

**NEWRY, MOURNE & DOWN DISTRICT COUNCIL**

**NMC/SC**

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**Minutes of Special Council Meeting held on 27 March 2023 at 6.00pm in  
Downshire Chamber and via Microsoft Teams**

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**In the Chair:** Councillor A Finnegan

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

Councillor T Andrews                      Councillor D Curran  
Councillor A Lewis                         Councillor D McAteer

**In attendance via Teams:**

Councillor C Bowsie                      Councillor R Burgess  
Councillor P Byrne                        Councillor W Clarke  
Councillor H Gallagher                 Councillor O Hanlon  
Councillor R Howell                      Councillor G Malone  
Councillor O Magennis                 Councillor L McEvoy  
Councillor H McKee                      Councillor G O'Hare  
Councillor H Reilly                        Councillor G Sharvin  
Councillor D Taylor

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

Mrs M Ward, Chief Executive  
Miss S Taggart, Democratic Services Manager

**In attendance via Teams:**

Mrs L Cummins, Democratic Services Officer

**In attendance via Teams:**

**Northern Ireland Ambulance Service**

Mr M Cochranne, Assistant Director of Operations

**Southern Trust**

Ms C Reid, Director of Surgery & Clinical Services  
Mr B Beattie, Director of Adult Community  
Ms P Tally, Assistant Director of Performance & Reform  
Ms A Nelson, Head of General Surgery

**South Eastern Trust**

**In attendance in Chamber:**

Ms R Coulter, Chief Executive  
Ms C Campbell, Engagement and Involvement Manager

**SC/006/2023**

**APOLOGIES AND CHAIRPERSON'S REMARKS**

Apologies were received from Councillors Brennan, Hanna, Harte, Kearns, King, Lee-Surginor, Murphy, McMurray, Ó Muirí and Rice.

**SC/007/2023**

**DECLARATIONS OF INTEREST**

There were no declarations of interest.

**PRESENTATION FROM NORTHERN IRELAND  
AMBULANCE SERVICE**

The Chairperson welcomed Mr Cochranne from Northern Ireland Ambulance Service and invited him to make his presentation.

Mr Cochranne thanked Council for the opportunity to meet representatives and proceeded to deliver the presentation, overview of service delivery in the council area, performance levels and challenges faced (copy of which is attached to these minutes).

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

- Members paid tribute to NIAS and the great work they continue to do especially in relation to an increase on attacks on ambulance crews which was not acceptable in what was already a challenging environment.
- Concerns were raised at Newry Mourne and Down area being the worst performing regarding response times, what could be done as a council to improve this?
- Notable high level of staff absence, what support had been offered to staff to encourage them back to work if possible, in what was a challenging environment in terms of abuse and demoralising especially with the long delays with handovers at Dundonald hospital?
- Category 1 response times had significantly increased in rural areas but this was an average it would be helpful if response times could be broken down in each DEA area as in certain urban areas times were not being met.
- First responders were doing a fantastic job, however there was an increased pressure on them due to lack of infrastructure, which was not sustainable for the future.
- Was there a timeframe for the business case for the Clinical Response model, as system currently not fit for purpose.
- Was there a direct link between the lack of care packages and patient admissions/discharges?
- Had handovers been made more difficult due to new protocols being introduced in last few years?
- The Chairperson highlighted a personal tragedy within her own family to stress the devastating effects delays in the ambulance service were having on families whose loved ones did not receive the much-needed lifesaving treatment and support when it was needed the most. What was the ambulance service doing to improve the service they provide and address the issue of being the worst performing Council area?
- Did the condition of the roads, particularly in the Mourne area, have an impact on how quickly the crews could travel depending on the type of injury patients had and had any vehicles sustained damaged due to potholes and condition of the roads?

The delegation responded to queries as follows:

- NIAS endeavour to comply as closely as possible with funded establishment figures which had improved significantly over the last few months to around high 90 - 95%, however were still waiting on a business case and urged members to support whatever they could to progress same.

- Encouraged members to raise awareness with constituents to help discourage the misuse of the service through lack of understanding of the role of the ambulance service by helping to educate them. NIAS willing to meet with groups to help raise awareness and give advice on proper use of the service.
- Main reason for staff absence was stress related and musculoskeletal. Training and support for staff was provided, however this could be improved on by maintaining training with regular updates, further challenges were faced managing staff back to work and it was hoped some of these issues would be addressed through the recently revised attendance policy and having a very proactive staff welfare support system in place where crews are debriefed in relation to incidents both immediately after and in the follow up days.
- It could be demoralising for staff when there were long delays in handovers, NIAS continue to work closely with the Trusts finding new initiatives to try to reduce backstops at hospitals.
- NIAS acknowledged that it was extremely difficult in rural areas to get resources there in a timely fashion. All calls were triaged and prioritised according to clinical need and where an immediate response to those calls was not available, they did offer telephone advise as another layer of support until help would arrive.
- NIAS to circulate breakdown of figures for all DEAs in relation to category 1 response times after the meeting.
- Business case for Clinical Response Model was still with the department subject to approval, there was no available timeline at present but could give assurances a plan was in place once approved and would revert back with an update. In the absence of a Minister, approval could still be granted by the permanent secretary.
- It was a well-recognised fact that handovers had been made more difficult due to capacity issues which in turn resulted in harm to patients due to the long delays. Anything members could do to help get more support to alleviate some of these pressures was welcomed.
- Working closely with the Trusts to try to reduce attendances at emergency department through finding alternative pathways of finding care to people eg. Direct Admissions Unit at Daisyhill hospital and single point of contact at the Urgent Care Centre at the Down hospital are perfect examples of how things can be done differently, however the lack of funding does have a key role to play.
- Mr Cochranne expressed his condolences to the Chairperson in relation to the particular incident and the level of distress caused to the family. In relation to some of the findings of the investigation practises had changed as a result to ensure the provision of a better service going forward.
- Not aware of any vehicles sustaining damage due to condition of roads and potholes. All staff were trained to a very high standard to drive according to the condition of the roads.
- Major issue was capacity and currently do not have the resources to respond to calls in the timeframe expected. Having a couple more ambulances would not address the issue of performance time in the Newry Mourne and Down area at present.
- Happy to respond to any further queries and questions outside of meeting.

**SC/009/2023: RESPONSE FROM SOUTHERN HEALTH & SOCIAL CARE TRUST**

Dr Nelson provided a detailed presentation on the consultation of the review of General Surgery in the Southern Trust.

Members asked the following questions:

- A single site does not provide a safer service to the areas where ambulance response times are the slowest.
- If there was always an element of transfer between the 2 sites, how does that tally over the last 6 months with a 25% decrease on the road ambulances, what has differed in the last 6 months?
- The ratio needs more explanation when statistics are being released as it blurs the lines and causes confusion in terms of number of surgeries taken place on each site in comparison with the number of available surgeons on each site.
- Councillor Reilly stated there was a bit of fear mongering and misunderstanding on the part of the public, however the fact there was a better outcome of being operated by a surgeon who was proficient at what they do and operating on a regular basis was an important message to get out to the public to put people's minds at rest.

The delegation responded to queries as follows:

- 2 site model had a considerable volume of patients being transferred between the 2 sites up to several times a day before they received the appropriate care, which had now been considerably reduced.
- Emergency surgery is a small element of the overall picture but can liaise with NIAS to see if there is a way to pull out figures as to how many transfers have been impacted by the general surgery model.
- Looking into other ways of providing transfers by employing private ambulance companies or having own internal trust transport long term to reduce reliance on NIAS.
- Daisyhill site used to have 1 in 6 rota and Craigavon 1 in 9 regarding number of doctors on site and emergency surgery, however it really comes down to volume of surgery and volume of patients coming in which we have no control over. Six surgeons had resigned from Daisyhill to work elsewhere due to deskilling as this was also the case with trainees as the volume of emergency surgery was not there for experience.

Mrs Tally informed members that Trusts across the region were being pushed to bring all services back to pre-pandemic levels and monitored on a monthly basis. Waits were steadily increasing across the board and a number of challenges were currently being worked through to improve service and bring waiting times down.

Inpatient and day patients - The cause of the increase in waits was due to availability of theatre nurses. The Trust had recently appointed 7 new theatre nurses and hope to see an improvement in waiting times in coming weeks and months.

Outpatients - Waiting list had largely increased due to a result of covid. There were a number of vacancies and recruitment was currently ongoing and looking at a new initiative how to modernise services and address those issues by starting to ensure patients could be seen at outpatient appointments by the appropriate person in the right place at the right time.

Primary Mental Healthcare – There had been sustained improvement in waiting times however due to a number of staff changes there was 10 vacant posts. A recruitment process was underway and hope to see an improvement in waiting times.

Psychological Therapies – Recruitment had completed here and expecting an improved position in coming months.

Domiciliary Care – Trust has invested 2 million pounds, continuing to deliver above commissioned levels but acknowledge there is a waiting list on domiciliary care which was impacting on discharges and the flow of patients through the system. Looking at average

length of stay, weekend discharge rates etc to help patients flow system faster which will ultimately impact on ambulance handover times.

Mrs Tally advised members Daisyhill was an essential part of the Southern Trust hospital network and a number of key investments had taken place and many more planned i.e Elective overnight stay centre and Diagnostic Capacity which had a 9 million pound investment to upgrade the electrical infrastructure initiated in February 2023 with plans to look at a twin diagnostic suite capital reliant.

In response to query raised Mr Beattie advised that the lack of domiciliary care was in part the reason for the delays in ambulance handovers, however there was other multifactorial reasons and a chain of events needed to happen to allow patient flow and support NIAS.

Councillors had an opportunity to influence constituents, friends, family and neighbours to help care for relatives at home if discharged and free up space in the system.

**SC/010/2023: RESPONSE FROM SOUTH EASTERN HEALTH & SOCIAL CARE TRUST**

Mrs Coulter provided an update to members on services across South Eastern Trust and some of the key challenges and issues.

Members asked the following questions:

- Members thanked all staff within the Trust for the important work that they do, in particular the service the Down hospital provides.
- Had there been a patient-centred review regarding the Urgent Care Facility and how to gain access to it?
- Was the challenges faced with Mental Health admissions due to no money to commission beds or was it bed space?
- Dial a Lift service has had a funding cut which will impact the service they provide taking people to hospital appointments etc, had the South Eastern Trust taken into account the additional pressures this will have on them?
- Concern many people are choosing to wait until Monday if they fall ill over the weekend for fear of having long waits to be seen over weekend. Had the Trust taken this under review, and did they have any plans to address this?
- Strangford Clinic continues not to be available, what could the Trust do to get this building in use again?

The delegation responded to queries as follows:

- Regular patient experience reviews had been carried out and feedback was very positive, will follow up regarding difficulty getting through on phones.
- Introduced a new passport system for 15 patients that are frequent attendees to the Down hospital that require regular treatment that have been assessed by a doctor and NIAS are also aware and know not to take them to Dundonald.
- Maximising use of beds in the Down hospital through repatriation from other hospitals.
- Mental Health – The financial position is a massive issue, lack of qualified nurses is also a challenge. A way forward will have to be found to take forward the recommendations of the Mental Health strategy. Working regionally on this and when the new executive is formed this needs to be a priority.
- Regional Mental Health Service are working on having one co-ordinated service and

- positive work is ongoing at present.
- There was a review in 2018 'Power to People' which had not been implemented yet in relation to domiciliary care and part of the reason for this is funding.
  - Will contact Councillor Sharvin outside of meeting regarding 'Dial a Lift' service and Strangford Clinic.

**There being no further business, the meeting concluded at 8.09pm.**

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

**Signed:**

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**Chairperson**

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**Chief Executive**