NEWRY, MOURNE & DOWN DISTRICT COUNCIL

NMC/SC

Minutes of Special Council Meeting held on 22 October 2018 at 6pm in the Mourne Room, Downshire Civic Centre, Downpatrick

In the Chair: Councillor M Murnin

In attendance:

(Councillors)

Councillor T Andrews
Councillor R Burgess
Councillor P Byrne
Councillor C Casey
Councillor W Clarke
Councillor C Enright
Councillor G Hanna
Councillor H Harvey
Councillor T Hearty
Councillor R Howell
Councillor M Larkin
Councillor K Loughran
Councillor J Macauley
Councillor D McAteer
Councillor O McMahon
Councillor Mulgrew
Councillor B Quinn
Councillor H Reilly
Councillor J Rice
Councillor M Ruane
Councillor M Savage
Councillor D Taylor
Councillor JJ Tinnelly
Councillor J Trainor
Councillor W Walker

(Officials)

Mr. L Hannaway, Chief Executive
Mr. J McBride, Assistant Director, Community Planning and Performance
Mrs D Starkey, Democratic Services Officer
Ms S Taggart, Democratic Services Officer

Also in attendance:

Northern Ireland Ambulance Service (NIAS)
Mr. M Bloomfield, Chief Executive
Mr. B McNeill, Director of Operations

Southern Health and Social Care Trust
Mr Shane Devlin, Chief Executive
Mrs Melanie McClements, Director of Older People & Primary Care Services
Mrs Charlene Stoops, Assistant Director of Corporate Planning

South Eastern Health and Social Care Trust
Roisin Coulter, Director of Planning, Performance and Informatics
Seamus McGoran, Director of Hospital Services
Claire Campbell, Planning Manager, Engagement and Involvement Lead

SC/35/2018 **APOLOGIES AND CHAIRPERSON'S REMARKS**

Apologies were received from Councillors Carr, Craig, Curran, Devlin, Fitzpatrick, Harte, McMurray, Sharvin and Stokes.

SC/36/2018 **DECLARATIONS OF INTEREST**

There were no Declarations of Interest.

The Chairman welcomed everyone to the meeting and advised there would be a question and answer session following each of the three presentations.

SC/37/2018 **PRESENTATION FROM NORTHERN IRELAND AMBULANCE SERVICE**

The Chairman welcomed Mr M Bloomfield, Chief Executive and Mr B McNeill, Director of Operations from NIAS to the meeting and invited them to make their presentation.

Mr McNeill referred to Council's request for information on a list of relevant topics to which NIAS had sent a response on 16 October 2018, copies of which had been circulated with the agenda.

Mr McNeill said NIAS had experienced significant growth in demand for emergency 999 response calls over recent years and were proposing to introduce a revised Clinical Response Model to provide a more appropriate ambulance response.

Mr Mc Neill advised Northern Ireland Ambulance Service had launched a Consultation and EQIA on the Introduction of Proposed Clinical Response Model which was due to close on 20 December 2018. He then provided an overview of the proposed Ambulance Clinical Response Model (Copy of the presentation attached to these minutes).

Members asked the following questions:

- Was a 5 hour wait on a blue light ambulance transfer to the Royal Victoria Hospital, Belfast acceptable?
- NIAS must ensure any changes implemented were patient driven.
- The use of vehicles must be examined to ensure patients were getting the appropriate vehicle in response to their call e.g. a Rapid Response Vehicle paramedic sent to a call when an ambulance was required to transfer patient to hospital.
- Concerns were raised regarding rural response.
  NIAS response time of 58 minutes to Crossmaglen, South Armagh was unacceptable and more resources were required to help rural areas such as this.
- Time taken to triage patients upon arrival at A&E, and the need for NIAS staff to remain with patients until they were accepted, was delaying NIAS staff to be released to the next call.
- Concerns were raised regarding NIAS using the English Model with its infrastructure being different to Northern Ireland, and therefore the Scottish model may be more appropriate.
- How confident was NIAS that they would get the additional resources?

- Were there any proposals to collaborate with NIFRS to have more paramedic services based at part time fire stations in rural areas?
- Were there plans to have a first responder for the Mournes area?
- Were there any colleges offering paramedic training within Northern Ireland, particularly for school leavers?
- How would Brexit affect cross border Ambulance Service?
- NIAS needed to lobby the Co-operation and Working Together (CAWT) to ensure a rapid response vehicle was positioned closer to the border and South Armagh.
- What age was the NIAS fleet?
- Would NIAS staff be able to make accurate assessments of people's needs when the callers were under pressure?
- Concerns were raised regarding triaging, bed management and flow of people from A&E once brought to a hospital by NIAS.
- Ambulances were being reallocated to emergency calls in Belfast area and away from rural areas.
- There has been an issue with the time taken to answer calls to NIAS on occasions.

The delegation responded to the queries as follows:

- There were, on occasions, unacceptable lengths of time to wait and these illustrated why changes were required, particularly to Category A – Potentially Immediately life-threatening calls.
  New categorisation of calls would result in 7% of 999 calls being Category A calls rather than 30%. This would mean a reduction in the proportion of incidents requiring an 8 minute response which would then release resources to improve responses to all patients.
- NIAS currently send the nearest available resource when a 999 call was received. The proposed model would result in a little more time taken to establish the needs of a patient before sending the appropriate resource.
- Implementation of the new proposals along with additional resources in vehicles and staff would result in an improvement in rural areas.
- NIAS was working in partnership with the Ulster Hospital in developing protocols to improve handover at A&E. A pilot scheme was to be operated over the coming weeks whereby someone who was clinically qualified could accept a patient on arrival (until such times as a nurse was available) to allow NIAS crews to be released. If successful this may be rolled out across other Emergency Departments.
- NIAS used the NHS England Ambulance Response Programme for adopting the call categorisation of Category 1 to Category 4 as it had received 14 million calls though the programme with no reported adverse incidents.
- There was a need for first responders and first responder programmes particularly in rural areas.
- It was anticipated a new foundation course in Paramedic studies would commence in the University of Ulster in January 2019 and run until 2021. It was then hoped a university would undertake to offer a Bachelor Science in Paramedic studies so that school leavers could avail of this.
- NIAS was working closely with the Department of Health to examine the implications of Brexit and should there be a no deal. The NIAS Chief Executive was also working closely with his counterpart in the South and it was hoped movement of ambulances over the border would continue.
- Large scale investment was required to implement the proposed clinical response model. There was no budget at this stage so a strong consultation

response was required along with the Department of Health supporting and seeking to prioritise this.
- 48 paramedics had recently been recruited out of over 100 applications from Ambulance Technicians. These Ambulance Technicians would now need to be backfilled.
- NIAS Call handlers were all specialist trained.
- NIAS operates a rolling Fleet Replacement Programme. 80% of NIAS fleet is 5ears old or less at this time.
- NIAS operates a single regional service and ambulances were dispatched to areas where they are required at that time.
- NIAS call takers aim to pick up calls from BT in 5 seconds however there are occasions when the number of calls exceeded the call takers. NIAS was seeking to increase the capacity of call takers particularly at peak times such as meal times and the weekends.

The delegation from NIAS thanked Members for their time and encouraged them to respond to the consultation process.

Councillors Burgess, Macaulay and Taylor joined the meeting during the presentation – 6.10pm.

Councillors Reilly, Hearty, Hanna and Enright left the meeting during the above discussion – 7.15pm, 7.15pm, 7.20pm and 7.35pm respectively.

SC/38/2018 PRESENTATION FROM SOUTHERN HEALTH AND SOCIAL CARE TRUST

The Chairman welcomed the delegation to the meeting and invited them to make their presentation.

Mr Devlin advised copies of his response to the queries sent by Council on 16 October 2018 had been circulated with the agenda and he called on Ms Stoops to make her presentation on the Pathfinder Project.

Ms Stoops provided an overview to the Pathfinder Project, the priorities for transformation, an update on the implementation of the project and the key milestones for the project. (copy of presentation appended to the minutes).

Members asked the following questions:

- Had new staff been recruited for the project or were the Trust utilising existing staff resources.
- How had the new unit been designed, as the old A&E department was quite claustrophobic.
- There was a backlog in the gender identity clinic, what could be done by the Trust to deal with this backlog, particularly with the fact that electrolysis was available on the NHS in England and Wales but not in Northern Ireland.

Ms Stoops and Mr Devlin responded to the queries as follows:

- The project was an ambulatory model based on GPs being able to speak to a consultant, explaining a patient’s needs and given an appointment for that day, if required. This negated the need for patients waiting in the emergency department for hours, enabled quicker turnaround times for patients, dealt with build-up of ambulances and would alleviate the pressures on the ambulance

service. The project was staffed by a new team and would operate on a Monday-Friday 9-5 basis depending on the recruitment process.
- The new unit would be housed in the current outpatients department which is adjacent to the Emergency Department and will provide for increased space for patients currently attending ED.
- Would look into the issue of electrolysis and revert back to the Member.

The Chairperson thanked the delegation for their presentation.

SC/39/2018 **PRESENTATION FROM SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST**

The Chairman welcomed the delegation to the meeting and invited them to make their presentation.

Mr McGoran advised he was pleased to announce good news on the appointment of 2 consultants for the Downe Hospital which along with agreement from 6 physicians from the Ulster Hospital working for 2 week periods on a rota basis, would stabilise the team at the Downe Hospital. He also stated that there was due to be decisions taken regarding prototypes for dedicated elective centres and would communicate this to the Council when the announcement was made.

Members asked the following questions:

- It was disheartening to hear of the minor attendance figures for the population at the Downe Hospital. Would there be any scope to replicate the Pathfinder Project at the Downe Hospital?
- What could be organised collaboratively with the Trust and Council to sell the area and encourage more people to want to work at the Downe?
- With the acquisition of new beds at the Downe, what was being done with the old beds, would they be repurposed?
- How could the Trust use the Downe and Lagan Valley to cope with winter pressures more effectively?
- Were there any plans for additional funding in psychiatry and mental health services?
- What services were provided for young people's mental health?
- Drugs were still a huge problem across the District, including abuse of prescription drugs, what was being done to address this?

Mr McGoran and Ms Coulter responded to the queries as follows:

- There was a typing error in the letter, it should have said "in addition attendances to the emergency department at the Downe Hospital at nighttime is minimal." The Pathfinder approach would likely be rolled forward through the Department as it was clear a regional approach was required on how unscheduled care was taken forward. The difference between Downe (level 3) and Daisy Hill (level 1) was the ED level status, however the Downe Hospital is now close to providing a sustainable model which meets many of the local population needs.
- The Trust welcomed all collaborative work on the promotion, sustainability and commendation of the service at the Downe Hospital, indeed many teams from across Northern Ireland were visiting the site to look at how the services were being delivered.

- The old beds were in pretty poor condition, some had been kept as spare beds however most went through the process of being delivered to a charity.
- Winter remains very challenging across the Trust with only 4 escalation beds in the Downe Hospital. However the Frail, Elderly Rapid Assessment service would expand as appropriate to assist with winter pressures. Beds at the Ulster were and continue to remain, a challenge however the staff were doing remarkable work and there were other measures being put in place for winter planning including more diagnostic support, teams trying new ways of working, more ambulatory services along with pilot for ambulance handover times.
- Challenges existed regarding mental health and suicide however there was a need for greater investment and joined up working with PSNI and Council along with other services. There was a current project in partnership with PSNI and NIAS at weekends for a second response service to 999 calls on weekend nights.
- There was a direct link between mental health, suicide and the abuse of prescription drugs. The Community Planning Partnership was keen to support in terms of mental health space and currently there were models being investigated to work towards zero suicide.
- The abuse of drugs was a multi-agency approach and with the combination of resources, preventative measures could be put in place to tackle the issue.

The Chairperson thanked the delegation for their presentation.

There being no further business, the meeting concluded at 8.55pm.

For adoption at Meeting of Newry, Mourne and Down District Council to be held on Monday 3 December 2018.

Signed: ______________________________
Chairperson

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Chief Executive

Proposed Ambulance Clinical Response Model

Brian McNeill
Director of Operations

What is the proposal about ?

Changes to how we:

* manage 999 calls
* categorise and prioritise 999 calls
* best meet our patients needs
* measure our service performance

The Case for Change

The current Service needs reform in order to:

* Prioritise the sickest patients
* Offer more alternatives to patients than emergency transportation to ED
* Make best use of Ambulance Service resources and clinical skills

HSC Northern Ireland Ambulance Service
Health and Social Care Trust

Case for change
Why the way we respond to Patients needs to change

* Lack of evidence to support time based targets (1974), lead to good clinical care for most patients, other than for clinically specific conditions e.g. Cardiac Arrest
* Currently, 30% patients categorised as requiring an 8 minute response
* But evidence suggests < 7% require 8 minute response

HSC Northern Ireland Ambulance Service
Health and Social Care Trust

Case for change
Why the way we respond to Patients needs to change

Time-based ambulance response standards cause inefficiency and poor patient experience by:

- Dispatching resources to a 999 call before a disposition is reached
- Dispatching multiple ambulance vehicles to the same patient
- Diverting ambulance vehicles from one call to another repeatedly.
- Using Paramedic Response cars to "*stop the clock*", followed by a long wait for a conveying Ambulance.
- Resulting in very long waits for lower priority calls.

Northern Ireland Ambulance Service
Health and Social Care Trust

Proposed Clinical response Model

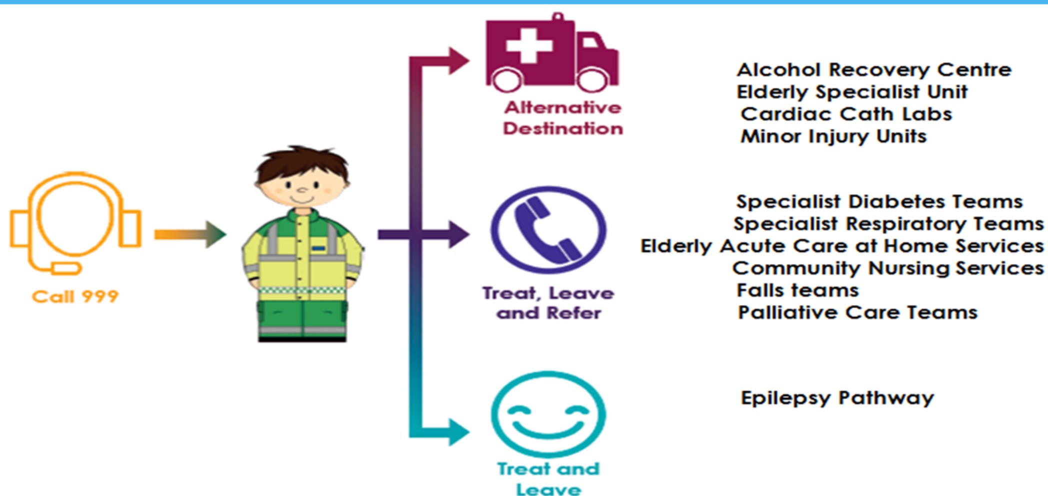
Northern Ireland Ambulance Service
Health and Social Care Trust

Sending the right Resource first time

Change in how we best meet our patients needs

* We will send the most appropriate resource to meet the clinical needs of the patient first time, reducing unnecessary multiple ambulance resources being sent to calls.

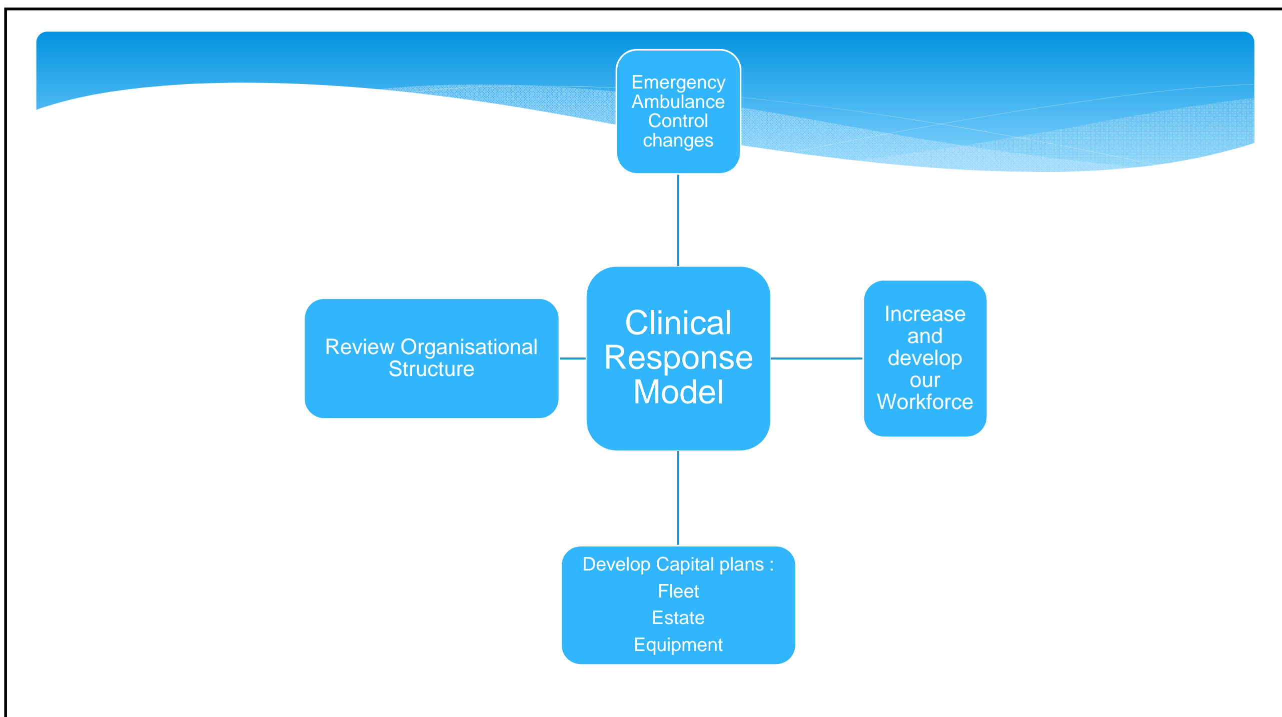
Providing the best Patient Care



PROPOSED NEW STANDARDS

Change in how we will measure our service performance .

Category	Statistic	Clock Stop	Target Time (minutes : seconds)
1 Life threatening	Mean	Response	08:00
		Transport	19:00
	90th centile	Response	15:00
		Transport	30:00
2 Emergency – potentially serious	Mean	Response	18:00
	90th centile	Transport	40:00
3 Urgent problem	90th centile	Transport Response	120:00
4 (999 calls) Less urgent problem	90th centile	Transport Response	180:00



Summary

* **Ensure the fastest possible response for a larger number of people**.

* **Establish the patients needs**, **and match those needs to the right response, in the right time frame**.

* Have your say – please let us know what you think by responding to the consultation

Northern Ireland Ambulance Service
Health and Social Care Trust

Daisy Hill Hospital Pathfinder Project

A new Model for Unscheduled Care

Ms Charlene Stoops,
Project Director for DHH Pathfinder
22nd October 2018

Overview

- Overview of Pathfinder Project
- Priorities for Transformation/Future Service Model
- Update on Project Implementation
- Programme/Key Milestones

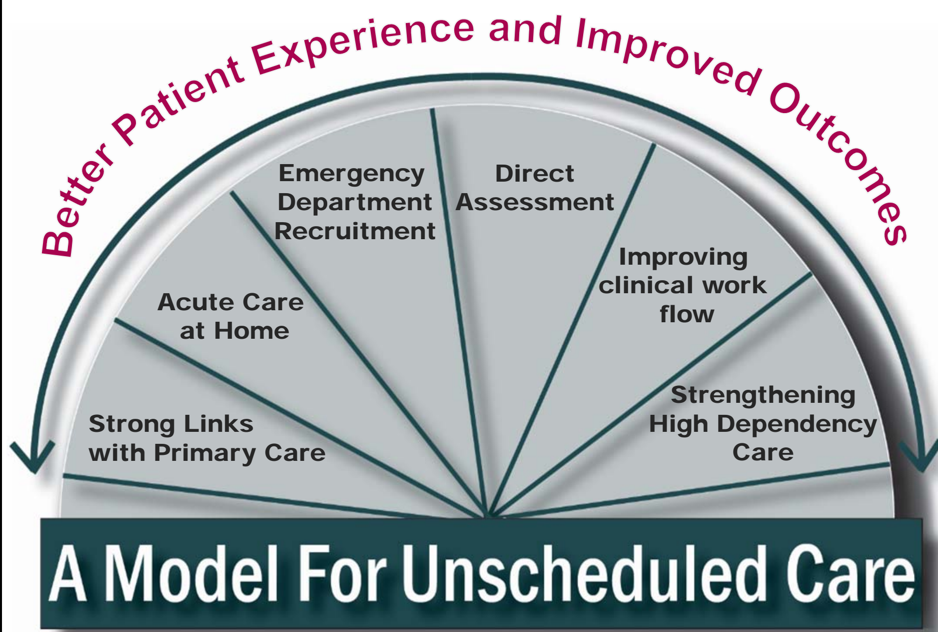
- The Trust raised concerns about the sustainability of DHH Emergency Department, particularly in the out of hours period.
- Following a Regional Risk Summit in May 2017, the DOH initiated the DHH Pathfinder Project.
- Task Set
  - To develop a long term plan to **stabilise** the ED
  - To identify measures across primary, community and hospital services to deliver a **sustainable** service

Approach

- Data-driven & evidence based
  - Comprehensive Population Health Needs Assessment
  - Clinical Audits
  - Literature Reviews
- Regional policy & strategy
- National & Regional standards
- Co-production & Co-Design
- Collective Leadership

Population Health Needs Assessment

- Justified need for 24/7 ED at DHH
- 53,481 attendances (2016/17) – 6th busiest ED
- Over 3 year period (2014/15 – 2016/17)
  - 15% increase in adult ED attendances/28% increase in paediatric attendances
  - 35% increase in medical admissions between 8pm-8am
- Significant demographic change – population to increase by 18% over next 20 years compared to 8% NI average
- Outcome of Clinical Audits – HSCB Patient Flow; ED Clinical Audit; 100% ED Challenge



Transformation Programme

INFRASTRUCTURE

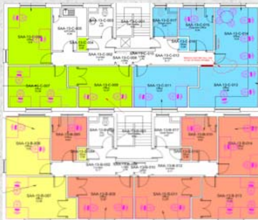
CARE PATHWAY

WORKFORCE

EVALUATION

Orior House

Phase 1 - Move of Non-Clinical Staff from Nurses Home to Refurbished Doctors Accommodation



New Direct Assessment Unit

Phase 3 - New Direct Assessment Unit created in the Main Building Co-located beside ED (in vacated outpatients and GPOOHs area)

Bernish House

Phase 2 – GPOOHs and Outpatients Department will move to Refurbished Nurses Home

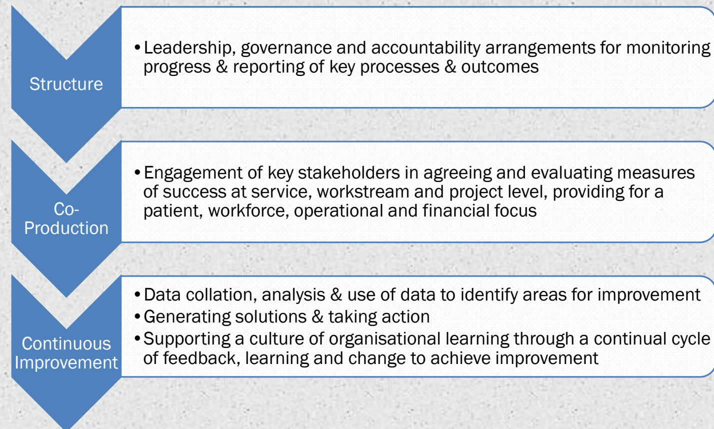
Pathway Development

- New Direct Assessment Unit
  - Development of care pathway to support the patient pathway
  - Development of a system to record patient information, monitor activity and report outcomes.
- HDU - Admission and discharge criteria has been developed and work is ongoing to put new service model in place
- Engagement with GPs
  - Pathfinder Project
  - Acute Care at Home
  - Direct Assessment Unit – care pathway development, discharge templates etc

Workforce

- 5 Year Workforce Plan - to attract, recruit & retain additional staff
- Recruitment process has commenced
- Workforce Development Group established - focus on improving staff skill mix, flexible working and providing training & development opportunities

Evaluation Framework – 3 Key Components



Key Milestones for the Project

Key Milestones for Year 1	Date of Completion
Infrastructure	
Completion of Design Work for Accommodation	End of March 2018
Business Case Approval for Estates Works	2nd May 2018
Appointment of Contractor	8th June 2018
Phase 1-4 Accommodation Works	End of November 2018
Direct Assessment Unit Accommodation Operational	**December 2018**
Pathway Development	
Process Map for Patient Pathway and Draft Operational Policies and Procedures	End of May 2018
Forms and templates	End of June 2018
Finalise Operational Policies and Procedure and Training Pack. Agreement on information system	End of September 2018
Staff Training on Systems and Operational Policies and Procedures	October/November 2018
Workforce	
Direct Assessment Unit Year 1 Staffing	By October 2018
HDU Year 1 Staffing	By 31st March 2019
ED Year 1 Staffing	By 31st March 2019