

## **NEWRY, MOURNE & DOWN DISTRICT COUNCIL**

**NMC/SC**

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### **Minutes of Special Council Meeting held on 22 October 2020 at 6.00pm via Microsoft Teams**

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**In the Chair:** Councillor L Devlin

**In attendance:**

**(Councillors)**

Councillor T Andrews	Councillor P Brown
Councillor R Burgess	Councillor P Byrne
Councillor C Casey	Councillor W Clarke
Councillor D Curran	Councillor C Enright
Councillor A Finnegan	Councillor O Hanlon
Councillor G Hanna	Councillor V Harte
Councillor R Howell	Councillor A Lewis
Councillor O Magennis	Councillor L McEvoy
Councillor H McKee	Councillor K McKevitt
Councillor A McMurray	Councillor R Mulgrew
Councillor D Murphy	Councillor B Ó Muirí
Councillor K Owen	Councillor M Ruane
Councillor M Savage	Councillor G Sharvin
Councillor G Stokes	Councillor D Taylor
Councillor J Tinnelly	Councillor J Trainor
Councillor W Walker	

**(Officials)**

Mrs. M Ward, Chief Executive  
Mr M Lipsett, Director, Active & Healthy Communities  
Ms S Trainor, Senior Environmental Health Officer  
Miss S Taggart, Democratic Services Manager  
Mrs P McKeever, Democratic Services Officer

**Also in attendance:**

Mr S McGoran, Chief Executive, South Eastern Trust  
Mr D Robinson, Interim Director of Hospital Services, South Eastern Trust  
Ms R Coulter, Director of Planning, Performance and Informatics, South Eastern Trust  
Mr S Devlin, Chief Executive, Southern Trust

**SC/11/2020**

### **APOLOGIES AND CHAIRPERSON'S REMARKS**

There were no apologies received.

The Chairperson thanked the delegates from both Trusts for attending the meeting saying communication was key and commended all frontline workers saying they were the backbone of our society during the pandemic and we were indebted to them.

The Chairperson recognised the fear throughout the district not only due to the Covid pandemic but also the potential suspension of all non-Covid related services.

The Chairperson recognised the NHS was under extreme pressure and asked Members to be mindful of this and respectful in their questions to the delegates.



**SC/12/2020**

**DECLARATIONS OF INTEREST**

Councillor Owen declared an interest stating she had previously worked saying she worked within the Southern Trust Councillor Andrews declared an interest saying he had been nominated to the Local Commissioning Group.

**SC/13/2020**

**PRESENTATION SOUTH EASTERN TRUST**

The Chairperson then invited Seamus McGoran from South Eastern Trust to deliver his presentation.

Mr McGoran stated he welcomed the opportunity to engage with Members and said David Robinson who was Interim Director of Hospital Services was also in attendance and would address the Members.

Mr McGoran acknowledged the current global pandemic was unprecedented and had resulted in hard decisions having to be made which had resulted in consolidating services and redeploying staff where they had deemed necessary. Mr McGoran stated that independently made decisions clearly had had an effect in the Down area and they were now working closely together with the Southern Trust. They commenced the first phase of the Emergency Department re-opening on 10 August by introducing a nurse-led minor injuries unit which was open seven days a week and the plan at that stage was to re-open the full emergency department services on 19 October.

Mr McGoran said following discussions with clinicians, it became apparent the planned re-opening of the Emergency Department on 19 October could not happen, he recognised the frustration and disappointment this had had on the people of the district, however from Monday 19 October the hospital had opened a consultant-led Urgent Care centre to replace the nurse-led minor injuries unit. This unit would have increased capacity to see more people and cover a wide range of medical conditions.

Mr McGoran apologised for the late notice in which the press release had been issued however stated the Trust's commitment to the Downe Hospital was 100%, it was a vibrant hospital pre-COVID and the recent changes were as a direct result of the effect of the COVID pandemic but the long term plans for the Downe Hospital were unchanged.

Mr Robinson reiterated what Mr McGoran had said and added the Urgent Care Centre would offer a lot of what had been offered before but people would phone first and be assessed.

Following the presentation, the Chairperson invited questions and comments from Members as follows:

- Concerns the Downe Hospital was not a priority and seen as the poor relation in terms of hospital provision in the area.
- There was a potential for non-covid related health conditions to be ignored and would a twin track approach be considered to avoid this happening.
- Concern regarding the effects of winter pressures and the displacement of patients from the Downe to the Ulster Hospital taking into account the second surge of the pandemic.
- What was the reasoning behind the decision to consolidate services into the Lagan Valley and Ulster Hospitals?
- The ambulance service worked between the two Trusts, why wasn't there a joint



- approach on how services were going to be delivered during the Covid pandemic?
- Concern regarding the potential removal of acute psychiatric services from the Downshire.
  - Concern regarding the issues experienced in the recruitment of middle grade doctors.
  - The Accident and Emergency department of the Ulster Hospital was overrun, would it not make sense to re-open the Downe to alleviate this pressure?
  - More clarity needed on what was being provided by the Urgent Care Centre
  - Could a date be given for when the Downe ED would re-open?
  - How had the Trusts come to the decision regarding re-opening the ED department in Daisy Hill Hospital and not the Downe Hospital?
  - Long history of acute psychiatric care in the Downshire and recognised as a centre of excellence, concerns this facility may be centralised.
  - Given the current pandemic and the absence of a vaccine, could the Trust confirm if the Emergency Department would ever fully re-open in the Downe?
  - What were the numbers of people using the Urgent Care facility compared to the numbers for the ED department?
  - If a critical incident took place would the Downe have the capability to provide urgent and critical care if the Ulster Hospital was overloaded?
  - What was the plan for recruiting the best medical staff to the Downe hospital?
  - Was the Downe hospital seeing category 1 or category 2 patients?
  - Were there any other services being reduced/removed and not replaced?
  - How was the Ulster Hospital holding up under the increased pressure?
  - Unsure how effective an urgent care by appointment only would work.
  - Did the Trust have any plans to increase the number of private ambulances being used?
  - What steps was the Trust taking in responding to the 25% increase in mental health issues among young people?
  - How much money was spent by the Trust in the use of private ambulances?

The delegation responded to queries as follows:

- Strongly disagreed the Downe Hospital was regarded as the poor relation saying N.Ireland had two Type two emergency departments, the Lagan Valley and the Downe Hospital and they have fought very hard to retain this status. A range of enhanced services have been brought to the Downe and there had been a lot of investment in the Downe over the past 10 – 13 years.
- In order to operate a twin track system, it would be necessary to double the staff which would not be feasible.
- The Trust had been working very closely with NIAS and a phone system was in place whereby ambulance crews could speak directly to clinicians before safely attending the hospital. There were occasions where very ill patients would have to bypass the Downe and go directly to an acute hospital.
- There was no estimated date for the reopening of the full emergency department at the Downe Hospital.
- Bamford Review undertaken several years ago looked at a future plan for best delivery of mental health provision, this pointed to moving towards community-based care but with acute mental health care being located on a major acute hospital site. Great progress had been made regarding the delivery of mental health services within the community. The Trust very keen to expand the addictions unit on the Downe site.
- There were now 5 consultants working in the Downe Hospital.
- The Trust had managed to retain the Downe as a vibrant hospital instead of it becoming a community hospital.
- The Lagan Valley had a capacity of 84 beds and the Downe had a capacity of 44.



- Numbers attending the ED Department, pre-Covid was between 60 – 80 per day, current figures were 30 – 40 calls and seeing 25 – 35 patients per day.
- In the case of a critical incident taking place, patients would be treated at the most appropriate hospital if safe to do so.
- The Trust would continue to support and attract quality medical and nursing staff to work at the Downe Hospital.
- There were no category 1 patients coming to the Downe Hospital as was the case pre-COVID.
- There were no plans to cut any further services at the Downe Hospital.
- The Trust accepted that it was a very challenging time but all hospitals were holding up under the increased pressure.
- Genuine emergencies would still be dealt with by dialling 999, the vast majority of emergency care would be dealt with by triaging. Good evidence to support that scheduled/non-scheduled appointments worked very well.
- Recruitment for nurses was ongoing and also using international recruitment across the region. The recruitment of doctors was challenging and there were more jobs than qualified doctors.
- The Trust currently used private ambulances regularly to transfer or discharge patients.
- Community planning was the best way forward in dealing with the huge challenge of mental health issues.
- The Trust to forward details of spend on private ambulances.

In summing up, Roisin Coulter, Director of Planning, Performance and Informatics, thanked everyone for the open and frank discussion and said it was important to hear the concerns and views of the people who lived in the district and to have the opportunity to explain the rationale behind the very difficult decisions that had had to be made. Ms Coulter said there was a joint responsibility to work together and build relationships and asked that Members promote and encourage the services that were being offered and to be mindful of their staff when communicating out to the media. Ms Coulter said the Trust was committed to working together in partnership with the Council and said regular engagement was very important and they would be very keen to meet any time and in any format.

The Chair thanked the delegates from the South Eastern Trust and welcomed future meetings with them.

**SC/14/2020**

### **PRESENTATION FROM SOUTHERN TRUST**

The Chairperson welcomed Mr Shane Devlin and invited him to deliver his presentation.

Mr Devlin said he welcomed the opportunity to come before the Council and said he would provide a summary of what had happened to date after which he would be happy to answer any questions that Members had.

Mr Devlin advised Members a decision had been taken in March to relocate the emergency department and create a respiratory and non-respiratory department in Craigavon Area Hospital to keep COVID and non COVID patients separate, this decision had been largely taken to keep people safe from COVID.

Mr Devlin said a range of various surgeries had been re-introduced in Daisy Hill and the Trust had engaged with Pathfinder Group in determining how best to re- open the emergency department in Daisy Hill, which had been due to open in September but had subsequently opened on 19 October, Mr Devlin said it had been disappointing not to open in September as



scheduled, but it was more important to ensure that all safety precautions were in place. Mr Devlin said the Trust had invested heavily in redesigning the emergency department in Daisy Hill and had segmented different areas to ensure safety. The medical bed capacity had been increased by a further 16 beds and the ventilation system had been rebuilt in the High Dependency Unit. Since re-opening on Monday 19 October, the emergency unit had been relatively busy, seeing approximately 120 patients each day. Mr Devlin said he was encouraging people to use the emergency department wisely and not to come unless absolutely necessary.

Mr Devlin advised that at the height of the first surge, there were a total of 63 COVID positive patients in the Southern Trust and there were currently 79 COVID positive patients. Mr Devlin said all services had been restored, however although the emergency surgery was open, they did not have their full complement of general surgeons and he said the future of emergency surgery was a big challenge for all of the Southern Trust.

Mr Devlin referred to the COVID outbreaks in both Craigavon Area Hospital and Daisy Hill Hospital that resulted in the deaths of 15 people, which he greatly regretted and for which he apologised. He said an independent review had been established that would look at all 29 patients who had contracted COVID and hoped that some learning could come from the review.

Following the presentation, the Chairperson invited questions and comments from Members as follows:

- It was important to get the message out to people that Daisy Hill Hospital was a safe place to go to with all proper COVID precautions in place.
- What was the impact on staffing levels with staff off due to having to isolate and also on them taking annual leave?
- Cross collaboration needed with the SE Trust, as part of the Community Planning, a more joined up approach needed.
- Reference made to a recent road traffic accident whereby a badly injured person could not get an ambulance and had to be driven by car to Craigavon Area Hospital by her husband who was told on arrival at the hospital that he would have to dial 999 to get an ambulance to take his wife from the car.
- How were the long term plans for acute surgical cover at Daisy Hill Hospital progressing?
- It was necessary to retain surgery at both Daisy Hill and Craigavon Area Hospital.
- Concern regarding accommodation issues re parking and the ability to create enough space to allow for staff breaks and meetings to take place safely.
- Was the burden on the community or the Trust to keep the hospital safe?
- How would the current trend of big hospitals getting bigger and small hospitals getting smaller impact on Daisy Hill Hospital?
- How would specialist surgeons be attracted to Daisy Hill Hospital if there wasn't an intensive care unit?
- What was being done to recruit additional nurses in order to ensure there were enough staff?
- What additional measures, if any have had to be taken in preparation for the second phase of the pandemic?
- Are the restrictions on GP services affecting the numbers attending the hospitals?
- Clarity needed on what should people do if they suspect they may have COVID and they receive a message
- Does the Trust use private ambulances and if so, what was the cost of this service?
- Could the Daisy Hill Hospital emergency department have re-opened without the input from the Pathfinder Group?



- Were there issues with the GP out-of-hours services at Daisy Hill?
- Was there any potential of the ED closing at Daisy Hill in the future if the numbers keep rising?
- Was there anything Elected representatives could do to assist the Trust, particularly during these difficult times?
- Excellent work carried out by the student doctors who had been trained and put onto the front line very quickly to extract blood from 3000 staff members.
- Across the whole of the UK, four A&Es were stood down due to the pandemic, two of which were in this Council area therefore the sense of outrage and anger was palpable. Fighting for the retention and enhancement of services united all parties in the chamber however question marks always remain regarding the long-term sustainability of Daisy Hill, every year the same question came up. What was the situation with the Bengoa-style roll-out of services in the longer term and if this were to go ahead what would that mean for Daisy Hill and the Southern Trust?

Mr Devlin responded to queries as follows:

- Confident in their supplies of PPE and the process that is followed to ensure safe practice.
- There were currently 570 staff members off work due to a combination of self-isolation as well as being COVID positive. This was a huge challenge and was being continually assessed. If situation was to worsen, hard decisions would have to be made in terms of winding back from non-emergency procedures to offer support to the urgent and emergency issues.
- The Southern Trust now meets with the SE Trust twice weekly to discuss systems and Trust issues.
- In relation to the road traffic accident that a Member had referred to, Mr Devlin asked him to forward the details to him and he would look at it separately.
- Emergency surgery was covered in the short term at both hospital sites, however this was a challenge and they were currently exploring options for the medium and long term to sustain this including recruiting surgeons and working with a body of surgeons to work across both sites.
- Finding extra space to accommodate staff breaks was a challenge, currently using marquees and portacabins but this was an area that was currently being explored by the Trust's Estates Department.
- The Trust is responsible for ensuring the facility is kept safe, however they would ask that people use it wisely and only for urgent and emergency care. Additionally in an effort to reduce footfall, people should attend the hospital alone where possible to reduce the chance of spreading COVID. They were currently exploring a telephone triage system that would be manned by a number of professionals.
- Daisy Hill Hospital was getting bigger, with more investment and enhanced services introduced.
- Looking at attractive packages in recruiting surgeons such as employing them to work across several hospital sites which would be a more exciting proposition.
- Acknowledged there was a shortage of nurses in N. Ireland, however they have been running successful recruitment campaigns several times per year and they also recruit international nurses and they will continue to do this.
- Medical beds had been enhanced in both Daisy Hill Hospital and Craigavon Area Hospital. If there was increased COVID demand, they may have to look at further cancellation of non-urgent surgeries. Also exploring the best use of GPs, COVID centres in Banbridge and Dungannon and the Urgent Care Centre model. Most important to keep reinforcing the basic message of wearing face coverings, washing hands, and social distancing.
- Will seek clarity from the PHA on clear guidelines on what people should do if they get a message via the COVID messaging app.



- The Trust uses private ambulances for transporting for non-urgent patients but will come back with associated costs.
- Great relationship with the Pathfinder Group, Daisy Hill would not be where it was at the moment without it.
- The Trust struggled with out-of-hours GP services, despite the offered salary scale, however there were not enough GPs. The Trust were exploring out-of-hours urgent care services which would run on a multi-disciplinary basis rather than just GP response.
- There were two pathways established, Covid and non-Covid along with enhanced services established at the hospital, therefore there were no plans to do anything other than what had been put back in place presently as that was the correct answer now.
- Single-biggest thing that Elected Members can do to help was to communicate hand washing, social distancing and mask wearing to cut down on transmission.
- 73 student doctors were trained primarily in Daisy Hill, most had gone back to Queens to continue their studying, with most wanting to come back to the hospital in the future.
- Daisy Hill needed a very clear strategic direction setting out its future. The Director of Planning had been tasked with working with the community and clinicians to create a document to share where Daisy Hill was going in the future. This work was scheduled to take place prior to the pandemic, however, the Director would be picking this up again.

The Chairperson thanked all those representatives for attending the meeting and thanked all Members for their measured contributions to the meeting.

**There being no further business, the meeting concluded at 8.00pm.**

For adoption at Meeting of Newry, Mourne and Down District Council to be held on Monday 2<sup>nd</sup> November 2020.

**Signed:**

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**Chairperson**

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**Chief Executive**