strategy 2017 to 2019” (Refresh)

Unfortunately the new unpaid carers strategy was delayed by the global Covid 19 pandemic. The new unpaid carers strategy has been co-produced though detailed and extensive consultation during 2021 – 2022 with our islands unpaid carers and our strategy steering group, which included representation from statutory services, and the Voluntary, Community and Social Enterprise (VCSE) sector.

Objective: The new unpaid carers strategy is now ready to be formally adopted and agreed by our island’s statutory partners. The new strategy focuses on the direction and areas which need to change to better support our islands unpaid carers and make a real difference to those people supporting our islands most vulnerable residents

Expected outcome: The specific outcomes are referenced in the strategy but centre around the three key priorities of our islands unpaid carers;

1. Being recognised
2. Being able to communicate
3. Being supported

Reason for Equality Impact Assessment (tick as appropriate)

This is a new policy/strategy/service/system function proposal	No existing provision of
This is a proposal for a change to a policy/strategy/service/system function proposal function <i>(check whether the original decision was equality impact assessed)</i>	No
Removal of a policy/strategy/service/system function proposal	No
Commencing any project/programme	N/A

Equality and Diversity considerations

Describe the ways in which the groups below may be impacted by your activity (**prior to mitigation**). The impact may be negative, positive or no impact.

Protected characteristic	Negative, positive or no impact (before mitigation/intervention) and why?	Does the proposal have the potential to cause unlawful discrimination (is it possible that the proposal may exclude/restrict this group from obtaining services or limit their participation in any aspect of public life?)	How will you advance the equality of opportunity and to foster good relations between people who share a protected characteristic and people who do not.	What concerns have been raised to date during consultation (or early discussions) and what action taken to date?	What evidence, analysis or data has been used to substantiate your answer?	Are there any gaps in evidence to properly assess the impact? How will this be addressed?	How will you make communication accessible for this group?	What adjustments have been put in place to reduce/advance the inequality? <i>(Where it cannot be diminished, can this be legally justified?)</i>
Age (restrictions/difficulties both younger/older)	Positive	No	The strategy proposes system wide change to better support and improve the service available to our islands	No concerns have been raised	Island wide consultation has been carried out with no restrictions to engage	No gaps evidenced	The strategy is a publicly available document and will be reviewed by the Strategy stakeholder working group which includes voluntary organisations and	All adjustments were made during consultation and engagement to ensure all island unpaid carers and all individuals who wanted to be engaged and to be part of the

			unpaid carers regardless of age.				statutory organisations who represent all areas of protected characteristics	strategy development, thusly the formulation of the carers strategy.
Disability a) Physical b) Mental heath (must respond to both a & b)	Positive	No	The strategy proposes system wide change to better support and improve the service available to our islands unpaid carers regardless of disability.	No concerns have been raised	Island wide consultation has been carried out with no restrictions to engage	No gaps evidenced	The strategy is a publicly available document and will be reviewed by the Strategy stakeholder working group which includes voluntary organisations and statutory organisations who represent all areas of protected characteristics	All adjustments were made during consultation and engagement to ensure all island unpaid carers and all individuals who wanted to be engaged and to be part of the strategy development, thusly the formulation of the carers strategy.
Race (including ethnicity and nationality)	No impact	No	The strategy proposes system wide change to better support and improve the service available to our islands unpaid carers regardless of race.	No concerns have been raised	Island wide consultation has been carried out with no restrictions to engage	No gaps evidenced	The strategy is a publicly available document and will be reviewed by the Strategy stakeholder working group which includes voluntary organisations and statutory organisations who represent all areas of protected characteristics	All adjustments were made during consultation and engagement to ensure all island unpaid carers and all individuals who wanted to be engaged and to be part of the strategy development, thusly the formulation of the carers strategy.
Religion or belief (different faith groups/those without a faith)	No impact	No	The strategy proposes system wide change to better support and improve the service available to our islands unpaid carers regardless of religious or faith belief.	No concerns have been raised	Island wide consultation has been carried out with no restrictions to engage	No gaps evidenced	The strategy is a publicly available document and will be reviewed by the Strategy stakeholder working group which includes voluntary organisations and statutory organisations who represent all areas of protected characteristics	All adjustments were made during consultation and engagement to ensure all island unpaid carers and all individuals who wanted to be engaged and to be part of the strategy development, thusly the formulation of the carers strategy.
Sex (Including Trans and non-binary – is	No impact	No	The strategy proposes system wide change to better	No concerns have been raised	Island wide consultation has been carried out	No gaps evidenced	The strategy is a publicly available document and will be reviewed by the	All adjustments were made during consultation and engagement to ensure

your language inclusive of trans and non-binary people?)			support and improve the service available to our islands unpaid carers regardless of Sex.		with no restrictions to engage		Strategy stakeholder working group which includes voluntary organisations and statutory organisations who represent all areas of protected characteristics	all island unpaid carers and all individuals who wanted to be engaged and to be part of the strategy development, thusly the formulation of the carers strategy.
Sexual orientation (is your language inclusive of LGB groups?)	No impact	No	The strategy proposes system wide change to better support and improve the service available to our islands unpaid carers regardless of Sexual orientation	No concerns have been raised	Island wide consultation has been carried out with no restrictions to engage	No gaps evidenced	The strategy is a publicly available document and will be reviewed by the Strategy stakeholder working group which includes voluntary organisations and statutory organisations who represent all areas of protected characteristics	All adjustments were made during consultation and engagement to ensure all island unpaid carers and all individuals who wanted to be engaged and to be part of the strategy development, thusly the formulation of the carers strategy.
Pregnancy and maternity	No impact	No	The strategy proposes system wide change to better support and improve the service available to our islands unpaid carers regardless of Pregnancy and maternity status.	No concerns have been raised	Island wide consultation has been carried out with no restrictions to engage	No gaps evidenced	The strategy is a publicly available document and will be reviewed by the Strategy stakeholder working group which includes voluntary organisations and statutory organisations who represent all areas of protected characteristics	All adjustments were made during consultation and engagement to ensure all island unpaid carers and all individuals who wanted to be engaged and to be part of the strategy development, thusly the formulation of the carers strategy.
Marriage and Civil Partnership	No Impact	No	The strategy proposes system wide change to better support and improve the service available to our islands unpaid carers regardless of Pregnancy and maternity status.	No concerns have been raised	Island wide consultation has been carried out with no restrictions to engage	No gaps evidenced	The strategy is a publicly available document and will be reviewed by the Strategy stakeholder working group which includes voluntary organisations and statutory organisations who represent all areas of protected characteristics	All adjustments were made during consultation and engagement to ensure all island unpaid carers and all individuals who wanted to be engaged and to be part of the strategy development, thusly the formulation of the carers strategy.

Gender reassignment	No Impact	No	The strategy proposes system wide change to better support and improve the service available to our islands unpaid carers regardless of gender reassignment.	No concerns have been raised	Island wide consultation has been carried out with no restrictions to engage	No gaps evidenced	The strategy is a publicly available document and will be reviewed by the Strategy stakeholder working group which includes voluntary organisations and statutory organisations who represent all areas of protected characteristics	All adjustments were made during consultation and engagement to ensure all island unpaid carers and all individuals who wanted to be engaged and to be part of the strategy development, thusly the formulation of the carers strategy.
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In order to identify the needs of the groups, you will need to review data, statistics, user feedback, population data, complaints data, staffing data (SAPHRreports@iow.gov.uk), community/client data, feedback from focus groups etc. When assessing the impact, the assessment should come from an evidence base and not through opinion or self-knowledge.

H. Review

How are you engaging people with a wide range of protected characteristics in the development, review and/or monitoring of the programme/ activity?

The strategy and its work plan have been developed by engaging with people from a wide range of protected characteristics, the strategy will be monitored regularly by the carers strategy working group which also has representation from people with a wide range of protected characteristics.

Date of next review: ongoing though the work plan (TBC) next date of review for strategy January 2028.

H. Sign-off

Head of Service/Director sign off & date:

Name: Peter Smith
Date: 09/02/2023

Legal sign off & date:

Name: Judy Mason
Date: 07/02/2023

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Agenda Item Introduction

Committee	POLICY AND SCRUTINY COMMITTEE FOR HEALTH AND SOCIAL CARE
Date	6 MARCH 2023
Topic	ISLE OF WIGHT STRATEGIC PARTNERSHIPS UPDATE

BACKGROUND

In 2019, Portsmouth Hospitals and the Isle of Wight Trust formed a strategic partnership. The partnership enables the two Trusts to work together to tackle the challenges faced by hospital services on the island and to improve acute care for the combined population of 800,000 people who live in Portsmouth, South East Hampshire and the Isle of Wight.

The committee to receive an update covering both Trust (Southern, Solent, Portsmouth Hospital Trusts) and Mental Health Partnerships.

FOCUS FOR SCRUTINY

The committee to focus on any specific key updates and/or decisions that may require being added to the committees workplan for further consideration.

APPROACH

Presentation and report to be submitted.

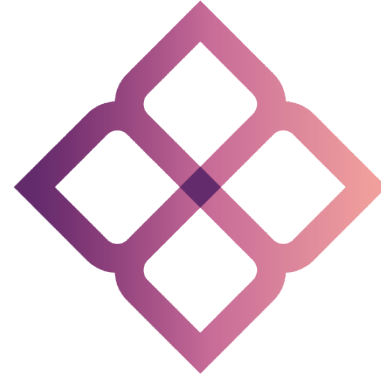
APPENDICES ATTACHED

Appendix 1: Update on Project Fusion

Appendix 2: Update on the Acute Services Partnership

Contact Point: Melanie White, Scrutiny Officer, ☎ 821000 ext 8876
e-mail melanie.white@iow.gov.uk

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PROJECT
FUSION

Bringing together community,
mental health and learning
disability services

**Strategic Case for the creation of a new Trust for
all community and mental health services across
Hampshire and the Isle of Wight Integrated Care
System**

Strategic case

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Strategic Rationale

Strategic Context

- The NHS Long Term Plan
- National policy with focus on integration and collaboration across health and social care at a system and place.
- HIOW ICS strategy has 5 priorities: CYP, mental wellbeing, good health and proactive care, people/workforce and digital and data.
- Creation of the new Trust is one of 3 key strategic programmes within the ICS.

Independent Review Recommendations

- A new Trust should be established to oversee delivery of all community and mental health services across HIOW;
- A review of community physical health beds should be undertaken;
- A system-wide clinical strategy for community and mental health services should be developed.
- A strategy for Place and Place-based leadership should be developed.
- Funding arrangements for community and mental health services should be approached from a more strategic level.

Case for Change

- Variation in practice and fragmented pathways adversely impact health outcomes;
- Significant increases in demand are putting complex models under greater pressure and people are not getting the care they need at the right time and in the right setting;
- Recruitment and retention challenges are resulting in workforce gaps
- Financial challenges are expected to continue to increase and IOW services are not financially (or clinically) sustainable.

Options Assessment

The option appraisal undertaken as part of the independent review of community and mental health services has been refreshed. A long list of options were generated, and three options met the essential criteria set for more detailed appraisal: lead provider model, group model and single Trust for community and mental health services. The options appraisal process concluded that:

- Whilst a **lead provider model** could enable redesign of pathways and standardisation of care, it provides limited potential to address the case for change and would not resolve the sustainability of Isle of Wight community and mental health services.
- Creating a **group** could enable improved strategic alignment across community and mental health services but maintains separate organisations, involves complex governance and does not enable delivery of consistent care models and the required transformation. There is complexity in incorporating services provided by IOW Trust and SPFT and it does not resolve the sustainability of IOW community and mental health services.
- Bringing services together into a **single Trust** offers the greatest opportunity to respond to the case for change. This option allows for the coordination of resources to manage capacity according to need, respond to system pressures and enable smaller services to operate at the appropriate scale. This also provides the critical mass needed to support the sustainability of Isle of Wight Community and Mental Health services. **This is the preferred option.**

Clinical Strategy

Clinical Charter:

- Safe and effective mental health, learning disabilities and community services
- Work in, and with our communities to improve the way we deliver care
- Coproduction
- Outcome focussed
- Adopt a life course approach with emphasis on prevention
- Collaboration between providers
- Integration with partners, including primary care, local authority, and voluntary services
- Embrace innovation, research, and new models of care
- Clinical and professional leadership at the core of our success

Mental Health and LDA Priority workstreams:

- CAMHS
- OPMH
- Acute and crisis care
- Community mental health services
- Neurodiversity services.

Community priority workstreams:

- Frailty
- Community beds and rehabilitation
- Long term conditions
- Urgent Community Response
- Primary Care

Benefits

For patients:

- Improving patient experience by creating services that are less fragmented, across both clinical pathways and geographic areas;
- Improving patient safety and outcomes;
- An enhanced patient voice through our membership and the Council of Governors and our approach to community engagement which will enable the new Trust to respond more effectively to the needs of the populations that we serve; and
- Research opportunities.

For staff:

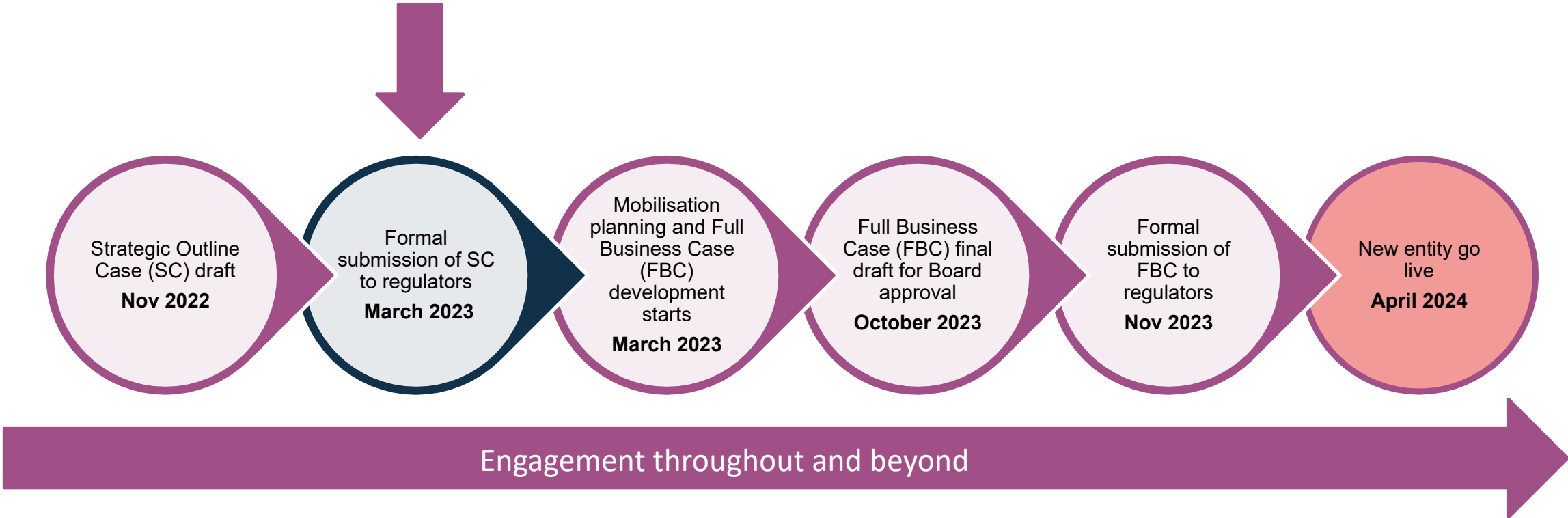
- Reducing vacancies by developing a single approach to tackle recruitment and retention challenges;
- Improved career progression and development opportunities;
- Improved job satisfaction;
- An inclusive, open culture that promotes learning and continuous improvement;
- Improved service resilience and reduced professional isolation; and
- Attracting and retaining strong leadership.

For the wider system:

- Support our partners to provide more joined-up care across the health and social care system; and
- Being a strong and consistent voice for community and mental health services across the ICS.

Project Fusion timeline

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Strengthening the partnership between Isle of Wight NHS Trust and Portsmouth Hospitals University NHS Trust

Context

1. Across Hampshire and Isle of Wight our goals are to keep people as healthy and independent as possible and to provide swift access to high quality care for those who need it. As such the acute partnership is one of the Integrated Care System's key strategic programmes to help us meet these goals.
2. A stronger partnership between neighbouring NHS trusts will help tackle the long-standing challenges of delivering healthcare for the Isle of Wight and ensure the provision of high quality, safe, and sustainable services to all the populations they serve.
3. Isle of Wight NHS Trust and Portsmouth Hospitals University NHS Trust will take the logical next step in their Acute Services Partnership and are committed to continued engagement with partners and the public to shape the way forward.
4. All partners are ambitious for the Isle of Wight and want to ensure that Islanders, as well as those visiting the Island, receive the best possible care and health outcomes. Operating many fragile services, as the Trust currently does, puts this ambition at risk.
5. Together, partners across the Hampshire and Isle of Wight Integrated Care System, have been exploring how we ensure the provision of high quality, safe, and sustainable services to all the populations we serve across Portsmouth, South East Hampshire and the Isle of Wight.

Acute Partnership

6. Isle of Wight NHS Trust and Portsmouth Hospitals University NHS Trust, with the backdrop of a long history of working together, entered into an Acute Services Partnership in 2020 to address the clinical and financial sustainability of small and fragile hospital services on the Isle of Wight.
7. Since its creation, the Partnership has delivered improvements in services on the Island including Stroke, Cardiology, and Urology. Bringing the two organisations closer together will mean they can better respond to the challenges facing the NHS and the changing needs of the people they serve.
8. Both Boards recognise that working together provides the best opportunity to achieve this. The logical next step is to confirm a single Chief Executive with a mandate to create a single Executive Team and single clinical leadership approach across the two Trusts.
9. Creating a single leadership team and establishing shared clinical leadership will allow our trusts to better plan and deliver services for a combined population of 800,000 people across Portsmouth, southeast Hampshire and on the Isle of Wight
10. By working in partnership, both organisations will be able to create job roles which are more attractive, with more chance to take part in training and research, more

opportunities for progression, and a wider range of clinical experience available across the two hospitals. Flexibility in working patterns will also be an important part of the offering as a partnership.

11. We know that in some areas Isle of Wight NHS Trust and Portsmouth Hospitals University NHS Trust face similar challenges in recruitment, where there are recognised shortages of staff nationally. However, closer partnership working means they will work together to recruit colleagues into single services, rather than compete with each other. It means neither organisation is facing those challenges alone.
12. The challenges facing the Isle of Wight NHS Trust are in many ways unique. Due to its island location, it needs to provide a wide range of services to a comparatively small population. Its geographical isolation makes its services expensive to run and difficult to recruit to. As a result, they are neither financially, operationally nor clinically sustainable. Many of the clinical services it provides are so fragile they rely on a single member of staff.
13. In recent years, it has achieved a huge amount for the people who use its services and the colleagues who provide them. Many of these improvements have been made by the Isle of Wight NHS Trust working in close partnership with mainland organisations, who have helped build resilience in its teams, and share professional expertise, resources and support. However, the Trust is increasingly dependent on these partnerships to sustain and improve services and, in some cases, the support it requires exceeds what would normally be expected through collaboration.

Next steps

14. The work of the acute partnership is running in parallel to:
 - exploring how the Isle of Wight Ambulance Service can strengthen the partnerships they have with South Central Ambulance NHS Foundation Trust,
 - the implementation of the recommendations set out in the Hampshire and Isle of Wight Community and Mental Health Review, and
 - the development of the Isle of Wight Health and Care Partnership.We will keep the committee updated on how these projects progress.
15. We will continue to engage with local people on how this partnership develops further. All partners are ambitious our populations to receive the best possible care and health outcomes and any proposals to the way care is provided will be underpinned by clinical expertise, with the needs of our patients at the heart of what we do.



Agenda Item Introduction

Committee	POLICY AND SCRUTINY COMMITTEE FOR HEALTH AND SOCIAL CARE
Date	6 MARCH 2023
Topic	PROPOSALS TO VARY, DEVELOP OR CONSULT UPON SERVICE CHANGES

BACKGROUND

The scrutiny committee is to be advised and updated on any proposals relating to health and social care services affecting Island residents.

At the committee meeting information and updates will be provided on the following:

- a) Update on the Elective Surgery Hub
- b) Dementia Beds

FOCUS FOR SCRUTINY

The committee to focus on any specific key updates and/or decisions that may require being added to the committees workplan for further consideration.

APPROACH

Verbal updates to be provided on each of the above items.

APPENDICES ATTACHED

None.

Contact Point: Melanie White, Scrutiny Officer, ☎ 821000 ext 8876
e-mail melanie.white@iow.gov.uk

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Agenda Item Introduction

Committee	POLICY AND SCRUTINY COMMITTEE FOR HEALTH AND SOCIAL CARE
Date	6 MARCH 2023
Topic	CQC INSPECTION REPORTS

BACKGROUND

The committee will consider any CQC reports in relation to the operation of any health trust, Primary Care or council adult social care facility. The committee will:

- Review the Isle of Wight NHS Trust Maternity Services CQC report where the service was awarded an overall Good rating following inspection in November 2022.
- Acknowledge the TrustedCare research following the Isle of Wight being ranked first place in the UK in an independent national review of care homes and home care. The TrustedCare report ranks counties in order of the proportion of care homes and nursing homes within the county with a Care Quality Commission (CQC) rating of Good or Outstanding. On the Island, the percentage of registered homes rated Good or Outstanding rose from 70 per cent in 2017 to 97 per cent in 2022.

FOCUS FOR SCRUTINY

The committee to review the outcomes of CQC inspection reports which can highlight areas of good practice or where improvements are required to enable the committee to determine what support can be provided by it or its partners.

APPROACH

Any relevant CQC Reports to be submitted.

APPENDICES ATTACHED

Agenda item 11a – CQC Inspection of Maternity Services Outcome Report
Appendix 1: CQC Inspection Report Maternity Services

Contact Point: Melanie White, Scrutiny Officer, ☎ 821000 ext 8876
e-mail melanie.white@iow.gov.uk

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Meeting	Policy and Scrutiny Committee for Health and Social Care		
Agenda Item No	11	Meeting Date	6 March 2023
Report Title	Outcome of CQC inspection of Maternity Services		
Sponsoring Executive Director	Lois Howell, Director of Governance & Risk		
Author(s)	Lois Howell, Director of Governance & Risk		

Purpose of the Report		Link to CQC Domains	
Trust Board Approval		Effective	X
Committee Agreement		Caring	X
Assurance		Safe	X
Information Only	X	Responsive	X
		Well-led	X

Executive Summary:

The Care Quality Commission (CQC) inspected the Isle of Wight NHS Trust's Maternity Services on 31 October and 01 November of 2022. The on-site inspection was supplemented by a series of interviews and data requests, and considered only the 'safe' and 'well-led' domains.

The final inspection report was published on 14 December; a copy is attached as Appendix 1. The report confirms that the service has been rated as 'Good' in both domains, an improvement on the previous 'requires improvement' rating in both those areas. The service's overall rating is now:

Safe	Effective	Caring	Responsive	Well-Led	Overall
Good	Good	Good	Good	Good	Good

Two actions the Trust should take to improve services were identified in the report:

- 'The trust should ensure they are monitoring, analysing and evaluating triage times and use these findings to improve the service for women.'
- 'The trust should ensure medicines administration is recorded clearly.'

Action to address these matters has been implemented:

- a new triage audit system was introduced (in line with an existing plan) during the inspection
- the medication chart has been revised.

The effectiveness of these actions will be monitored by the Trust's Maternity & Neonatal Safety sub-committee and reported to the Quality & Performance Committee of the Trust's Board of Directors.

Outstanding practices were also identified:

'The trust ensured the safety of women with the support of staff to achieve their roles in an environment conducive to learning and development.'

The Committee is **recommended** to note the CQC's report and the improved rating of the Trust's Maternity Services as a reflection of the diligence and commitment of all members of the service.

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Isle of Wight NHS Trust

St Mary's Hospital

Inspection report

Parkhurst Road
Newport
PO30 5TG
Tel: 01983524081
www.iow.nhs.uk

Date of inspection visit: 31 October & 01 November
2022
Date of publication: 14/12/2022

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services well-led?

Good 

Our findings

Overall summary of services at St Mary's Hospital

Good ● → ←

The Isle of Wight NHS Trust is an integrated trust that includes acute, ambulance, community and mental health services. Services are provided to a population of approximately 140,000 people living on the island. The population increases to over 230,000 during the summer holiday and festival seasons. St Mary's Hospital in Newport is the trust's main base for delivering acute services for the Island's population. The maternity unit at the hospital comprises of a delivery suite, birthing pools, midwifery unit, a dedicated operating theatre, recovery area, antenatal and postnatal wards and a triage area. This is alongside the maternity clinics provided in an outpatients setting. From January to December 2021, there were 944 recorded births at the hospital.

We inspected the maternity service at St Mary's Hospital, Isle of Wight NHS Trust as part of our national maternity inspection programme. The programme aims to give an up-to-date view of hospital maternity care across the country and help us understand what is working well to support learning and improvement at a local and national level.

During this inspection we spoke with 21 members of staff, both during the inspection and post-inspection. We spoke with the local Maternity Voice Partnership (MVP) lead, reviewed 7 maternity care records, spoke with and received feedback from 12 current and former women and partners and visited all areas of the maternity unit.

We will publish a report of our overall findings when we have completed the national inspection programme.

We carried out a short notice announced focused inspection of the maternity service, looking only at the safe and well-led key questions.

How we carried out the inspection

You can find further information about how we carry out our inspections on our website: <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection>.

Maternity

Good  

Our rating of this service improved. We rated it as good because:

- The service had enough staff to care for women and keep them safe. Staff had training in key skills, and worked well together for the benefit of women, understood how to protect women from abuse, and managed safety well.
- The service controlled infection risk well. Staff assessed risks to women, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Managers monitored the effectiveness of the service and made sure staff were competent. Staff felt respected, supported and valued. They were focused on the needs of women receiving care. Staff were clear about their roles and accountabilities.
- The service engaged well with women and the community to plan and manage services People could access the service when they needed it and did not have to wait too long for treatment. and all staff were committed to improving services continually.

However:

- Staff were not monitoring triage times. Staff were unaware of any audit of triage waiting times and reviews.
- The service used systems and processes to safely prescribe, administer, record and store medicines. However, the recording of medicine administration was not always clear.

Is the service safe?

Good  

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Staff received and kept up to date with their mandatory training. At the time of inspection, the overall mandatory training completion rate was 90% on a rolling 12-month cycle. This was against a trust target of 90%. During the inspection, senior staff told us a new training subject relating to domestic violence had just been added in recent days to the overall mandatory training suite of subjects. We were told that all staff would be completing this new training as soon as practically possible.

The mandatory training was comprehensive and met the needs of women and staff.

Core skills training was delivered online and included but was no limited to, conflict resolution, fire safety, infection and prevention control, information governance and preventing radicalisation.

Staff completed Practical Obstetric Multi Professional Training (PROMPT), which was a standardised course covering practical training scenarios such as management of obstetric emergencies. The service had an overall completion rate of

Maternity

98%. Theatre staff achieved 96%, 94% compliance for anaesthetists, 100% for obstetricians, 100% for maternity staff and 100% compliance rate for members of the management team. This was against a trust compliance rate of 90%. Staff spoke highly of the delivery of PROMPT training and told inspectors they enjoyed the teaching sessions which provided opportunity for questions and learning from peers.

Newborn Basic Life Support (NBL) training for midwifery staff was 91% overall compliance at time of inspection, this was against a trust target of 90%. NBL was covered in PROMPT for medical staff where overall compliance was 96%.

Clinical staff received training to interpret and categorise cardiotocograph (CTG) results. Training was delivered annually and included an assessment. Evidence provided by the hospital showed, at the time of inspection, midwifery staff were 98% compliant with the training and 90% compliant for medical staff. The overall compliance rate was 97%. This was against a trust target of 90% compliance.

Practice development midwives (PDMs) would inform managers when mandatory training was due. Managers then promoted staff to complete training. Staff told us; managers were supportive if protected time to complete training was needed.

All staff were trained in dealing with families experiencing a loss, and there were midwives with specific interest in this area, whom could be called upon for guidance and support.

Safeguarding

Staff understood how to protect women from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

All staff received safeguarding children level 3 training. Overall completion of this training was 99%. Staff could give examples of how to protect women from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them.

Safeguarding training included a set of learning outcomes to ensure staff were well informed and equipped with the knowledge and understanding of any potential safeguarding concerns. Learning outcomes included how to escalate concerns, identification of domestic abuse, parenting diaries and substance misuse, amongst others.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. The safeguarding lead for the service was visible and staff reported this person being approachable if they had any concerns or queries. The safeguarding lead told us they helped support staff to have difficult conversations with women and partners and supported staff to fill out safeguarding referrals and meeting reports such as case conference. The lead emphasised the responsibility of safeguarding fell to individual staff but they were there in a supportive capacity.

The safeguarding lead told us they had good working relationships with social services, the police, local communities and drug and alcohol support services.

Maternity

Staff followed the baby abduction policy and undertook baby abduction drills. The latest baby abduction skills drill was carried out in October 2022. Staff which could not attend were invited along to another session to ensure everyone had undertaken a practice drill. Staff told us the latest drill had gone well and been successful. One of the only learning points identified was ensuring there wasn't an overcrowding of staff in the room when an emergency happens. Staff spoke positively of the drill exercises and found all learning was essential to their role.

The service had not recorded any security breaches.

Cleanliness, infection control and hygiene

The service controlled infection risk well. Staff used equipment and control measures to protect women, themselves, and others from infection. They kept equipment and the premises visibly clean.

Ward areas were clean and had suitable furnishings which were clean and well-maintained. There was evidence staff completed cleaning and room preparation checks in accordance with trust policy. There were cleaning schedules for each room including toilets and bathrooms across the maternity unit. Staff on the midwifery unit were clear which rooms were clean and ready for use.

The service carried out cleaning standards audits in each area of the maternity unit. An October 2022 audit showed the labour suite was 96% compliant with cleaning standards set by the trust. The result showed 95% compliance for the obstetric and outpatients department and the main maternity ward scored 97% compliance.

Trust data showed the maternity unit scored 100% compliance in the October 2022 hand hygiene audit. The September 2022 audit also showed 100% compliance. This audit was set against standards such as, before and after patient touching, after blood/body fluid exposure, and physical contact with patients.

Staff cleaned equipment after contact with women and labelled equipment to show when it was last cleaned. The unit used green 'I am clean' stickers to indicate what equipment had been cleaned and when.

Women who were booked for elective caesarean section (c-section) were screened for MRSA (methicillin-resistant Staphylococcus aureus) during their pre-operative assessment appointment. This was evident in the records reviewed.

Staff followed infection control principles including the use of personal protective equipment (PPE). We observed staff using correct PPE when treating women and babies.

Hand sanitising gel dispensers were readily available at all entrances, exits and clinical areas in the maternity areas and hospital entrance for staff, patients, and visitors to use. We observed multidisciplinary staff applying hand sanitising gel when they entered clinical areas and washing their hands between patient contact.

Staff carried out the decontamination of surgical instruments in theatres accordance with national guidance.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

Maternity

The midwifery unit was open 24 hours a day. It included a day assessment unit and an emergency assessment service known as triage. Women attended with planned and unplanned appointments. They also attended for assessments to determine if they were in established labour. There was a small, dedicated waiting area for women and their partners and women also waited outside the clinical area but in view of the receptionist. Staff told us they did not have many women waiting for an assessment at one time and did not feel as if there was unmanaged crowding in the corridor. During our inspection, we observed only one woman waiting in the dedicated waiting area to be assessed in the triage room.

The unit had its own operating theatre for planned and emergency caesarean sections and other obstetric surgical procedures. We were told there were occasions when theatres were in use when a woman needed an emergency caesarean section. However, staff told us they could utilise the main theatre area if required, however, this was rare and staff felt the theatre area in the midwifery unit was sufficient to meet patient's needs. Staff told us they had used the main theatres for a caesarean section once in the past year. The trust did not provide any evidence on how many times the main theatres had been utilised. The service had use of an anaesthetic room and recovery area. We were not aware of any drills staff undertook regarding the emergency transfer of women to an operating theatre outside of the main maternity unit.

The unit had a specific suite for women and families who had experienced a baby loss. The area included a dedicated bereavement room in a quieter area, with a separate entrance. It was located away from labour rooms so that it offered families a private and comfortable space to grieve the loss of their baby. The area needed refurbishment and funding had been secured for works to commence in 2023.

Equipment was fit for purpose and adhered to safety standards. Daily checks were completed for equipment, including emergency equipment, across the maternity unit.

Across the maternity unit we found items of equipment such as mattress, blood pressure machine, CTG machine, suction units, mattress, weighing scale, circulation machine had been serviced and/or portable appliance tested.

The layout of the unit supported the volume of women who accessed the service. Areas were private and there were rooms for partners and relatives to sit if required.

Staff disposed of clinical waste safely. Colour coded clinical waste and sharps bins were available and accessible in all areas. Sharps bins were labelled correctly.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each woman and took action to remove or minimise risks. However, staff did not always effectively monitor the waiting times for triage.

We reviewed 7 maternity care records. The lead clinician was confirmed in all of them. Risk factors were highlighted. For example, women with a high body mass index, living in a deprived area, or comorbidities. Women were allocated to the correct pathway to ensure the correct team were involved in leading and planning their care. Their risk assessments were completed at every contact and there was evidence of appropriate referral.

Carbon monoxide screening was performed in each set of notes reviewed in line with best practice guidance.

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Staff monitored the baby's growth, and accurately plotted this. Staff identified babies that were not meeting their growth potential, as they would be at higher risk of complications. Women were screened for safeguarding concerns and staff used the information to plan care and involve the right staff.

Staff used a nationally recognised tool, Modified Early Obstetric Warning Score (MEOWS) to identify women at risk of deterioration. The use of this was through the electronic software system the unit was using. Subsequent observations were also recorded on a chart. This meant staff could identify a trend and escalate where appropriate. The Trust told us this system had been planned for introduction during the period of our inspection, and that the implementation went ahead according to their set timetable. Staff felt the new triage system would come with added benefits, such as easier to navigate functions as well as being easier to extract data for learning and service improvement. The trust told us this system would be fully implemented imminently after our inspection.

Staff ensured women understood the importance of vitamin D supplementation and monitoring their baby's movements from 25 weeks of pregnancy.

Women who chose to give birth outside of guidelines were supported. They were offered an appointment with a consultant obstetrician and/or an appointment with a consultant midwife. The consultant midwife discussed the woman's decision, and they agreed a birth plan. The aim was to support their choice and ensure everything was planned to ensure the birth was as safe as possible. Midwives told us the teams worked together well to support informed choice. Midwives felt well informed and well supported in these situations

Staff shared key information to keep women safe when handing over their care to others. They used a structured communication tool known as Situation, Background, Assessment, Recommendation (SBAR) for communication between team members. They discussed key information about women's pregnancy, labour or postnatal information. This also included information of concern. For example, safeguarding concerns, and information about their wellbeing and support from partners and family.

Safety huddles took place in each ward or area and included necessary information to keep women and babies safe. Managers had an overview of staffing and acuity across the unit.

We reviewed four cardiotocographs (CTGs). All four had fresh eyes completed hourly. Fresh eyes mean a midwife or obstetrician reviews the CTG every hour with a colleague, to reinforce good practice and help with decision making.

In the triage area staff told us women never had long to wait to be reviewed. Staff told us unplanned care took priority over women who had routine appointments. No member of staff we spoke with felt women were left waiting long to be seen. However, there was no system to audit the triage area for its effectiveness in seeing women promptly for assessment.

The unit had a dedicated telephone line for patients to call if they had any concerns or queries. The phone-line was put through to a member of triage staff to assess and advise the women accordingly. Notes from these conversations were recorded in the women's care record.

Midwifery Staffing

The service had enough maternity staff with the right qualifications, skills, training, and experience to keep women safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.

Maternity

The service had enough nursing and midwifery staff to keep women and babies safe. The service was over the funded establishment of midwives at the time of our inspection by 1 WTE. According to data supplied by the trust, there were currently 57.6 whole time equivalent (WTE) midwives as of October 2022.

In order to aid staff retention, the trust was in the process of implementing a number of initiatives, including a band 7 midwife focussed on recruitment and retention with particular focus on supporting student midwives, monthly midwifery listening events to encourage speaking up, monthly safety walk rounds by safety champions to talk to teams on shift and monthly newsletters to update colleagues on progress around recruitment.

The sickness rate for healthcare assistants in maternity at the trust increased from 2.7% in December 2021, to 9.8% in June 2022. The trust told us this was due to long term sickness and because of the low numbers of staff employed, 2 members of staff being absent had a bigger affect on the overall sickness rate.

The trust sickness target was 3%; data supplied by the trust showed in September 2022 the sickness rate for registered midwives was 1.6% and in October 2022, the sickness rate was recorded as 2.36%.

The service used Birthrate Plus to monitor acuity and calculating midwifery staffing levels to undertake a systematic assessment of workforce requirements as recommended by the Royal College of Midwives (RCM). Staffing levels were reviewed at daily handovers and huddles and any staff shortages were escalated to the deputy head of midwifery, labour ward coordinators, flow midwife and matrons in charge. Information supplied by the trust showed the latest Birthrate Plus compliance level was 88% for the unit; a compliance rate of over 85% is considered 'good' using the Birthrate Plus tool.

A review of a bi-annual staffing report from January to June 2022, showed the trust had been successful in a recruitment campaign and was expecting 3 whole time equivalent (WTE) international midwives commencing employment in November 2022, 4WTE preceptorship midwives starting in September 2022 and 1WTE nurse on a midwifery conversion course commencing in 2023.

The service made sure staff were competent for their roles. PDMs were responsible for ensuring any concerns with staff competence were effectively escalated to their line manager. PDMs worked with line managers to support staff when competence issues were identified.

Safe staffing in maternity was regularly reported to the trust board. The trust had completed a recruitment and retention plan and had a workforce strategy in place. This included a review of all maternity staff establishment, roles and banding. This was aligned to the Birthrate Plus recommendations for midwife to support worker ratio, to improve the quality of experience for women and families.

Senior staff told us they did not use agency staff, shifts were covered with their own midwives, supported by community midwives when required.

Managers supported staff to develop through yearly, constructive appraisals of their work. Data supplied by the trust showed appraisals completed for maternity staff were 93% in October 2022. This equated to 87 appraisals being completed. The trust target was 90%.

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There was a preceptorship programme for newly qualified midwives. The programme adopted a blended learning approach. It included study days, electronic learning modules and reflective sessions. Newly qualified midwives we spoke with talked highly of the preceptorship programme, telling us they felt well supported, had good peer relationships and staff took the time to explain things.

Medical staffing

The service had enough medical staff with the right qualifications, skills, training and experience to keep women and babies safe from avoidable harm and to provide the right care and treatment.

Managers supported medical staff to develop through regular, constructive clinical supervision of their work. The clinical lead took responsibility for ensuring other medical staff were up to date on training, changes to best practice guidance and supervised practice.

Data supplied by the trust showed that the establishment included 6 WTE consultant obstetricians. Five consultants were in post at the time of our inspection. There were 7 middle grade doctors employed against a funded target of 7. Information at the time of inspection showed all grades were either at full or over establishment.

Staff told us they were expecting one more consultant to be joining in November 2022, who was coming from overseas. Staff told us it had been a struggle recruiting to the consultant post, as the job advert had been out for over 12 months with little interest. Staff told us they would be concerned if medical staff were to leave, as replacing them was challenging partly due to the geographical location of being on a small island. Consultant obstetricians were also trained gynaecologists, so covered both specialists within the hospital.

The unit was supported by other medical staff who were on rotation throughout the department. For example, we spoke with one member of medical staff who was undertaking GP training and was assigned to work in the department to gain experience in obstetrics. This member of staff told us they felt supported by their peers and superiors and the unit offered lots of opportunity for learning.

The first Ockenden review of maternity services in December 2020 had an immediate and essential action stipulating there must be twice daily (day and night through the seven-day week) consultant led and multidisciplinary ward rounds on labour ward. The trust had twice daily ward rounds in place at 0830 and 1600, with a consultant attending virtually at 2030. The trust told us significant financial investment and funding would be required to implement a consultant being present at the 2030 ward round. Senior staff told us they did not always feel this approach was required but did acknowledge the Ockenden essential actions should be treated seriously, however, they did not feel a one-size fits all approach worked best for their unit. The Director of Midwifery (DOM) was working with NHS partners to ensure this Ockenden action was tailored appropriately for the service.

The department had a dedicated anaesthetist 24 hours a day, seven days a week to cover labour ward. In the event of a second anaesthetist being required, the duty on call anaesthetist would be called to attend. The trust staffing policy had been updated to reflect the anaesthetic Ockenden recommendations.

The trust provided evidence that the current neonatal medical workforce complied with the British Association of Perinatal Medicine (BAMPM) national standards of junior medical staffing. A resident Tier 1 practitioner was dedicated to the neonatal service in daytime hours on weekdays as per the recommendations.

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The maternity service multidisciplinary team (MDT) worked together with external multi professionals such as social workers, GPs and health visitors and hospitals to improve patient care and outcomes. Doctors, midwives, midwifery support workers, safeguarding midwives, perinatal mental health midwives and other healthcare professionals supported each other and were involved in assessing, planning and delivering women's care and treatment.

Staff held regular and effective multidisciplinary meetings to discuss and improve the provision of care to women using the service. Daily safety huddles, ward rounds and handover meetings took place to update staff on plans for women and babies.

MDT staff spoke highly of each other and the focus on collaborative care to improve care and patient outcomes.

Records

Staff kept detailed records of women's care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care.

Women's care records were comprehensive, and all staff could access them easily. The service used a nationally recognised software programme to record information relevant to women. We reviewed 7 records for women at different stages of the maternity pathway and found records were comprehensive, all risk assessments and clinical assessment were documented such as VTE, fetal movement, high or low risk pregnancy, safeguarding questions and MEOWS.

Information supplied by the trust showed a number of audits being undertaken monthly, bi-monthly and annually relating to patient records. Audits included documentation of VTE, MEOWS, fluid balance and Co2 monitoring. A review of the latest audits showed full compliance against agreed standards set by the trust.

Another audit carried out by the trust was whether blood group, antibody status, anti-D given within 72 hours and recording of administration were documented clearly within patient records. A review of these audits, carried out annually, showed the last audit in March 2022 was compliant with the internal standard operating procedure (SOP) guidelines.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines. However, recording of administration did not follow the trusts prescription chart format.

Staff followed systems and processes to prescribe and administer medicines safely. Staff followed systems and processes to prescribe, administer and store medicines safely. They received mandatory training in medicine management every year.

Midwives were recording information relating to the prescribing and administration of drugs on a paper-based document. However, this form did not contain enough columns, meaning staff were writing information outside of the columns, which made it difficult to interpret what drugs had been given and when. We fed this back to the trust at the end of our inspection and were informed that shortly after our visit, staff had implemented a new and updated form to ensure accurate recording could take place. Drug administration was also recorded on the electronic system.

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Staff reviewed each woman's medicines regularly and provided advice to women and carers about their medicines. We observed a situation where a staff member took the time to explain medication side effects to a woman and their partner.

Records for checking controlled drugs demonstrated that the medicine policy was followed. Records showed two staff checked the stock in line with the policy. The process for maintaining safe controlled drug checks was effective.

Medical gases were checked and stored safely. They were stored securely to prevent them from falling. This was in well ventilated areas, away from heat and light sources, in an area that was not used to store any other flammable materials.

Emergency trolleys and equipment throughout the unit were locked and sealed. These trolleys and equipment contained intravenous fluid and drugs to use in emergencies. We saw daily checks had been completed on each of these trolleys.

Fridge temperatures were checked daily in all clinical areas. This was to ensure the fridge temperature were maintained between a minimum and maximum recommended temperature. Daily checklists were updated and signed by the person checking.

Incidents

The service managed safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave women honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. There was a clear process which all staff we spoke with understood and followed. The trust used an electronic reporting system which all grades of staff had access to. Everyone understood their responsibility to report all incidents they felt could affect safety.

Managers debriefed and supported staff after any serious incident. Staff told us they felt well supported by colleagues, managers and the wider team when they were involved in an incident.

Staff received feedback following incident investigations and themes and learning from incidents were shared. There was a staff update board in all clinical areas. This included a variety of clinical information to update staff. For example, themes from incidents, learning identified, and good practice was highlighted. Staff also got updates via other means such as handover, emails, message of the day and week and from their line manager.

Staff understood the duty of candour (DoC). They monitored their compliance to DoC through audit and results showed they were open and transparent and gave women and families a full explanation when things went wrong. They assessed the application of the DoC against all incidents and maintained and monitored compliance through their maternity dashboard. Women were involved in investigations and had a point of contact, so they had continuity and support throughout the process.

Data supplied by the trust showed all reported incidents in the previous 12 months, their actions and recommendations and whether the incident had been investigated in a timely way and in accordance with trust policy. Incidents were

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clinical and non-clinical in nature and included incidences of shoulder dystocia, tears, baby readmission and an incident relating to poor communication as a result of a language barrier. In each of these incidents, we saw actions the trust had taken to minimise, reduce or eliminate reoccurrence, this included providing workshops and learning sessions to staff, bulletins, and newsletters to highlight specific issues and changes to policy and practice.

The service had not reported any never events in the past 12 months. Never Events are defined as Serious Incidents that are wholly preventable because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.

Is the service well-led?

Good  

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for women and staff. They supported staff to develop their skills and take on more senior roles.

The senior leadership team was formed of a director of midwifery, two deputy heads of midwifery, a consultant midwife and a clinical lead. There was also a business support manager who supported ward clerks, receptionists and housekeepers.

There was a clearly defined management and leadership structure in place. The director of midwifery was overseen by the director of nursing, midwifery and allied health professionals (AHP's). This person was also designated executive maternity safety champion, above them was the Chief Executive Officer (CEO).

The trust also had a non-executive director (NED) with responsibility as maternity safety champion. The purpose of this role was to highlight issues and concerns relating to maternity to the board and to formulate an understanding of the issues facing maternity on a strategic level, with some oversight nationally as well as issues specific to the trust. We spoke with the NED who appeared well-informed of the issues in the service, particularly recruitment and retention and ensuring the voices of women were promoted. Evidence from recent board meeting minutes showed a healthy discussion regarding topics specific to the area of maternity.

We were told of joint working between leaders both within the department, the rest of the trust and with external agencies and bodies to maximise care provision for women and babies.

Staff told us senior managers were visible and available. They completed daily walk-rounds of clinical areas. There were five safety champions for maternity services. Managers also completed regular walk arounds. Staff found them approachable, and keen to hear their views and experiences, to drive improvement.

The director of midwifery attended board meetings. This raised the profile of maternity services and supported the board in understanding issues such as staff vacancies and compliance with legislation and the implications on finances.

Vision and Strategy

Maternity

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders.

There was a trust wide strategy for nursing and midwifery for 2022 – 2025. The vision was to empower nursing and midwifery excellence and strive to support women, birthing people, and their families by ensuring safe, effective, and personalised care is provided. The strategy was centred around five core strategic objectives, people, performance, partnerships and place.

The development of the strategy involved collaboration with stakeholders within the trust, local maternity network system (LMNS) region and the wider midwifery network. The service had liaised with staff and the maternity voice partnership (MVP) in developing this strategy.

Implementation of the plan was reported to the nursing and midwifery executive committee. The director of midwifery would provide a clear link to the clinical group executive team. Post inspection, the trust told us the planned implementation date was end of November 2022.

Culture

Staff felt respected, supported and valued. They were focused on the needs of women receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development.

We spoke to staff across most grades and disciplines. Staff told us they were proud to work for the trust. Staff also told us the multidisciplinary teams worked closely, respected each other, and were united to improve outcomes for women and their babies. The staff were overwhelming happy in their role and working for this trust, related to the support received from leaders and the staffing levels obtained. This had promoted a calm and caring culture across the maternity service.

The trust had a freedom to speak up guardian. Staff told us they knew who their freedom to speak up guardian was, and they would be confident to raise a concern with their managers.

Data supplied by the trust showed there had been 3 formal complaints raised in 2022, so far. There were currently no identifiable themes or trends. Each complaint had been investigated and a response provided. One of the complaints was yet to be finalised.

Staff told us the service was open and transparent and there was a no blame culture when incidents happened, and the team supported each other. Staff received debriefs and support from their managers following serious incidents.

New members of staff, junior doctors and student midwives told us they were made to feel welcome, and everyone was willing to help.

The service promoted equality and diversity in daily work and provided opportunities for career development. All staff received training in equality and diversity.

The service had monthly team meetings in place to promote staff wellbeing, this included topics such as psychological safety, wellbeing, culture of civility and respect.

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Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

Information was captured and used to monitor the quality of the service provided. The maternity dashboard captured information on workforce, maternity morbidity, perinatal morbidity and mortality, readmissions, maternity safety, test endorsement and public health data.

Women, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in women and visitor areas and trust website.

Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

There were clearly defined reporting avenues. Incidents, risks, performance, guidelines, audits and user experience were discussed at governance meetings. These fed into divisional meetings which then escalated to trust wide committees through to the subcommittees of the board.

The maternity service sought reassurance through various governance meetings in the service, divisional meetings and trust board meetings. This included maternity quality governance meetings, senior team meetings, board meetings and serious incident meetings. Governance meetings were chaired by the most appropriate person, with clinical leads or executive leads attending as necessary. We reviewed a selection of governance meeting minutes and found them to be detailed and clear. Meetings were well attended with full multidisciplinary attendance, and actions were highlighted and reviewed at each meeting. Outcome of governance meetings and service dashboard were shared with staff through emails, newsletters and posters.

Maternity services had a quality improvement project (QIP), programme for 2022-2023. This included approved quality projects, national and local audits and service evaluations. They participated in national audits which included national maternity and perinatal audit and MBBRACE (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries) audit.

National guidance advocates consideration of assessment by telephone triage, provided by a dedicated triage midwife for all women (NICE, 2017). Trust senior leaders told us there was a plan to centralise the telephone triage service which would incorporate the role of a dedicated midwife 24 hours per day to respond to telephone triage queries across all Hampshire maternity services This was due to be implemented in the first half of 2023.

Staff were recording but not monitoring triage times as the time of arrival and time of triage were not reviewed the to identify opportunities for improvement. Staff were unaware of any audit of triage waiting times and reviews. This mean the trust had not reviewed if women were seen and treated according to their clinical urgency and need.

A review of recent trust board meeting minutes reflected a check and challenge on maternity and neonatal services from the non-executive safety champion for maternity services.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

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A risk register and patient safety tracker was used to identify and manage risks to the service. These documents included a description of each incident or risk, alongside mitigating actions, and assurances in place. An assessment of the likelihood of the risk or incident materialising, its possible impact and the review date were also included. The risk register included information relating to estates and facilities issues and a requirement for additional equipment.

Maternity performance measures were reported using the maternity dashboard, which was RAG rated with red, amber, green ratings to enable staff to identify metrics that were better or worse than expected. The trust had not been identified as an outlier in any metric measured.

Mandatory training was concerned with minimising risk, promoting quality and ensuring the trust met external frameworks; for example, the Ockenden (2019, 2022) Immediate and Essential Safety Actions and professional registration for midwives to ensure the trust complied with statutory requirements.

The service used the maternity dashboard and a systematic programme of clinical and internal audit, to monitor risks and quality to identify where action should be taken.

Information Management

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.

The maternity service had clear performance measures and key performance indicators (KPIs), which were effectively monitored. These included the maternity dashboard and clinical area KPIs. The maternity dashboard parameters were presented in a format to enable it to be used to challenge and drive forward changes to practice. The parameters had been set in agreement with local and national thresholds, which allowed the service to benchmark themselves against other NHS acute trusts.

The service submitted data to external bodies as required, such as the National Neonatal Audit Programme and MBRRACE-UK. This enabled the service to benchmark performance against other providers and national outcomes.

Engagement

Leaders and staff actively and openly engaged with women, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for women.

The service engaged well with the stakeholders and was actively involved with their local Maternity System group (LMS). A representative from the trust attended the meetings. The meeting was attended by other trusts and clinical commissioning groups as well as any other relevant stakeholders such as local GPs, NHS England and local authority representatives.

The maternity service had an active and functioning Maternity Voices Partnership (MVP) which met regularly and was involved in the service planning and delivery, and review and development of policies, guidelines, update of website,

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creation of information leaflets and videos for the public on the trust website. The service had engaged with women and the public on the development of their maternity strategy. Staff reported good relationship with their MVP. The service had also worked with the MVP to encourage diverse membership, specific cultural survey events run by the MVP in the family centres and libraries, and meetings with local groups faith leaders.

There were systems in place to engage with staff. The senior leadership team told us the wellbeing of all staff was prioritised by senior leaders.

The MVP worked with maternity services to bridge any gaps with women that could be harder to reach. They used social media platforms to connect with women, raise awareness, and act as their advocate. The trust valued their partnership working with the MVP and monitored their engagement.

The trust undertook a Friends and Family Test (FTT) across the maternity unit. This is a way of collecting feedback from users of the service. In the FTT summary for October 2022, 27 responses were received across antenatal services, labour and postnatal ward. Twenty-four of these responses marked the service as 'very good' and 3 responded with 'good'.

The service worked with external organisations and monitored the number of requests for action from CQC, NHS England and Healthcare Safety Investigation Branch (HSIB). Any requests were monitored through the maternity dashboard.

The maternity strategy considered the views and opinions of the Black and Minority Ethnic (BAME) community. The MVP chair told us they were working closely and successfully with staff from the trust and external agencies to reinforce and refresh their communication to community groups. There was a common goal of making information available to hard to reach communities. This also linked in with the current Equity of Services work - signposting families to specific support such as those with low income - younger parents, homelessness and domestic violence and minority support groups such as LGBTQ+, those with learning difficulties, physical difficulties and BAME.

The trust told us they were in the process of changing the website to make information on maternity services more accessible to women and partners. We were not aware of a definitive timeframe for completion of this but had been told work had started. This included information about what women and partners can expect at each stage of pregnancy and including once their child has been born. It will also include information on the different ward areas, what equipment might be used and it's intended purpose and clinical information the reader would be able to easily understand.

A consultant midwife carried out a question and answer session which women could attend with their partners. This was offered out at different times each month and questions could be asked anonymously if required. Staff we spoke with told us they thought this was a great way of helping partners to ask questions discreetly and to inform them of the pregnancy and birthing process as there had been a recognition that much information centres around the women.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Staff and management were committed to improving services by learning from when things went well and making changes in practice through shared learning, external reviews, promoting training, research and innovation.

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There was a commitment to safety, learning and improvement, which, required a firm commitment to supporting staff through induction, training, and processes of review. This created a culture of learning and improvement rather than defensiveness and blame. The trust won an Integrated Safeguarding Leads award for their commitment and dedication to their roles within the Integrated Team and the wider trust, including within the maternity services.

Although the role of consultant midwife was new in 2022, they had plans to develop the role and ensure continuous improvement and innovation was the centrepiece of their commitment to the service. The consultant midwife worked closely with other consultant midwives at a local and national level and had started to plan out services which existed in other areas, with a view of adapting it to the needs of the local population.

Outstanding practice

The trust ensured the safety of women with the support of staff to achieve their roles in an environment conducive to learning and development.

Areas for improvement

Action a trust SHOULD take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust SHOULD take to improve:

- The trust should ensure they are monitoring, analysing and evaluating triage times and use these findings to improve the service for women.
- The trust should ensure medicines administration is recorded clearly.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, one inspection manager, a second team inspector, two inspectors and two specialist advisors. The inspection team was overseen by Carolyn Jenkinson, Head of Hospital Inspection.

Policy and Scrutiny Committee for Health & Social Care - Workplan 2022/25

The committee assists Cabinet in the development and implementation of key plans, policies and activities set out in the Corporate Plan relating to the delivery of relevant services, including:

Adult social care (including safeguarding)	All health services commissioned or delivered for the benefit of island residents	Health and Wellbeing Board, the delivery of the Health and Wellbeing Strategy and Joint Strategic Needs Assessment
Health and social care Integration	Future local delivery model and strategic commissioning	
Public health		

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Date	Agenda Items	Description & Background	Lead Officer/Cabinet Member
6 March 2023	Winter Pressures	To receive a verbal update on the winter pressures that have been, and are being, faced alongside a review of the Winter Plan and how these pressures have been dealt with	TBC
	Recruitment & Retention in Health and Social Care	To consider steps being taken to assist in the recruitment and retention of staff working in health and social care	Director of Adult Social Care and Housing Needs
	Isle of Wight Strategic Partnership Update	To receive an update covering both Trust (Southern, Solent, Portsmouth Hospital Trusts) and Mental Health Partnerships	Trust Chief Executive Director of Community, Mental Health and Learning Disabilities - NHS Trust
	Carers Strategy 2023-28	To consider the new Carers Strategy and action plan, as aligns with an action from the Corporate Plan, prior to submission to Cabinet for approval on 9 March 2023	Director of Adult Social Care and Housing Needs

	Service Changes	To be advised of any proposals relating to health and social care services affecting Island residents and progress on those previously notified. a) Update on the Elective Surgery Hub b) Dementia Beds c) Update on Project Fusion d) Isle of Wight NHS Trust and Portsmouth University Hospitals Trust Merger	Health Partners
	CQC Inspection Reports	To consider any CQC reports in relation the operation of any health trust, Primary Care or council adult social care facility: a) Isle of Wight NHS Trust Maternity Services b) TrustedCare report - Care Quality League Table	TBC
5 June 2023	111 Service	To consider the demands placed upon the 111 Service	HIOW ICP
	ASC & Health Budget	To consider the impact of funding on ASC & Health after the budget has been set	Cabinet Member for Adult Social Care and Public Health
	Adult Social Care Reform & Assurance	To receive an update on Adult Social Care preparations for reform and assurance	Director of Adult Social Care and Housing Needs
	Suicide Prevention Update	On 29 November 2021 the committee received a report on Suicide Prevention which outlined the key suicide prevention activities on the Island since January 2020. It was agreed that a further progress report be submitted to the Committee in a future workplan item.	Director of Public Health
	Service Changes	To be advised of any proposed service changes	TBC
	CQC Inspection Reports	To consider any CQC reports in relation the operation of any health trust, Primary Care or council adult social care facility	TBC
10 July 2023 - INFORMAL	TBC		

4 September 2023	Adult Social Care Annual Complaints Report	To consider the statutory annual complaints report relating to adult social care	ASC Complaints and Investigation Officer
	Service Changes	To be advised of any proposed service changes	TBC
	CQC Inspection Reports	To consider any CQC reports in relation the operation of any health trust, Primary Care or council adult social care facility	TBC
9 October 2023 INFORMAL	TBC		
4 December 2023	Adult Safeguarding	To consider the annual report of the Adult Safeguarding Board	Chairman of the Board/ Board Manager
	Wightcare Business Model	To receive an update on the implementation of the two-year cost recovery model to achieve financial breakeven reducing dependency on public funds to stabilise the service that was agreed at Cabinet in Nov 2022	Director of Adult Social Care and Housing Needs
	Service Changes	To be advised of any proposed service changes	TBC
	CQC Inspection Reports	To consider any CQC reports in relation the operation of any health trust, Primary Care or council adult social care facility	TBC
29 January 2024 - INFORMAL	TBC		
4 March 2024			
	Service Changes	To be advised of any proposed service changes	TBC
	CQC Inspection Reports	To consider any CQC reports in relation the operation of any health trust, Primary Care or council adult social care facility	TBC
June 2024			
	Service Changes	To be advised of any proposed service changes	TBC

	CQC Inspection Reports	To consider any CQC reports in relation the operation of any health trust, Primary Care or council adult social care facility	TBC
September 2024	Adult social care annual complaints report	To consider the statutory annual complaints report relating to adult social care	ASC Complaints and Investigation Officer
	Service Changes	To be advised of any proposed service changes	TBC
	CQC Inspection Reports	To consider any CQC reports in relation the operation of any health trust, Primary Care or council adult social care facility	TBC
December 2024	Adult Safeguarding	To consider the annual report of the Adult Safeguarding Board	Chairman of the Board/ Board Manager
	Service Changes	To be advised of any proposed service changes	TBC
	CQC Inspection Reports	To consider any CQC reports in relation the operation of any health trust, Primary Care or council adult social care facility	TBC
March 2025			
	Service Changes	To be advised of any proposed service changes	TBC
	CQC Inspection Reports	To consider any CQC reports in relation the operation of any health trust, Primary Care or council adult social care facility	TBC