

South West Acute Hospital (the South West Acute Hospital) Strategic Development Group (SDG)

Held on 26th October 2023 in Boardroom, South West Acute Hospital and via Microsoft Teams

Present:

Neil Guckian, Co-Chair (Chief Executive, Western Trust);
Judi McGaffin, Co-Chair (Non-Executive Director, Western Trust Board);
Jim Wilkinson (Department of Health, Deputy Secretary, Healthcare Policy Group);
Tomas Adell (Department of Health – Director of Elective Care and Cancer Policy);
Cllr Thomas O'Reilly (Chair, FODC);
Alison McCullagh (Chief Executive, FODC);
Dr Brendan Lavery (Medical Director, Western Trust);
Mark Gillespie (Director of Planned Care, with overall responsibility for the South West Acute Hospital and Omagh HPCC, Western Trust);
Teresa Molloy (Director of Performance & Service Improvement, Western Trust);
Carol Reid (Asst Director of Nursing the South West Acute Hospital & Omagh H&PCC);
Prof Monica Monaghan (Divisional Clinical Director of Medicine, Southern sector, Western Trust);
Dr Mark Roberts (Clinical Consultant Lead, Integrated Care Southern Sector, Primary Care and Older People's Services, Western Trust);
Chris Curran (Public Affairs/Relations, SPOC MLAs, MPs, lead on the South West Acute Hospital All Party Group, Western Trust);
Prof Ronan O'Hare (Deputy Medical Director, Western Trust); Dinah Shortt (Service User Representative);
Geraldine McKay (Director Unscheduled Care, Cancer, Diagnostics & Medicine, Western Trust);
Oliver Kelly (Head of Communications, Western Trust);
Elizabeth Campbell (Asst Director of Operations the South West Acute Hospital & Omagh H&PCC);
Dinah Shortt (Independent Service User, User Involvement)
Bernie McCrory (Independent Community Stakeholder);
Prof Mark Taylor (Independent Expert Health Advisor);
Donna Keenan (Director of Nursing & PCOP, Western Trust);
Joanne McClean (Independent Expert Health Advisor, Director of Public Health, PHA);
Dr Laura McDonnell (Director, South West GP Federation)

In Attendance: Jim Masterson (Business Manager)

Apologies: Jenny Irvine (Independent Community Stakeholder)

Welcome

Mr Guckian, Co-Chair, welcomed all present and in particular Bernie McCrory and Elizabeth Campbell on their first meeting. Apologies were noted. Mr Guckian wished to reiterate that one of the many aspects of today's meeting is for the group to work to ensure the continued and future sustainability of South West Acute Hospital and that it continues to flourish for staff and patients. He emphasised that members of the group may all have differing priorities but this will also help enrich decision making and debate. He provided an overview of today's agenda highlighting that this would include a presentation from Teresa Molloy on the Regional and Local winter planning work to date.

Terms of Reference, discussion and approval

No further comments have been received by Chris Curran. The Terms of Reference was approved by the Group.

Presentation on Winter Planning

Teresa Molloy provided an update on the Regional and Local winter planning work to date. The preparatory work started with a workshop in June 2023 followed by number of internal meetings with key stakeholders across the Trust. The Western Trust Winter Plan was submitted to DoH in early September 2023, and participated in a formal review session with DoH SPPG and external experts on 12 September 2023. Based on comments received, a revised Plan was submitted on 15 September 2023.

DoH held the Winter Summit on 4 October 2023, which primarily focused on communicating the system approach to winter to the public, across all areas of Health and Social Care. The Trust pack and DOH Winter Plan is available online. Teresa emphasised the importance of all partnerships organisations work closely together to support the general public's role getting the covid and flu vaccinations. The Southern Eastern Trust will go live with Encompass 9th November 2023 and the Western Trust will go live in Spring 2025.

The DOH have committed additional investment in NMS, NIAS, triage, community pharmacy and additional resources. The Trust website will be regularly updated, there will formal communications and briefings to councils, MP's & MLA's and the press to strengthen public confidence. A key priority will be also to engage more with GPs.

There will be a massive impact lack of EMI and on the limited provision of Domiciliary Care that will continue to impact on number of discharges from the South West Acute Hospital, the solution lies in the community particularly in rural areas and the west. Workforce challenges remain and the risk of increasing costs with a reliance on agency staffing remains. Increasingly it is becoming more a case of the availability of resources and capacity rather than just money. Although we are hoping for extra capacity from one care home there is a risk that some care homes may have reduced capacity.

LMcD reported on recently published guidance by BMA in Northern Ireland for GPs (GMS contract practices) to ensure safe working they should have only 25 patient contacts per day, this includes virtual appointments and telephone calls. For reference: <https://www.bma.org.uk/advice-and-support/gp-practices/managing-workload/safe-working-for-gps-in-northern-ireland>. This will increase the traffic to Phone First, GPOOH and ED's, when capacity has been reached.

TO'R asked was there a joint service to help patients to navigate to Urgent Care and Treatment Centres and pharmacies. TM stated that challenges will remain in primary care and secondary care system, signposting will be given from Phone First and NHS111.

TO'R also reported that hearing from patients that A&E are seeing them and referring them back to the GPs however the communications between A&E and GP's is not good. MG is to meet with GP's in an effort to improve communications and propose some tweaks that will work to achieve this objective.

MT stated although this is a challenging environment there is still a plan in place to transfer patients from South West Acute to Altnagelvin and Craigavon. Mark also notes that the South West Acute Hospital could hold its head up high as a result of its swift ambulance

handovers, it is the best in Northern Ireland and provides an example to other hospitals of how to drive improvements in capacity. The recent investment in Same Day Emergency Care is another good step and in the right direction. Protecting Elective Care in the South West Acute Hospital and the Omagh Hospital and Primary Care Complex to support the regional Emergency Overnight Surgical Centres will not have inpatient treatment affected. The staff and hospital are playing their part on behalf of the Trust.

Presentation on The South West Acute Hospital overall activity

MG gave a detailed update on the overall activity in the South West Acute Hospital. Mark stated there had been no reduction in ED attendances and admissions load has continued, we should be very proud with the staff performing very well and the challenge to access NHS has provided 24/7 by consultant oversight and patient safety

Another positive development has been the recommencing of Rheumatology Clinics in the Southern Sector. Dr Awan held his first clinic in the South West Acute Hospital on Wednesday 9th August 2023 and continues in the Omagh Hospital and Primary Care Complex on Mondays and the South West Acute Hospital on Wednesdays.

The workforce has been further stabilised following the new appointment of three speciality doctors, two for Obstetrics and Gynae and one for Diabetes and Endocrine. The consultant team has also been strengthened by the appoint of three consultants, one for Radiology, one in Obs and Gynae and a further 1 to follow in Obs and Gynae and one new Cardiology Consultant due to start in November.

Theatre Access had been a significant challenge during the covid pandemic. Currently in the Southern Sector, Gynae are using 73% of funded sessions with a plan to be at 100% by the end of November with new Consultants with 5 sessions out of 6 in the South West Acute Hospital and 3 sessions out of 5 in the Omagh Hospital and Primary Care Complex.

It is anticipated that WHSCT will be in a position to offer the full complement of sessions in Southern Sector by November 2023 with gaps in emergency list and inpatients within that list as well.

The Belfast Trust are looking to use follow-up sessions for Obs and Gynae patients and this will be managed in conjunction with the appointment of new Obs and Gynae consultants in the South West Acute Hospital.

Endometriosis service is coming on stream and the South West Acute Hospital is in a key position with staff in post with the necessary skills in this area to assist.

Further developments include the increase in Day Case Surgery and the relationship with Musgrave House Health that has helped reduce the waiting lists further.

The recent award for data analysts was well received and clinical leads have been encouraged to nominate clinicians and ensure they receive the recognition they deserve.

Permanent Secretary Peter May will be visiting the South West Acute Hospital and the Omagh Hospital and Primary Care Complex in November. This will be an excellent opportunity to inform him on the developments and progress that is being made in stabilising and growing service across several specialities in the South West Acute Hospital.

As a result of the investment in the Omagh Hospital and Primary Care Complex this has allowed the number of sessions to increase from 23 to 30 sessions. Sessions are now up by 59 for the same period in 2022/23 and in the South West Acute Hospital will achieve 19.5 sessions by early 2024.

We undertook a stock take in respect adverse incidents and there have been no changes as a result to patient pathways. It is currently working satisfactorily with less patients needing transfer and the Surgical Assessment unit and ambulatory hub in the South West Acute Hospital has been working really well. Surgical patients who require transfer will continue to go direct to in-patient bed, where possible during the period of continued pressures on all hospitals.

There have been great strides with the appointment of a Cardiologist and we have also had a consultant cardiologist from Trinidad, which helps build their CV and provide resilience and robustness in the team and advance our cardiac MRI service.

MG stated that with better collaboration and congenial regional working we could avoid patients (particularly children) making multiple journeys to Belfast and Altnagelvin for diagnostic testing and getting results by having them completed in the South West Acute Hospital. There has been a lot of change in the last four months and this should help going into winter, with a lot more to do.

MT said he was delighted with the developments with the on-site activity and believes in the potential of the team and this can be supported by retired surgeons from Belfast who will be very eager to get started on-site. He hoped council representatives were getting a positive message now and felt that the regional working together of Allied Health Professionals was stronger than ever before.

At the recent Health Sub Committee meeting, he felt this was much more positive and all members working together for the benefit of SWAH although it continued to remain disappointing that some local media always focus on the small number of negative stories and not on the large volume of positive stories which continue to be provided.

A suggestion that the Health and Social Care Sub Committee of the Council would continue to provide a forum for positive perspectives and stories which are not being published in the media, to be shared.

TO'R stated that he would be content to feed-back to all councillors and stated that he would present this excellent work with a positive view on the progress and positive developments from the South West Acute Hospital but that it should be noted that there remains some scepticism.

BMcC asked for clarification about new consultant surgical appointments if these were trust-wide and why could they not be specific to the South West Acute Hospital. MG replied that the plan is for trust-wide working as we have already seen challenges and difficulties over many years in trying to appoint specifically and the current rota does not meet the standards. He noted that there are two consultants completing their fellowships and should be in post in August 2024.

Professor Ronan O'Hare commented that this service cannot fit around locums. The number of speciality doctors and AHP's is low due to the delay in back-filling for maternity cover and this results in being too reliant on agency staffing. Rotas in the larger hospitals have more people with one in fourteen and that is more sustainable than a one in 6 or 7, with a work plan that allows the work to get done. Some ideas could be joint appointments, we could offer more innovative job plans region and we need to be masters of our own destiny.

MT supportive of plans by NIMDTA to review the training places for overseas junior surgeons want to get their numbers up and also need to look at the allocation of trainees for South West Acute Hospital and Altnagelvin, as this has not changed for a period of time but the geography has.

The management of the palliative in-patient beds is being managed through the Contract for Palliative Care.

TA stated the Trust has three problems in how to organise services solution, how to reduce the workforce gap and to get a better understanding of retirements and other factors which impact on staff retention. Of the International trainees, 30% are assigned to Northern Ireland but once they are trained they are going to the Republic Of Ireland for better pay and we need to develop a joint approach.

CR stated that it was now taking up to three years to get into Australia and this was presenting a challenge for those going for that option.

NG stated the information currently in place regarding core-staffing for trainees, consultants, commissioned doctors and middle grades dates back to the seventies and eighties. It would have been approved at ministerial level however it is not relevant now. We need to take some time to digest and analyse and use the data to help drive change.

Update on Same Day Emergency Care Service, ED and Nurse Stabilisation Programme (Geraldine McKay)

Geraldine provide an update review with the actions taken through No More Silos, Action Rapid Access, Ambulatory Care and Phone First. In the first 18 months of this service between 22/23, 1200 patients' did not need to attend ED. The bid is to expand the service-centre, expanding the service to eight spaces up to seven days per week to include outreach, care home places and places in residence. This would require a substantial investment, with a staff of 15 wte and would result in 5000 patients not having to attend ED.

As part of a nursing stabilisation project we have approval in ED for 14 wte Band 5 nurses and we have appointed 14 staff as new registered nurses, five in place and a Practice Educator who will provide support within and further help stabilise the workforce.

Collaborative working in action shows the South West Acute Hospital has the best performing patient flow team in the region and our lead nurse is working with the team in Altnagelvin to advise and now help implement this best practice

Department of Health update on meeting with SOAS

The meeting on the 1st August 2023 was positive but the next meeting was rescheduled to a later date. Under discussion was the progress that could be made in the future.

Issues and challenges

The infrastructure challenges are shared issues with the reprioritisation of the A32 and a combined effort of the upgrade to the A5 as the safe transfer of patients remains a top priority.

LMcD asked could more be done to help patients navigate what benefits are available to them. For example the services offered by Rural Transport and when travelling to Belfast or Derry.

TA asked about the existing policy of notifying offering patient's treatment in a hospital a significant distance from where they live, for example Paediatric patients having to travel to Bangor instead of the South West Acute Hospital in an effort to reduce waiting lists. Can we do more to inform the general public and patients of the reasons why by letter or leaflet so the expectations are better managed and it would mitigate some of the feelings of disappointment and dissatisfaction.

MG provided an update of the work of the Regional Outpatients Group, that they have been working on with the backroom team on virtual resources and appointments. TA asked could we look at how other regions are using virtual and technology when appropriate.

Any other business:

NG highlighted the Letter to the Department for Infrastructure on the Major Works Project Prioritisation.

CC advised that there has been very significant engagement with Public Representatives, MPs, MLAs and Councillors and that they are very aware of the challenges facing the health service as a whole and in those in relation to SWAH. He stated that the Chief Executive's decision to establish a SWAH All Party Group has been a very positive step to continue to ensure they are furnished with accurate information with a series of very productive engagement sessions, five APG meetings and including two opportunities to walk the hospital and meet staff and teams in their areas with the political representatives. With the continued strong collaboration work with the Council Health & Social Care Committee and Mark Gillespie and Monica Monaghan's establishment of the Staff Engagement Forum there was greater emphasis to engage with all key stakeholders and help deliver clear and important messages also to the public.

OK discussed the work that the communications team continue to be involved in to ensure improvement of the public narrative and highlighting the many positive stories again highlighted at today's Strategic Development Group Meeting. He stated that while this was proving productive, more work is required to highlight all the positive outcomes and working with the media to work with us in highlighting positive stories which are issued weekly will be key to that.

NG stated that he felt reporting in some instances in the media locally remained a challenge. In highlighting the recent article in the media, which was again an anonymous story, was very unbalanced and it is very difficult to get answers on that basis to clarify or verify. He acknowledged this story raised by Jenny Irvine (apologies at this meeting) but highlighted that it is extremely difficult to respond, get answers and address such situations which are anonymised. He deals with numerous Public representative enquiries and complaints with the actual detail which can be properly investigated but he pointed out this does not happen in the media. He stated that he understands the need for confidentiality and emphasised that any enquiry coming to his office is treated as such, but that anonymous stories make it almost impossible to get behind the concerns raised, investigate the issue properly and this really doesn't help when trying to achieve learning and drive forward with improvements. The fact that a story then ends up unverified in the public domain is not helpful in building a positive narrative and attracting staff to the hospital. He highlighted to all that Care Opinion does allow the general public to give real-time feedback and every patient receives an email with a QR code for them to provide any comments which, both negative and positive, is the patients opinion. This action is therefore completely balanced and helpful in addressing issues and concerns and it should be pointed out that the large majority of stories coming through do tend to be mostly positive.

NG brought the meeting to a close thanking everyone for giving up their time.

RO'H and CR asked the question to Council Representatives re looking at any help on the rising demand and need for accommodation for nurses. He would like this to be a two way process and any help which partner organisations could offer would be a great help, sign-

posting on what childcare support and facilities are available, etc.. Any help from the Market Resettlement Officers and the Health Committee would greatly appreciated. There are several options which other Trust's employ such as buying housing to rent out, but also the promotion of tourist options, Air B&B's that have proven popular. RO'H and CC to link with the council in early 2024 to move forward.

Details of Next meeting

The next meeting of Strategic Development Group is scheduled to be held on **Thursday 14 December 2023, 2-4pm, in the Boardroom, South West Acute Hospital (virtual option MS Teams).**

In addition to the meeting scheduled for December, a series of six dates have also been planned for 2024 (below) for approval by members at the next meeting.

- Thursday 22 February 2024, 11am-1pm
- Thursday 18 April 2024, 11am-1pm
- Thursday 20 June 2024, 3pm-5pm
- Thursday 15 August 2024, 11am-1pm
- Thursday 17 October 2024, 11am-1pm
- Thursday 12 December 2023, 11am-1pm