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**NHS**  
Isle of Wight  
NHS Trust



# Policy and Scrutiny Committee for Adult Social Care and Health

1 March 2021

# Introduction

This presentation addresses the issues that the Trust has been asked to update the Policy and Scrutiny Committee for Adult Social Care and Health on:

- Discharges and flow through the Trust
- GP referrals across practices
- Staff sickness and absence
- Mutual Aid to support the response to Covid-19
- Actions to support the future of Trust services
- Mental Health and Learning Disabilities Update

# Discharges and flow through the Trust

**We were asked to assure the Committee on safe flow through the Trust and to identify any areas where they could assist with blockages.**

- **COVID Challenges in the Acute**
  - Ever changing bed base – More Covid-Positive Admissions more positive beds, More Covid-Negative Admissions – ability to flex
  - Balancing the beds and needs of Medically fit Covid-positive patients v Medically fit post Covid-positive patients v Medically fit patients in contact with Covid-positive person v Medically fit Covid-negative patients
  - Quarantine areas - Exposure of a patient to Covid-positive patients resulting in a period of quarantine (10 days) unable to mix quarantine patients as this resets the clock
  - Trapped patients and beds
- **Community Bed Challenges**
  - Designated Covid-positive beds – insufficient capacity (care homes not accepting)
  - Designated Covid-positive beds – over capacity preventing Covid-negative discharges
  - Limited ability to flex beds between Covid-positive and negative patients
- **Care Homes and Packages of Care – Challenges**
  - Up to 40% capacity impacted by bed / home closures
  - Ability to provide packages of care for Covid-positive and Covid-exposed patients
- Patient Transport capacity impacted by social distancing
- Staff shortages due to illness or self isolation

# Response

- **Integrated Discharge Team**
  - Multi-disciplinary / agency Team working across the Acute, Community and Adult Social Care
  - Occupational Therapists, Reablement services, Adult Social Care, Nursing Staff, Discharge co-ordinators, Hospital Social Work Team and Managers
  - Strong links with care homes through single point of commissioning
  - Flexible, Creative, Forward Thinking and Solution Focused
- **Flexible Community Beds**
  - Flexed up 23 Covid-positive community capacity
  - Plans to adapt a ward to expand the beds by a further 15 beds if required
- **Patient Hotel**
  - 20 beds commissioned by the CCG to provide step down capacity for non-covid patients waiting packages of care or placement
  - Single Point of Care (SPOC) purchase of additional care home beds
- **St John's Ambulance & Fire service**
  - St John's provided two additional ambulances to support patients' transfer to hospital
  - Fire service provided personal to drive ambulances
- **Responsive Management Team**
  - Daily 17.30 Cross System Response Meeting (CCG, Hospital, Adult Social Care and Community senior managers)
  - Adapting policies and procedures across the system to support flow and meet changing needs (at pace)
  - Planning for the future – long term recommendations

**Committee asked to continue to support integrated working**

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# GP referrals across practices

The Committee asked us to identify whether there is any outlying practices to the general trends of GP referrals on the Island

- **Wave 1** – Referrals reduced to 25% of Pre-Covid levels
- **Recovery 1** – Referrals slowly started to recover but took until December to get to 87% of Pre-Covid levels
- **Wave 2** – Referrals have reduced to 65% of Pre-Covid Levels

## Areas of Concern

- **Cancer Referrals** down and first cancer treatments down by approximately 30% - Significant concern with Urology, Head & Neck and Lung – patients presenting with advanced diagnosis
- **Frail Elderly** – not accessing primary care presenting at ED with advanced illness and consequently requiring admission that could have been avoided
- **Mental Health** Referrals are anticipated to increase sharply with more people in crisis as opposed to starting to feel unwell

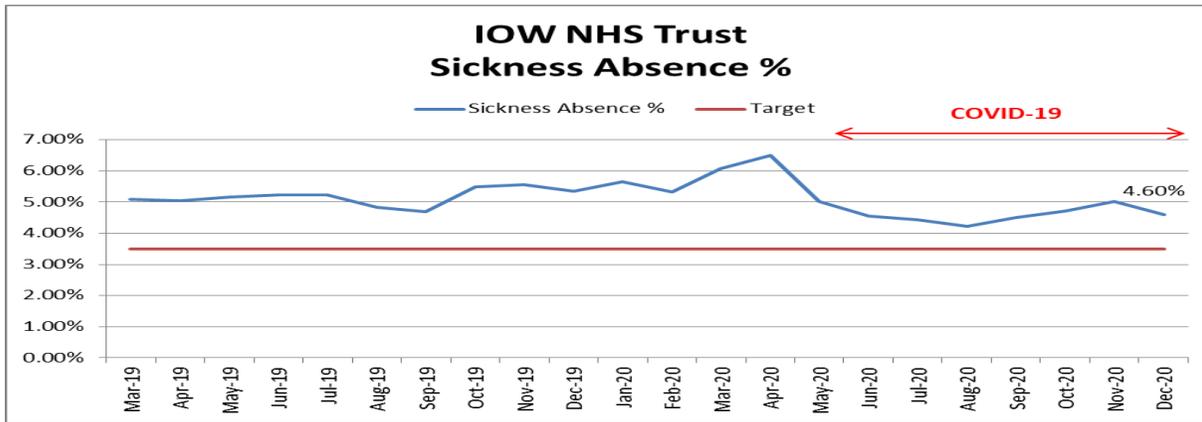
No significant outlier identified

# Staff sickness and absence

**The Committee requested an update on the impact of our services on staff sickness and absence.**

- The following slide reports on the hotspots for staff absence and the support offered to staff.

# Staff Absence & Support



## Absence Summary:

- Sickness absence rate at Month 9 = 4.6%
- Notable hotspots are evident in the: Ambulance Division & Community Division
- The highest reason for sickness absence in these two areas is Covid-19 related. However, the Trust overall highest cause of sickness absence remains “Stress, Anxiety & Depression”.
- In order to maintain grip and control of absence, a daily report is now produced which supports decision making around bank/agency allocation.

## Remote Working:

- As a Trust we have promoted remote working where appropriate and have provided equipment and managerial support to manage “Agile & Flexible Working” across services. This has reduced footfall within the Trust site and reduced risk of infection.
- The Trust is working to mitigate against the impact of potential isolation caused by consistent remote working and has established numerous Networks to engage our people (e.g. Working from Home Network) and these see positive engagement across our Divisions.

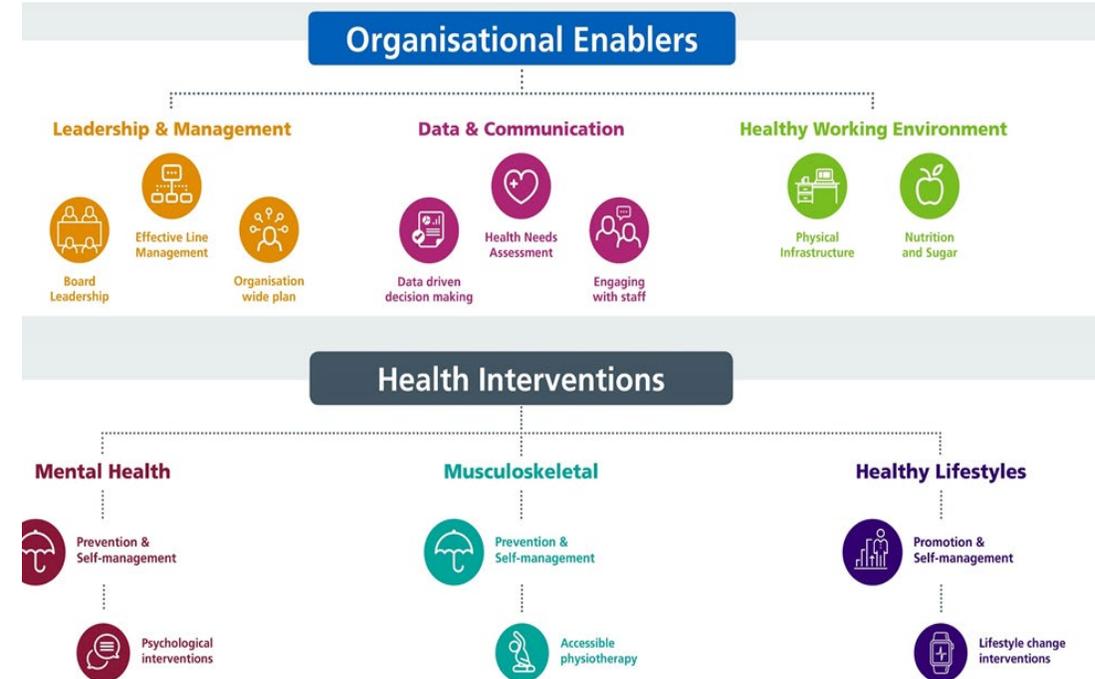
## Support:

- A comprehensive programme of Health & Wellbeing interventions has been introduced providing physical & psychological support
- In order to support staff experiencing “Stress, Anxiety & Depression”, the Trust provides specialist Mental Health Support through the Occupational Health team as part of the Health & Wellbeing offer. This enables the provision of counselling and appropriate signposting to further services.
- Occupational Health provide further support to staff and managers through the provision of:
  - Consultant Support
  - Physiotherapy/Back Care Support
  - Risk Assessment Programme – This ensures our staff are working in safe environments with appropriate support
- Safe Staffing is a key priority and this is maintained through bank & agency cover.
- A Central Staff Allocation Hub has been established to enable appropriate skilled redeployment of staff to fill any staffing gaps caused by sickness and absence.
- The Trust has been supported by military personnel who were deployed across the organisation to support the sustainability of our services.

# Health & Wellbeing

**Objective:** The workforce is supported to remain healthy, with a focus on addressing major health and lifestyle issues that affect individual staff and the wider population

## Priorities:



## Progress:

### 1. Leadership and Management

- **Health and Wellbeing Check-in/Appraisal** compliance at 74.1%
- **Wellbeing Hub** with up to date information and resources for staff available on the Covid Hub
- **Pilot Delivery of Wellbeing Seminars** in Community Division and Mental Health & Learning Disabilities Rehabilitation and Recovery Organisational Change

### 2. Data and Communication

- **Thrive Monthly Health and Wellbeing Newsletter** promoting staff stories and wellbeing information on services available inside and outside the organisation
- **Trust Facebook Page** raising awareness of health and wellbeing

### 3. Healthy Work Environment

- **Occupational Health** offering a 24 hour phone line and management of Covid-19 Risk Assessments
- **Agile Working** A line manager network established with health and safety remote sessions being delivered. We are providing further support in managing agile working resources.

### 4. Mental Health

- **'Listening Ear' service** for staff to have a safe and confidential place to have a wellbeing check-in with a trained coach
- **Listening Ear 'Safe Spaces'** hosting virtual safe spaces for teams, groups or individuals to offload and reflect
- **Psychological formulation** of support via 'Care Spaces' and 'Taking Care to Give Care' to teams working throughout the pandemic
- **15 minute Mindfulness sessions** for all teams on request, delivered by our Consultant Clinical Psychologist
- **'Mindful Monday'** delivered by our Consultant Clinical Psychologist via our staff Facebook page

### 5. Musculoskeletal (MSK)

- **Physical health promotion** including promotion of the oneyou public health campaign
- **Yoga** being active programme
- **MSK Fast Track Referral** process in place

### 6. Healthy Lifestyle

- **Promotion of NHS England/Improvement** and system wide offers
- **Working from Home** staff support network including health tips and resources
- **Menopause Matters** local network supporting each other, 3 ambassadors being trained to roll out awareness sessions
- **Wellbeing Champions Programme** support the health and wellbeing agenda and embed within teams
- **Financial Wellbeing** promotion of virtual sessions available to all staff

# Mutual Aid to support the response to Covid-19

**The Committee asked how are we using the offers of help in our response to the Covid-19 pandemic**

- We have suspended some non-urgent services and redeployed staff into areas responding to the pandemic and also into other urgent services. In addition, we have redeployed staff from corporate services to provide clinical support type services where staff skills are transferable.
- We continue to work with the military who are providing non-clinical support. This support is much appreciated by our staff and the soldiers are reported to be enjoying the work.
- We are using Fire & Rescue personnel within our Ambulance service which is helping to release some of the pressure experienced on the frontline with staff sickness.
- Across the Hampshire and Isle of Wight system there is a process of mutual aid for any spare critical care bed capacity. We have transferred a small number of critical care patients to the mainland to ensure appropriate care can be given in another centre where we have been under significant pressure.
- We have offered patients the opportunity to receive Independent Sector Elective treatment on the mainland. Unfortunately the take up of this has not been as high as we would have liked and we are now seeking additional on Island capacity to provide this treatment.
- We are working with our new Healthcare partners to review the thresholds for care that we provide to ensure that these are aligned with those of our partners.

# Actions to support the future of Trust services

**The Committee requested an update on the improvements to our facilities that would enable us to better respond to demands for our care in the future**

- We have secured a significant amount of capital funding which we will invest in our buildings and IT systems to ensure that they make our services suitable for our current and future needs. This includes investing in services at St Marys and within our Island community. We are developing business cases to be able to draw down the money for these schemes.
- We have an on-going challenge in recruiting staff to some services and in some specialties. We are working with our partners to address this through recruitment initiatives such as joint posts with Portsmouth Hospitals University NHS Trust in Stoke services for example.
- Our work with our strategic partners is identifying areas where we can strengthen our resilience through improved processes and service redesign in Urology services for example.

# Mental Health and Learning Disabilities Update

## We were asked to update the Committee on key areas of Mental Health and Learning Disabilities (MH&LD) services

- The new MH&LD leadership structure is now in place, in line with the new strategy. This includes a new Director of Operations and Commissioning post, which is shared between the Trust and CCG, and a new locality manager post which is shared between Trust physical and mental health community services.
- The work to implement the 'No Wrong Door' strategy is progressing despite the operational pressures relating to Covid. This includes:
  - Plan to change the mental health rehabilitation service based in Woodlands from a bed based to a community service is on track to happen from 1<sup>st</sup> April 2021. Staff organisational change process in progress. Service has stopped accepting admissions of people detained under the Mental Health Act in preparation for the change. Building works will start in March.
  - Dementia services review is in progress, supported by senior clinicians in Solent NHS Trust
  - South Locality pilot is progressing well. We are working very closely with primary care, LA, third sector and community physical health colleagues to develop an integrated model of care, and test ideas for new ways of working in the South locality, for wider implementation across all localities.
- We are working with colleagues in the ICS to model the impact of Covid on mental health and learning disability services. It is anticipated that there will be an increase in demand due to suppressed demand through lockdown, direct impacts of Covid on mental health (e.g. long Covid, PTSD, bereavement, psychological impacts of social isolation), and wider impacts of socioeconomic changes on health and wellbeing. We are already seeing an increase in acuity of presentations to our services, and this is resulting in increased pressure on our mental health acute services.