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**NHS**  
Isle of Wight  
NHS Trust



# 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

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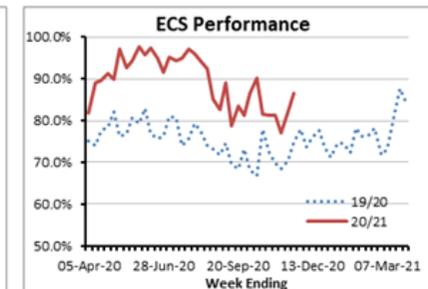
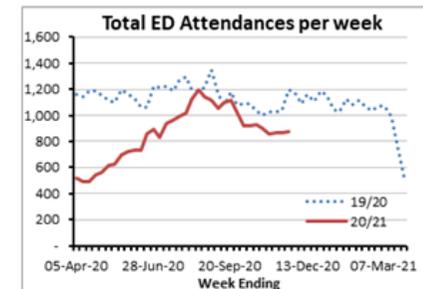
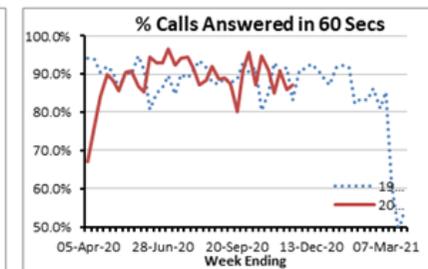
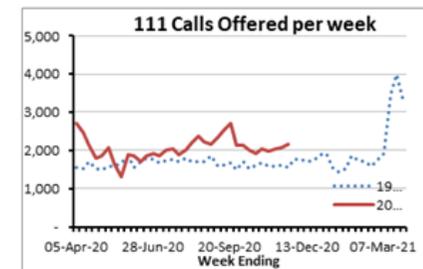
# Performance

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

# Emergency care activity

(data for the week ending 22 November)

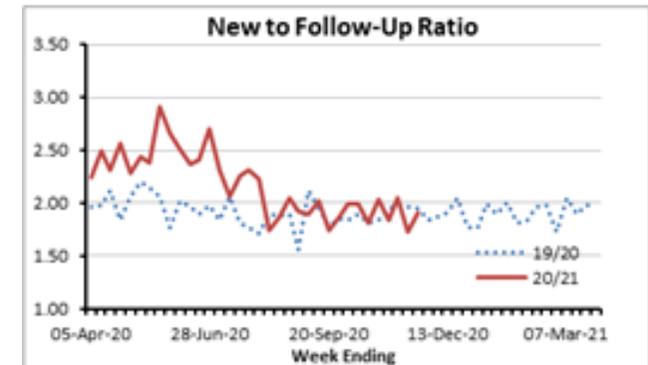
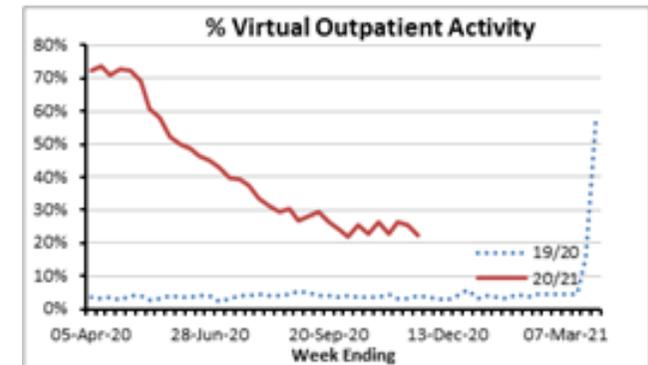
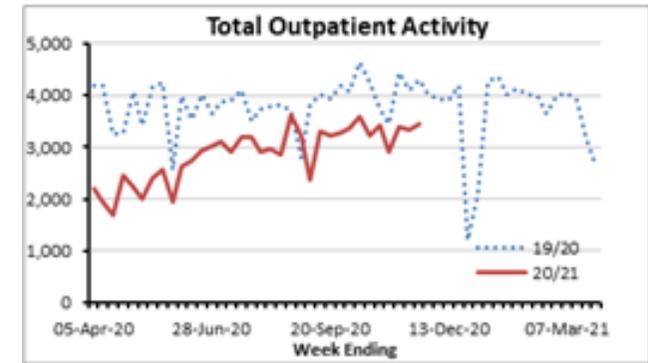
- Calls to NHS 111 are up significantly on last year:
  - Calls offered: 140%
  - Calls answered: 148%
  - Calls answered in 60 seconds up to 87% from 83.2% for the same period in 2019/20
- The number of people attending the Emergency Department is lower than last year:
  - There were 877 attendances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



# Outpatients

(data for the week ending 22 November)

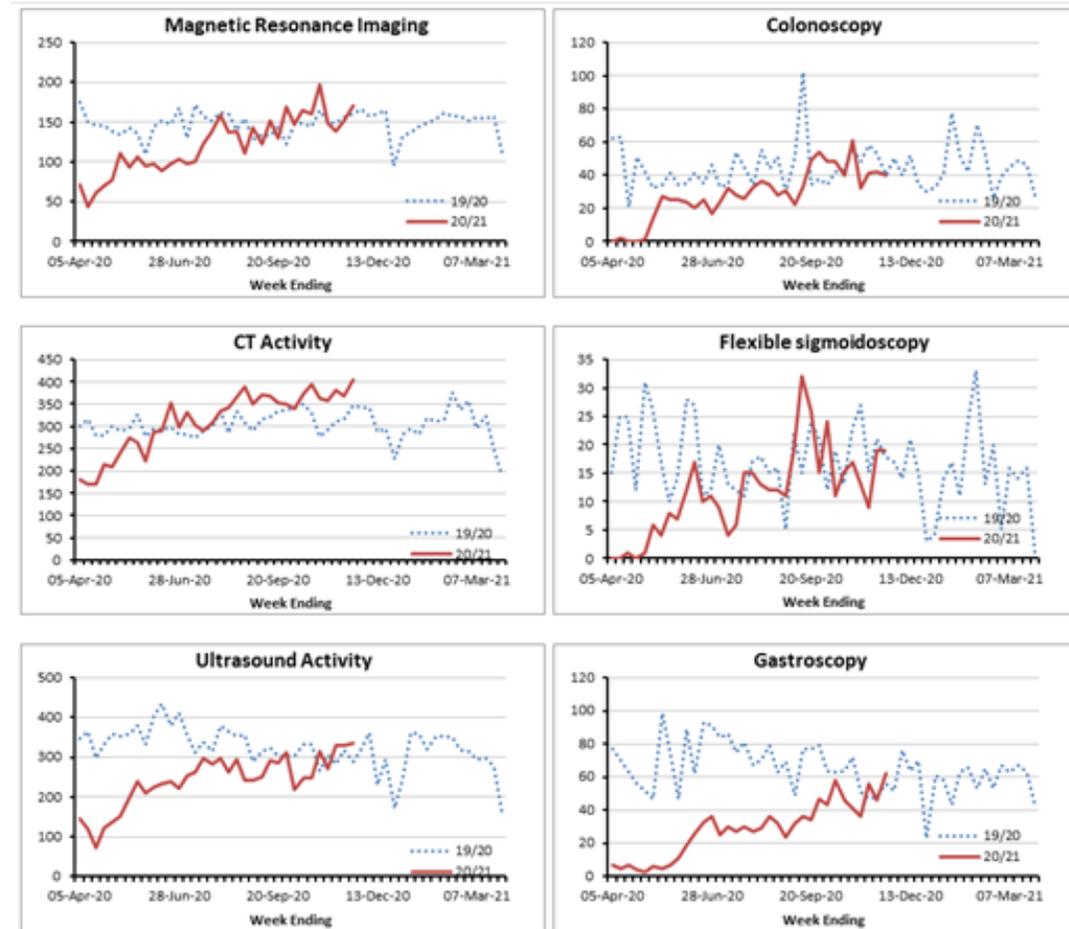
- Overall outpatient activity continues to increase:
  - In total there are 3,451 outpatients:
  - 1,185 of those were new appointments
  - 2,286 were follow-up appointments
  - Overall outpatient activity is at 97% of pre-COVID levels
  - In the previous four weeks 25% was 'virtual' activity, with telephone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



# Diagnostics

(data for the week ending 22 November)

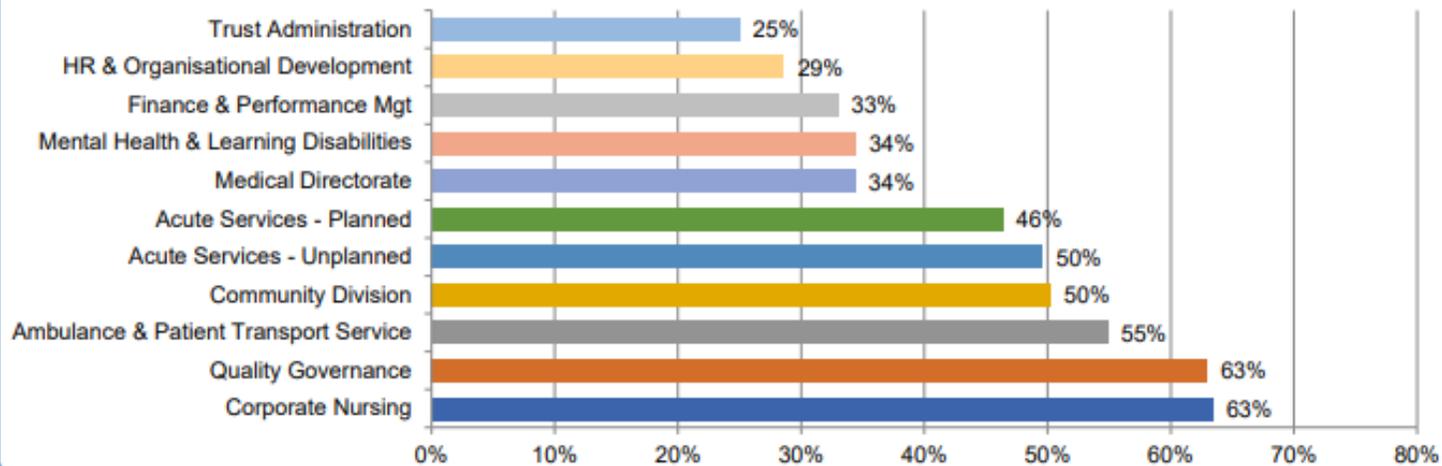
- The Trust has added CT and MRI scanners to help ease the backlog created by Wave 1 of COVID-19.
- Diagnostic Imaging services are performing well, with some services exceeding pre-COVID levels.



# 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**



**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 ACP’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

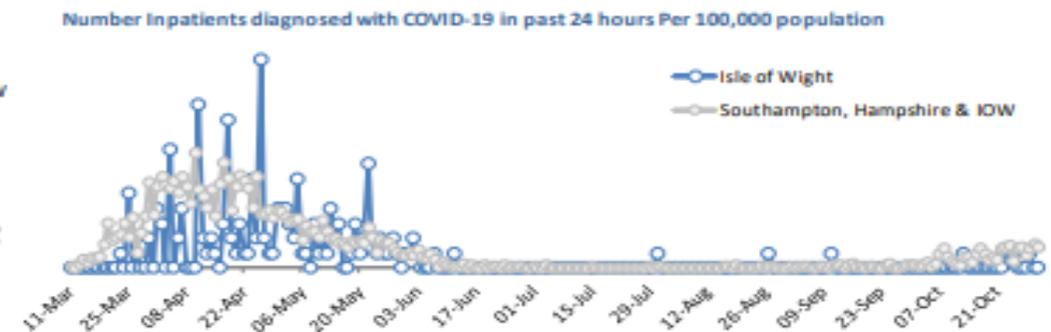
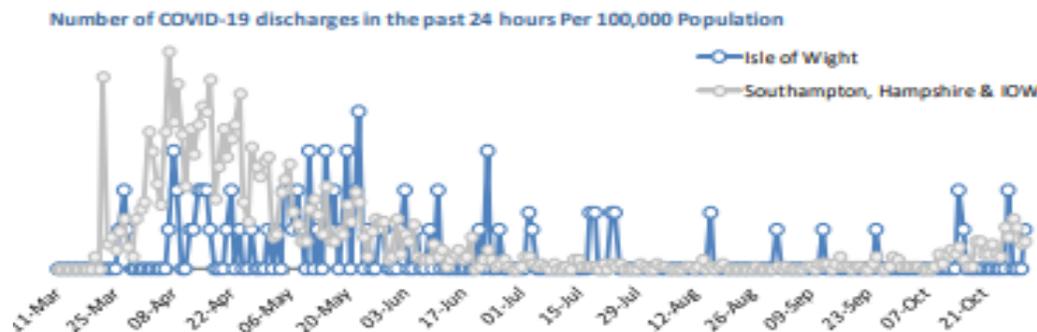
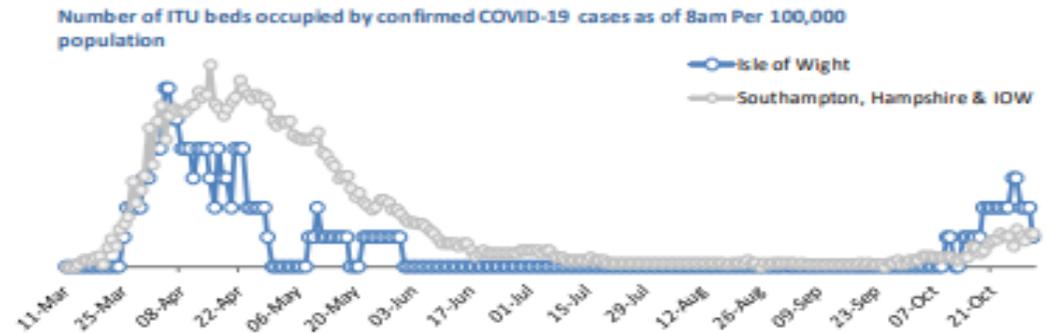
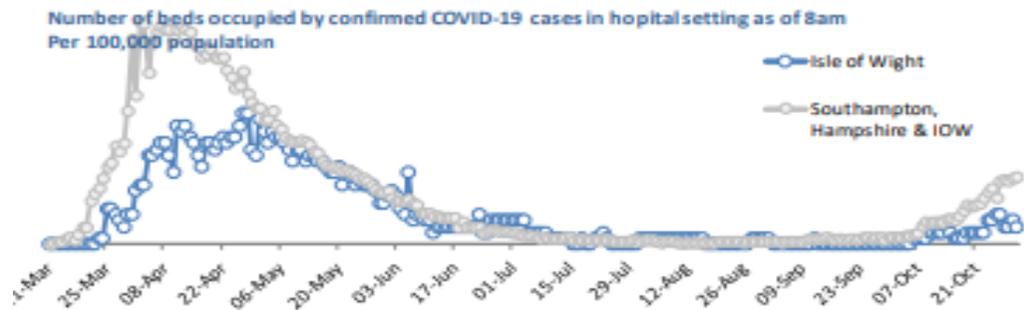
- Work with system partners to monitor performance and take action as necessary to address winter pressures
- Continue efforts to secure and deliver multi-disciplinary services seven-days-a-week
- Increase Patient Transport capacity to improve discharge from hospital
- Extend direct access pathways to 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>



# 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.

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