Chief Executive’s Business
29 January 2015

Emergency Department pressures across Northern Ireland

I would like to take this opportunity to pay tribute to staff across our Trust for their work over Christmas and January in response to the widely reported pressures on the emergency services across Northern Ireland.

Our Emergency Departments in Craigavon Area Hospital and Daisy Hill Hospitals continue to perform well, despite a 10% increase in attendances over recent weeks. Thanks to the efforts of staff working in our hospitals and in our community services our Emergency Department performance remained relatively good and only one planned elective procedure was cancelled on Tuesday 6 January.

We had 10 patients who waited more than 12 hours over the period 22 December – 16 January. I sincerely apologise to any patient whose care was delayed.

During this period, Emergency Departments across the UK were under pressure, with 14 hospitals declaring Major Incidents in an effort to quickly release resources to deal with demands on the service.

The figures for Emergency Department performance across the UK are published on a monthly tracker on the BBC news website. The NI December figures are detailed below:

Northern Ireland: Major A&E units only, December

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Total patients</th>
<th>% seen within four hours</th>
<th>% seen within 12 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>South West Acute</td>
<td>2,408</td>
<td>87.2</td>
<td>100.0</td>
</tr>
<tr>
<td>RBHSC</td>
<td>3,160</td>
<td>86.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Daisy Hill</td>
<td>3,689</td>
<td>86.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Craigavon Area</td>
<td>6,645</td>
<td>82.2</td>
<td>100.0</td>
</tr>
<tr>
<td>Altnagelvin Area</td>
<td>4,408</td>
<td>74.9</td>
<td>100.0</td>
</tr>
<tr>
<td>Causeway</td>
<td>3,240</td>
<td>74.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Mater</td>
<td>3,603</td>
<td>72.3</td>
<td>99.9</td>
</tr>
<tr>
<td>Ulster</td>
<td>7,418</td>
<td>69.1</td>
<td>99.4</td>
</tr>
<tr>
<td>Royal Victoria</td>
<td>7,983</td>
<td>64.4</td>
<td>99.5</td>
</tr>
<tr>
<td>Antrim Area</td>
<td>6,313</td>
<td>61.4</td>
<td>100.0</td>
</tr>
</tbody>
</table>

SOURCE: NORTHERN IRELAND DEPARTMENT OF HEALTH, LATEST AVAILABLE FIGURES
Provisional figs for Emergency Department attendances & performance

Period from Monday 22 December 2014 – Friday 16 January 2015

4 Hour & 12 Hour Performance based on ED Departures
PROVISIONAL UNVALIDATED FIGURES Source HSCB

<table>
<thead>
<tr>
<th>Site</th>
<th>No. of New &amp; Unplanned Attenders</th>
<th>% within 4 hours</th>
<th>No. of 12 hour breaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>Altnagelvin</td>
<td>3572</td>
<td>73%</td>
<td>4</td>
</tr>
<tr>
<td>Antrim</td>
<td>5111</td>
<td>61%</td>
<td>39</td>
</tr>
<tr>
<td>Causeway</td>
<td>2693</td>
<td>67%</td>
<td>0</td>
</tr>
<tr>
<td>Craigavon</td>
<td>5355</td>
<td>79%</td>
<td>10</td>
</tr>
<tr>
<td>Daisy Hill</td>
<td>2987</td>
<td>84%</td>
<td>0</td>
</tr>
<tr>
<td>Downe</td>
<td>1168</td>
<td>91%</td>
<td>0</td>
</tr>
<tr>
<td>LVH</td>
<td>1432</td>
<td>87%</td>
<td>0</td>
</tr>
<tr>
<td>Mater</td>
<td>3100</td>
<td>67%</td>
<td>14</td>
</tr>
<tr>
<td>Royal Victoria*</td>
<td>5574</td>
<td>60%</td>
<td>53</td>
</tr>
<tr>
<td>South West</td>
<td>2063</td>
<td>77%</td>
<td>1</td>
</tr>
<tr>
<td>Ulster</td>
<td>5983</td>
<td>67%</td>
<td>148</td>
</tr>
</tbody>
</table>

* Excluding Eyes/ENT casualty clinic data so will differ from official figures

Members of the Regional Task Force on Emergency Care, led by the Chief Medical Officer and the Chief Nursing Officer, provided a briefing to the Health Committee on 14 January. Their presentation is included in Appendix A for information.

The Trust has produced a short five minute film on Emergency Departments, when to use them and what to expect. It has been widely covered in local media, on Twitter and Facebook. Click to view Emergency Department video

GP Out of Hours service pressures

GP out of hours services across Northern Ireland also experienced a significant increase in demand particularly over the weekend of 3-4 January 2015.

The Southern Trust had a 7% increase in demand over these two days compared to the equivalent period in 2014. As a result, call back time for routine calls reached 8 hours early on the Saturday evening. Callers were advised to ring again if the patient’s condition changed or worsened whilst waiting for call back from a clinician.
For the period 29 December 2014 to 4 January 2015 the Trust triaged 90.54% of urgent calls within the 20 minute target against the KPI standard of 90%. For 3 January it was 83.45% and for 4 January - 88.24%. By prioritising urgent calls, there was a detrimental impact on the performance for triage of routine calls.

The Trust continues to work with the Health and Social Care Board to address the challenges faced in Out of hours services, particularly workforce pressures.

Since this exceptionally busy weekend, I am pleased to report that performance for our GP out of hours services has much improved against the KPIs for both urgent and routine calls.

Rapid Response service helps ease winter pressures

Our new Consultant led Rapid Response Service offering hospital at home care to older people helped avoid numerous hospital admissions during the busy January period. Between 1 – 21 January, it received 46 referrals from GPs, the Emergency Department and Acute wards in Craigavon Area Hospital for both patients in Nursing Homes and those living in their own home. Of the 28 GP referrals, the service ensured no ED attendance or admission to an acute setting was required.

During the period the service also facilitated the discharge of several patients from Craigavon Area Hospital ED and MAU. It managed 10 early discharges from wards in Craigavon Hospital and one from Lurgan hospital. The impact of the service has resulted in a total of 165 estimated bed days saved.

This Consultant Led Rapid Response Service is having a very positive impact having accepted 120 referrals since it was set up last October. A hospital admission can be traumatic and disruptive for anyone, but particularly for an older person. This service supports our older residents who are living with more complex needs and where possible avoids the need for an emergency hospital admission.

Adverse weather conditions

Adverse weather conditions affected large areas of the Trust on Friday 16 January which resulted in the activation of the Trust’s ‘snow plans’ to ensure that clients in receipt of domiciliary care services were being supported.

Where possible, clients were visited, if necessary by staff on foot. Where visits were not possible, clients, or their families, were contacted by phone and alternative arrangements agreed. Our staff worked closed with carers and families to make sure that care and support was available and we remained in contact during the weekend.

The areas of Dromara, Keady, South Armagh and Dungannon were worst hit by the adverse weather.
I am grateful to all staff - domiciliary care teams, admin support, our drivers and all who once again went the extra mile to support our clients, and also to the families who were so supportive and helpful during the spell of bad weather.

The NI Water dispute which was suspended on 21 January, had let to water supply difficulties for homes and services mainly in the West of the province. No services or facilities in the Southern Trust were impacted by the work to rule.

**Statutory Residential Homes**

Find attached in Appendix B information shared with Statutory Residential Home residents by the Health and Social Care Board, updating on progress in relation to Statutory Home provision.

Southern Trust Statutory Residential Home occupancy levels:

<table>
<thead>
<tr>
<th>Home</th>
<th>Capacity (includes perm, ICS &amp; Respite)</th>
<th>Permanent</th>
<th>Temporary</th>
<th>Vacant Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cloughreagh 23</td>
<td>12</td>
<td>1 temporary, 1 respite, 1 dementia respite, 5 ICS</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Crozier 35</td>
<td>17 (16 at present - 1 resident in Intermediate Care in a Nursing Home)</td>
<td>1 temporary for a few months, 1 respite, 6 ICS</td>
<td>0 (1 intermediate care coming in)</td>
<td></td>
</tr>
<tr>
<td>Slieve Roe 17</td>
<td>5</td>
<td>1 Long term temporary</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>Roxborough 30</td>
<td>14</td>
<td>3 temporary, 1 respite, 5 ICS</td>
<td>7</td>
<td></td>
</tr>
</tbody>
</table>

**Retirement of Dr John Simpson, Medical Director**

The Trust’s Medical Director, Dr John Simpson, has indicated his intention to retire from his role on 31 July 2015. Dr Simpson has been at the forefront of Trust services, both in his clinical role as a consultant psychiatrist and more recently holding the key role as medical director.

He also worked as the Trust’s Associate Medical Director for Mental Health and Disability, working from the Mental Health Department in Daisy Hill Hospital and the Bluestone Unit at Craigavon Area Hospital. He was recognised for this work in clinical leadership when named UK Medical Manager of the Year 2010 by the
Royal College of Psychiatrists. Dr Simpson has made a major contribution to medical leadership across the Trust and in the wider Northern Ireland health system and he will be missed by Trust Board colleagues and the wider health and social care community when he retires this summer.

External

Northern Ireland Budget summary 2015-2016

Details of the Executive’s 2015/16 budget were announced by Finance Minister Simon Hamilton on Monday 19 January. The Minister confirmed a £204million increase in spending for the Department of Health, which represents an increase of 3.4% bringing the budget to almost £4.7bn.

The Department of Education is to receive £64.6million extra funding so together Health and Education will account for 65% of all resource expenditure in Northern Ireland next year.

The final budget makes provision for a number of DHSSPS projects to be taken forward under the Executive’s Change Fund.

- Belfast Trust Outpatients Modernisation Project, £0.2m
- RAID (Rapid Assessment Interface Discharge), £0.8m
- Northern Ireland Strategic Innovation in Medicines Management Programme, £1.5m.
- Project Echo, (expanding capacity to provide best practice care for common and complex diseases) £0.5m; and
- Congenital Cardiac Service Model in collaboration with the RoI. £1.0m.

However the Department of Health has indicated that the final budget for 2015/16 remains exceptionally challenging. Even if significant savings of some £164m are achieved, the Department will be unable to fund essential service developments including investments in Elective care; Unscheduled care; Normative nursing levels; Public health initiatives; NICE drugs and specialist services; Mental health and learning disability; and Transforming Your Care (TYC) transitional funding.

The Finance Minister also cautioned that the challenges facing public spending in Northern Ireland remain and that the programme of public sector reform and restructuring must continue.

The January Monitoring Round for 2014-2015 was also agreed by the Executive allocating resource expenditure in 2014-15 totalling £14.2million, whilst capital allocations totalled £27.2million across a number of departments.
The Department of Health welcomed the £3.3m of capital expenditure bids that were met in the January Monitoring Round for a range of Medical Equipment, ICT and Health and Safety projects. However, none of its revenue bids were met. In view of this the Department has indicated that it will continue to work with the HSCB and Trusts to continue the process of implementing contingency plans and savings measures that were put in place last Autumn to manage the financial challenges facing health and social care in 2014/15.


**Daisy Hill Adjournment Debate**

An Adjournment Debate on the Future of services at Downe and Daisy Hill hospitals took place in the Assembly on Tuesday 20 January.

Participants included Karen McKeivitt, Dominic Bradley and Sean Rogers (SDLP), Mickey Brady and Chris Hazzard (Sinn Fein), Danny Kennedy (UUP), John McCallister (Independent) and William Irwin (DUP).

The parties raised concern for the future of services at both hospitals and that Daisy Hill is at risk of services being moved to Craigavon. Issues raised around this were access for patients particularly from the South Down area, travel time to Craigavon and ambulance response times. Opposition to the decision to centralise acute stroke services for the Southern area to Craigavon was also voiced despite Daisy Hill’s high performance in both stroke and the ED.

The Health Minister responded by reiterating that he is committed to providing high quality services to the whole population and the need to respond to increasing demand for services due to a growing older population. He reminded MLAs that stroke proposals are based on scientific evidence that show better outcomes for patients who are treated at a specialist unit and that patients with stroke symptoms will still be brought to their nearest ED in the first instance.

Click here to read the full Adjournment debate

An Action Group, Daisy Hill Hospital Support Group, has been set up, led by Public Service Worker Francis Gallagher who states in the Newry Reporter that its four main aims are a campaign for a new hospital build, reclaiming services, more transparency in governance of health and solidarity with other communities to prevent budget cuts. The first Public Meeting of this Group was scheduled to take
place this Tuesday (27 January) in the Sean Hollywood Arts Centre. The Trust has not been invited to send representatives to this meeting.

**Proposals to overhaul Northern Ireland Executive departments**

According to media reports, three of Northern Ireland's Executive Departments may be reorganised. The Departments of Environment (DoE), Employment and Learning (DEL) and Culture Arts and Leisure (DCAL) are most affected by the proposals.

The Parties have indicated they are committed to reducing the number of Departments from 12 to 9, before the 2016 election. The reduction was suggested during the Stormont House Agreement and the plan drawn up by the head of the NI civil service.

It's understood that the DHSSPS may become the Department of Health and Social Care. The proposals were discussed at an additional meeting of the Northern Ireland Executive on Thursday 22 January however the outcome of these discussions has not yet been announced.

**Belfast Trust appoints Chief Executive and Deputy posts**

Dr Michael McBride was appointed as Chief Executive of Belfast Health and Social Care Trust on a limited term basis from 8 December 2014. Dr McBride, a former Medical Director at the Royal Victoria Hospital, combines his new role with his current position as Chief Medical Officer.

Martin Dillon has been appointed Deputy Chief Executive in Belfast Trust. He will carry out his duties alongside his current role as Director of Finance.
Acuity of Patients attending ED across the 11 main sites between 22nd December 2014 and 5th January 2015

- 14% increase in Category 2 patients (517)
- 7% increase in Category 3 patients (789)

Compared to relevant period last year.

Increase in Fracture Admissions

Emergency Admissions for Fractures during December:

<table>
<thead>
<tr>
<th>December 2013</th>
<th>December 2014</th>
<th>Variance</th>
<th>% Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>460</td>
<td>514</td>
<td>54</td>
<td>12%</td>
</tr>
</tbody>
</table>

ED Attendances and Non Elective Admissions at 11 main EDs during Christmas and New Year Holiday period.

<table>
<thead>
<tr>
<th></th>
<th>23/12/13 – 6/1/14</th>
<th>22/12/14 – 5/1/15</th>
<th>Variance</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>ED Attendances</td>
<td>21,767</td>
<td>23,408</td>
<td>1,641</td>
<td>7.5%</td>
</tr>
<tr>
<td>Adult Non Elective Admissions</td>
<td>6,739</td>
<td>6,935</td>
<td>196</td>
<td>2.9%</td>
</tr>
</tbody>
</table>
### No. of People waiting > 12 Hours in Emergency Departments – snapshot position as at 9am Daily

<table>
<thead>
<tr>
<th>Date</th>
<th>1st Jan</th>
<th>2nd Jan</th>
<th>3rd Jan</th>
<th>4th Jan</th>
<th>5th Jan</th>
<th>6th Jan</th>
<th>7th Jan</th>
<th>8th Jan</th>
<th>9th Jan</th>
<th>10th Jan</th>
<th>11th Jan</th>
<th>12th Jan</th>
<th>13th Jan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>5</td>
<td>40</td>
<td>29</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

### GP Out of Hours

<table>
<thead>
<tr>
<th>Category</th>
<th>23/12/13 – 6/1/14</th>
<th>22/12/14 – 5/1/15</th>
<th>Variance</th>
<th>% Variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Acute/ Urgent Calls</td>
<td>4,143</td>
<td>5,542</td>
<td>1,399</td>
<td>34%</td>
</tr>
<tr>
<td>Total Routine Calls</td>
<td>24,085</td>
<td>27,814</td>
<td>3,729</td>
<td>15%</td>
</tr>
<tr>
<td>Total Calls Triageed</td>
<td>28,228</td>
<td>33,356</td>
<td>5,128</td>
<td>18%</td>
</tr>
</tbody>
</table>
Trust Escalation Plans

- Additional Beds opened
- Increased Staffing Levels
- Extending services in evenings and at weekends
- Focus on Discharge
- Postpone non-urgent elective procedures
  - 179 postponed elective admissions where the patient was due to be admitted between 1st and 9th January 2015
  - 13 postponed elective admissions where the patient was due to be admitted between 11th and 16th January 2015
Appendix B

Statutory Residential Care Homes: Regional Planning Group

Progress Update (13) 9 January 2015

The Board remains committed to the assurance given to current permanent residents by the previous Minister, Edwin Poots that they can remain in their existing home for as long as they wish and their care needs can be met.

What has been happening following the consultation on criteria to assess homes?

❖ All five Health and Social Care Trusts have completed their evaluation on the future role and function of their statutory residential care homes for older people against the new criteria approved by the Health and Social Care Board in June 2014 following an extensive public consultation exercise.

❖ All Trusts have subsequently submitted their proposals for each home for consideration to their Local Commissioning Groups.

(LCGs are committees of the Health and Social Care Board and commission services to meet the needs of their local population. Members include GPs, political representatives, voluntary sector representatives and health and social care professionals).

❖ Local Commissioning Groups have carried out their own local assessment of needs for older peoples services and have considered the Trust proposals in the context of this work.

❖ Local Commissioning Groups have met with Trusts to discuss the proposals and to influence and clarify as appropriate.

❖ Following these meetings Trusts have submitted their proposals to the Board and Local Commissioning Groups have formally provided their opinion about them.
What’s happening next?

- The Health and Social Care Board had anticipated considering the Trust proposals and Local Commissioning Groups’ views at a public Board Meeting on 15 January 2015.

- The Department of Health, Social Services and Public Safety has now requested the Health and Social Care Board to pause in considering the Trust’s proposals on the future of each home at this stage.

The Department of Health, Social Services and Public Safety has informed the Health and Social Care Board that it wishes to consider the outcome of the judicial review into the decision to temporarily close Dalriada Hospital and the potential impact this may have on any future consultations.
9 January 2015

Dear Resident (Trust to personalise)

Re: Statutory Residential Care Homes – Planning for the Future

In 2013, I was asked to make plans for the future of statutory residential homes in Northern Ireland. I visited your home last year to explain to you, your relatives and carers how this would be done.

I was also asked to produce a report to explain the future plan for each home. I had intended to present this report at the next meeting of the Health and Social Care Board on Thursday 15th January. However, I have been asked by the Department of Health, Social Services and Public Safety to delay these discussions, temporarily, until a number of issues raised about other proposed service changes are clarified.

I apologise for the delay in making decisions about the future of your home and I am working to resolve this as soon as possible.

In the meantime, I would like to remind you of the guarantee given by Mr Edwin Poots, the former Health Minister, when he confirmed that all permanent residents will be allowed to stay in their care home for as long as they wish and as long as their care needs can be met.

Finally, please be assured that my team will work closely with Trust staff to help clarify any questions or concerns that you or your relatives may have.

Yours sincerely

Fionnuala McAndrew
Director Social Care & Children
Frequently Asked Questions

What has been happening to date?

All five Health and Social Care Trusts have completed their evaluation on the future role and function of their statutory residential care homes for older people against the new criteria approved by the Health and Social Care Board in June 2014 following an extensive public consultation exercise.

All Trusts have subsequently submitted their proposals for each home for consideration to their Local Commissioning Groups.

*(LCGs are committees of the Health and Social Care Board and commission services to meet the needs of their local population. Members include GPs, political representatives, voluntary sector representatives and health and social care professionals).*

Local Commissioning Groups have carried out their own local assessment of needs for older peoples services and have considered the Trust proposals in the context of this work.

Local Commissioning Groups have met with Trusts to discuss the proposals and to influence and clarify as appropriate.

Following these meetings Trusts have submitted their proposals to the Board and Local Commissioning Groups have formally provided their opinion about them.

It was hoped to discuss these proposals at a public meeting of the Health and Social Care Board on January 15 2015.

Why haven’t I seen any proposals?

The proposals cannot be shared until the Health and Social Care Board discuss them at a public Board meeting.
Why has the Board decision on Thursday 15 been deferred?

The Department of Health, Social Services and Public Safety has now requested the Health and Social Care Board to pause in considering the Trust’s proposals on the future of each home at this stage.

The Department of Health, Social Services and Public Safety has informed the Health and Social Care Board that it wishes to consider the outcome of the judicial review into the decision to temporarily close Dalriada Hospital and the potential impact this may have on any future consultations.

When will a decision be made?

A decision will be made when the Department of Health, Social Services and Public Safety have had an opportunity to consider any implications for any future consultation processes.

What does temporary hold mean for me as a resident/carer for someone in a statutory care home?

It means that there will be no changes to where you currently live. You were given a guarantee by Mr Edwin Poots, the former Health Minister, that all permanent residents will be allowed to stay in their care home for as long as they wish and as long as their care needs can be met. This guarantee will continue to apply.

Does this mean that homes can begin to take permanent admissions?

The current position regarding permanent admissions will continue until the Department of Health, Social Services and Public Safety have had an opportunity to consider the implications of any proposed consultation processes.