

Public Representative E-brief Update

10 October 2023

Western Health and Social Care Trust - Engagement on the review of Community Adult Mental Health Services

The Mental Health Strategy 2021-2031 sets the vision and future strategic direction for mental health services in Northern Ireland over the next decade. Action 31 of the Mental Health Strategy commits to the development of a Regional Mental Health Service, operating across the five HSC Trusts.

The WHSCT has engaged in the development of the Regional Mental Health Service Proposal Paper – Silos to Systems June 2022. The establishment of the Regional Mental Health Service has been targeted to remove unwarranted variances across the region and improve outcomes for people who use mental health services.

In relation to the roll out of the Regional Mental Health Service, the variance across the region in the way Trusts provide community mental health services is an area of particular focus and the proposal is to reduce the unwarranted variance to assist clearer navigation of services, reduce interfaces that may lead to communication gaps and lack of consistency in service provision. This is to be achieved not by changing organisational boundaries but by ensuring we have structures in place to deliver regional consistency, quality and access across Northern Ireland.

In preparation for further engagement in relation to the Regional Mental Health Service the WHSCT are undertaking a comprehensive review of Community Adult Mental Health services, to identify areas of good practice and areas of potential change that will improve outcomes for people who use services.

In taking the review forward there has been engagement with staff representatives across Trust Directorates ensuring all professionals are involved and other key stakeholders including people with lived experience, their carers and advocates and staff side representation. Further engagement with primary care, NIAS, PSNI, independent sector providers as well as relevant community and voluntary sector organisations will be part of the review process.

The review includes all parts of the system including the reform and modernisation of Adult Mental Health Supported Living provision to develop a future model within the WHSCT area which meets the needs of service users. The initial phase of the review following staff engagements and further engagement exercises with service users and families, Avoca was stepped down and all residents by the end June 2023 were relocated to a more appropriate facility to meet their care needs and they have all settled into their new place of residence which has been a positive outcome for these individuals and their families. Staff were redeployed to vacancies in nearby supported living facilities which ensured their skills are being maximised to improve outcomes for our service users.

A paper will be developed to summarise the findings of the review and make recommendations for service improvement as necessary.

The Trust will continue to communicate to MLA/MPs through our Public Reps Briefs in respect of this review and once completed a presentation on the outcomes of the review can be shared at an appropriate next Briefing.

Issue of signed Death Certificate from Hospitals

A signed medical certificate of cause of death is required for the release of a deceased person's body to an undertaker.

- **Only a medical practitioner who has seen and treated the deceased in the previous 28 days can issue this certificate.**
- **This is a legal requirement which applies to all hospitals in Northern Ireland.**

If no doctor is present in the hospital who has seen and treated the deceased in the previous 28 days, then the certificate cannot be issued.

It is regrettable that due to medical rotas that this can occasionally occur and all medical staff must work within the legal frameworks to issue death certification as soon as they are legally allowed to.

Emergency Departments Update

Both our Emergency Departments, similar to other EDs across the region continue to experience challenges with congestion and long waits for our patients, alongside a 2% increase in attenders. This is reflected in our performance against both the 4 and 12 hour standards over the past 3 years.

Facts & Figures

124,554 people attended EDs in Western Trust during 2022/23. This was a 2% increase from the previous year.

49% of these patients were seen within the 4hr target which is a 4% decrease from the previous year.

14.46% of these patients waited longer than 12 hrs which is an increase of 3.48% from the previous year.

7.51% of these patients were unplanned re-attenders.

6.2% of all attendances did not wait to be seen, which is also reflective of the long waits patients are experiencing in ED.

WHSCT Ambulance turnaround times are the best in the region and patients are off-loaded from ambulances as quickly as possible following arrival at our ED Departments.

The Trust has been engaged in a range of work streams aimed at improving patient flow through our hospital system and onward to discharge from hospital including Safer Flow work on the SWAH site and an external team reviewing flow processes across the Trust in November 2022.

Moving towards 2023/24, key priority areas for improvement will include stabilisation of the Nursing workforce within both the EDs and finalising of case for dedicated Minor Injuries Unit at Altnagelvin as part of the regional No More Silos. In addition, an expansion of Same Day Emergency Care at SWAH is planned to include Integrated Care pathways for care homes.

In January 2023, implementation of a Discharge Lounge at Altnagelvin was commenced to support the focus on earlier in the day discharges.

The Trust now has clear Full Capacity and Non-designated Beds protocols to assist with safer escalation of wards.

The number of patients who are medically fit for discharge but experiencing a delay with their discharge remains a significant challenge across both acute sites. Daily meetings with discharge team provides a focus on these patients to expedite any outstanding actions.

A site co-ordination model is currently being explored and will be implemented pre Winter.

The Directorate embarked on an ED Nurse stabilisation project in early summer and the current progress regarding recruitment is outlined below. The purpose of this project is to move away from high cost agency usage and create a stable ED nursing workforce that supports effective patient care going forward

| | Altnagelvin (30wte agreed) | SWAH (14 wte agreed) |
|--|---|-----------------------------|
| Preregistration uptake | 19 | 12 |
| International Recruitment | 1 (<i>2 already commenced undertaking OSCES</i>) | 0 |
| Healthdaq (<i>closes on 31 August 23</i>) | 5 | 2 |
| Fortnightly rolling recruitment | 28 candidates to be offered interviews September /October (experienced ED nurses) | |

Altnagelvin ED Remedial works

Over recent months the floor in Majors 1 areas of the Emergency department at Altnagelvin has shown signs of pot holing across the length of the entire floor space. On further examination by the estates team one subsection of the floor has eroded across the modular build joists and caused dips in the flooring.

The dips in the floor are a major health and safety concern for patient and staff working in that area, the floor is a trip hazard with an uneven surface and if remedial works are not completed soon the potential for the floor to deteriorate further.

Following a walkabout his area and a conversation with the estate projects team, to complete the work will require Majors 1 area to be closed and vacant so the floor can be repaired. This work will take one week to 10 days to complete and will commence on 11th October 2023.

This will mean the loss of a third of the cubicle space available in the emergency department. A total of 7 cubicle spaces and a sub wait seating area of approximately 10 spaces.

Mitigations have been agreed with the re-provision of 7 spaces in Ambulatory Care Unit staffed by ED team for patients who have a Decision to Admit (DTA) and the Community Directorate have supported a reduction plan for delayed discharges to ensure patient flow is enhanced.

We will keep you updated at the time of the commencement of the works and would ask that you link with Chris if you receive or have any further enquiries on this.

Independent Sector Domiciliary Care Services Tender

The Western Health and Social Care Trust (Western Trust) currently has contracts in place for the provision of independent sector domiciliary care services across the Trust area.

These existing contracts are due to expire incrementally from 29 February 2024. As such the Trust is required to re-procure these contracts.

The Trust will be contracting with three providers in each lot, with nine lots across the Trust. The total value of the contract is £265.3 million over the six year contract term.

Tender documentation will be advertised on the [eTendersNI.gov.uk](https://www.eTendersNI.gov.uk) website in the coming weeks and the Trust will confirm once the tender has been advertised through our Public Representative E-Brief. It is anticipated that tender outcomes will be announced by December 2023.

Industrial Action (IA) Impacts Update

The Trust experienced significant industrial action in the form of strike action and action short of strike (ASOS) during the period from midnight on Wednesday 20 September until Saturday 23 September. This involved members of 7 trade unions, many of whom were on strike for 48 hours.

The unions involved included NIPSA, UNISON, UNITE, GMB trade unions, as well as the Chartered Society of Physiotherapy, the Society of Radiographers and the Royal College of Midwives.

This had a very significant impact on a wide range of Trust services delivered across all settings. The Department of Health Statement provides information for impact across all Trusts. In the Western Trust the impacts were:

- 936 Outpatient appointment cancelled
- 26 Inpatient appointments cancelled
- 86 Day case appointments cancelled
- 45 Endoscopy appointments cancelled
- 60 Radiology appointments cancelled
- 1033 Radiography appointments postponed
- 56 Radiotherapy appointment postponed
- 95 Oncology and Haematology patients impacted
- 193 Homecare services users impacted
- 51 Day Centre services users impacted
- 647 Allied Health Professionals appointments cancelled

- 238 Adult Mental Health service users impacted
- 750 Day Centre users impacted
- 269 Physical and Sensory service users impacted
- 93 Community social work contacts cancelled
- 9 Acute Paediatrics appointments impacted
- 33 Maternity & Gynaecology appointments postponed
- 61 Health centre appointments rescheduled
- 299 clients in children services were impacted by withdrawal and postponement of contact and other services.

Across services a number of red flag and urgent patients had appointments cancelled. These have been prioritised for rescheduling.

Other IA impacts

Staff are feeding back an increased level of verbal abuse from service user/patients who were understandably frustrated that the level of care or service they normally get is reduced. Staff found this difficult to deal with and there is a sense that at a regional level we are not managing the general public's expectations during times of industrial action.

There is a level of stress and anxiety amongst all staff groups that the services provided on strike days are adequate and will not result in harm to any patient or service user.

Teams that are not taking IA are impacted as an indirect consequence of other teams either taking action short of strike (ASOS) or strike action. Many of these staff provide support into other services areas to ensure that we maintain essential services. However this causes these staff additional worry and stress. Many feel physically and mentally exhausted when IA is over.

Other staff have been working additional hours to compensate for gaps in rotas to help get us closer to the minimum number of staff we need to ensure patient and service user safety. These staff need time for recovery and this impacts on the amount of time they are available for future rotas.

Some of the other unseen consequences of IA include the significant amount of preparation time prior to IA by all teams. In the weeks leading up to strikes, this impacts on normal business, decision making, cancelled meetings, and emails unanswered. After strikes there is the build-up of work that staff need to pick up.

Maintaining good relations within and across teams and with trade unions is vital during these trying times and this takes additional effort and energy.

The physical and emotional toll on staff in preparing for IA and during strike days is significant and we are blessed to have such wonderful staff who, time and time again, give of themselves to keep others safe and services operational.

Industrial Action - Looking forward

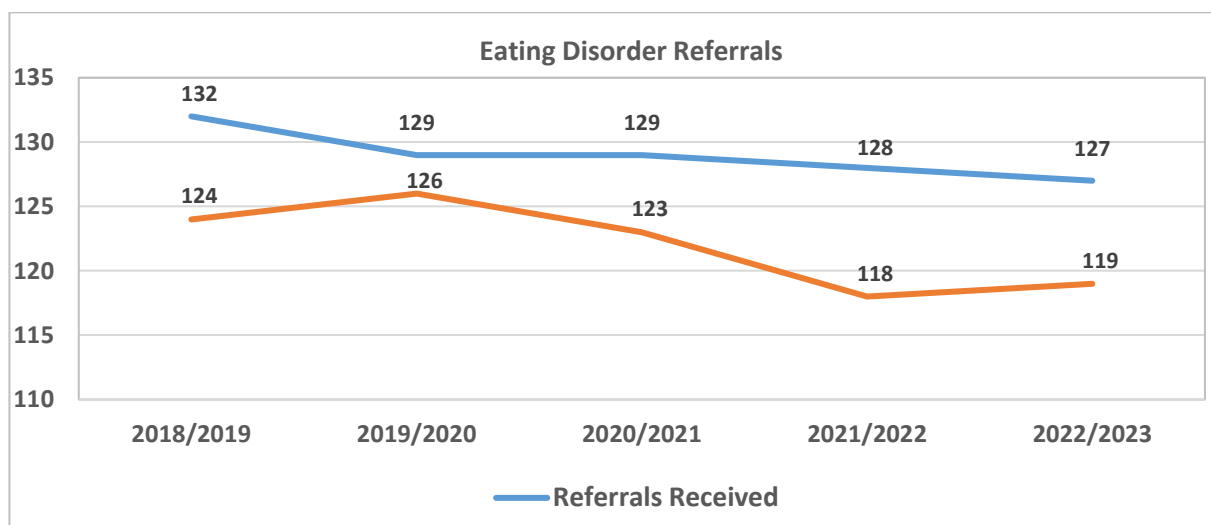
The British Dietetics Association and the BMA Junior Doctors Committee have confirmed their intention to ballot for industrial action in coming weeks. We understand that other BMA Doctors Committees may also hold ballots.

From the trade unions that already have a mandate, we have had indications that there will be further strikes in November / December. We are extremely concerned about the impact that further strikes involving doctors would have on our services.

Adult Mental Health and Disability Directorate

Eating Disorder Service Data Trustwide

| Demand | 2018/2019 | 2019/2020 | 2020/2021 | 2021/2022 | 2022/2023 | TOTALS |
|------------------------|-----------|-----------|-----------|-----------|-----------|--------|
| Referrals Received | 132 | 129 | 129 | 128 | 127 | 645 |
| Referrals Accepted | 124 | 126 | 123 | 118 | 119 | 610 |
| Referrals Not Accepted | 8 | 3 | 6 | 10 | 8 | 35 |
| % Not Accepted | 6% | 2% | 5% | 8% | 6% | 5% |



Department of Health release – Winter Pressures Plan Published:

A detailed winter plan has today been published for Northern Ireland’s health and social care system.

With severe pressures expected on services, the importance of all parts of the system working together has never been more critical.

Representatives from HSC Trusts, General Practice, community pharmacy, social care and the Department today attended a joint summit on the challenges ahead.

The 2023/24 Winter Preparedness Plan details a series of investments and initiatives, including:

- strengthening the Urgent and Emergency Care system to provide alternatives to Emergency Departments, including Urgent Care Centres/Urgent Streaming Services, Rapid Access Clinics and local Phone First services. These services operate alongside Trust Emergency Department services and existing minor injuries services.
- £3.4m in funding provided to General Medical Services (GMS) and Out of Hours Services (OOH) to support GP practices increase their capacity in light of the anticipated increase in demand over the winter.
- Northern Ireland Ambulance Service increasing the range and capacity of clinical expertise within Ambulance Emergency Control to help ensure cases are appropriately managed.
- Enhanced hospital capacity – for example, an additional 48 beds have been opened in Antrim area hospital in 2023 while 45 beds opened for last winter in the Ulster hospital will continue to be funded. The Royal Belfast Hospital for Sick Children, in recognition of ongoing service pressures, has increased its bed capacity by 5, which will help during the winter period.
- £4.3m provided to support GP practices across Northern Ireland to provide proactive support and care to those in nursing and residential care homes.
- Rolling out the Pharmacy First Pilot Service for Uncomplicated Urinary Tract Infection (UTI) in Women Aged 16-64 years. This will expand from the current pilot of 62 Community Pharmacies to the entire Pharmacy network of more than 500 Pharmacies across Northern Ireland, through an investment of £410,000. Over the winter period, it is estimated this will deliver 12,000 consultations, freeing up capacity in GP practices.
 - Allocating £265,000 to a new Pharmacy First Sore Throat ‘test and treat’ service, which is being piloted this winter. This will be delivered in 40 pharmacies. It is estimated that around 8,000 consultations will be delivered this winter.
 - HSC Trusts will jointly establish a Regional Control System which will have responsibility for ensuring system wide co-ordination for managing pressures.
- To make best use of available domiciliary care capacity, Trusts have been allocated recurrent funding of £697,000 to establish early review teams by October 2023. These teams will be responsible for completing reassessments of need within two to eight weeks of hospital discharge, with the aim of releasing capacity back into system if the patient’s needs have reduced following return home.
- Performance targets have been detailed in the winter plan, covering ambulance handover times and simple and complex discharges. Performance against these targets will be published every two weeks on the DoH website from 30 October 2023 through to March 2024.