

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

**NMC/SC**

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### **Minutes of Special Council Meeting held on 3 July 2023 at 5.00pm in Downshire Chamber and via Microsoft Teams**

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**In the Chair:** Councillor V Harte

**In attendance in Chamber: (Councillors)**

Councillor C Bowsie	Councillor J Brennan
Councillor P Byrne	Councillor C Enright
Councillor D Finn	Councillor A Finnegan
Councillor C Galbraith	Councillor O Hanlon
Councillor G Hanna	Councillor J Jackson
Councillor G Kearns	Councillor T Kelly
Councillor C King	Councillor M Larkin
Councillor D Lee-Surginor	Councillor A Mathers
Councillor D McAteer	Councillor L McEvoy
Councillor A McMurray	Councillor D Murphy
Councillor S Murphy	Councillor S O'Hare
Councillor M Savage	Councillor G Sharvin
Councillor J Truesdale	

**In attendance via Teams:**

Councillor W Clarke	Councillor M Gibbons
Councillor H Reilly	Councillor M Rice
Councillor M Ruane	Councillor D Taylor

**In attendance in Chamber: (Officials),**

Mr A Cassells, Director of Sustainability and Environment  
Mrs J Kelly, Director of Corporate Services  
Mr C Mallon, Director of Economy, Regeneration and Tourism  
Miss S Taggart, Democratic Services Manager (Acting)  
Mrs L Cummins, Democratic Services Officer

**In attendance via Teams: Southern Trust**

Dr M O'Kane, Chief Executive  
Dr S Austin, Medical Director  
Ms T Reid, Director of Medicine and Unscheduled Care  
Ms A Turbitt, Senior Head of Planning

**SC/011/2023**

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

Apologies were received from Councillors Andrews, Devlin, Lewis, K Murphy, Tinnelly and M Ward Chief Executive.

There were no declarations of interest.

**SC/013/2023: RESPONSE FROM SOUTHERN HEALTH & SOCIAL CARE TRUST**

The Chairperson welcomed the delegation from the Southern Health and Social Care Trust and invited them to make their presentation.

Dr M O'Kane provided a detailed overview of challenges faced within Daisy Hill Hospital and the Trust in general.

Members asked the following questions:

- The issues causing the current crisis had been caused by the total mismanagement of the hospital in the Southern Trust.
- In the event of having a stroke would patients be taken directly to Craigavon area hospital and what was the Trust doing to recruit staff, retain staff and to reassure patients in the Mourne and wider South Down area that an ambulance would reach them on time especially with the importance of the golden hour being critical in receiving treatment.
- How could this pathway deliver good outcomes for stroke patients from South Armagh given the length of time it takes an ambulance to respond before then having to travel to Craigavon hospital?
- How was the decision made to determine which hospital stroke patients were referred too?
- What efforts were being made to recruit new staff to fill stroke vacancies at Daisy Hill.
- Could 100% assurances be given that the Emergency Department at Daisy Hill was not under threat?
- Part of the Stabilisation Programme was to integrate 6 High Dependency Unit (HDU) beds into the Acute Medical Unit, was this a scaling back of the original HDU beds and would existing HDU staff be transferred over or would they be redeployed?
- Stabilisation plan was welcomed in the short term, what steps had been taken to prepare for inevitable winter pressures?
- Clarity required on what would happen to the excess patients above the 104 commissioned beds. How would they receive the right care at the right place at the right time if there were further bed reductions when pressures and demand had not decreased?
- HDU Beds - What steps had been taken in relation to infection control and nature of patients being treated, would highly dependent patients be transferred to Craigavon?
- Had recent interviews taken place for recruitment of new Consultants.
- Had the Trust identified trends or themes in relation to reasons why Consultants were leaving Daisy Hill and what actions had been taken to mitigate against those factors?
- What specific assistance had been requested by the Southern Trust to help address issues around Consultants leaving Daisy Hill.
- Had the Trust lobbied to the Department for Health and the UK Government for enhancement remuneration packages for specialist staff in Daisy Hill and when was the most recent representations made and what was the response?
- The Stabilisation Plan was a short-term solution, was it ever envisaged that there would be a time when Daisy Hill would be back to where it should be?
- The Ambulance situation was getting worse and needed drastic intervention to improve especially in the South Armagh and South Down area.

- Confidence in the community had declined regarding Daisy Hill hospital, especially in light of all the negative media coverage and scare mongering that had been happening.
- Was the lack of domiciliary care still contributing to bed blockages?
- The current situation at Daisy Hill was part of the wider political failure of not having a function Executive and the management team were being unfairly targeted.
- Had a Rural Needs Impact Assessment been carried out and what mitigations had been put in place as a result?
- Clarity sought on how many ambulances were now available at Daisy Hill and did this go far enough to reverse and improve waiting times of which there had been a 26% increase in?
- Reports received that the Emergency Department at Daisy Hill was unorganised and no evidence of leadership, patients were essentially being left to their own device with no dignity or respect.
- Was there adequate staffing levels for both the Winter and long term plan and if not what was being done to ensure there was enough staff?

The delegation responded to queries as follows:

- It was the same Senior Management Team that managed the rest of the system that also managed general internal medicine on the Daisy Hill site. There were no difficulties in other areas other than would like them to be bigger and better. Issues were within a certain group of providers within in a much bigger system and was a tiny percentage of what was done overall. Over generalisations were not helpful and undermined a lot of work that went on in general.
- Aware of the ambulance response times in South Armagh and South Down and was part of the discussions with NIAS and part of the reasons why they had doubled up on internal ambulance provision and extended to 24 hours a day to try and alleviate some of the pressures.
- The golden hour around stroke was a complete misnomer. The golden hour was linked to trauma, it was important to be precise in language used so as not to cause confusion between the two.
- Stroke strategy in NI was never delivered due to Government constraints. Experts advised it should be centralised. From a practical point of view this was difficult. Southern Trust had to take a split approach on how they provided stroke services at Daisy Hill.
- Anyone who rang a 999 service were taken to Craigavon, those who presented at Daisy Hill as walk ins were assessed, stabilised, given Lysis Therapy Treatment if needed and then transferred or managed on site dependent on their needs. The percentage of patients who presented with stroke symptoms that needed Lysis Therapy Treatment was less than 20%.
- Recruitment ongoing for Stroke vacancies in Daisy Hill and across the Southern Trust, however the tendencies had been to train in sub specialities rather than general provision which meant there were fewer stroke Consultants than previously across the whole of NI.
- 3 Plans working on at present – Stabilisation Plan, Winter Plan and longer Stabilisation Plan for Daisy Hill.
- HDU beds were currently on 3<sup>rd</sup> floor, as part of short-term Stabilisation Plan those beds and nursing staff would move to the medical floor. Part of the rationale was to concentrate medical experts on the same floor to ensure safe management of patients.
- The Acute Medical ward would not require the same volume of beds as previously

allocated with the implementation of the new pathways. There would be less patients admitted or expedited early discharge with acute care at home or attending a hot clinic for follow up care if required.

- The expectation was that infection control standards would be maintained with any temporary relocation of the HDU.
- Commissioned level of beds was previously 104, anticipated with rehabilitation of beds approximately 14 beds would be removed. It was further anticipated through acute care at home, extension of Ambulatory Unit and extension of Emergency Department this would offset the loss of those beds.
- The right patient at the right time in the right place by the right professional would result in fewer patients needing a bed.
- Pension taxation was controlled by central government and not the Trust.
- Additional clinical space, better carparking, the development of an MRI was all things that was currently being done to help improve Daisy Hill and make it more appealing for staff to want to stay there and work and a review had been undertaken.
- Aspects of supervision, training and administration had been taken off Consultants to allow them to focus more. Still an area of concern filling the registrar rota at the level of doctor below a Consultant which was a perineal problem and the process was still ongoing.
- Lobbying and discussion had continued on an almost daily basis with the Department for Health about stabilisation and issues raised.
- Ambulance Delays – NIAS was outside the Trust control. One of challenges they faced was they don't have enough capacity, this would require an additional £40 million to get them up to the level of responsive capacity required. Appealed to members to lobby hard to get an Executive back up and running to make those decisions on where money was spent.
- Media coverage in relation to Daisy Hill hospital closing had not been helpful and nobody in the Trust had ever suggested that was the case. It was undermining the confidence of the public and was off putting to the recruitment of staff. There had been a direct correlation as a result that the public were choosing to bypass Daisy Hill therefore increasing waiting times in other hospitals.
- Domiciliary carers would be employed by the Trust. One of the biggest challenges faced regionally was the level of pay. Actively working on ways to try and to professionalise the role with third level education colleges in terms of education and career opportunities.
- Facing a difficult Winter in terms of finance and some key decisions needed to be made in terms of modernisation of Health Service right across Northern Ireland.
- Regional Executive support was needed and appealed to members to help support this.
- Regional blueprint was being developed in relation to all hospital networks in Northern Ireland and feedback would be requested from staff and the public in terms of the future of Daisy Hill in the Autumn once the Winter Plan had been finalised.
- There were 15,500 staff in the Southern Trust and it was impossible to communicate with everyone effectively at the same time and accepted there was gaps in communication due to the size of the organisation, however would keep working to improve this as communication was key.
- Rural Needs Assessment wouldn't be done in an emergency change such as had been done recently but in terms of a long-term plan and future of Daisy Hill it would be done as part of the process.
- Single biggest thing that would help NIAS get the public into Emergency Department quicker was to get people discharged from hospital quickly and urged members to encourage people to leave hospital quickly and safely as it would save lives within the

community overall.

- Daisy Hill was an Acute hospital it also had to be part of the Acute hospital network so patients could be safely dealt with throughout the entire system.
- Not sure of the specifics of problems in leadership in the Emergency Department would need more information to investigate further.
- Actively recruiting for doctors locally and on a national level.
- Southern Trust to circulate a fact sheet which would address a lot of issues raised.
- Once the Trust got to the point of working through each of the plans it would be clearer what staffing levels were required.

Mrs O’Kane advised that due to timing constraints members could forward on any further questions they may have in writing for a response.

**There being no further business, the meeting concluded at 18.17pm.**

For adoption at next Meeting of Newry, Mourne and Down District Council.

**Signed:**

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**Chairperson**

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**Director**