HEALTH SUMMIT
SUMMARY REPORT

16th March 2022

HSC
Leadership
Centre

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01 BACKGROUND AND INTRODUCTION

The Health Minister, Mr Robin Swann commissioned the organisation and facilitation of a Health Summit for senior and executive leaders across Health and Social Care. This was to be designed as an engagement workshop and was to include a broad range of stakeholders. The workshop took place virtually via zoom on the 16th March 2022 and was co-ordinated and facilitated by a team from the HSC Leadership Centre. There were approximately 87 attendees throughout the day. A list is attached at Appendix 1.

1.1 Aim of the workshop

The aim of the workshop was to provide the opportunity for leaders across the Health and Social Care System to share their views and experiences of how to rebuild Health and Social Care (HSC) services in Northern Ireland to ensure the best care for all.

1.2 Learning outcomes for the workshop

The outcomes for the workshop were:

- To understand the context for rebuild of the HSC system
- To explore opportunities and challenges to achieve a successful future for HSC
- To agree key priorities for the next three years and how they should be implemented

02 SESSION 1 - OPPORTUNITIES & CHALLENGES

After the initial aim and objectives for the workshop were explained the Minister gave a short address. In this he thanked those present for their leadership during the pandemic and beyond. He welcomed Peter May, the new Permanent Secretary. The Minister also referred to the smaller group meeting in December 2021 throughout which collective expertise and experience were shared about the key issues in the system.

The Minister reminded them that through a focused and constructive discussion, those present looked at how we could, potentially, build resilience into the HSC system over what was expected to be a very challenging winter period ahead including:

- The need to build a workforce of the right size and with the right mix of skills to sustainably deliver our health and social care services;
- The need to build capacity in to the system to facilitate timely discharge for patients;
- The need for implementation of actions in the Elective Care Framework to tackle our waiting list crisis; and
- The need to stabilise and build capacity in primary care settings.

The Minister also took the opportunity to share some key developments:

- Waiting Times – significant actions published in the interim report on the elective care framework.
- A new combined fracture orthopaedic and general rehabilitation model, which to date has saved 4,718 acute bed days since being introduced at the start of September 2021;
- The introduction of a Cross-Border reimbursement scheme in July 2021, under which to date there have been 1,864 applications, with 1,470 of these being approved so far and almost 500 individuals having had their treatment completed; and
- The development of a series of mega clinics across Northern Ireland through which 4,800 patients have been seen, at pace, for a range of conditions including cataracts, and orthopaedic conditions such as Scoliosis, Foot and Ankle, Hip & Knee and Upper Limb.

CANCER SERVICES

- A new 10 year Cancer strategy will be published shortly. Its vision is to ensure that everyone in Northern Ireland, wherever they live, has equitable and timely access to the most effective, evidence-based referral, diagnosis, treatment, support and person centred cancer care. It will guide us on what will really make a difference for people living with cancer.

URGENT AND EMERGENCY CARE

- Minister Swann reminded them that the Urgent and Emergency Care Review was originally launched in 2018, with the aim of establishing a new regional care model for Northern Ireland.
- And he is launching a 12 week public consultation on the findings of the Review. He explained that he fully recognised the severe pressures currently facing our system and in particular our Emergency Departments. Far too many people are waiting far too long to access urgent and emergency care services.
- He advised that there was no quick fix to the current situation as it will require sustained effort and additional recurrent funding. He emphasised the need for the long-term plan set out in the consultation document highlighting that our staff continue to do all they can to provide the best possible service in hugely challenging circumstances. He acknowledged that we owe it to them and to everyone using these services to do better.

PRIMARY CARE MDTS

- The rollout of the Primary Care Multi-Disciplinary Team Programme is a key priority for the future of Health and Social care services, representing as it does a shift away from having a system of simply treating illness to one that proactively and holistically supports positive physical and mental health, and social wellbeing.
- He explained that since its launch in 2018, his Department has allocated over £57m to the MDT Programme, providing over 615,000 people with access to physiotherapy, social work or mental health services in their local GP practice, and benefit from enhanced levels of district nursing and health visiting.
- There are currently around 320 whole time equivalent front line staff working across 98 GP practices in 7 GP Federation areas in the Primary Care MDT programme.

PRIMARY CARE MDTS

- He advised that work has been ongoing on developing plans for the further roll-out of the model. As a result of that work, there is now an agreed way forward for the further rollout of the MDT model. There is further work to be done including securing the budget necessary to progress the rollout at pace, however it means that GP Federations and HSC Trusts can now start to work in earnest with the MDT Programme team on plans for rollout in their areas

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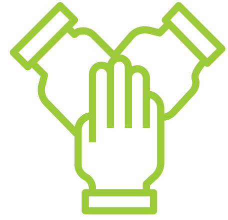

The Minister then focused on the purpose of the summit as the meeting in December was the beginning of conversation. He saw the summit as even more substantive engagement and collaboration across the sector. He explained that the uncertainty and pressure remain not just in Health and Social Care but across society and across the world. He acknowledged that the system continues to operate above capacity - managing pressures arising from COVID-19, other unscheduled pressures and focusing on maximising the delivery of elective care to tackle lengthy waiting lists. However he stressed that the pandemic did not cause the waiting lists but rather the budget allocated to the DOH has been wholly insufficient to keep waiting times at an acceptable level.

Minister recognised that our staff are exhausted having worked tirelessly and relentlessly through a pandemic for two years. This has undoubtedly taken its toll and we have staff on long-term sick leave or who have left their jobs altogether, leaving us feeling the impact of staff shortages across the system. Certainty of investment through multi-year budgets is absolutely critical for the delivery of the actions and targets set out in the Elective Care Framework. He explained that the failure of Stormont to agree a three-year budget has meant our patients have been robbed of a chance to resolve the health crisis and that conversations for the workshop may have been different if we had clarity on the budget position.

Once the Minister had concluded the first session then began. This session was in plenary using the software of Mentimeter. Those present were asked four questions in turn and they recorded their answers via the software.

- What opportunities exist for HSC in NI?
- What will help us maximise these opportunities?
- What might get in the way of this?
- How will we overcome these challenges?

When everyone had the opportunity to respond to all four questions these were then summarised as follows and a full set of answers are available at Appendix 2:

2.1 What opportunities exist for HSC in Northern Ireland?

- Shared Learning (what's working well, what have we learned from the pandemic)
- Transformation of our Services (rebuilding and transforming our services, bringing our staff and service users with us on this journey, public now more open to change)
- Public engagement & service user involvement (this ties into a lot of the opportunities but also developing direct public engagement pathways)
- Improving our population health (getting it right will improve the health of our communities)
- Investment and effective utilisation of our workforce (recognise our multi skilled workforce, listening to staff, developing staff)

2.2 What opportunities exist for HSC in Northern Ireland?

- Investment in our workforce
- Partnership Working
- Digital Adoption
- Learn from Covid Response
- Synergise our workstreams

2.3 What might get in the way?

Silo Working
Lack of integration
Competition in specialisms

Staffing
Staff shortages
Workforce planning

Lack of budget plan beyond one year

Tough decisions
"Kicking the can down the road"

Political Leadership
Parish politics

Addiction to Crisis

2.4 How will we overcome these challenges?

Building long term relationships in healthcare
Collective leadership culture

Agreed strategic priorities - realistic
Look at system design, hospitals and community

Engagement with patients and staff
Patient engagement around service planning

Strategic investment in workforce and data
Workforce budget that allows for planning
AHP's / Multiprofessional approach
Invest in workforce training
Undergraduate training

Budget – political will
Agreed budget priorities

Honesty

After this open session those present were divided into smaller groups in breakout rooms and were asked to discuss the following:

- What are the key priorities for maximising the opportunities?
- Why are they priorities?
- Top 3-5 priorities?

Based on the feedback there were six common themes identified which were:

01 Workforce - particularly focused on wellbeing to include raising morale, providing support and adopting a compassionate culture

02 Workforce - particularly focused on how to attract, recruit and retain staff through training and conditions

03 Health Inequalities - access, information & prevention

04 Systems Approach - new ways of working, collective leadership

05 Digital and Data - technology enabled and better decision making

06 Waiting Lists

A full summary of all responses can be found in Appendix 3.

The final session was spent with each group allocated a theme and asked to respond to the following questions:

- What do we need to do?
- How will we achieve it?
- Who needs to be involved?
- How will we measure success?

A full summary of all responses can be found in Appendix 4.

03 SESSION 2 & 3 - PRIORITIES AND ACTION PLANNING

3.1 Workforce – wellbeing

WHAT

Listen to Staff

Find out what is damaging morale
Find out what will help support them – what do they need?
Feedback honestly
Be open about meeting expectations – don’t over promise and under deliver

Culture

Look at Merseyside Just Culture approach
Embed psychological safety
Culture that values staff not just in word but in action
Acknowledge emotional pressures

Evidence based solutions based on data we have

Work life balance
Flexible working
Conditions – don’t make them pay to bring car to work
Regular engagement and feedback

Employer of choice

Proper remuneration – reduce Agency
Career pathways
Attractive conditions
Flexible working
Pensions

Staffing numbers

Job satisfaction
Reduce bureaucracy
Excellence awards
Training
Retention

Partnerships

System
Trade Unions
Community and Voluntary

Human Resources

Counselling services

Leisure sector

Estates and Capital planning

Mentorship, buddying, coaching training providers

How Do We Measure Success?

Data
Absence
Uptake of flexible working
Turnover
Vacancies
Early retirements

Surveys and focus groups
Measure joy in work
Happier people
Patient outcomes

3.2 Workforce – attract, recruit, retain

What and How?

Work life balance
Oncall – minimum threshold
Shifts
Weekend commitment = 4 day clinical week
Person friendly approaches

Opportunities
Flexible and remote working
Focus on training
Role diversification
Fast track system

Workforce planning
Strategic plan
Identify areas at risk
Reconcile staff in training v service providers
Carried out by skilled individuals
Early warning systems

Systems and processes
Recruit for values
Accountability – safe staffing
Recognising carers
Benchmark delivery levels

How Do We Measure Success?

Data
Increased applications for posts
Real vacancy rates decrease
Patient outcomes
Reduction in waiting lists
Feedback from staff and users
Increase in numbers attracted from GB and RoI

3.3 Health inequalities

What and How?

Tackling health inequalities is not only within the gift of health – we need to work with other departments and sectors

Work with others across the system
Integrated care
Expertise from service users
Access to middle class areas - planning

Most vulnerable – early intervention
Identify the most vulnerable
Support to have meaningful life – some good examples halted due to Covid
Employment opportunities

Data collection and analysis
Socially deprived areas
Chronic long term conditions
Services provided
Access to services
Measure the right outcomes
Invest in data analysts

Funding
Invest in services to improve health outcomes
Put in future planning model at regional level
Work with others to co-produce and co-deliver services to help people achieve better lives and outcomes
Invest at community level to allow agency for potential solutions

How Do We Measure Success?

Better understanding of data and how it is shared appropriately

Health outcomes

Number of service users involved – commitment at regional level

Better inter-agency working – better connections with community and voluntary sectors

3.4 Systems approach

What and How?

Population model on health and social care – closer to patient
Start with specific programmes and get consistency
Should be conceived regionally
Implement ICS
Support workforce with skills for systems working

Develop relationships
Engagement
Networks
At all levels
Focus on patients and carers
Give time to do this and importance

Increased autonomy and accountability
Be brave and stop what isn't working

Willingness and understanding to
Work together
Innovate
Do things differently
Measure care experience

Who?

Patients, carers and all we serve

Staff

Groups with real responsibility, autonomy and accountability

3.5 Digital and data

What and How?

Get buy in

Learn from other health services in other countries

Important that digital is clinically read – positive story for HSCNI

User led – digitally enabled

Have a Digital Shared Service

Public assurance around data storage and management

Digital seen as an enabler for delivery and improvement

Shape outcomes

Shape future services

All parts of system have access to highest quality of data

Need to integrate voice of digital and data

General Practice included

Make it as easy as possible for teams to communicate and share clinical information

More interaction with NISRA

Digital literacy

Increase competency in reading and managing data

Skillset to analyse data

Who?

Clinicians and public

Local councils as part of AIPB

PHA, PCC – a people's parliament approach

NISRA

How Do We Measure Success?

Measure against benefits we want to achieve

Post project evaluation

Measure as an enabler to delivery

Use data before and after like waiting times

Level of investment in ICT

3.6 Waiting lists

What and How?

Regional approach – single waiting list approach
Reduce variation
Standardise processes and practice
Empower clinicians to make decisions
Share good practice
Right structures

Optimise health while waiting
Supporting people on the lists
- Interim solutions – AHP, Nursing, Mental Health, Meds

Engagement
Understand the challenges
- Scale
- How long?
- Needs

Rebuild capacity
Manage expectations
Recognising efforts
Support

Investment
Money
People
Skills

Who?

Role for everyone, clinicians, department and service users

Consultants

Service managers

Follow Elective Care Strategy and plan

How Do We Measure Success?

Reduced waiting lists and times

Patient recorded outcomes

Wellness outcomes

Longer term, patients receiving other care rather than waiting

Reduction of those going to ED from waiting list

The Health and Social Care Summit concluded with the Minister thanking everyone for attending and those who organised the event and reminded everyone that the HSC Leadership Centre would provide a summary report. He wished them all well for the future.

04 APPENDICES

4.1 Appendix 1 - Full List of Attendees

Cliona McCarney	Royal College of General Practitioners
Dr Laurence Dorman	Royal College of General Practitioners
Carolyn Ewart	BASW
Andy McClenaghan	BASW
Ann McAreavey	BDA
Tristian Kelso	BDA
Chris Hagan	BHSCT
Martin Bradley	BHSCT
Peter McNaney	BHSCT
Cathy Jack	BHSCT/CE
Dr Alan Stout	BMA
Dr David Farran	BMA
Gerard Greene	Community Pharmacy NI
Stephen Slaine	CPNI
Tom Sullivan	CSPNI
Clare Ronald	CSPNI
Maria McIlgorm	DoH
Bridgitte Worth	DoH
Cathy Harrison	DoH
Gearoid Cassidy	DoH
Jim Wilkinson	DoH
Joanne Elliot	DoH
Lourda Geoghan	DoH
Naresh Chada	DoH
Patricia Quinn Duffey	DoH
Peter Jakobsen	DoH
Phil Rodgers	DoH
Tomas Addell	DoH
Suzanne Martin	DoH
Catriona O'Connor	DoH

4.1 Appendix 1 - Full List of Attendees

Yvette Shapiro	DoH
Ian Young	DoH
Margaret O'Brien	DoH/HSCB
Linda Kelly	DoH
Lesley Drew	HSCB
Sharon Gallagher	HSCB
Paul Cavanagh	HSCB
Aidan O'Neill	NHSCT
Jennifer Welsh	NHSCT
Seamus O'Reilly	NHSCT
Wendy Anderson	NHSCT
Michael Bloomfield	NIAS
Nicole Lappin	NIAS
Dr McLaughlin	NIAS
Bonnie Anley	NIBTS
Dawn Shaw	NIGALA
Gemma Loughrin	NIGALA (Chair)
Mark McCarey	NIMDTA
Denise Newell	NIPACS
Bronagh Scott	NIPEC (Chair)
Patricia Quinn	NIPSA
Terry Thomas	NIPSA
Ms Vivian McConvey	PCC
Christine Collins	PCC Chair
Aidan Dawson	PHA
Andrew Dougal	PHA
Hamish Courtney	RC of Physicians, Edinburgh
Dr Anthony Lewis	RC of Physicians, Edinburgh
Ian Crawford	RCEMNI
Paul Kerr	RCEMNI

4.1 Appendix 1 - Full List of Attendees

Mary Caddell	RCM
Karen Murray - Director NI	RCM
Will Donaldson - Council Member	RCOA
Dr John Knape	RCON
Rita Devlin	RCON
Lowri Jackson	RCOP
Richard Wilson	RCOP
Stephen Moore	RCOP
Aine McGee	RCOSE
Professor Mark Taylor	RCOSE
John McBride	RCPCH
Leandre Archer	Royal College of Radiologists
Ms Briege Donaghy	RQIA
Sean McGovern	SEHSCT
Jonathon Patton	SEHSCT
Roisin Coulter	SEHSCT
Ruth Barry	Senior Policy Impact & Influence Manager
Fiona McLaughlin	Service User Rep
Laura Collins	Service User Rep
Maria O'Kane	SHSCT
Kevin McAdam	Unite the Union
Neil Guckian	WHSCT
Dr Ray Nethercott	WHSCT
Sam Pollock	WHSCT
Peter May	DoH
Dr Caroline Lappin	DoH
Philip Gillen	Clinical Lead - Critical Care Network NI
Minister Robin Swann	

4.2 Appendix 2 - Opportunities and Challenges Mentimeter

Please click the link below to view the full responses:

https://view.pagetiger.com/health-summit-session-3/health-summit-opportunities-and-challenges

4.3 Appendix 3 - Priorities Mentimeter

Please click the link below to view the full responses:

https://view.pagetiger.com/health-summit-priorities/hsclc-health-summit-priorities

4.4 Appendix 4 - Action Planning Mentimeter

Please click the link below to view the full responses:

https://view.pagetiger.com/hsclc-health-summit-session-3-action-planning/health-summit-action-planning