



March 25th, 2022

Notice Of Meeting

You are requested to attend the Council meeting to be held on **Monday, 28th March 2022** at **2:00 pm** in **Via Zoom**.

Agenda

1.0 Apologies and Chairperson's Remarks

2.0 Declarations of Interest

3.0 NIAS

Attendees:

Michael Bloomfield (Chief Executive)

Rosie Byrne (Director of Operations)

4.0 Southern Trust

Attendees:

Dr Maria O'Kane (Director of Medical Services)

Melanie Clements (Director of Acute Services)

📎 *Item 4586 - Dorinnia Carville NMDDC re Southern Health Working Group.pdf*

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Invitees

- Cllr Terry Andrews
- Cllr Patrick Brown
- Cllr Robert Burgess
- Cllr Pete Byrne
- Mrs Dorinnia Carville
- Cllr Charlie Casey
- Cllr William Clarke
- Cllr Dermot Curran
- Cllr Laura Devlin
- Mr Eoin Devlin
- Ms Louise Dillon
- Cllr Cadogan Enright
- Cllr Aoife Finnegan
- Cllr Hugh Gallagher
- Cllr Mark Gibbons
- Cllr Oonagh Hanlon
- Cllr Glyn Hanna
- Cllr Valerie Harte
- Cllr Roisin Howell
- Miss Veronica Keegan
- Mrs Sheila Kieran
- Cllr Mickey Larkin
- Cllr Alan Lewis
- Mr Michael Lipsett
- Cllr Oonagh Magennis
- Mr Conor Mallon
- Cllr Gavin Malone
- Cllr Cathy Mason
- Mr Johnny Mc Bride
- Colette McAteer
- Cllr Declan McAteer
- Cllr Leeanne McEvoy
- Cllr Harold McKee
- Patricia McKeever
- Cllr Karen McKevitt
- Cllr Andrew McMurray
- Cllr Roisin Mulgrew
- Cllr Declan Murphy
- Cllr Barra Ó Muirí
- Linda O'Hare
- Cllr Gerry O'Hare
- Cllr Kathryn Owen

Cllr Henry Reilly
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Cllr Michael Rice
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Cllr Michael Ruane
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Cllr Michael Savage
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Cllr Gareth Sharvin
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Donna Starkey
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Cllr Gary Stokes
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Sarah Taggart
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Cllr David Taylor
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Cllr Jarlath Tinnelly
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Cllr John Trainor
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Cllr William Walker
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Mrs Marie Ward
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1. When will terms of reference for proposed consultation on Emergency surgery provision be released?

The Project team has agreed both a project mandate and Project Initiation Document (see attached).

2. In the advertisements for surgeon's posts, did the job specifications state the post location was Craigavon or Daisy Hill?

All contracts state a principal base, which was applicable at time of initial appointment. Contracts also state consultants may be required to work at any site within the Southern Health and Social Care Trust, including new sites.

3. Where were these posts advertised? And if only in UK why?

Advertised on jobs.hscni.net website, BMJ website and journals, all social Media platforms. (BMJ has an international audience as does web and social media)

4. Does the CEO of the Trust fully believe this temporary suspension of Emergency Surgery at Daisy Hill is temporary and when will this service be reinstated?

This is a contingency plan, developed by our surgical team, along with our clinical colleagues at both Daisy Hill and Craigavon hospital sites, to address an immediate and significant patient safety risk due to difficulties recruiting and retaining staff. A formal project structure has now been established to develop proposals for public consultation on a longer-term best practice model to improve both emergency and elective general surgery across the Southern area.

5. If the proposed consultation agrees that emergency surgery should be removed permanently from Daisy Hill and relocate to Craigavon, does Daisy Hill lose its Tier 1 status?

There are no plans to change the Emergency Department at Daisy Hill which continues to operate as usual (as a Type 1 ED) on a 24/7 basis. Daisy Hill ED remains absolutely essential in meeting the unscheduled care needs of our local population. The team looks after over 4000 patients every month with a wide range of conditions across a many specialties. Daisy Hill remains an essential part of the Southern Trust acute hospital network.

6. Also if Daisy Hill loses Emergency Surgery Services, is our A&E under threat?

As above.

7. Why are patients not being allowed visitors? Other Health Trusts throughout the UK and now allowing visitation

We absolutely understand how difficult the current visiting restrictions are for both patients and family members who have loved ones in hospital, however these are in place to maintain patient safety at a time of continued high levels of COVID 19 in our community. People with COVID 19 may be asymptomatic or have mild symptoms and thus unknowingly transmit COVID 19 to others. Vulnerable inpatients are at increased risk of contracting COVID 19, with the poor outcomes. We continue to have high numbers of patients with COVID 19 in our hospitals and a number of outbreaks in our wards. Visiting increases footfall in our hospital wards along with the risk of onward transmission of COVID 19 to other patients and staff. In contrast to other hospitals, our estate is old and as a consequence we are trying to manage high risk vulnerable patients across multi occupancy bays and a small number of side rooms.

Our Virtual Visiting Service is available to keep families in touch with patients. Call 07776516419 between 9am and 5pm to arrange and our Virtual Visiting Officer will go along to the ward and set up the visit for the patient.

Visiting restrictions within the Trust were relaxed on 14th March to aim for two visits per week for acute inpatients. This is kept under continual review. Click [here](#) for more information.

Maternity services are permitting the birth partner/designated care partner to visit the maternity ward on a daily basis. Women who require additional support outside of these arrangements are risk assessed on an individual basis with a plan devised that is specific to her own needs.

8. It seems illogical that potential visitors who are double vaccinated and boosted are being denied access to their loved ones. The trauma of not being allowed to see sick loved ones is in itself causing ill health.

Our inpatients are highly vulnerable and susceptible to infection and while vaccination has been shown to be highly effective reducing serious illness as a result of contracting COVID-19, individuals who have had two vaccine doses (even with few or no symptoms) can be just as infectious as those who have not been jabbed.

9. Why are pregnant women not receiving their first scan until 13 weeks when it was previously 8 weeks?

The Maternity Team completed an audit on ultrasound scanning in early pregnancy to ascertain the optimum window that the first trimester ultrasound scan should be performed within. The findings of this audit showed that a scan completed before 11 weeks gestation of pregnancy was too early to view all the necessary parameters to provide women with the assurance that their baby was developing as expected. This led to a change in practice where all first trimester scans are now completed between 11 to 12+6 days gestation of pregnancy, to enable better views to be taken of the developing baby and provide better opportunity for any problems to be detected.

10. When is the Kilkeel Out of Hours Service going to be reinstated -the Mourne area were promised a OOH minor injuries unit and in-house pharmacy for basic medicines when the service was removed from Brook lands Nursing home to the new Kilkeel primary care Centre, but we have been since experienced a piece-meal OOH service.

The Urgent Out of Hours service continues to be available throughout the oohs period for all of the SHSCT population of including Kilkeel. The Urgent Care (GP) Out of Hours service is for people with serious and urgent medical conditions that cannot wait until GP surgeries reopen. It is available from 6pm each week day evening until 8am the next morning and 24 hours a day on weekends and bank holidays. As a phone-based service, we emphasise that patients should always telephone first to access our team of GPs, Pharmacists and Nurses. The majority of patients will be treated with telephone advice, some will be given an appointment at their nearest Out of Hours base and a smaller number will require a home visit.

From Friday 30th July, the Southern Trust's Urgent Care Out of Hours Service consolidated base appointments to the Daisy Hill and Craigavon Area Hospital sites, temporarily closing the Armagh, South Tyrone and Kilkeel centres. This action was taken due to the difficulties experienced recruiting sufficient numbers of staff to fully cover the rotas and to maintain the service as safely as we can for the whole area with our limited resources.

This has been kept under continual review, however staffing remains a significant challenge. With increasing demand right across health and social care and particularly unscheduled care services, the Urgent Care Out of Hours Service has continued to experience significant pressures over the past number of months.

11. What is being done to develop pediatric occupational therapy as children are presently being denied access to this service?

Like many other services affected by the pandemic, we do acknowledge and regret that there are many children and young people waiting on an initial assessment for occupational therapy. Once assessed, there is no further wait for occupational therapy support.

Some of the steps being taken to help mitigate the numbers waiting for initial assessment are:

- Utilisation of Waiting List Initiative funding to increase number of clinics and appointments through additional hours and overtime.
- Adherence to IEAP (Integrated Elective Access Protocol (DoH, June 2020) protocols including regular validation of waiting lists and discharge as applicable
- Page Tiger and Pinterest resources made available to families waiting for occupational therapy assessment and speech and language intervention
- Availability of face to face, virtual and telephone appointments when possible.

12. Why is the Southern Trust limiting the number of people who can support a pregnant woman during labour to one when it is very traumatic for a woman who is enduring a long difficult labour to rely on one person for support?

The current principles that are in place around supporting a women in labour allow her birth partner/designated care partner to be present during labour and birth. This is to reduce the footfall through our maternity units and try to minimise the spread of COVID-19. Women can speak to their midwife on an individual basis and if necessary alternative arrangements can be agreed.

13. What is being done to reduce waiting lists for elected surgery?

We very much regret the increasing waiting times being experienced by our patients for some procedures. Our staff have been doing everything they can in very difficult circumstances but many people are waiting well beyond what we would want for our patients. We continue to work with colleagues regionally to improve waiting times for elective surgery as we try to carefully resume more services. Our General Surgery Project Team is currently working to develop proposals for a safe and sustainable model that whilst maintaining Emergency General Surgery will enhance Elective Surgical Services to help reduce waiting lists.

14. Why are patients waiting for very long periods in the trauma ward at CAH to get bones broken bones set. This is not just causing suffering for the patient, but family anxiety is amplified by being denied the ability to see their loved one.

Broken bones are mainly set in the ED or fracture clinic. Some patients are regrettably experiencing delays in trauma surgery due to ongoing pressures on services, large numbers of emergency admissions, we are limited to one trauma list each day, and there can be delays waiting on specialist surgeons. Ward staff will always do their best to maintain pain relief and keep patients comfortable. We appreciate that restricted visiting, which aims to reduce the risks of infection can add stress for some patients and where possible we encourage families to use our virtual visiting service to keep in touch with loved ones.

15. There is no GP present in the out of hours service at night. This means that a patient in palliative care who needs a prescription change have to wait for effective treatment even if in pain. Can this issue be addressed?

Best practice for palliative care is anticipatory prescribing of medication which may be required and is undertaken by GP practices. If there is any change in a patient's needs, medication may already have been prescribed and available in their home to support symptom management. On a few occasions regrettably the Trust has not been able to provide full GP cover in our Out Of Hours service, across some shifts recently. However there is a Marie Curie nurse who will provide palliative care and advice during this time with the District Nursing service available on Saturday, Sunday and Bank Holidays as well as a Twilight Nursing service in the evenings. While some patients with urgent medical conditions were still able to access the service, a very small number were advised to attend the Emergency Department. We sincerely apologise for this disruption to the service and take this opportunity to thank staff who continue to do their very best for their patients, despite very difficult circumstances.

16. It was also raised that consideration be given to also including a North / South option in your proposed Consultation on Emergency Surgery. North/ South co-operation on other medical services i.e. Renal Treatment has been a major success.

A full and robust option appraisal will be taken forward as part of the development of the consultation documentation. A number of options will be developed in agreement with the

project team and with input from the service user reference group. All available options will be considered and appropriately evaluated to support a preferred solution that is viable and deliverable to meet the needs of the local population.

17. Can consideration be given to the provision of an ICU unit in Daisy Hill Hospital and if this was supplied would greatly improve the number of applicants that would apply for current vacant Surgeons positions.

The provision of an ICU in Daisy Hill Hospital is not solely within the gift of the Trust to decide or deliver. Advice and guidance would be required from Commissioners and Department of Health on deciding and delivering on the provision of an ICU.

18. The issue about the adequacy of Electrical supply in Daisy Hill was raised and an update on any upgrade of power supply upgrade to DHH was requested. As there is no MRI scanner or fracture scanning, patients are being disadvantaged due to lack of diagnostic services on site on DHH.

The Trust has completed and submitted to DOH a business for the upgrade of the electrical infrastructure at DHH. The business case seeks £10m investment via a phased approach over a 5 year period. We await feedback on this submission but are aware of the challenges regionally regarding the availability of capital funding.

The Trust has also submitted an interim plan to DOH for a twin diagnostic suite development on the DHH site. This plan would deliver a new build solution to provide a second permanent CT scanner and MRI scanner for the site. This case is also being considered by DOH in terms of availability of capital funding. In addition we are in discussion with the DOH regarding the potential to purchase a CT modular outright at a capital cost of c. £800k which would provide stability to the CT scanning service in DHH.

19. Any update on where the Southern Trust sits with regards to the number theatre Nurses

As at 24/3/2022 required staffing (WTE) for main inpatient theatres is 121.25 with 80.70 staff available.

There is recurrent recruitment, scoping of Agency staff and students in all areas exposed to theatre nursing. New clinical education practitioners are in post to assist with induction teaching and retention of staff.

20. It was queried as to the amount that was invested in CAH at the same time as £18m was invested in Daisy Hill

The equivalent figure for the same period for CAH (being over the 2 year period from 2017/18 to 2019/20) was £37m. As was noted for DHH the movement covers all revenue investments along with Pay Awards and increased employers costs for Superannuation.

