

Public Representative E-brief

Update: 4 June 2024

Public Representative's Online Hub for Updates:
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Contact for MLAs, MPs, Councillors and Public Representatives:

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Individual Constituent Enquiries by email only (Consent form must be provided)

- For individual **Constituent Enquiries by email** contact please Email: Madonna McGinley, Chief Executives Office, at Madonna.mcginley@westerntrust.hscni.net
CC to: chris.curran@westerntrust.hscni.net when sending.

Out of Hours URGENT Contact only: outside of 9am-5pm, Monday to Friday

- Out of Hours URGENT CONTACT only: Moving forward and to ensure your contact is dealt with efficiently at a time outside the normal working hours above please contact the following **Out of Hours Number** on **075 2589 7187**. (Out of Hours: outside of 9am-5pm, Monday to Friday)

Next Full MLA & MP Briefing Sessions as follows:

- Friday 11 October 2024, 2.30pm-4.00pm (incl. All MLA/MPs)

All-Party Group for South West Acute Hospital, Enniskillen

- Friday 19 July 2024, **1.45pm (Changed from Friday 14 June 2024)**
- Friday 15 November 2024, **10am-11.30am**

NOTE: Following the announcement of the General Election, we had to move our next meeting of the SWAH All Party Group, with MLAs. The SWAH All Party Group Meeting has therefore to be changed to **Friday 19 July 2024, 1.45pm**. The meeting will take place, as always, in SWAH Boardroom.

Due to the Election Period - I will now be in contact with all MLA/MP Offices in July to also finalise a schedule for planned Individual Party Briefing Sessions for July, August & September 2024.

Update – JUNE 2024 EBrief

04/06/2024: Junior Doctor Industrial Action on 6 & 7 June 2024

Junior doctors across Northern Ireland are taking part in industrial action from 7am on Thursday 6th June for 48 hours, until 7am on Saturday 8th June.

The Western Trust are currently proceeding with our industrial action command and control and business continuity arrangements to support affected services with their response to the expected disruption at our acute, community and mental health hospitals, where junior doctors provide services.

We are committed to patient safety during the industrial action period and a protocol has been agreed to support in-patient and clinically critical services.

It is anticipated that there will be significant disruption and a number of procedures and appointments will be postponed across our hospital sites. Any patients affected by the industrial action will be contacted directly and an alternative date will be arranged in due course.

All patients with scheduled hospital appointments should attend for their appointment unless they have been directly contacted to advise it has been rescheduled.

We are working with senior staff to ensure emergency in-hours and out of hours cover is maintained for patient safety. Emergency care will be provided by senior doctors (consultants) and speciality doctors during this time.

All admissions and calls will be routed via our hospital switchboards as normal during industrial action.

Dr Brendan Lavery

Medical Director

04/06/2024: Dept of Health Statement on industrial action

Further disruption to health services will be experienced this week, due to the latest strike action called by the BMA Junior Doctors' Committee.

This will run from 7am on Thursday 06 June to 7am on Saturday 08 June.

Patients are advised to expect widespread disruption to normal services. Health & Social Care (HSC) Trust websites will provide more information later this week on affected service areas.

When the ballot for this industrial action was launched, junior doctors, like the rest of Northern Ireland's health service staff, had received no pay award for 2023/24.

This is no longer the case. A backdated 2023/24 pay award for junior doctors will be paid this month, with its terms in line with the recommendations of the national pay review body, the DDRB.

This pay award involves an average pay increase of 9.07% for junior doctors in Northern Ireland, with those in their first year receiving a 10.68% uplift.

STATEMENT FROM THE CHAIRS OF HSC TRUSTS

As health and social care leaders, we are deeply concerned at the financial outlook for the frontline services which our organisations deliver. We have no wish to be involved in political controversy and are very mindful of the growing budgetary pressures on all parts of the public sector.

Our focus has to be on everyone in Northern Ireland who needs the health and social care services that our organisations provide.

It is our duty to warn of the very real potential for avoidable and serious harm being caused to people in our community who require our help, as a result of inadequate budgetary provision.

HSC Trusts have, of course, an onerous responsibility to make efficient use of all public resources. Intensive efforts are ongoing to deliver a significant level of savings this year, as detailed in the financial assessment published on 28/05/2024 by the Department of Health.

As this document makes clear, even with these savings, a projected very significant shortfall remains that could only be filled by measures with high and catastrophic impacts.

Such cutbacks would inevitably include bed closures as well as reductions in outpatient care, operating lists, domiciliary care and nursing care packages. This would impact damagingly on the whole community in Northern Ireland, particularly the most vulnerable.

We are keenly aware of the need to reform services and invest in new technology. We know too that health drives our economy and contributes on numerous levels to well-being in society.

The reality is that without significant additional funding this year and longer-term financial security, the Health Service will be further destabilised and the public will bear the brunt.

We have a collective responsibility as leaders to highlight these concerns, on behalf of our dedicated workforce and all those who rely on the vital services our organisations provide.

We will continue to work constructively with staff, elected representatives and other stakeholders to pursue the best outcomes for patients and service users.

Health and social care services have endured a prolonged period of instability and pressure. The escalating budgetary situation represents another destabilising factor.

Chair Jonathan Patton SEHSCT;

Anne O'Reilly NHSCT;

Ciaran Mulgrew BHSCT;

Eileen Mullan SHSCT;

Tom Frawley WHSCT;

Michele Larmour NIAS

Care of the Elderly Clinic in SWAH

Two clinics, which sit under the care of the elderly umbrella of services in the South West Acute Hospital have been temporarily stood down due to the clinician within that service reducing their working hours. The clinic details are as follows:

- Osteoporosis Clinic, held one session per week, in SWAH.
- Parkinson's Clinic (which also includes Movement Disorder), held one session per week, in SWAH.

While the Trust has not issued any public comment on this, the service is actively working on alternative measures to limit any possible impact at this time. This will include communication with patients and GP Practices in the coming weeks.

Future of Extern Early Years Provision

The Western Trust is currently in the process of re-tendering for a Short Stay Break Service for children and young people (this is currently the 'Time Out' service provided by Extern). It is envisaged that this contract will be awarded to a successful Provider in April 2024.

[Click here to read more](#)

Western Trust Statement on: Getting it Right First Time (GIRFT) report on gynaecology services and Reference to South West Acute Hospital Maternity Unit

Please note the following Trust statement in respect of today's media coverage highlighting maternity services at South West Acute Hospital:

The Western Trust notes the Getting it Right First Time (GIRFT) report published by the Department of Health on gynaecology services and the reference to maternity South West Acute Hospital Maternity Services. In respect of the report, the Trust would like to emphasise the following:

- The Trust fully agree that gynaecology waiting lists are unacceptably high.
- The Trust would like to reassure the public that there are no threats to maternity services at SWAH and we remain entirely committed to full maternity service provision at the Hospital.
- As part of that commitment to first class maternity care to mums and babies, we have further strengthened both our medical and midwifery permanent workforce in recent months.

Please note the following Western Trust submission, which is included on page 34 of the GIRFT Report:

Western Trust – Facilities: At Altnagelvin Hospital there are maternity, neonatal, gynaecology emergency and elective services with an inpatient bed area, day case and outpatient facilities. At Omagh we were told there are 2.5 day case sessions per week with outpatient facilities. At Enniskillen (SWAH) there are maternity, neonatal, elective and emergency gynaecology, day case and outpatient facilities in a relatively new build with extensive distances between services.

- Although a relatively small maternity unit (1100-1200 births per year), there are no plans for reconfiguration and centralisation of maternity services in the Western Trust.

Increase in Funded IVF Provision

Health Minister Robin Swann has announced that publicly funded IVF treatment will increase to one full cycle for eligible women.

[Click here to read more](#)

SWAH Minor Injuries Unit (MIU)

If you attend the Emergency Department at our South West Acute Hospital, there are a number of different areas you may be treated, depending on the nature or the severity of your condition.

[Read More](#)

Minor Injuries Unit opens at Altnagelvin Hospital

- [Click Here](#) for up to date information on the opening of the new Minor Injuries unit

The new unit has successfully seen, treated and discharged more than two thousand patients since it came into service two months ago, with patients suffering from minor injuries experiencing a much quicker turnaround and more comfortable environment than if they had attended the main Emergency Department. To date all minor injury patients have been triaged, assessed, treated and discharged within the agreed standard. The new unit, which opened on Monday, will be led by Emergency Nurse Practitioners and other nursing staff, with oversight from Clinicians from the main Emergency Department, and will be operational from 8.00am to 9.00pm each day.

Some of the most common injuries which can be treated in the new Minor Injuries Unit include:

- Minor head injuries.
- Facial injuries including foreign bodies in the eyes or nose.
- Upper and lower limb injuries including fractures, dislocations, bruises and sprains.
- Uncomplicated wounds.
- Bites, burns and scalds.

The Minor Injuries stream is a Phone First led service. The Phone First service is designed for patients, including children, who are feeling unwell and considering travelling to an Emergency Department or Minor Injury Unit with an injury that requires urgent treatment but is not immediately life threatening.

When you call the Phone First service your condition, or that of the person you are calling on behalf of, will be clinically assessed and arrangements made for you to access the most appropriate service to your needs. This will also include recommending a time to attend, helping minimise waiting times and allowing clinicians to provide the best levels of care for those attending.

The 'Phone First' number to ring is 0300 020 6000 while the 'Phone First' text relay number is 0870 240 5152. Phone First operates from 8.00am to midnight each day, including weekends and public holidays.

The creation of the new Minor Injuries Unit has been funded as part of the No More Silos project, which aims to reduce the volume of people visiting Emergency Departments by providing alternative pathways to treatment.

The opening of the new unit at Altnagelvin means that there are now separate Minor Injuries streams at all three of the Western Trust's hospital sites, with Altnagelvin taking its place alongside existing services at South West Acute Hospital and at Omagh Hospital and Primary Care Complex.

Fermanagh and Omagh Council Health & Social Care Sub-Committee - Enquiry:

Is there an issue with BSO as issues have been reported in terms of the length of time the recruitment process is taking?

The Recruitment Shared Services Centre (RSSC), BSO processes recruitment activity for all Trusts across HSCNI. A Service Level Agreement is in place to assure service delivery and regular operations review meetings allow us to address issues with RSSC.

We are not aware of any specific systemic delays in recruitment processing at this time, although it is recognised that individual competitions may have particular processing issues causing delays. Previous issues with the introduction of a new cloud based system for carrying out pre-employment checks did adversely impact service delivery in early 2023 and have now been resolved.

It is widely acknowledged that the electronic recruitment system which has been in place since 2016 does not have sufficient functionality or flexibility to meet service and applicant expectations. Significant work to identify a new model of recruitment for the HSC is in progress with a view to addressing the key deficits in the current model and maximising the potential of other new technologies being utilised as part of the implementation of a new system.

We have had unprecedented numbers of recruitment requests being processed through our local retained recruitment teams and through RSSC in 2023/24, with an increase of approximately 25% on the previous year. In the absence of additional resources, Western Trust have worked closely with RSSC to address and manage any service delivery issues identified and to maintain timely recruitment processes.

In the interim the Trust continues to support recruitment activity through the Healthdaq project. This is a supplementary recruitment platform which provides additional recruitment capacity directly to the Trust. Healthdaq has been used initially to recruit to entry level high volume campaigns such as Support Services and Nursing with much success, reducing the time for end to end recruitment.

Healthdaq has allowed facilitation of a number of recruitment days in Fermanagh and Omagh in both community and hospital settings for some hard to fill roles. This allowed applicants to progress through the recruitment process from application to conditional offer on the same day.

MLAs visit the Altnagelvin Hospital Stroke Unit

The Western Trust welcomed MLA/MPs, and members of the Stroke Association, to our Stroke Unit in Altnagelvin Hospital as part of a walk-around and updated them on the work being done. Below are some of the key points to highlight in respect of the Stroke Unit and to note we will be arranging a similar MLA/MP Visit/Walkaround to the SWAH Unit as part of the All Party Visit in the months ahead. An invitation and further details will be sent in advance of that.

The National Guidelines for Stroke has had updated guidance from 2023

- The NICE Stroke Rehabilitation Guidelines for Adults published 2023.
- There are new amendments within stroke rehabilitation guidelines.
- Ward 40 at Altnagelvin Hospital, is a 23 bedded unit, 1 thrombolysis designated bed and 2 SAB Stroke assessment beds.
- Ward 5 at SWAH has 20 beds.
- We have a responsibility to ensure the guideline is applied when individual professionals and people using services wish to use it.
- One example of the guideline states that stroke wards should have 1 speech and language therapist for every 5/7 patients.

- The speech and language therapists in both SWAH and Altnagelvin in-reaches from community 3 days per week to our wards.

Staffing Complement Ward 40:

- 1 lead Stroke Consultant, Dr Healy, 4 other consultants, who cover Stroke and 2 who would also support when needed they are geriatricians. They all take cover on the thrombolysis rota/in hours and out of hours.
- Ward 5, 1 lead consultant, 3 stroke consultants 2 which are Locum.
- Both wards are seeing transition with new ward managers to be appointed.
- We have appointed a new Stroke Clinical Educator within the teams. We are the second Trust to appoint to this role.
- We are the only Trust with a Clinical Psychologist for Stroke, who works in the community only.
- We have had 14 staff nurses leave 2 years ago to join agency and other jobs. 10 International Nurses were recruited into ward 40 with the absence of a clinical educator. It was challenging to get the new nurses trained up in thrombolysis care/transfers to RVH, GTN infusions and general stroke care. 1 nurse was 1 month qualified in her own country prior to attending ward 40. They have been a huge part of developing a successful stroke team.

The PHA have temporarily stopped the FAST Campaign therefore Trusts are looking at ways to bring public awareness in relation to FAST Stroke symptoms. Altnagelvin and SWAH Stroke units have completed communication pieces in relation to FAST.

The Trust are currently in the final stages of a QI project called PITSTOP, involving Northern Ireland Ambulance Service, NIAS. The aim of the project is to have the NIAS crew stay with the stroke patient and transfer to the RVH if thrombectomy is needed. We are the first Trust regionally to implement this project.

- [National-Clinical-Guideline-for-Stroke-2023](#)
- [Stroke-rehabilitation-in-adults-pdf-oct 23](#)

Update: Cytology/Cervical Screening in the Western Trust

It is essential that women keep coming forward for their cervical smear test when invited to do so. This will continue to save lives.

The Cervical Screening Programme:

The Cervical screening programme does not diagnose cancer. The purpose of a smear test is to identify changes to the cervix which may lead to cancer. These are then investigated and treated if necessary. Please note that the chance of pre-cancerous changes in the cervix at any time remains low and 9 in 10 people have a negative screening result.

Cervical screening looks at healthy women who do not have symptoms of cancer and aims to identify any pre-cancerous changes in their cervix so that further investigations can be arranged. Women are invited every three years between the ages of 25 and 49, and every five years up to the age of 65.

“A cancer could also develop between screening tests, or there is a small chance that the test misses some changes to your cervix. No matter what age you are, if you are concerned about symptoms such as abnormal bleeding, or pain or discomfort in the lower pelvis, you should seek advice from your GP, even if you attend regularly for screening.”

In 2022/23 the Western Trust reported almost 20,500 samples as part of the Northern Ireland Cervical Screening Programme and has full confidence in its screening programme and procedures.

The public should be reassured that quality control and quality assurance systems are in place in the Trust and we undergo both formal quality assurance visits and data visits by the Public Health Agency to ensure the Trust is meeting the standards set – which the Trust has done and continues to do.

The WHSCT record any cervical screening process issues through multidisciplinary discussions at the monthly colposcopy review in line with the Northern Ireland framework for the Audit of Invasive Cervical Cancers and Disclosure of Findings (PHA 2019).

As detailed in the framework such issues include: False negative cases or minor process or management shortcomings, but considered to be within the limitations of the screening programme or false negative cases or minor process or management shortcomings, that constitute a patient safety incident.

Any identified patient safety incident is taken through the appropriate SAI process. Between 2017– 2023 there have been 12 SAIs registered to date by the Western Trust in relation to cervical screening. These SAIs were for individual patients and the SAI process is followed in line with the Framework and patients are offered the opportunity to be involved in the process and informed of the review outcome.

Whilst the Western Trust has had a higher number of Cytology SAIs than other Trusts, our recent unannounced inspection by UKAS stated the review of serious incidents reported showed due diligence by the laboratory in both reporting (reading of smears) and recording keeping. The laboratory are reporting SAI's at a higher threshold than the approved guidance, stating that 'this should be commended'.

The inspection team reported, "From the information reviewed and discussions held, there was no evidence of persistent poor performance. There was confirmation within SAI reports that screening performance data had been reviewed and was not a contributory factor in any of the 12 SAIs recorded. There was verification that this had been confirmed by PHA".

Following this inspection, UKAS accreditation was maintained by the Western Trust. The Trust has also undergone a routine inspection in February 2024 of this year with accreditation also maintained.

As part of quality assurance checks the Western Trust, in conjunction with the PHA, asked colleagues at a screening laboratory in Wales to carry out a peer review on the 12 SAIs reported. The purpose of this is to inform whether these are 'true' SAIs or if there has been some over-categorisation. This **does not** represent part of any wider review.

Overall, there is a high level of concordance within this review. This information has now been shared with the PHA.

We would ask Public Representatives to help continue to emphasise this very important message with the Western Trust - **It is essential that women keep coming forward for their cervical smear test when invited to do so. This will continue to save lives.**

NOTE:

Although the Western Trust has had a higher number of cervical screening SAIs than other Trusts, our recent unannounced inspection by UKAS stated the review of serious incidents reported showed due diligence by the laboratory in both the reading of smears and recording keeping. The report stated: "*The laboratory are reporting SAI's at a **higher threshold** than the approved guidance, stating that 'this should be commended'*". The UKAS inspection team also reported, "*From the information reviewed and discussions held there was **no** evidence of persistent poor performance. There was confirmation within SAI reports that screening performance data had been reviewed and **was not** a contributory factor in any of the 12 SAIs recorded.* There was verification that this had been confirmed by PHA.

As part of quality assurance checks, the Western Trust in conjunction with the PHA asked colleagues at a screening laboratory in Wales to carry out a peer review on the 12 SAIs reported, the purpose of this is to inform whether these are 'true' SAIs or if there has been some over-categorisation. This **does not** represent part of any wider review. Overall, there is a high level of concordance within this review. This is reassuring given the high volume of individual cases submitted for review. During the SAI process, multiple slides have also been externally reviewed, which is good practice in difficult cases. The review has been shared with the PHA.

- The Cervical screening programme **does not** diagnose cancer. The purpose of your smear test is to identify changes to the cervix which may lead to cancer. These are then investigated and treated if necessary. Please note that the chance of pre-cancerous changes in the cervix at any time remains low and 9 in 10 people have a negative screening result.
 - Cervical screening looks at healthy women who do not have symptoms of cancer and aims to identify any pre-cancerous changes in their cervix so that further investigations can be arranged. Women are invited every three years between the ages of 25 and 49, and every five years up to the age of 65.
 - A cancer could also develop between screening tests, or there is a small chance that the test misses some changes to your cervix. No matter what age you are, if you are concerned about symptoms such as abnormal bleeding, or pain or discomfort in the lower pelvis, you should seek advice from your GP, even if you attend regularly for screening.
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Update from Nursing & AHP Services Directorate

Allied Health Professions (AHPs)

The AHP Services Division is responsible for the delivery of Nutrition & Dietetics, Occupational Therapy, Orthoptics, Physiotherapy, Podiatry and Speech & Language Therapy services across the Trust, and has corporate responsibility for professional practice for Diagnostic and Therapeutic Radiography, Paramedics and Art Therapy. AHPs provide person centred care across Acute and Community settings and are actively engaged in prevention, assessment, diagnosing, treatment, rehabilitation, enablement and care. They also provide home based interventions either in person or virtually using digital technologies. The Division has recently taken on the lead for the Homeless health service

Allied Health Professions (AHPs) - Portfolio covering

- Service delivery for six AHP services and for professional practice for AHPs within the WHSCT
- Homeless health service

Encompass Professional Leads – Professional Nursing & AHP Services Directorate

The Chief Nursing & Midwifery Information Officer and Chief Allied Health Professions Information Officer are professional leads representing Nurses, Midwives and Allied Health Professionals across the Western Health & Social Care Trust in specific regards to the safe & effective implementation of the Encompass programme as our new electronic health record for Northern Ireland.

Infection Prevention & Control

A small Specialist Team who provide expert advice and support to all acute and community settings across the Trust in order to minimise the risk of infection to ensure that people who use the Trust's services receive safe and effective care. The Infection Prevention and Control Team's remit includes surveillance of

alert organisms/ conditions, support for post-infection reviews, outbreak management, education and training of staff, auditing of clinical practice, input to building design and monitoring of building practices, input to and monitoring of water and ventilation safety processes, and the production of written guidance.

Professional Nursing Services – Governance, Safe & Effective Care

The Division has corporate responsibility for Professional Nursing & Midwifery Governance. This includes a broad professional leadership remit which includes; Professional Registration & Regulation and Referral, Quality Assurance for the standards of care set and delivered, oversight and approval of Nursing & Midwifery Policies, guidelines and protocols, Controls Assurance Standards for Environmental Cleanliness, collation and reporting of Professional Nursing KPI's, Corporate lead for falls, Professional Lead responsibility for Non-Medical Prescribing, The provision of Professional advice and guidance to nursing and midwifery leaders and clinicians in practice. The Division also has responsibilities for the following service; Trust resuscitation training services, tissue viability service, Volunteering and work experience, Care Opinion and 10,000More Voices, chaplaincy services, Staff and target patient group vaccination programmes.

Prof Nursing – Governance, Safe & Effective Care – Portfolio covering

- Professional Registration & Regulation / Professional and Care Quality Performance / Environmental Cleanliness / Policy Development / Non-Medical Prescribing
- Resuscitation Training / Tissue Viability / Work Experience & Volunteering / Chaplaincy Services / Vaccination Services/Care Opinion and 10,000More Voices

Professional Nursing Services – Workforce Planning & Modernisation

The Nursing and Midwifery Workforce Planning and Development Team are a corporate resource leading on all aspects of workforce planning and developments. This expands to include managing the practice placements for student nurses and midwives to ensure the Nursing and Midwifery Council (NMC) standards are implemented and adhered to. This is to ensure students have positive learning experiences during their practice placements to enable them develop the skills and knowledge to become skilled and competent practitioners.

The Team manages the supply of bank and agency staff to supplement our nursing and midwifery teams and enable directly with the supply agencies to ensure staff meet the requirements of our service.

The Team leads on coordinating the learning and development requirements of the nursing and midwifery workforce and engages with the education providers and with colleagues at the Department of Health and NIPEC to promote standardisation of approaches across the five HSC Trusts as far as possible.

The Team has led on the introduction and preparation for practice of the community of internationally educated nurses the Trust has employed over the past number of years. This includes supporting the international nurses to become integrated into our communities. The Team has a lead role in promoting careers in nursing and midwifery and engages with schools and colleges to provide important information to enable students to make informed choices about entering the profession. This work extends to identifying and creating pathways to employment for colleagues students through placements to supplement their learning in partnership with the Colleges of Further and Higher Education.

Professional Nursing Services – Nursing Research & Development

Our Assistant Director of Nursing (Research and Development) has recently taken up post. Professor Ben Fitzpatrick has a joint appointment with Ulster University (0.5FTE in each organisation) and is supported by an Evidence based Practice lead nurse, Mandy Doherty. Ben has begun working with our Consultant Nurses on a number of projects (LD, MH and PH) and this will expand over the coming months. We intend to

identify at least one R&D project for each consultant nurse to lead on, with Ben and Mandy supporting. Ben is also leading on the Specialist Nurse forum, the Directorates Population Health group and sits on the Trust wide ICS implementation group. Additionally, through his research with UU, Ben makes direct links between the Trust and the University – particularly in the areas of dementia, diabetes, physical activity, social prescribing and community health initiatives. Ben also advises on data interpretation and accessing data analysis resources in various operational initiatives in the Directorate (e.g. Accountability and Assurance).

Recent Briefing Presentations to Council and MLA, MPs:

Population Health West - “*Developing a Single view*”



20240514

Population Health P



Presentation Briefing on Community Care Update, including Domiciliary Care and Trust Run GP Practices



20240503 MLA MP
Briefing Presentatio

