

NEWRY MOURNE & DOWN DISTRICT COUNCIL

Minutes of Special Council Meeting held on Monday 28 March 2022 at 2.00pm in Downshire Chamber and via Zoom

Chairperson:	Councillor R Mulgrew (via Zoom)	
In attendance via Zoom:	Councillor P Byrne Councillor D McAteer	Councillor G Malone Councillor J Tinnelly
Officials in attendance via Zoom:	Mr M Lipsett, Director, Active & Healthy Communities	
Officials in attendance In Chamber:	Ms S Taggart, Democratic Services Manager (Acting) Mrs L Cummins, Democratic Services Officer	
Also in attendance: Via Zoom:	Northern Ireland Ambulance Service Mr M Bloomfield, Chief Executive Mrs R Byrne, Director of Operations	
	Southern Health & Social Care Trust Dr M O’Kane, Medical Director Mrs M Mc Clements, Director of Acute Services	

SC/016/2022: APOLOGIES / CHAIRPERSONS REMARKS

Due to the absence of the Chair and Vice Chair Councillor Mulgrew assumed the Chair.

Apologies were received from Councillors Mason and Magennis.

The Chairperson welcomed the delegation to the meeting and opened the floor to Councillors with any queries they may have for the Northern Ireland Ambulance Service and the Southern Health and Social Care Trust.

SC/017/2022: DECLARATIONS OF INTEREST

There were no declarations of interest.

SC/018/2022: RESPONSE FROM NORTHERN IRELAND AMBULANCE SERVICE

Mr Bloomfield apologised for the late response which had been sent late on Friday which highlighted the pressures the service was under, what was being done to address those issues, the impact on the Ambulance Service in relation to the temporary changes at Daisy Hill and the transfer of patients between the Downe and Ulster hospitals.

Councillor Byrne advised that members had not yet had sight of the correspondence and asked for a brief update on the impact on the Ambulance Service when transferring patients with the temporary measures introduced.

Mrs Byrne updated members on current suspension of emergency surgery at Daisy Hill hospital and NIAS plans to accommodate potential increase in travel time demands.

Members asked the following questions:

- Was NIAS receiving extra resources to make up the shortfall of ambulances being effectively removed from covering other incidents in the Southern area?
- Clarity was sought if there was an issue around funding for ambulances or was the issue around staffing these?
- Were the additional journeys made via ambulance from Daisy Hill to Craigavon and vice versa putting pressure on the service?
- Had a costing ever been completed on estimated cost per ambulance trip between Daisy Hill and Craigavon?
- Members asked for an update on the recruitment process within the NIAS.
- What was the intake annually for the degree course for NIAS and could member's help to address the issue?

The delegation responded to queries as follows:

- NIAS were not getting any additional resources but had agreed patients who needed to go to Craigavon hospital would not join the ambulance queue at the emergency department, they would go straight to a ward to minimise any impact.
- Southern Trust had secured additional resources outside of NIAS, through voluntary and private ambulance providers.
- Money had not been a constraint this year only, the number of staff to provide cover was the issue. Substantial additional recurrent funding was still required and a business case had been submitted to the department in December for an additional 320 staff to be able to respond to changes such as this.
- There were normally 11 or 12 ambulances available that work across divisions depending on the flow, none of these were ever sitting waiting on a call, when ambulances were on longer journeys or queuing for extended times outside emergency departments they were not available to respond to calls. The approach by the Southern Trust turning these ambulances around quickly was very helpful.
- It would be difficult to get an average cost of trip of ambulance as a number of factors affect the outcome however officials would be happy to take a look at and revert to members.
- The biggest factor on responding to calls in a timely manner was the time lost sitting outside emergency departments. Across Northern Ireland, February 2022 was the worst month in terms of hours lost which was equivalent to 32% of plan capacity which was equal to 35, 12 hour shifts a day.
- The first people would not graduate from the new BSC degree at Ulster University until June 2024 and at that stage would still need a further year of on-the-job training. The final cohort of 40 started a month ago that NIAS can train themselves and they would be trained around December 2022. External recruitment was on going but results were small normally single figures. New recruits just about cover the staff that leave during the year, big issue is 15-20% off due to Covid or self-isolating. Do not have the number of staff needed to provide the service we should.
- Intake was 50 places each year, depending on university input, 40 are new recruits

and 10 are for NIAS staff who want to progress to be paramedics. It was one of the most heavily subscribed courses with over 600 applicants last year, welcomed support from members to bring additional influence to progress and move forward the financial challenges faced and increase university places.

Mr Bloomfield concluded that collectively the message that, things need to change for an improved outcome, it was not about closure or downgrading of any facilities, was needed to inform the public. Mrs Byrne said it was ensuring the patient gets to the right place at the right time and smaller hospitals provide stability to the rest of the service allowing it to function the way it needs to.

SC/019/2022: RESPONSE FROM SOUTHERN HEALTH & SOCIAL CARE TRUST

Dr O'Kane and Mrs Mc Clements provided a brief overview of their plan and how they try to prevent any unnecessary impact on NIAS. Results so far were positive; within the past 3 week period Daisy Hill emergency department had 66 calls to surgeons, 40 admitted, 11 ambulated through the ambulatory unit and rest just needed advice or follow up.

Members asked the following questions:

- Could an update be provided on addressing issues regarding the consultants and staffing issues in order to bring back emergency surgeries to Daisy Hill?
- Was a distinct model going to be proposed in the consultation or was it to get feedback from the public in general?

The delegation responded to queries as follows:

- Aspiration was to keep emergency ambulances for emergency travel and investigate other means of travel to keep ambulances for the sickest patients, including private ambulances and family transfer of patients where possible.
- Meeting fortnightly to discuss an evidence base around the right model for general surgery going forward. A project oversight had commenced with two focus points:
 - The safe transition of the contingency plan to go live.
 - To look for a sustainable model of how general surgical services are run across the trust including emergency general surgery and elective surgery.Working towards a consultation phase to a public consultation at end of June 2022. Hoping to go to Trust Board at end of October 2022 to discuss feedback and proposed way forward.
- Recruitment and international recruitment had been ongoing for specifically emergency general surgery. Surgeons needed a sub-speciality interest honoured and working with the clinical team to capitalise on a recruitment drive so that a sustainable model going forward would be attractive and retain consultants for the future. In the interim the service was operating with locums covering Daisy Hill with support from Craigavon general surgeons to fulfil the rota.
- A range of options would be worked through in the steering group which would be scored and suggested in the options paper to go to public consultation with complete transparency.
- In response to a query from members a full community engagement plan would be released to give the opportunity for all views throughout the Southern Trust be heard.

In concluding, Dr O’Kane stated that experience to date had been extremely positive and an enormous amount of work had been done around patient safety. Mrs Mc Clements highlighted that 62 out of 154 calls to surgeons had come from colleagues in primary care looking for advice and were able then to act on that advice and tie in with the ambulatory piece without referring the patient to the emergency department and get them on the most appropriate pathway. There were exciting things happening in different ways of working, in a smarter patient centred way, growing and learning as they go.

The meeting concluded at 14:51.

For adoption at the Council Meeting to be held on Monday 03 May 2022.

Signed: Councillor R Mulgrew

Signed: Mr M Lipsett