Daisy Hill Hospital Expert Panel

Chair's Final Report to Trust Chief Executive 21 February 2024

Since my December report, the Daisy Hill Hospital Expert Panel (DHHEP) has held its final meeting on 25 January 2024. This is the final Chair's Report on the work of the Panel.

The elements of the DHH Stability Plan relating to HDU and the Medical Model/medical workforce challenges were key areas of focus, and a range of advice from Independent Advisors has been provided to inform the Panel discussions.

The following is a final report on the Panel's assessment of progress against the key elements of the Trust's Stability Plan for DHH, and its recommendations for future development.

- **HDU at Daisy Hill**

The plan to temporarily relocate the DHH HDU beds to a ward base has been a source of significant concern to staff and external stakeholders. It is important to note that DHH HDU is not, and has never been, recognised by the Critical Care Network of Northern Ireland (CCaNNI) as a Level 2 (High Dependency) Unit as certain key criteria are not met. The criteria and standards set by CCaNNI for HDUs are the national Guidelines for the Provision of Intensive Care Services (GPICS).

Recommendations for the future model of high acuity care at DHH, developed by the Trust's Panel representative for Intensive Care, Dr Raymond McKee, and the Panel's Independent Clinical Advisor for Critical Care, Dr Gavin Lavery, were considered at the Panel's meeting on 30 November 2023.

The Expert Panel has endorsed the following key recommendations in a paper which the Chair has shared with the Trust Chief Executive for consideration

1. **The provision of a unit with a remit to provide Level 2/High Dependency Care (as defined by the Guidelines for Provision of Intensive Care Services) on the Daisy Hill Hospital site cannot be justified on the basis of historic or current workload.**

2. **An area to care for those patients needing enhanced care (defined as Level 1.5) should be provided on the Daisy Hill Hospital site. Although the term High Acuity Unit (HAU) is used in this paper, alternative terms may be preferred e.g. Enhanced Care Unit. However, the term High Dependency Unit should <u>not</u> be used.**

3. **The HAU should be situated in the same location as the current DHH "HDU" given the quality of the infrastructure in that area.**

4. **The remit of the HAU will be to provide a level of care not normally available on the general ward, for patients who require additional intervention or nursing care (known as Level 1.5, enhanced or augmented care) - but excluding patients who require Level 2 (high dependency) care.**

These recommendations were endorsed on the basis of the following assurances:

- ✓ In ensuring appropriate care for patients who present to, or are already receiving care in, Daisy Hill Hospital, and who are assessed as requiring Level 2 (High Dependency) or Level 3 (Intensive Care) care, equity of access to critical care services must be maintained and clearly delineated.
- ✓ Patients who deteriorate and may require escalation of care to Level 2 or Level 3 above should be referred to the Trust's Critical Care service based in Craigavon Area Hospital.
- ✓ In Daisy Hill Hospital, on-site support and assistance as part of the required resuscitation, stabilisation and ultimate transfer process is provided in conjunction with the emergency anaesthetic team, who are available 24hrs on site.

Staff have been consulted on the most appropriate name for this Unit and there is a proposal that this be called the **Enhanced Care Unit.**

A paper outlining the new Admission Criteria was considered and the scope of clinical activity was informed by the Independent Clinical Advisor to the Panel. Very few changes are required and the Panel was assured the admission criteria will be finalised shortly.

Outcome: The Panel are assured that the above model, informed by evidence, clinical leadership and independent clinical advice and support, will stablise and optimise the purpose and function of the re-named Enhanced Care Unit in DHH and is supported by staff.

- Medical Model at DHH

The Trust's Sustainability Plan in relation to the safe provision of the internal general medicine and medical specialty service in Daisy Hill Hospital has been the focus of considerable discussion by the Panel. The Panel have been briefed on the Acute Medicine model in CAH and elsewhere and believe this approach is a sustainable model for DHH.

The Trust's International Medical Recruitment has received the first phase of medical recruits who are undertaking induction and training. Dr John Harty meets weekly with the DHH recruits, who were described as highly skilled and being supported with the cultural differences in working in the Trust, and the Panel have advised on active measures to be put in place to support these new international recruits.

The Panel were updated at our October Meeting on the latest position as below:

Initial arrival windows

- First window – week beginning 30th October
  - 9 doctors
    - 6 in General Medicine
      - 4 in CAH
      - 2 in DHH
    - 3 in Emergency Medicine
      - 3 in DHH
- Second window – week beginning 6th November
  - 5 doctors
    - 4 in General Medicine
      - 2 in CAH
      - 2 in DHH
    - 1 in Obs and Gynae
      - 1 in DHH

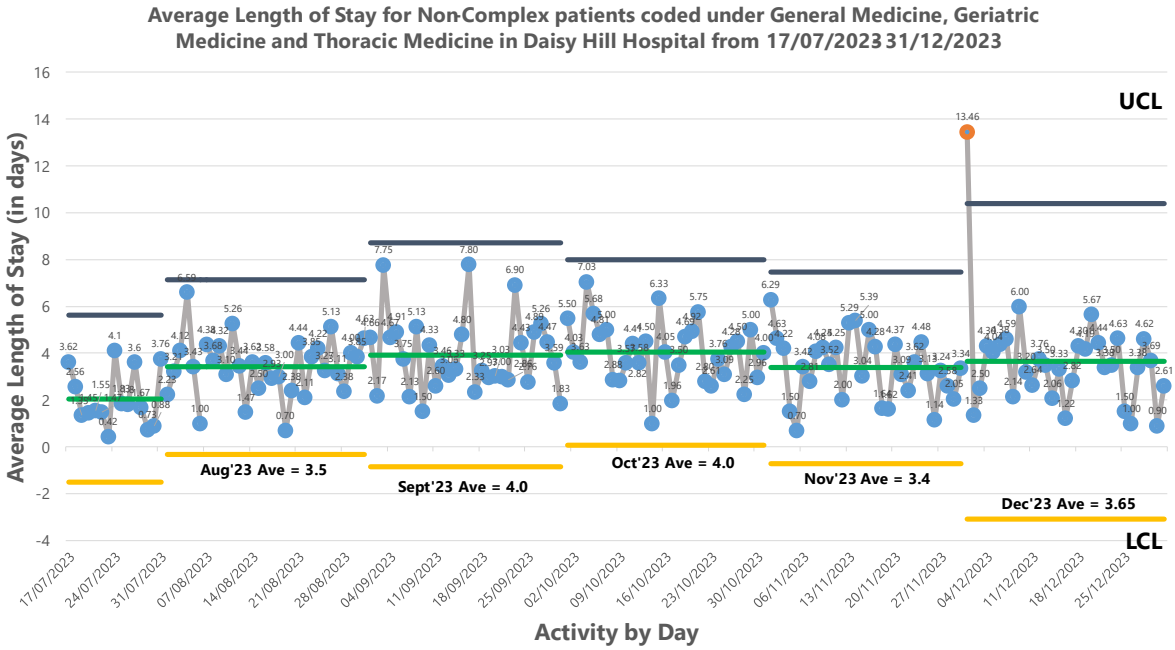
While the arrival of these doctors provides a much welcomed addition to the Trust's workforce, this will not provide a complete solution to the sustainability and development of the safe provision of internal general medicine and medical specialty service in DHH.

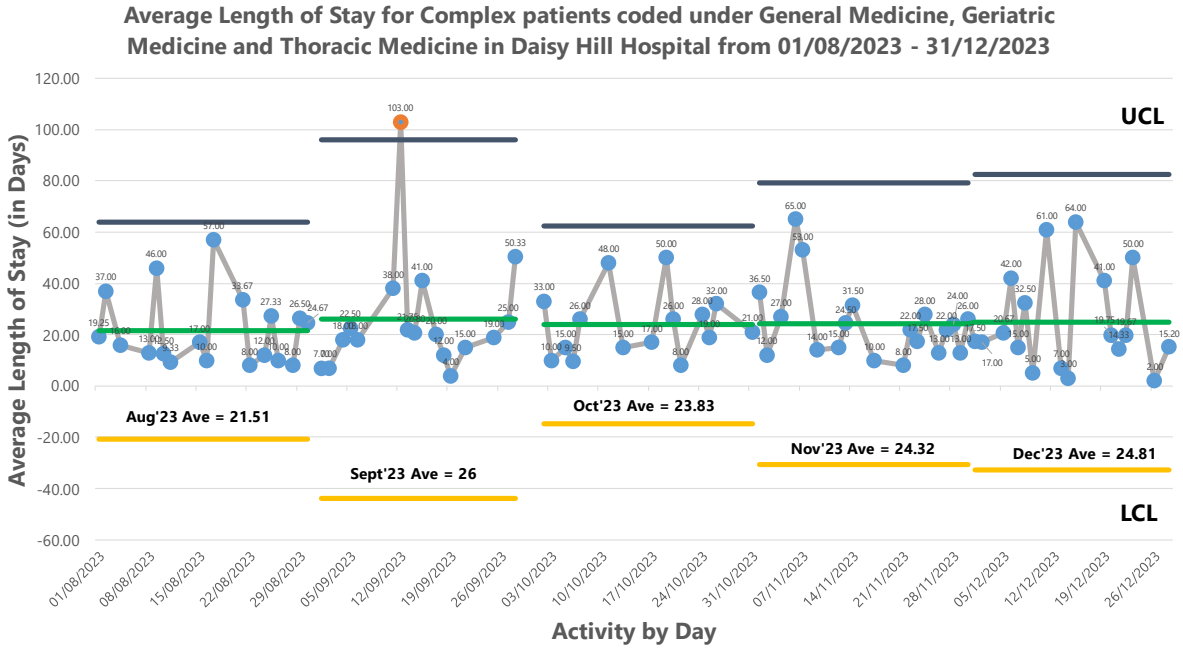
At the Panel's final meeting the Trust's Medical Director has confirmed that a number of the issues raised by the Northern Ireland Medical & Dental Training Agency (NIMDTA) on concerns raised by Junior Doctors working in DHH have now been resolved, addressing a major risk in relation to the current and future medical workforce. The Panel paid tribute to Dr Donna Muckian and Mary Burke for their work with the Junior Doctors. Subsequent to this meeting I have been advised that the Report on the Enhanced Monitoring Visit to DHH General Medicine contains feedback from the trainees which is very critical with respect to:

1. The Friends and Family question
2. Patient dignity

As Chair, I would recommend that this feedback is further explored for learning and action.

The Panel has been updated on the positive impact of the new 'consultant on-call' arrangements at DHH, where the consultant on call remains on site and performs post take ward round duties and hospital at night handover. This and other changes have received positive feedback from Junior Doctors working at DHH. Importantly there is also a reported decrease in average length of stay in Medicine at DHH for both Complex and non-Complex patients as illustrated by Trust data in the following graphs which have been shared with the Panel. There should be consideration of the benefit of implementing this model across the Trust's acute hospital network.





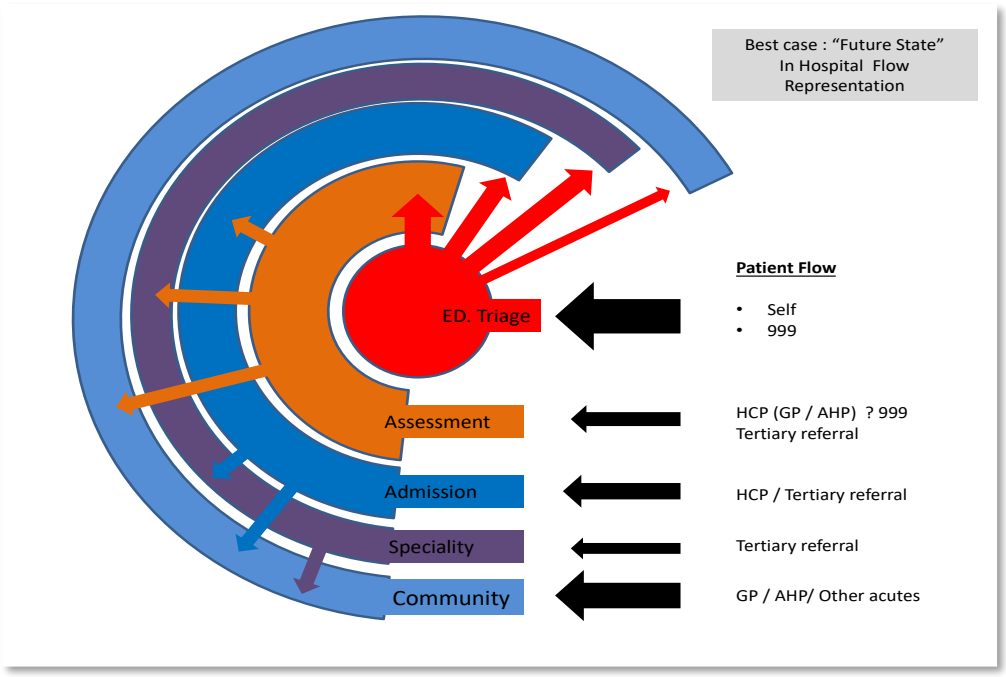
The development plans for increasing Same Day Emergency Care (SDEC) in DHH have been regularly reviewed by the Panel, and there is some evidence of positive impact.

There is significant work needed to develop a consistent Trust-wide model of SDEC across both hospital sites to optimise admission avoidance to the level of NHS peer hospitals in England (up to 40% of patients treated through SDEC pathways).

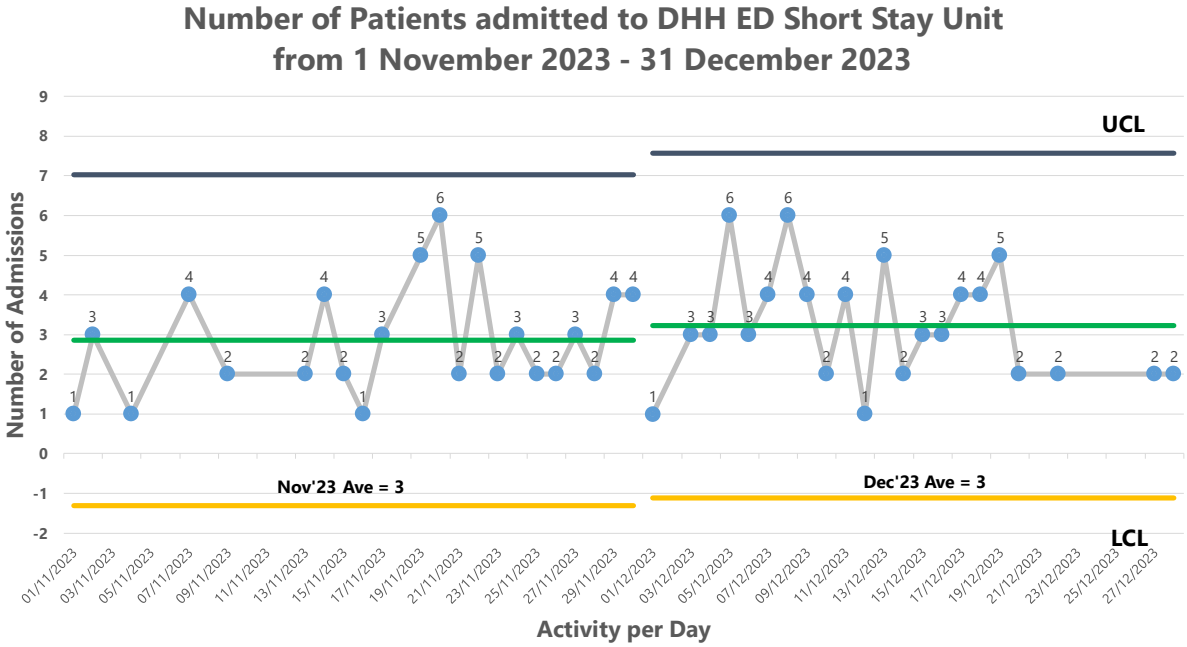
NHS national guidance on SDEC was shared with the Panel, specifically the definition below:

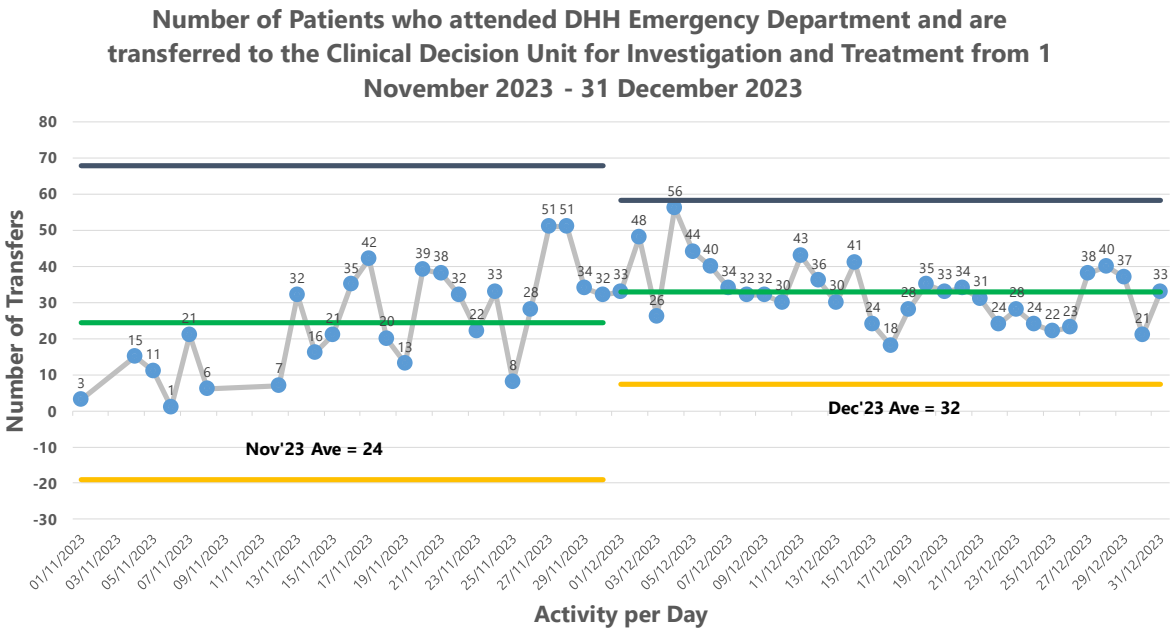
SDEC is the provision of same day care for emergency patients who would otherwise be admitted to hospital. Under this care model, patients presenting at hospital with relevant conditions can be rapidly assessed, diagnosed and treated without being admitted to a ward, and if clinically safe to do so, will go home the same day their care is provided.

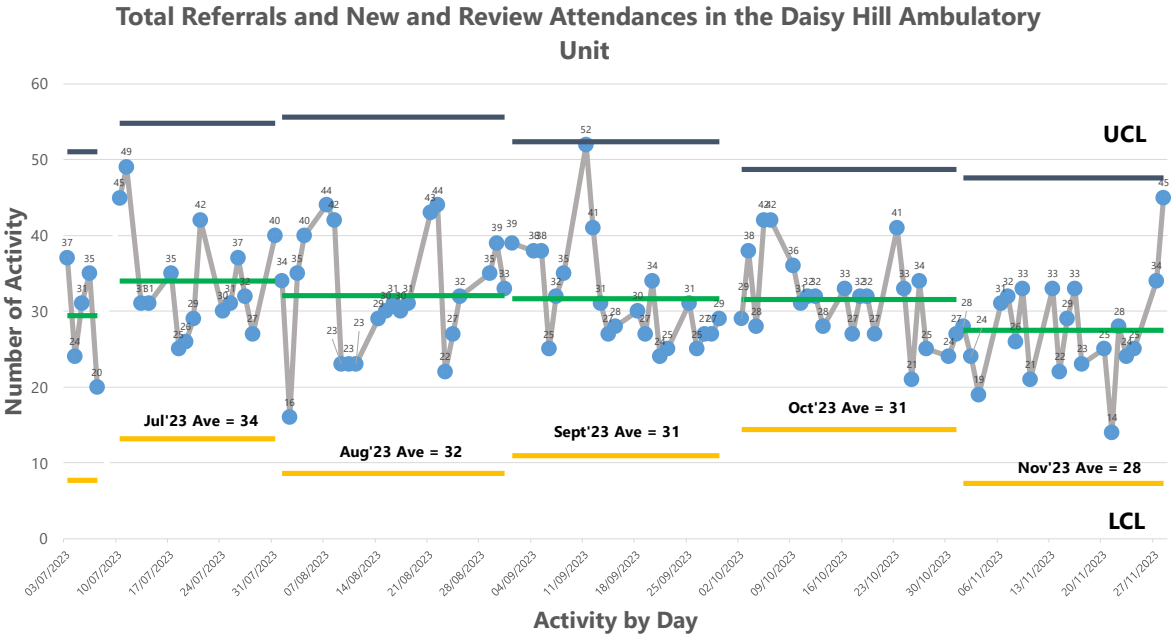
The Panel have discussed the concept of SDEC and debated the extent of its applicability in DHH. The SDEC concept is represented in the following diagram:



SDEC developments in DHH are primarily delivered via the ED Short Stay Unit, the ED Clinical Decision Unit and the Ambulatory Unit on the 3rd Floor. Activity trends for these Units has been reviewed at Panel meetings and the most recent reported data is set out in the graphs below.







The maximisation of SDEC in DHH is considered by the Panel to be a key service development priority, and particularly to focus on the extension of the Ambulatory Unit's opening hours into the evening and at the weekend and ensuring that processes are in place to bypass ED and 'take' appropriate patients arriving by ambulance directly to this Unit .

The Panel has considered three papers produced by the Trust for the redesign of General Medicine, and has provided expert advice to the Trust's medical leadership which was shared with Trust Board on 26th October. The Panel has also considered the findings of the Trust-commissioned Nuffield Report, specifically that neither DHH nor CAH were of sufficient scale to sustain 'stand-alone' sub-specialty rotas for General Medicine.

The Panel strongly felt that while neither DHH nor CAH on their own are able to sustain specialty based models of care, it is feasible to create cross Trust specialty service teams covering **both** DHH and CAH and to use these specialty service teams to support acute medicine services on both sites as part of Trust wide approach to care delivery.

The specialty development priorities for DHH were agreed by the Panel to be:

- Cardiology (partially in place with 4 of the 10 cardiology consultants rotating into DHH)
- Respiratory
- Diabetes & Endocrine
- Gastroenterology

The Panel requested the Trust's Medical Director to urgently take forward discussions with consultant teams providing these specialties to better understand the enablers needed to progress this new model of care and the barriers that are currently preventing progress. While these specialty meetings have not yet taken place, the most recent paper from the Medical Director referred to the development of an Acute Medical Unit for DHH as follows:

There will be an emphasis on developing fully functional Acute Medical Unit on both acute sites, operating in broadly a similar manner and to similar protocols and procedures. It is envisaged that patients will be admitted to the Acute Medical Unit for the initial 48-72 hours of management with either discharge home or onward referral if required to community or ambulatory based pathways. In specific cases, there will be a need to refer on to a general medical based unit with specialty input provided as required, or for direct subspecialty referral is subspecialist care is required.

While the Panel would support this development in principle, as referred to previously in this paper, the benefits of further development of SDEC services would be the Panel's priority and the Panel sought additional clarity on the development of ambulatory services that would complement and reduce demand on the medical care model for admitted patients. Specifically the Medical Director was asked to clarify how services and resources would be redesigned to improve the percentage of unscheduled care delivered as 'Same Day Emergency Care', referencing NHS Trust achievement of over 30% while the Trust's performance is reported as c5%. Similarly progress on the above Specialty development priorities was sought, and the Medical Director referred to a Trust-wide approach being needed for such developments.

Outcome: The Panel's key recommendations in relation to internal general medicine and medical specialty service in Daisy Hill Hospital are summarised below:

- **A model of 'one General Medicine service over two sites'**
- **The core of this model is Acute Medicine focused on 'Same Day Emergency Care' with a focus on extending Ambulatory Care and short stay inpatient beds (Acute Medical Unit or AMU), to be complemented by the Clinical Decision Unit in ED and ongoing development of Hospital at Home.**
- **To take the workforce opportunity presented by the General Internal Medicine (GIM) doctors from the Trust's International Medical Recruitment to develop this Acute Medicine model at pace, prioritising the development of the service at DHH.**

- **To develop at pace a Trust-wide service for sub-specialty care to cover both DHH and CAH. The sub-specialty priorities are Cardiology (partially in place with 4 of the 10 cardiology consultants rotating into DHH), Respiratory, Diabetes & Endocrine, and Gastroenterology.**
- **Other Medical specialties which have a more outpatient focus (neurology, rheumatology, dermatology) should continue to be supported to provide a Trust-wide service which delivers an appropriate level of input to DHH.**

Next Steps: I have subsequently met with the Trust's Chief Executive to discuss how best to take these recommendations forward. The Chief Executive has proposed a Trust-wide Expert Panel to develop the future model for consistent and cross-site delivery of internal general medicine and medical specialty services. The Terms of Reference (ToR) for this Expert Panel were shared with the DHH Expert Panel at the January meeting and feedback sought.

Elective Overnight Surgical Centre (EOSC)

Following the Health Minister's decision that DHH was confirmed as one of a network of regional Elective Care Centres across NI, the Panel has been regularly updated on the development of elective activity in DHH. There has been an overall 40% increase in DHH Main Theatre sessions during October to January 2022/23 (212 sessions) and the same period in 2023/24 (352 sessions).

The latest data in the Table below demonstrates increased activity between April 2023 and January 2024 in relation to Daycases (+149 per month), Endoscopy (+125 scopes per month booked) and Inpatient Procedures (+39 per month). Outpatient activity has in the main demonstrated a sustained improvement over this same period with reductions in key months associated with periods of annual leave.

Area	Service	Measure	MonthYear	Apr 2023	May 2023	Jun 2023	Jul 2023	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Total
	Daycases	Daycases		306	390	423	332	394	405	382	455	381	455	3923
		Endoscopy (4 scopes)		162	197	285	289	310	321	305	308	213	203	2593
	Endoscopy (4 sco	Scopes Booked		170	210	305	303	326	344	332	329	289	295	2903
ELECTIVE CARE	Inpatients	Inpatients		25	36	45	51	44	37	57	50	40	64	449
		F2F		780	815	1000	743	905	866	1040	976	744	911	8780
		F2F + Virtual		876	886	1069	788	970	914	1106	1056	802	989	9456
	New	Virtual		96	71	69	45	65	48	66	80	58	78	676
		F2F		1774	2292	2246	1767	2083	2126	2379	2407	1895	2395	21364
		F2F + Virtual		2080	2627	2639	2077	2472	2423	2695	2723	2143	2700	24579
OUTPATIENTS	Review	Virtual		306	335	393	310	389	297	316	326	248	305	3225

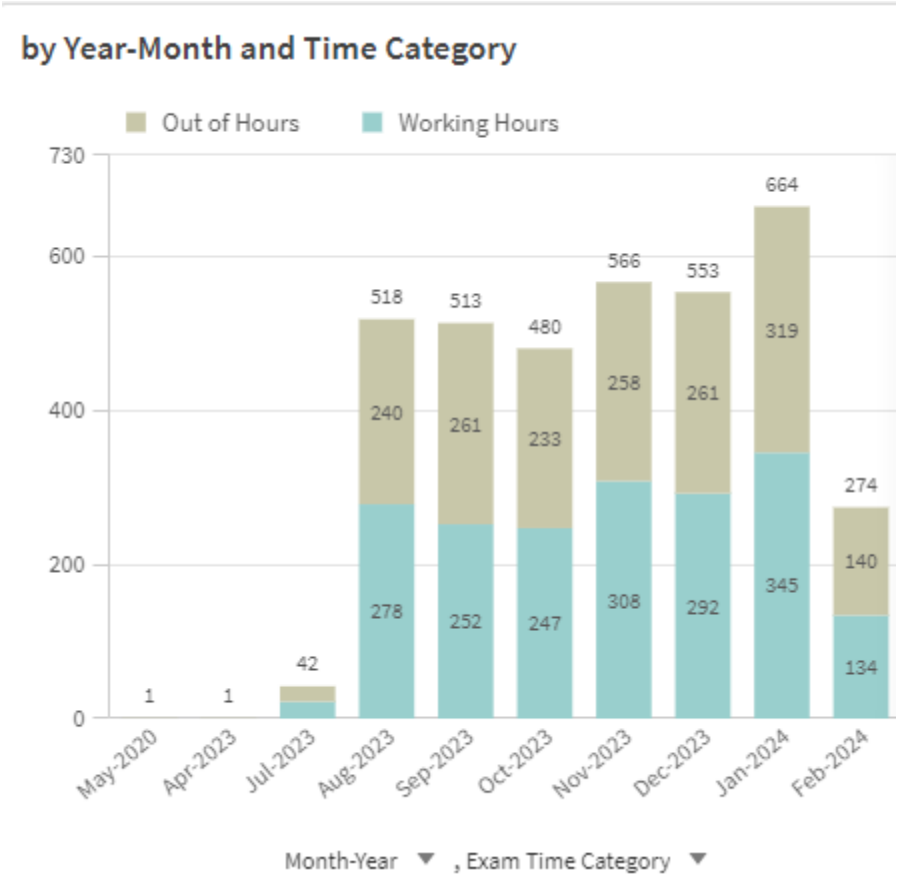
Outcome: Further expansion of Paediatrics and other specialties was discussed with the Panel and increasing the pace of delivery strongly encouraged. A recommendation to fully assess and address the barriers to including Orthopaedics was made.

Diagnostics/MRI

The installation of a temporary MRI scanner was a key part of the DHH Stability Plan, aimed at improving the clinical information to inform decision-making to ensure that patients were not unnecessarily transferred between DHH and CAH.

Again MRI activity, in and out of hours, has significantly increased as demonstrated in the Table below (noting that February data is not a full month). Clinical feedback indicates that having this diagnostic capability on site at DHH has improved the timeliness and safety of clinical decisions.

DHH MRI Data



Delivering on the Terms of Reference (ToR) of the Panel

In closing the final meeting of the Panel, I asked members for feedback as to whether they felt that the Panel's ToR had been delivered. Responses received were generally positive on the model.

Ongoing Concerns about the Future of DHH

Despite the progress made to stabilise services at DHH and very proactive PR and communications with local staff and stakeholders, staff continue to raise concerns in relation to perceived risks to services on this site.

DHH Expert Panel members have been contacted over the past weeks on two specific areas of concern and have worked with Trust colleagues to provide factual information and reassurance to allay concerns that would probably have been made public and thus undermine the assurances being given about the stability of DHH.

- **Maternity Services**
  Concerns were raised by staff which were shared with Panel members regarding a BBC article on 1 February on Gynaecology waiting lists in Northern Ireland, referring to a review of Gynaecology Services and the recommendations of same which included that Outpatient procedures and day case gynae surgery should be focused at the Mater, Lagan Valley, Daisy Hill, Causeway, Omagh and SWAH hospitals.

  This BBC article then referred to the DoH decision to move maternity services from Causeway Hospital to Antrim Area Hospital, and that Report suggesting a similar consideration be made for maternity services at SWAH and DHH where "a similar move to centralise services would free up clinical time and space for other elective women's services".

  These concerns were alerted to the Trust by the Chair of the Panel by which time the Newry Reporter had been in contact and the following statement released:

  "The Trust and wider HSC system will carefully consider the GIRFT report. We fully agree that gynaecology waiting times are unacceptably high.

  "We remain committed to the provision of full maternity services at Daisy Hill Hospital, and these services continue as normal.

  "We have dedicated gynaecology and maternity teams and we are working with colleagues regionally across health and social care to develop and improve inpatient, outpatient and community care for our whole population."

- **Haematology Services**
  Similar to above, concerns were raised via a Panel member that this service was to be removed from DHH. Again the Trust was alerted and the following statement released:

  - **Haematology**
    An advanced nurse practitioner has been running two outpatient clinics each month at Daisy Hill Hospital for over two years and there are no plans to change this service.

  - **Laboratory Services Payments**
    There has been an ongoing, UK wide issue with the payment of staff in laboratory services. Staff contracts are not aligned to the provision of a 24/7 service, resulting in high overtime costs and inconsistency with Agenda for Change Terms and Conditions.

    Following an Internal Audit across the Trust on payments to laboratory staff, senior colleagues met with senior laboratory staff to explore how to address recommendations. A number of options were suggested including consolidating haematology laboratory services to one site, however, this was immediately ruled out, given the out of hours blood bank support required across both Craigavon and Daisy Hill hospitals for gynaecology, maternity, ED and theatre services.

The Trust's Director of Human Resources & Organisational Development (DHR&OD) is the Lead Director for Raising Concerns, and has advised that the Trust's Governance Paper has supported the appointment of Freedom to Speak Up Guardian (F2SUG) roles in the Trust. In line with research findings that these roles need to sit outside HR, the newly appointed Head of Office role in Chair / CX office has the development of F2SUGs included in their role and will be working with the DHR&OD in the coming months to develop how this can roll out. She has further advised that the Trust has commissioned external input into some work in relation to being open, part of that work relates to how a F2SU function could be established in HSC Trusts. The external advisor is due to come back to the Trust in early March to feed back on their conversations with our staff, and to explore establishing the Trust as a F2SU pilot for NI.

From my experience in the NHS, there is significant merit in considering the model of a named 'Freedom to Speak Up' Guardians across the Trust and for DHH in particular, providing a named person who staff can go to with their concerns and who has access to senior managers to get a quick and factual response.

The Panel's Independent Advisor has also advised that the Department of Health are currently examining the development of an effective model under the "Being Open" work for the HSC and it would appear that the Trust is already linking with this work to gain a regional context of the "Freedom to Speak Up Guardian" role.

In conclusion, may I thank the Chief Executive and Trust Board for commissioning me to Chair the Expert Panel. It has been a privilege to do so and an absolute pleasure to work with such a committed, expert and innovative group of colleagues.

Mairead McAlinden
Independent Chair
Daisy Hill Hospital Expert Panel