



# Minutes

Name of meeting	<b>POLICY AND SCRUTINY COMMITTEE FOR HEALTH AND SOCIAL CARE</b>
Date and Time	<b>MONDAY 7 DECEMBER 2020 COMMENCING AT 5.00 PM</b>
Venue	<b>VIRTUAL (MS TEAMS)</b>
Present	Cllrs J Nicholson (Chairman), G Cameron, A Garratt, R Hollis, J Howe and M Lilley
Also Present	Cllrs D Andre, C Mosdell, and L Peacey-Wilcox  Simon Bryant, Laura Gaudion, John Metcalfe, Paul Thistlewood, Megan Tuckwell  Darren Cattell, Claire Gowland, Lesley Stevens, Alice Webster (IW NHS Trust), Michele Legg (IW CCG), Joanna Smith (Healthwatch), Ian Bennett (Residential Sector)

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11. **Minutes**

RESOLVED:

THAT the minutes of the meeting held 14 September 2020 be confirmed.

12. **Declarations of Interest**

Cllr Andrew Garratt declared an interest in any matters relating to the IW NHS Trust as his husband was applying to the nursing bank.

Cllr Andrew Garratt declared an interest in any matters relating to local authority care placements as relative was permanently placed in a care home.

Cllr Michael Lilley declared an interest in any matters relating to the voluntary sector, as chairman of the Isle of Wight Voluntary Sector Forum.

Cllr John Howe declared an interest as the chairman of the Patient Participation Group at West Wight Health Centre, and as the chairman of the Abbeyfield Society in Totland.

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

No public questions were received.

#### 14. **The Impact of the Covid-19 Pandemic on the Care Sector**

As agreed at the last meeting, representatives of the Island's residential care, nursing home and domiciliary care sector were invited to outline the how the pandemic had impacted upon their services.

The Director of the Isle of Wight Care Partnership was in attendance to report to the committee. It was advised that the pandemic had had a huge impact on care home providers, particularly on those which experienced an outbreak. This in turn had an impact on the workforce and emerging issues now included stress and the mental wellbeing of staff. Members received an overview of additional funding and were advised that the council had been supportive of the sector and had not caused any unnecessary delays.

Questions were raised and discussion took place regarding deaths in care homes, hospital discharge arrangements, and the economic recovery of the sector.

**RESOLVED:**

THAT the committee formally thanks all staff in the Island's residential care, nursing home and domiciliary care sector for its response to the Covid-19 pandemic.

#### 15. **Update on Key Issues in Health and Social Care**

##### 15.1 **Public Health**

The Director of Public Health presented a briefing note (Appendix 1) which provided an update on key public health issues. This included an overview of Covid-19 activities, including; the current position, tier 1 allocation, testing arrangements, the track-and-trace programme, and vaccination planning. Members received an update on public health service provisions, which included developments with the smoking cessation, weight management, and drug and alcohol misuse services.

Questions were raised regarding the accessibility of lateral flow testing to enable care home visitations and concerns were raised around the substantial resources needed to deliver this at scale. It was confirmed that lateral flow testing was not entirely reliable and should therefore only be used in conjunction with other measures such as PPE and social distancing.

Discussion took place regarding planning for the long-term Covid-19 impact on wellbeing and mental health, and the Island's tier 1 status.

Questions were raised regarding the storage and distribution of the vaccine. Members were reassured that there was the facility to store vaccines on the Island. Those first to receive the vaccine were agreed nationally by NHS England and the Clinical Chair of the IW CCG advised that the roll-out would commence from the week beginning 14 December 2020.

**RESOLVED:**

THAT the update be noted.

## 15.2 **IW CCG**

The Director of Mental Health and Learning Disabilities of the IW NHS Trust delivered presentation on the mental health recovery pathway implementation plan (Appendix 2), which included an update on the future use of Shackleton Ward. Members expressed support for the plans and discussion took place regarding dementia beds and mainland placements.

The Clinical Chair of the IWCCG provided an update on primary care services and advised that they were operational and could be accessed if needed.

Concerns were raised regarding access to dental services on the Island, including; waiting lists, affordability, the availability of NHS dentists, and specialist dental services. Members thanked Healthwatch for raising the issue and agreed that this was a significant issue to be discussed at the next meeting. The Chairman agreed to escalate the concerns with NHS England.

The chairman advised that a series of concerns had been brought to his attention through the Cowes/ Northwood Place Plan, the Community Resilience Project, and through individual experiences being relayed to local Councillors around difficulties alleged in obtaining satisfactory service from Cowes Medical Centre, which was said to be causing unnecessary stress, delay and frustration to patients. The chairman asked that the IWCCG investigate the issues. It was agreed that the IWCCG should investigate the matter and provide a written report to a future meeting of the committee.

### RESOLVED:

- i. THAT the mental health recovery pathway implementation plan be supported.
- ii. THAT the concerns around dental services on the Island be escalated through the committee to NHS England and be considered by the committee at its next meeting due to be held on 1 March 2021.
- iii. THAT the IWCCG be requested to investigate the matter and provide a written report to a future meeting of the committee.

## 15.3 **IW NHS Trust**

Members considered the report on performance and quality, winter preparedness, response to Covid-19, the recovery of services and key challenges, temporary change to leadership of Community Services, and staff recognition.

The Deputy Chief Operating Officer provided a further update on outpatient activity, diagnostic imaging, winter planning, and infection control, and the Director of Nursing provided an update on the physiotherapy service. It was advised that the planned CQC visit had been postponed and no new date was scheduled.

Questions raised regarding the sustainability of the Trust and it was clarified areas of risks relate to workforce and premium services.

### RESOLVED:

THAT the update be noted.

15.4 **Adult Social Care**

The Interim Director of Adult Social Care provided a verbal update on Covid-19. It was highlighted that staffing levels across the directorate remained within the normal range and the human resources and learning and development teams were thanked for their assistance in supporting a resilient workforce by ensuring staff had access to mental health support. Members were advised that the adult social care winter plan had been prepared in October 2020 and was available to view online. Discussion took place regarding performance and budget data included within the performance report submitted to the Cabinet on 12 November 2020 (Quarter 2 2020-21).

RESOLVED:

THAT the update be noted.

16. **Workplan**

The chairman invited all partners to forward items for possible inclusion in the workplan.

RESOLVED:

THAT the workplan be noted.

17. **Members' Question Time**

No member's questions were received.

CHAIRMAN



# Committee report

COMMITTEE	<b>POLICY AND SCRUTINY COMMITTEE FOR HEALTH AND SOCIAL CARE</b>
DATE	<b>7 DECEMBER 2020</b>
TITLE	<b>PUBLIC HEALTH UPDATE</b>
REPORT OF	<b>SIMON BRYANT, DIRECTOR OF PUBLIC HEALTH</b>

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## **SUMMARY**

This report is an update on key Public Health issues.

## **BACKGROUND**

The majority of this year has been dominated by COVID-19 with Public Health at the centre of the response. This report provides an update on the key Public Health response.

## **COVID-19**

The Isle of Wight is in a good position with regard to COVID-19 and the number and rate of cases. The Public Health team continues to play the leadership role in response to the pandemic. On 31 October 2020, the Prime Minister announced the implementation of a second national lockdown, covering England, and came into effect on 5 November until 2 December 2020. Whereas this second lockdown is a rapidly developing situation, and has been driven largely by data concerning the spread of the virus which is more concerning in other parts of the country, this report will also note the emerging implications of that step particularly with regard to the functions and responsibilities of the wider Council.

### **Tier**

The IOW is in the medium tier based on the fact that all age COVID-19 case detection rates for the IOW are low at less than 100 per 100,000. They were 71 per 100,000 when tiers were announced have fallen to 39.5 per 100,000, as of 24/11/20. The case rate amongst those aged over 60 was also lower at 44 per 100,000 when tiering was allocated and has decreased even further to 19.6 per 100,000, as of 24/11/20. The IOW trajectory is a downward one, with a slower rise and more rapid fall in cases. COVID-19 pressure on the NHS was assessed as being low.

### **Testing**

Testing remains a priority for management of the pandemic locally, although responsibility for the organisation and delivery of the majority of the testing programme remains at a national level. We have increased, with national support, the local availability of testing

sites to ensure local people can access testing venues. There are new modalities of testing including lateral flow devices

### **Tracking and Tracing**

Case testing investigation and contact tracing are fundamental public health activities that involve working with an individual (patient or resident) who is either symptomatic or asymptomatic and has been diagnosed with an infectious disease. The aim is to identify and provide support to people (contacts) who may have been infected through exposure to the infectious individual. This process prevents further transmission of the disease by separating people who have (or may have) an infectious disease from people who do not.

The National Contact Tracing Advisory Service (CTAS) started in May 2020. It has three parts to it which rely on individuals playing their part in order to contain the spread of the virus. Evidence shows that at least 80% of contacts of an index case would need to be contacted for a system to be effective.

The first Local Contact Tracing System LCTS was set up in Leicestershire during an outbreak, to help that authority contact positive cases and trace their contacts. The feedback from the Leicestershire experience (and subsequently from many other local authorities who have since gone live with their own local systems), is that residents respond positively to a call from a local number and a call handler with a local voice.

The Isle of Wight Council Local Contact Tracing system has a planned go live date for the week commencing 30 November 2020.

The process for the Local Contact Tracing system will include CTAS and will attempt to make contact with the index case and complete the information on-line with 24 hours. If the CTAS are unable to contact the index case within 24 hours of being notified of a positive case, the case will be passed to the LCTS to make contact by telephone. Where there are none, or incorrect, contact details, the LCTS call handlers will contact the relevant District Council Tax team to find the correct contact details. Information gathered by the LCTS call handlers will be entered on to the local system and then uploaded to the CTAS.

The LCTS call handlers will ask positive residents if they have any welfare needs (medicines, food etc) and will refer to relevant wrap around services. Call handlers will also establish whether positive residents are eligible for isolation payments.

### **Vaccination**

Finally, in public health terms, at time of writing, news of the likely arrival of an effective vaccine has been widely received. This is extremely positive in itself but our increasing understanding of the logistical and related challenges of any vaccination programme indicate that the measures required to control the spread of infection will remain essential for months to come.

### **Public Health Service Provision**

Further developments continue for public health services on the IOW; including Smoking Cessation and Weight Management services.

For drug and alcohol services Inclusion have robust step up and stand down plans in place to enable them to react to the changing COVID-19 situation. This includes ensuring that essential services such as those focusing on prescribing, harm reduction and needle exchange will continue. During the planned lockdown they will continue with face to face weekly clinics for service users with complex needs. A mixture of telephone and virtual contact is also available for all service users, with telephone contact by Recovery Workers stepped up. Naloxone and locked boxes have been delivered to all prescribed service users and appropriate partner agencies to support harm reduction efforts

Inclusion have worked hard to develop relationships with the pharmacies as part of their recovery strategy, ensuring access to prescriptions during lockdown. They have completed a risk review for each service user to ensure the current prescribing arrangement can continue. They are in daily contact with pharmacy partners to ensure proactive response to any change in circumstances. Pickup frequency will stay the same.

The service will continue to use the community clinic bus to reach people across the Island for health care needs including needle exchange. An additional member of staff has been deployed to deliver prescriptions and/or medication across the Island at short notice to ensure the service can remain responsive to the needs of service users.

Where someone is required to self-isolate, Inclusion will provide outreach and support with prescription / needle exchange deliveries.

Partnership working has also been a real highlight - including with MH providers and partners across the council.

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# Recovery Pathway Implementation Plan

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*Update briefing to HOSC – 7 December 2020*

# Recovery Pathway - Woodlands

Approval for the Woodlands de-registration forms part of the direction of travel in the review, re-purposing and reduction of mental health beds overall. This is as described in both the Isle of Wight Health & Care Plan and the Mental Health Transformation and Sustainability Strategy.

The transformation plan which has already been co-designed across partners including service users has been subject to extensive engagement and subsequently has been approved for implementation and will expand community mental health services and establish a comprehensive framework of support leading to a planned reduction in the demand for bed based treatment.

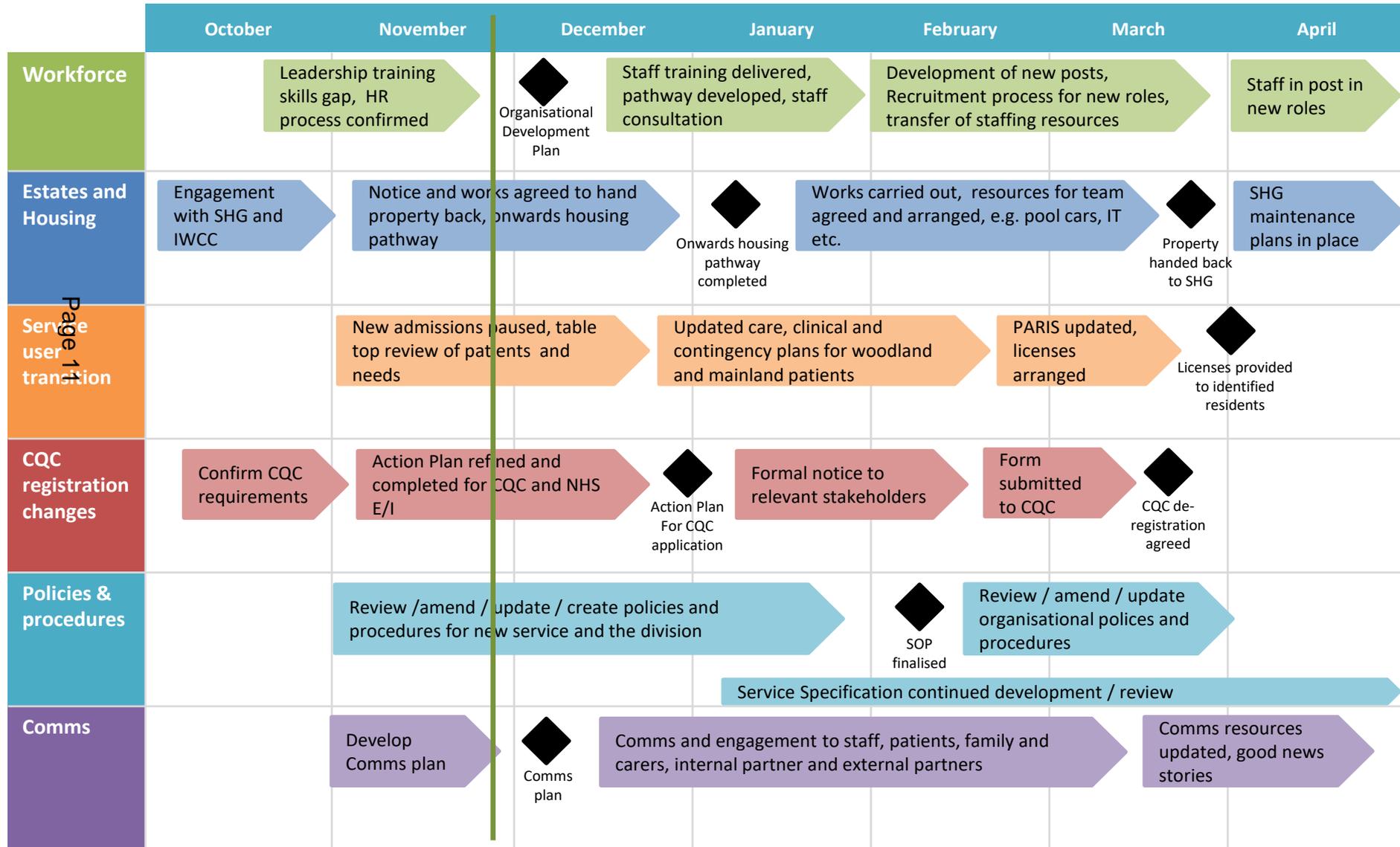
Woodlands de-registration is the first stage in this process running concurrently with the transformation of community mental health services.

Once these services are mobilised and established, this will then inform acute bed reductions based upon a clearer demand and capacity plan, including an assessment of the additional impact on mental health demand related to COVID and a measured ability to support individuals in the community.

Following approval from HOSC, a meeting between Commissioners and NHSE/I on Monday 30 November secured full approval to continue to move forward with the plans for de-registration and a comprehensive communications plan is currently in development.

# Recovery Pathway - Work Stream Overview

## High Level Plan



# Recovery Pathway – Shackleton / Older adults MH

The current position with regard to Older Adults Mental Health provision for the next 3 – 6 months will remain in place whilst work takes place to further develop community services for mental health and whilst we respond to the further demands of Covid-19.

This time will also afford opportunity to undertake a fuller review of potential demand for bed based services for working age adults, older adults and dementia as briefed at our most recent meeting.

Additionally, we are also developing plans for a pilot dementia outreach service however this has the potential to be impacted by Covid-19 and as such, our expectation is that this may not commence until the new financial year.

Our intention is to develop a more detailed briefing for Committee in Spring 2021 that will provide an update on our plans that will cover the next 3 – 5 years, in the form of a road map. Within this, we expect to be able to provide high level indications of how services will meet demand in the context of enhanced community resource against a proposed reduction in bed based services appropriate to the Island and its population.

This road map will cover all adult and older people services although as acknowledged by HOSC, this can only be at a high level and will be an iterative process as we continue to develop and implement more agile responses to the demand for services and move to deliver these upstream where this is both appropriate and safe for individuals.

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# Policy and Scrutiny Committee for Adult Social Care and Health

7 December 2020

# Introduction

- Performance and quality of our services
- Preparation for a difficult winter
- Our response to COVID-19, the recovery of our services and key challenges
- Temporary change to leadership of Community Services
- Staff recognition

# Performance

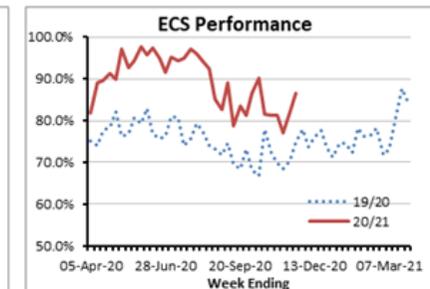
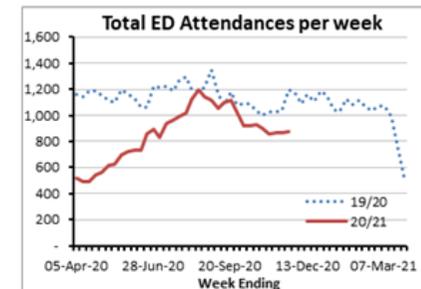
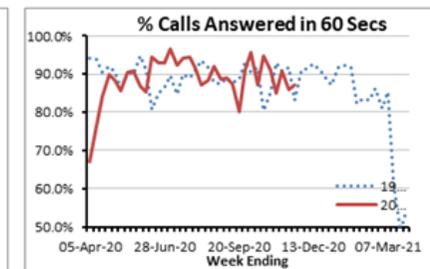
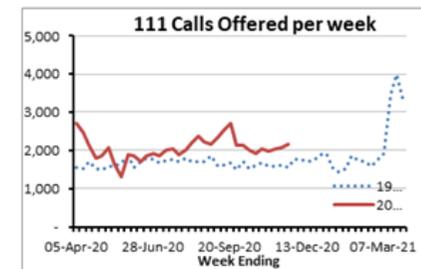
- Operational performance overview
  - Emergency care activity
  - Outpatients
  - Diagnostics

# Emergency care activity

(data for the week ending 22 November)

- Calls to NHS 111 are up significantly on last year:
  - Calls offered: 140%
  - Calls answered: 148%
  - Calls answered in 60 seconds up to 87% from 83.2% for the same period in 2019/20
- The number of people attending the Emergency Department is lower than last year:
  - There were 877 attendances at our Emergency Department
  - This is 27% lower than the same week in 2019/20
  - Attendances for the last four weeks are 19.6% lower than last year

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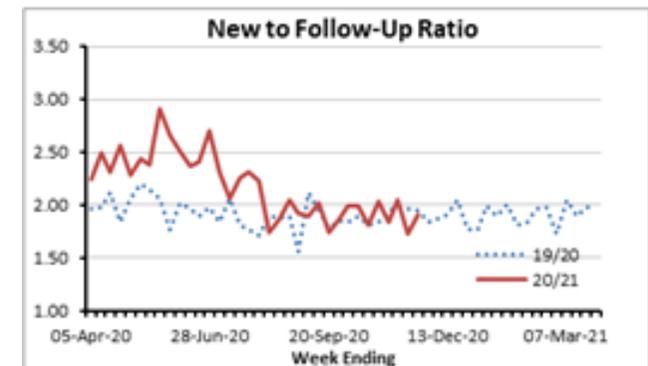
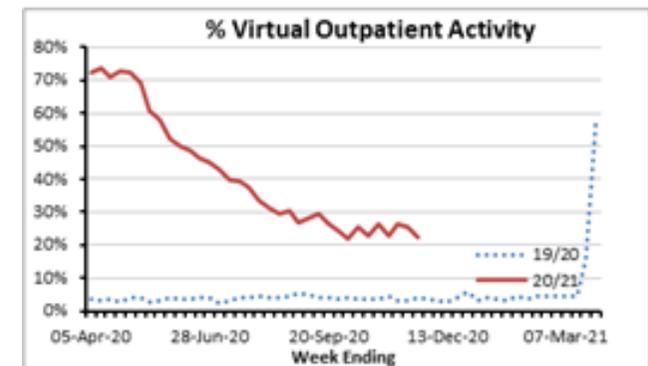
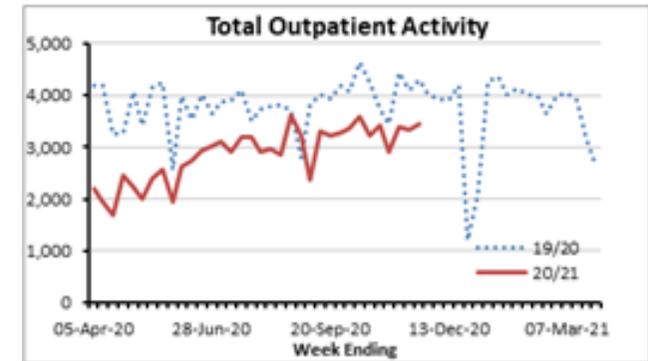


# Outpatients

(data for the week ending 22 November)

- Overall outpatient activity continues to increase:
  - In total there are 3,451 outpatients:
  - 1,185 of those were new appointments
  - 2,286 were follow-up appointments
  - Overall outpatient activity is at 97% of pre-COVID levels
  - In the previous four weeks 25% was 'virtual' activity, with telephone and video consultations reducing as more face-to-face activity takes place

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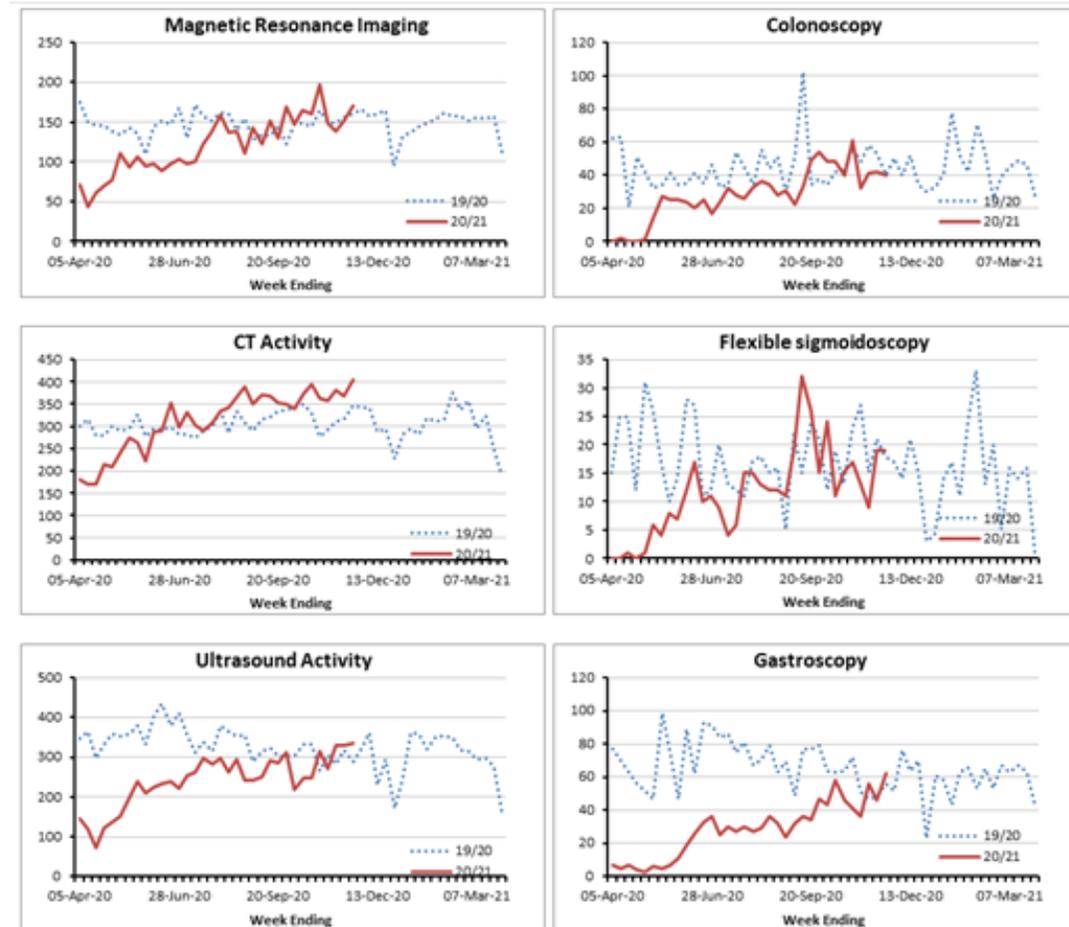


# Diagnostics

(data for the week ending 22 November)

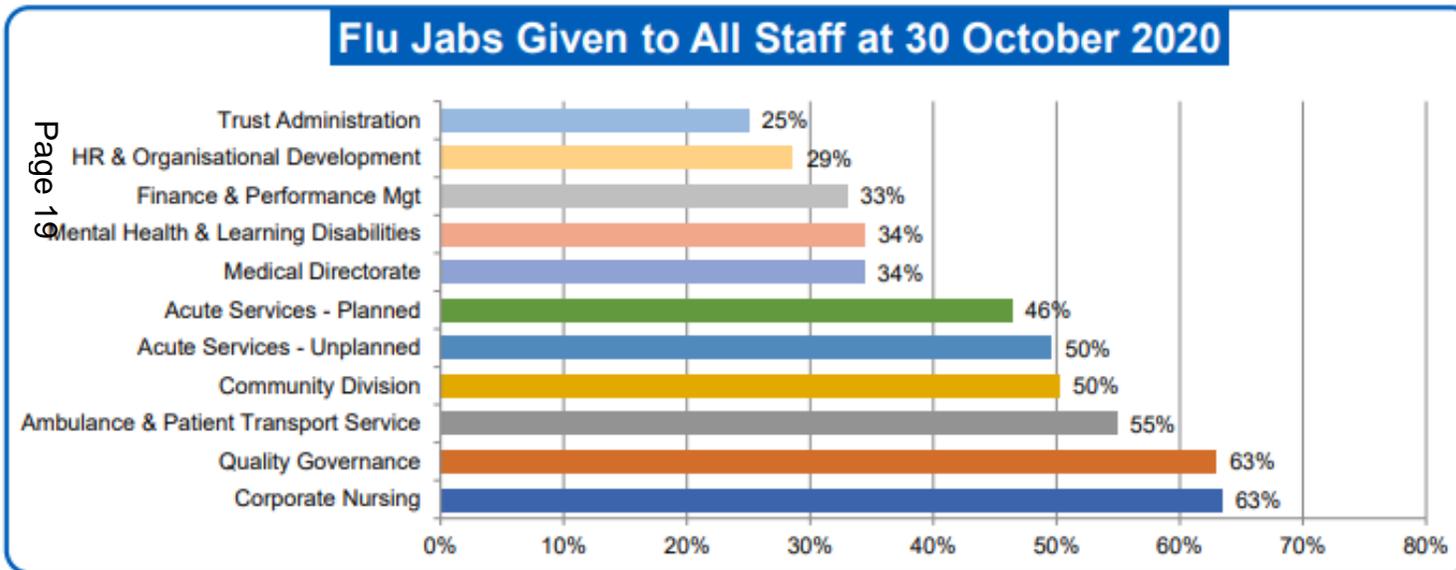
- The Trust has added CT and MRI scanners to help ease the backlog created by Wave 1 of COVID-19.
- Diagnostic Imaging services are performing well, with some services exceeding pre-COVID levels.

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# Flu vaccination programme

- We are ahead of where we were in October 2019/20 – more work to do!



**Flu Jabs Given to All Staff at 30 October 2020**

All Staff	3633
Number of Vaccines Given to All Staff to Date	1515
Percentage Vaccines Given to All Staff to Date	42%

**All Staff Total Declines**

All Staff Declines	118
<b>Reason for Decline:</b>	
Do not believe it works	2
Never had Flu before	29
Other	12
Received the Flu vaccine elsewhere	12
Risk of side effects	15
(blank)	48

# Quality

- Improvements in October 2020
- Next steps

# Quality – improvements in October 2020

Acute	Mental Health and Learning Disabilities	Ambulance	Community
<ul style="list-style-type: none"> <li>• Introduction of contact log book on Colwell Ward which has provided ward sister a way to monitor and audit contact with relatives to measure improvement.</li> <li>• Medical Ward Improvement Strategy embraced by ward sisters</li> <li>• Reallocation of staff on Colwell Ward to address delays in side room call bell responses.</li> <li>• 50% reduction in complaints for September</li> <li>• Maintained attendance at the Tissue Viability and falls collaborative</li> <li>• Collaborative working with the Associate Practitioners for Dementia resulting in improved patient journey for dementia patients.</li> <li>• Appley Ward Sister won Employee of the Month for quality improvement and leadership.</li> </ul>	<ul style="list-style-type: none"> <li>• Meetings continue to be held with 3rd Sector partners to move toward more integrated functioning within the Hub. Joint training part of plan to move this forward.</li> <li>• EIP have moved back into their building and recent review with NHS E revealed them to be Outstanding in running PHC during COVID - demonstrable better than other team on the south coast of England.</li> <li>• Quality Audits underway.</li> <li>• ECT clinic works are complete and the clinic reopened for treatments and is working well.</li> <li>• Afton ward transformation has commenced with good engagement continuing from stakeholders and good discussions re function of the ward</li> <li>• Person Centred Care Needs Assessment format developed.</li> <li>• Continuing to improving supervision levels in CMHT</li> </ul>	<ul style="list-style-type: none"> <li>• Ambulance Service Quality Strategy approved and available on the intranet for staff to access</li> <li>• Frontline staff meetings frequency increased to monthly and now held by MS Teams which is working well</li> <li>• Attend anywhere available to Community Practitioners, 6 more computer tablets available for road staff to book out for shift, enables remote access to e-mail, intranet, JRCALC and this is benefiting staff</li> <li>• New cohort of volunteer Community First Responders continue being trained and 2 newly qualified Paramedics (NQP's) trained</li> <li>• Recognition of life extinct (ROLE) procedure reviewed and updated and available for staff to access</li> <li>• Community Practitioner training portfolio signed off ready for use by staff</li> <li>• Greatix for whole 111 team for performance during COVID</li> </ul>	<ul style="list-style-type: none"> <li>• PSIRF (Patient Safety Incident Response Framework) - training undertaken for key individuals on new patient safety process and Quality assurance training completed for those involved in reviewing these reports Agreed falls pathway</li> <li>• Community Rehab Audit suite finalised and embedded</li> <li>• Clinical Audit suite finalised for Community Nursing currently being implemented</li> <li>• Governance processes embedded for COVID testing site. Issues with the National portal and mainland use of site have resolved.</li> <li>• Good progress on completion of staff 'COVID' risk assessments</li> <li>• Required Community Unit staffing levels now in place to facilitate 19 beds</li> <li>• Reduction in sickness- remains under KPI target at 3.42%</li> </ul>

# Quality – next steps

Acute	Mental Health and Learning Disabilities	Ambulance	Community
<p><b>Emergency Department</b></p> <ul style="list-style-type: none"> <li>• Agreement made to continue with Band 7 Leadership programme</li> <li>• Children’s ED area agreed – work commencing in the next few weeks</li> </ul> <p><b>Urgent Treatment Centre</b></p> <ul style="list-style-type: none"> <li>• Continue to recruit bank GP’s and ANP’s in the absence of available substantive GP’s</li> <li>• Implementation of 111 First</li> </ul> <p><b>Medicine</b></p> <ul style="list-style-type: none"> <li>• Roll out contact log book to other wards to improve communication</li> <li>• Environmental audits Undertake CQC 40 day improvement plan actions, for ward areas; this links to the ward Improvement strategy</li> <li>• Ensure the care group teams are aware of the 3D CQC work streams Dementia, Documentation and Deteriorating Patient</li> </ul>	<ul style="list-style-type: none"> <li>• Green light tool kit self assessments to be progressed</li> <li>• Inpatients revised physical health documentation drafted for approval and being designed</li> <li>• Continue to ensure same offer of service to people attending IMHH through reengagement of AMHP service and recruitment within 3rd sector services</li> <li>• Sexual safety work in Acute MH restarting with RCPsych.</li> <li>• National Lead joining working group</li> <li>• National GIRFT review with rehab services</li> <li>• Remainder of evidence for CQC must and should dos will be uploaded and continues to be reviewed for assurance.</li> <li>• Recruitment to Children and Young People’s Mental Health Support Teams</li> <li>• Work developing on Division nursing workforce plans</li> </ul>	<ul style="list-style-type: none"> <li>• Community Practitioner in the Hub clinical trial.</li> <li>• Continue to explore ceasing the use of cervical collars for trauma patients, now delayed due to national programmes of work</li> <li>• PTS computer aided dispatch go live and working well</li> <li>• Face-to-face mandatory training days to recommence and training compliance monitored</li> <li>• Trail of device for needle thoracostomy continues</li> <li>• Update/ agree maternity direct admission pathway</li> <li>• Commence use of Medical Audits for hand hygiene and H&amp;S audits.</li> <li>• Officer responder rota go live to support responses to life threatening incidents.</li> <li>• Paramedic apprenticeship bridging course to be advertised.</li> </ul>	<ul style="list-style-type: none"> <li>• Complete improvement plans for Dementia, Documentation and Deteriorating Patient.</li> <li>• Roll out of End of Life education Improve flu vaccination uptake</li> <li>• Focus on overdue incidents, new framework agreed and being implemented zero tolerance applied</li> <li>• Developed use of e-care logic virtual ward to enhance processes to manage patient allocation</li> <li>• Develop enhanced Quality Reporting to improve assurance mechanisms and learn from best practice</li> <li>• Development of electronic ‘Medi-audit’ for clinical audit in some Community teams, supporting the move to paper-lite processes.</li> <li>• Community Conversions commence 16th October and continue on a monthly basis thereafter</li> <li>• WASP (Wessex Activation Self Management Programme) commenced on community unit</li> </ul>

# Preparing for a challenging winter

- Key actions taken
- Priority next steps

# Key actions taken

- Mental Health Liaison cover in the Emergency Department (ED) increased to seven-days-a-week
- Introduction of point of care testing in ED for COVID-19 and flu
- Joint appointment with Adult Social Care of Weekend Director in place until 31 March 2021 – strengthening seven day services
- Implementation of NHS 111 First on 1 December 2020
- Embedded COVID and non-COVID clinical pathways
- Extended opening hours of Discharge Lounge
- Ring-fenced beds to protect elective activity

# Priority next steps

- Work with system partners to monitor performance and take action as necessary to address winter pressures
- Continue efforts to secure and deliver multi-disciplinary services seven-days-a-week
- Increase Patient Transport capacity to improve discharge from hospital
- Extend direct access pathways to acute services, which will improve 'flow' of patients through hospital
- Continued support for staff health and wellbeing
- Continued focus on staffing levels throughout the Trust

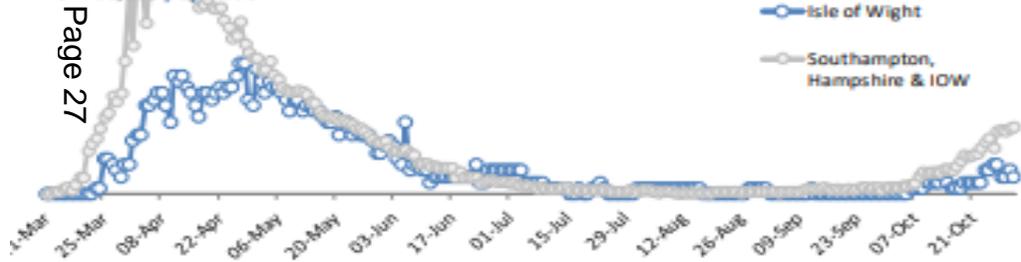
# COVID-19 response

- An increase in admissions and people with COVID-19 requiring mechanical ventilation on ITU
- Second ITU stood up to allow separate treatment of COVID and non-COVID patients
- Escalation plans in place should we see a further, sustained increase in COVID-19 admissions
- This includes plans for utilising beds at St Mary's Hospital are in place to deal with COVID-19 and winter pressures
- Renewed focus on Infection Prevention and Control (IPC) measures across the Trust
- Focus on staff health and wellbeing continues with additional support for those working from home

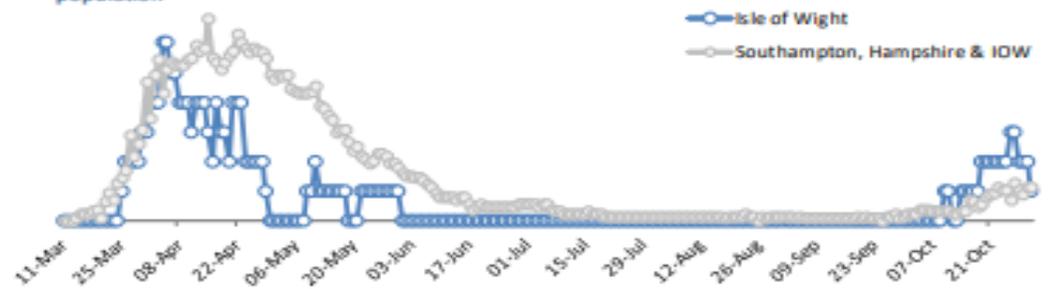
# COVID-19 response

	Number of beds occupied by confirmed COVID-19 cases as of 8am	Number of HDU/ITU beds occupied by confirmed COVID-19 cases as of 8am	Confirmed diagnoses with COVID-19 in past 24 hours	New admissions with COVID-19 in past 24 Hours	Patients currently awaiting swab results as of 8am	All Discharges from hospital in the last 24 hours	Of these discharges to usual place of residence	Staff - All Absences	Of these COVID-19 related absences
S'oton, Hants & IW	<b>158</b>	<b>17</b>	<b>7</b>	<b>4</b>	<b>479</b>	<b>7</b>	<b>1</b>	<b>1364</b>	<b>371 27%</b>
Isle of Wight	<b>4</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>13</b>	<b>0</b>	<b>0</b>	<b>125</b>	<b>23 18%</b>

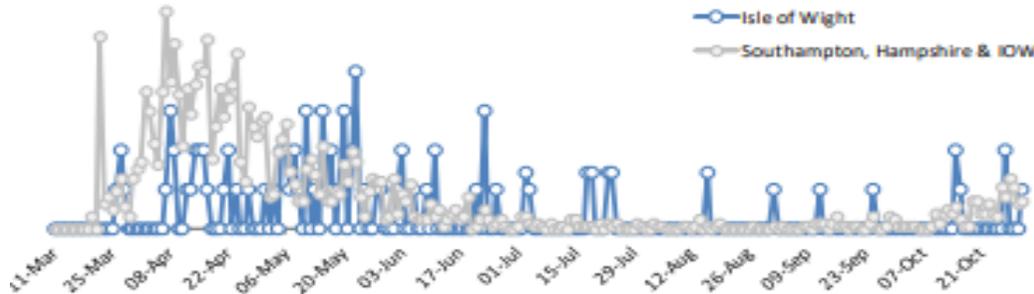
Number of beds occupied by confirmed COVID-19 cases in hospital setting as of 8am Per 100,000 population



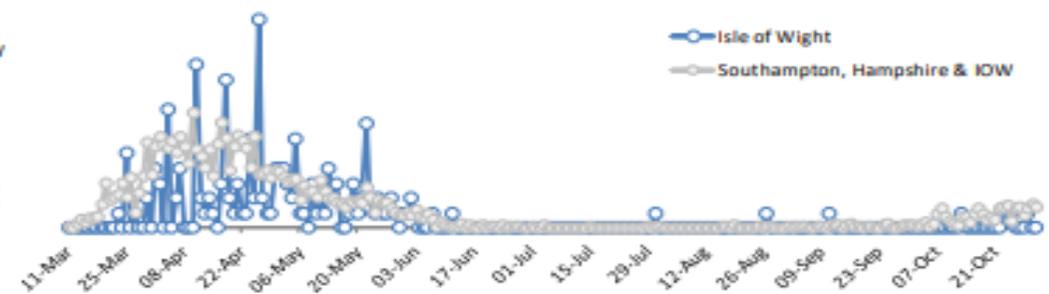
Number of ITU beds occupied by confirmed COVID-19 cases as of 8am Per 100,000 population



Number of COVID-19 discharges in the past 24 hours Per 100,000 Population



Number inpatients diagnosed with COVID-19 in past 24 hours Per 100,000 population



# COVID-19 recovery

- The recovery of our services continues – with good progress in many areas, with activity above 100% of normal in MRI, CT, Ultrasound and Endoscopy.

Recovery	08-Nov	15-Nov	21-Nov
Outpatients 4 week average (acute)	91%	81%	97%
MRI	93%	97%	106%
CT	123%	117%	116%
Ultrasound	116%	104%	116%
Endoscopy	92%	87%	106%
Day Case	77%	94%	85%
Inpatient	111%	76%	122%

- Outpatients is calculated on the 4 week rolling average. The figure now also excludes community clinics so the performance figure only reflects acute outpatient activity.
- Comparing day case to last year is difficult because chemotherapy day case activity is down considerably on the previous year. Adjusting for the drop in Chemo demand, day case activity would be above the 90% target.
- 52 week waits remains a concern – as we focus on the longest waiters patients will continue to tip out of 40-51 weeks bracket into the 52+ and therefore we anticipated that this figure will continue to increase for a while. The other impact is the lack of up take in the private sector.

# Key risks

## Workforce including staff sickness

Although not as high as during Wave 1 we are seeing an increase in the number of NHS staff reporting as sick or self-isolating due to COVID-19. Additional beds may be needed and staffing them will be a challenge.

## GP referrals

The number of referrals from primary care remain much lower than normal. This means fewer people are being diagnosed and sent to hospital for tests or treatment.

## Cancer services

Reduced GP referrals may be behind a drop in the number of people requiring cancer services – we want people to seek help early.

## Patients waiting longer than 52 weeks

52 week waits remains a concern – as we focus on the longest waiters patients will continue to tip out of 40-51 weeks bracket into the 52+ and therefore we anticipated that this figure will continue to increase for a while. The other impact is the lack of up take in the independent sector.

## Improving discharges

Some people are still spending longer than they need in hospital. Recent 'Break the Cycle' event looked at how the Trust can improve discharge and help people get home sooner.

We need to work with system partners to maintain and improve discharges, even as demand for services increases during winter and bed occupancy rises.

## Elective programme

There is a risk that COVID-19 winter pressures and workforce challenges impact on our elective programme. If we have to suspend elective activity some people will wait longer for their treatment.

# Leadership change in Community Services

Isle of Wight NHS Trust's Community Services will have temporary new leadership.

Lesley Stevens, Executive Director of Mental Health and Learning Disabilities, will take over leadership of the division from 1 December 2020.

Alice Webster, Director of Nursing, Midwifery and Allied Health Professionals (AHPs), will focus on her roles as Director of Nursing and the Trust's Director of Infection Prevention and Control (DIPC).

Both are now urgent priorities as the Trust faces the second wave of COVID-19 and a challenging winter.

The change will be in place until 31 March 2021.

It presents an exciting opportunity to continue to bring physical and mental health community services more closely together, as described in the Trust's [Mental Health and Learning Disabilities Strategy, No Wrong Door.](#)

# Staff recognition

## Nursing Times Awards

Wellow Unit and Shane Moody, Clinical Lead for End of Life Care, were finalists in the 30<sup>th</sup> national Nursing Times Awards.

## Health Service Journal (HSJ) Awards

The Trust's work with Isle of Wight CCG, Lighthouse Medical, Wessex Academic Health Science Network (AHSN) and Gnosco, is shortlisted in the Primary Care Innovation of the Year category.

The Dermicus App helps speed-up skin cancer diagnosis.

## NHS Parliamentary Awards

Two people have been named South East regional winners and shortlisted for national prizes.

Brian Martin, part of the Technology Enabled Care (TEC) Team, was nominated in the Lifetime Achievement category after 40 years of NHS service.

Carolina Lamb was nominated in the NHS Rising Star category for her work as a volunteer at St Mary's.

## Health Tech Digital Awards

The Technology Enabled Care (TEC) Team won this national award for its work rolling out video consultation and electronic monitoring equipment to Island care homes.

**great people great place**

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## Policy and Scrutiny Committee for Health and Social Care Workplan 2020/21

Date of meeting	Item	Background
<b>7 Dec 2020</b>		
	Impact of Covid on Residential Homes, Nursing Homes and Domiciliary Care.	Representatives of the care sector to outline the response to dealing with the pandemic
	Adult Social Care Winter Plan	To consider the winter plan for Adult Social Care.
	Budget and performance issues	To monitor key budget and performance issues relating to health, social care and public health.
	Isle of Wight Health & Care Plan :- Mental health pathway/ Woodlands, Shackleton Ward.	To consider any changes that may be proposed to service delivery.
<b>1 March 2021</b>		
	Budget and performance issues	To monitor key budget and performance issues relating to health and social care.
	Isle of Wight Adult Safeguarding Board Annual Report	To consider the annual report.
	Isle of Wight Health & Care Plan : - Update on Mental Health Pathway and implementation of Woodlands business case.	To consider any changes that may be proposed to service delivery.
	Integrated Care Partnership	To review the arrangements for the Integrated Care Partnership as agreed at the 14 January 2020 meeting. Item delayed due to the impact of Covid on working arrangements.
	Review of health scrutiny	To review the impact of health scrutiny and to identify areas where it could be more effective.

Since the last meeting of the Committee on 14 September 2020, there have been two informal meetings:

The first was held on **30 September 2020** and was attended by Chris Ainsworth, Gordon Pownall, James Seward (IW CCG), Lesley Stevens (IW NHS Trust), and Mark Howe (Adult Social Care). This meeting was to consider the mental health pathway, which included the

business case for Woodlands. The outcome of the discussions was THAT the Committee supported the proposals, a formal letter of support from the Chairman would be provided, and that a progress report (including feedback from service users) would be provided at the meeting of the Committee on 1 March 2021.

On **11 November 2020** the Committee met with Maggie Oldham, Darren Cattell, Kirk Millis-Ward, Steve Parker, Lesley Stevens, Joe Smyth of the IW NHS Trust. This enabled a discussion on winter pressures, Covid-19 wave 2, mainland operations being offered to island residents, drug related deaths, delay in CQC inspection processes, digital transformation and partnership working.