

Submissions to Trust Board 25th May 2023

Deborah Yapicioz – Unison

Good morning everyone, and thank you for the chance to address the Board this morning. My name is Deborah Yapicioz and I am representing UNISON today.

UNISON is the leading trade union in Northern Ireland, representing over 45,000 members. UNISON is the largest health union in the Southern Trust, with just under 7,000 members and we represent a clear majority of healthcare workers, clinical and non-clinical, across the entire Health and Social Care system. It is our duty to protect and promote their rights as workers and to act as advocates for their health, the health of their families and public health in all dimensions of the population. All our members are HSC users and so I address you today in my capacity as a representative of both service users and the health workforce.

While we are glad the Board has taken this opportunity to listen to us today, it is disappointing that we have gotten this far in the process of removing emergency general surgery from Daisy Hill Hospital before we have had this chance to address the Board. In fact, the entire lack of Trade Union involvement in this process has been disappointing. We have always been and remain to be committed to working with the Trust for the improvement of our services and our workplace and we hope this will be the beginning of many engagements where we can work together.

I want to share with you the experience of our members, your staff, across the Trust, but particularly in Daisy Hill. The entire process from the “temporary” suspension of emergency general surgery to the eventual permanent removal has left staff incredibly disillusioned. I have already said there has been a lack of engagements with trade unions, but the level of engagement with staff throughout the process has been even more minimal. Token meetings to inform them of what is being proposed is not engagement and staff feel like their lived and worked experience is irrelevant and not valued by the Trust. Staff simply wanted to have an input. They should have been involved from the early stages and been allowed to have their say in the options appraisal, shaping the final outcomes to be considered by the public. The fact that staff have been so drastically side-lined in this process makes it clear that this was a foregone conclusion and the changes to our workplace, to our health service is being done to us and not with us.

Morale across the workforce is worryingly low. With more and more staff leaving the hospital to take up employment elsewhere the spirits of the staff that remain has been seriously depleted! We hear constantly of the changes to our hospital happening as a result of recruitment and retention issues, but I ask you today, what is being done about it? What meaningful steps are Trust Board and management taking to stop further walkouts and to attract new staff? These issues are not new. It has been clear for some time now that the Trust faces serious difficulties in recruiting new staff to Daisy Hill and keeping them once they're there. Yet we can see no real evidence of proper, meaningful action being taken to fix this. This just adds to the disillusionment and the low morale among staff who can see how little is being done to make Daisy Hill an attractive place to work.

Staff across the Trust grow increasingly worried about the future of Daisy Hill Hospital. With the changes to Emergency General Surgery, and the latest departures from the stroke service, they wonder how long Daisy Hill can be sustainable. They are concerned for their jobs, their future and the health of themselves, their families and their community. This not only impacts their working life, but their home life. This increased stress and knock-on effect on their wellbeing is a great concern to UNISON.

Further afield, staff in Craigavon and South Tyrone have shared their concerns about the impact this is all having within their sites. These sites are faced with their own challenges. Services and staff are stretched beyond belief. Staff are overworked and overwhelmed. There is no let up in the difficulties they face.

We also have staff that say that the stress and chaos they experience on a daily basis is now just seen as their reality. They have faced it for so long that they have come to accept it as part and parcel of the job.

But acceptance does not make it acceptable! The acceptance of poor working conditions, immeasurable and unnecessary amounts of stress and such high uncertainty of their future does not make the failure of the Trust to address these issues acceptable.

We know that Daisy Hill has been earmarked to become an Elective Overnight Stay Centre, but the lack of detail that has been provided on this makes us wonder if this will ever become a reality?

The recent consultation process was an opportune moment for the Trust to outline their plans for this Centre.

Instead, there is a considerable lack of detail on what staffing and investment are needed for this to operate.

There is no information about what additional funding Daisy Hill will receive in order to successfully run this regional service.

There is no detail about how the Trust plans to recruit and retain the staff needed for this Centre to operate efficiently and safely. The Trust is relying on this Stay Centre as a means of assuring the public and workforce that the future of Daisy Hill is not in question. Instead, there are no plans, no detail and no hope!

We are at breaking point. The Trust is at a crossroads where it needs to decide whether to invest in its workforce, invest in its hospital and invest in its future. Staff can no longer face and will no longer accept the incredibly difficult challenges they have faced in recent times.

UNISON will continue to defend the interests of our members working in Daisy Hill, protecting their jobs and we will continue to stand shoulder to shoulder with the local community, which includes our members, to ensure their voices are heard.

Noel Keenan – Save Daisy Hill Hospital Emergency Surgery Group

How and why did you lose so many Consultants in such a short time span. Please don't say they were all seeking greener pastures elsewhere because I know that a lot of them were eager to stay in Daisy Hill Hospital where they enjoyed their work and their colleagues. What they did not enjoy however was the support and validation from the Board. A factor I suggest that resulted in 3 experienced staff leaving without having another a post to go to, so frustrated and disillusioned were they with the lack of empathy and engagement from the Trust in addressing any of their concerns.

Can you also explain to me what exactly did the Board do to encourage these skilled and valued Clinicians to remain in post given the dearth of available Consultants out in the wider market place?

Mary Luckie – Save Daisy Hill Hospital Emergency Surgery Group

Southern Trust Sites CAH and DHH

In the past 16 years since the inception of the Trust CAH has:

- Existing services enhanced
- New services established
- No threat to services
- Upgrade of electricity 2016
- New twin CT suite opened recently
- No need for local people to take to the streets to demonstrate about removal of acute services

This is good service provision and has had a positive impact on staff /population/ and the hospital as an acute site and the trust has performed very well.

Compare this success at CAH to what has happened at DHH

- ❖ Much less enhancement of services
- ❖ Much less establishment of services
- ❖ Hospital under constant threat of downgrading / reduction of services / closure as an acute hospital
- ❖ Mass resignations of senior medical staff – not because they wanted to leave but because they did not believe they had the support of senior management – 3 of them left with no posts to go to – that defines the situation.
- ❖ No upgrade of electricity supply – not now to 2028?
- ❖ No MRI – 2028?
- ❖ No new CT suite
- ❖ Local people having to demonstrate to prevent:
- ❖ Closure/ downgrading of ED department
- ❖ Removal of acute stroke services
- ❖ Protest after removal of emergency surgery

This level of provision/lack of provision has had a negative impact on staff / population / and the hospital site as an acute care provider.

The trust can do better –we want an acute hospital providing 21 century care like CAH.

Donal Duffin – Public Representative

The main question is how does SMT plan to resolve the issue in Medicine without collapsing the hospital? None of the plans suggested at Trust Board came close to doing so.

<https://www.newry.ie/articles/news/former-consultant-speaks-of-monumental-disaster-at-daisy-hill>

Justin McNulty – MLA, SDLP

Justin McNulty Speaking Notes on Daisy Hill Hospital, Southern Trust Board Meeting, Monaghan Row 25th May 2023.

It is good to be back at a Southern Trust Board meeting happening in person for the first time since the beginning of the pandemic.

Can I begin by offering my sincere thanks to every doctor, nurse, medic, midwife, porter, radiologist, cook, cleaner, and to all clinical and support staff at Daisy Hill Hospital. You have made Daisy Hill into a hospital we are all very proud of. We know your backs are broken, we know you are fearful for the safety of your patients, but you keep going. Thank you. You are worth your weight in gold. Thank you.

On the issue of staffing I've been informed that the SoS has met with Anne Speed of Unison this morning and the feedback I've been given is that there will be no pay offer for the NHS in NI. Will this outcome further add to the crisis in healthcare?

I want to say thank you to the many clinicians and nurses and hospital staff who have confided in me their concerns for their patients as an outcome of decisions made by the Trust and the Department.

I want to say thank you to the many families who have confided with me the stories of their loved ones' experiences at Daisy Hill Hospital.

It has been obvious and every impartial observer knows there has been a dearth in investment and ambition for Daisy Hill Hospital for many years now.

In relation to stroke services is it now the case that thrombolysis treatment is now no longer available at the hospital for someone presenting with a stroke. Is it true that and families now know not to have a stroke outside

the hours of 9-5 Monday to Friday or they will not receive time critical treatment!?!?

It is absurd to suggest that people from Cullaville or Cullyhanna or Kilkeel or Annalong won't have the same access to vital services as people from Bangor or Banbridge.

It is unfathomable that a city the size of Newry along with all of South Armagh and South Down will not have proper stroke services in our hospital.

We also need major investment in the step-down facilities and domiciliary care in the community for patients recovering from stroke. The importance of patients being close to family in terms of the rehabilitation is immeasurable and that cannot happen if the services are not in place locally. The trauma of a stroke does not only impact the stroke patient but it reverberates through the entire family unit and emphasizes the importance of stroke services at and around the local acute hospital.

We all know the whole concept of the hyper acute stroke unit that has been bandied about as the cure all solution but which has only been successful in big cities like London where everyone lives 20mins from their local unit. It's a bit different to rural South Armagh or South Down. Imagine telling a family who are dealing with stroke in their home in Cullyhanna, no don't come to Daisy Hill, travel for another 45mins to an hour to CRAIGAVON AREA HOSPITAL. Will they feel their loved ones' chances are better!?!?!

In relation to the withdrawal of emergency general surgery, changing the delivery of services is not like flicking a switch; they cannot simply be turned on and off at will. Hospital and community based services do not exist in isolation from each other and decisions in one area will inevitably have implications for the others. Decisions such as this must be taken carefully, they must be evolutionary; and, they must be carried out service by service, understanding the connectivity between clinical services that form the infrastructure of a hospital.

Daisy Hill Emergency General Surgery 'temporarily relocated to Craigavon as an "emergency measure"' just over 12 months ago. This crisis in Emergency General Surgery was known about well in advance as a number of staff had handed in their resignation notices.

No real attempts to recruit either consultants or other senior staff were made as proven by my Assembly Written Questions to the Health Minister.

At the time concerns were raised about the long term viability of DAISY HILL HOSPITAL as an acute site without emergency general surgery and a 24/7 general surgical presence. The concerns were dismissed and reassurances given that no change to the normal running of the hospital would occur as a result

Concerns were raised about the ability to retain existing staff and recruit new staff given the absence of surgical cover. Again these were dismissed with commitments made around the availability of a senior surgeon on the end of the phone at all times and the reassurance of elective surgical work in DAISY HILL HOSPITAL meaning that surgeons would be available on site

Concerns were raised about pressures in the ED and additional, sick patients spending excessive time in the ED when they should have been in a surgical ward. These were dismissed with the reassurance of ring-fenced beds in Craigavon Area Hospital surgical wards.

The reality of the situation is that all of the concerns raised have borne out in reality. Daisy Hill is now a hospital in crisis and on the brink of collapse as an acute site.

The medical patients have expanded to fill the surgical floors. Without an increase in medical staffing. Quite the opposite. 2 medical consultants have left the trust, a third has resigned and other senior medical staff have also left.

This is a result of having to manage surgically unwell patients who are unfit to transfer or are not fit for surgery - so they are having to manage patients outside their qualifications. It is a result of medical patients expanding to cover the old surgical floors and having to deal with two extra wards full of patients without any staffing increase. It is as a result of junior doctors not being sent to DAISY HILL HOSPITAL because their training experience will be inadequate. So the medical consultants are often having to do the jobs of junior doctors as well as their own. Those who remain are burning out.

The ring-fenced surgical beds have not materialised and patients spend days in both EDs. The senior surgeon on the phone often doesn't answer as reception in CRAIGAVON AREA HOSPITAL operating theatres is very poor. The elective surgery in DAISY HILL HOSPITAL is now largely being undertaken by generalists who can or will review a sick surgical patient either in ED or on the ward.

The anaesthetic team has lost staff due to poor case mix and lack of support for high dependency unit patients.

Daisy Hill as an acute hospital is imminently at risk. The ED cannot and will not continue to function as a type 1 ED without acute medical support, it is already struggling without acute surgery.

I've been advised that without immediate action to bolster DAISY HILL HOSPITAL medicine (consultant and senior medical and anaesthetic / HDU staff the hospital will cease to retain acute status within 12 months.

The Trust by its failure to secure and protect Emergency General Surgery at Daisy Hill Hospital has undermined confidence in our City Hospital as an acute hospital.

This has come as no surprise to some who have been watching the changes in healthcare in the north in favour of the golden circle of golden hospitals for the golden people who are lucky enough to live close enough to one of them, while the rural citizens of South Armagh and South Down are left to languish fearful about if they or a family member needs emergency acute care.

I say again, this is not the implementation of the transformation policies that are so talked about, but is instead the result of a 35yr old flawed policy to deliver a small number of golden hospitals for the golden citizens who are fortunate enough to live close to them.

Our communities will not be sitting back whilst services are being stripped away from our hospital while at the same time they are being retained elsewhere at the expense of our community.

You can expect us to confront you on this at every opportunity and I would urge you even now to reverse your policies and reverse this discrimination again Newry and our rural communities.

It should be no surprise that a choice has been made by doctors, by consultants who are choosing to leave Daisy Hill Hospital as a direct result of the lack of confidence created by the Trust and backed up by the Department of Health on the withdrawal of critical services. One of those senior clinicians on his departure from Daisy Hill sited the destabilizing impact of the withdrawal of Emergency General Surgery from our hospital as the reason why doctors were leaving.

This blatant discrimination against our hospital and against our community will be resisted with all means at our disposal.

I look forward to the imminent return of an elected Health Minister at Stormont and I will be seeking an urgent meeting with whoever that will be to ensure that they deliver in Daisy Hill Hospital the services that our community not alone deserve, but are entitled to.

It is long past the time for sensible solutions for Daisy Hill Hospital. It is time for Newry's City Hospital to be expanded to serve its natural hinterland on a cross border basis. With the fastest growing population on this island it is time for Daisy Hill hospital to become an exciting new hub hospital on the Eastern seaboard of Ireland.

The people of Newry, South Armagh and South Down are fearful. They need reassurance and they need certainty about the future of our hospital. Daisy Hill Hospital is not a peripheral hospital. We are sick sore and tired of being the last to get and the first to lose. Future generations will curse those who have sacrificed essential services at Daisy Hill Hospital at the altar of political expediency. That would be a betrayal of the families I represent in Cullaville, Lislea, Cullyhanna, Newry and Forkhill