

NEWRY, MOURNE & DOWN DISTRICT COUNCIL

NMC/SC

Minutes of Special Council Meeting held on 25 November 2024 at 6.00pm in Downshire Chamber

In the Chair: Councillor D Lee-Surginor

In attendance in Chamber: Councillor T Andrews Councillor C Bowsie
Councillor P Campbell Councillor C Enright
Councillor C Galbraith Councillor O Hanlon
Councillor V Harte Councillor R Howell
Councillor J Jackson Councillor G Kearns
Councillor C King Councillor A Lewis
Councillor A Mathers Councillor D McAteer
Councillor L McEvoy Councillor S O'Hare
Councillor M Rice Councillor G Sharvin
Councillor H Young

In attendance via Teams: Councillor P Byrne Councillor L Devlin
Councillor K Feehan Councillor M Larkin
Councillor O Magennis Councillor M Ruane
Councillor D Taylor

Officials In attendance in Chamber: Mrs M Ward, Chief Executive
Mrs S Murphy, Director of Sustainability & Environment
Miss S Taggart, Democratic Services Manager (Acting)
Mrs F Branagh, Democratic Services Officer

Officials in attendance Via Teams: Ms S Trainor, Assistant Director of Environment

Also in attendance in Chamber: **SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST**
Ms Roisin Coulter, Chief Executive
Ms Nuala Mageean, Senior Manager

SOUTHERN HEALTH AND SOCIAL CARE TRUST
Dr Stephen Austin, Medical Director
Ms Cathrine Teggart, Director of Finance, Procurement & Estates

Also in attendance via Teams: **SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST**
Mr Andrew Dobbin, Consultant

SC/019/2024 APOLOGIES & CHAIRPERSON'S REMARKS

Apologies were received from Councillors Finn, Hanna, Howie, S Murphy, Reilly and Truesdale.

As the Chairperson attended the meeting remotely, it was agreed that the Deputy Chairperson would Chair the meeting.

SC/020/2024 DECLARATIONS OF INTEREST

There were no declarations of interest.

SC/021/2024 SOUTH EASTERN HEALTH AND SOCIAL CARE TRUST (SEHSCT)

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

Ms Coulter thanked the Members for the invite to present to Council and stated she was going to outline the challenges, issues and progress within the South Eastern Trust over the past year. She introduced her colleagues Ms Nuala Mageean, who was currently undertaking a leadership development programme working with politicians and influencing public opinion, and Dr Andrew Dobbin who attended the meeting remotely.

Ms Coulter expressed her thanks to all staff that worked right across the South Eastern Trust, stressing the importance of that recognition, and highlighted that the Trust would not be able to provide any services without this most valuable resource. She further highlighted her support for all NHS staff to receive their pay award, noting that this was a wider debate that involved the Northern Ireland Executive. She stated that she wanted to avoid undue stress on the Trust staff particularly coming into the Winter period, and that work was ongoing with trade union colleagues and the Department of Health (DoH) in relation to the pay award.

In relation to winter pressures, Ms Coulter outlined the work involved in the establishment of the Regional Co-Ordination Centre for Northern Ireland, the aim of which was to organise the flow of patients across all Trusts, in association with the NI Ambulance Service, which should help equalise pressures across each Trust area. She stated that there was a need to manage services from end to end to help decrease the length of hospital stays.

Ms Coulter then confirmed that there were no plans to reopen the Downe Hospital Emergency Department, stating that the Bengoa report championed the model to have one major acute hospital at the Ulster Hospital, supported by local hospitals which were Lagan Valley and the Downe. She stated that a consultant led urgent care model was safer for patients, clinically appropriate and sustainable, further stressing the need to be honest and clear with the public about the Trust's plans for the Downe Hospital site.

Dr Andrew Dobbin then spoke about the Downe Hospital site, stating that an ED was the front door of a hospital, and behind that there needed to be a level of expertise and a minimum number of services available to be able to deal with life threatening injury or illness without prior appointment. Those services included emergency surgery, acute medicine, paediatrics, gynaecology services, anaesthetics, critical care and rapid turnaround labs and unfortunately this was something that could not be delivered at the Downe Hospital site. Reopening the ED at the Downe Hospital without all these required services and expertise in the background would just add to patient risk.

Dr Dobbin further confirmed that the Downe Hospital was not vacant, that all available beds were all being utilised, highlighting that a recent significant addition to the number of beds available was helping to deal with pressures in other areas.

Ms Coulter confirmed that Downe Hospital and Lagan Valley both played a vital role in the Trust, with both being used as regional day procedure centres providing services to the whole province with excellent feedback from patients. She noted that more investment was needed to help reduce waiting lists, highlighting that this was a priority for the Minister.

Ms Coulter then noted that the Trust funding was a challenge having recently managed a £200m budget cut and further advising that while there was still a gap of £100m relating to the pay award, there could never be enough investment to address waiting lists.

Ms Coulter ended by outlining the work over the last four years on working with children with complex needs, noting that the number of children requiring residential care had doubled which had an impact on the ability to deliver respite care for children with complex difficulties. She noted that the Minister had announced some further in year funding which could help to deliver some much-needed wrap around support for families.

Following the presentation the Chairperson invited questions and comments from Members:

- Members thanked the delegation for their clear communication and honesty with the public regarding the Downe Hospital.
- Support was noted on record for the Trust staff, with Members stressing that any reported issues were never directed towards staff, rather the inability to deliver services due to a lack of funding.
- Why was Ward 15 being reportedly closed for two weeks over the Christmas period, given that in July it had been reported that any staffing issues and risk of closure had been resolved, and was this a blanket closure or being taken on a case-by-case basis of the current residents?
- What was the expected breakdown of the recent £350m announced funding?
- What were the short-, medium- and long-term goals for the Downe hospital given the financial pressures faced by the sector?
- What was the Trust doing to address pressures at the Ulster Hospital and what role could the Downe play to help alleviate any pressures?
- How was the partnership with NI Ambulance Service working in relation to trained personnel being available to take calls from suicidal callers?
- The opportunity was taken to highlight the lengthy waiting list for the Child Development Clinic, which could have a detrimental impact on children and their support systems while waiting on a diagnosis.
- Was it possible to do more to highlight the availability of Urgent Care facilities and possibly expand on the opening hours to help alleviate the pressures on the Ulster ED?
- Members were supportive of the idea of promoting the Urgent Care model over the winter period.

The delegation responded as follows:

- Members were thanked for their appreciation and support of the Trust staff as any feedback was always appreciated.
- Addressing the issues across the health sector was a decision for the Executive to consider when talking about parity with the rest of the UK, alongside any decisions regarding lack of revenue raising measures such as fuel payments or water charges.
- Ms Coulter was grateful to Council for their support of Ward 15 recently, confirming that a consultant had been recruited internally and the Department was working with the wider Mental Health team to sustain Ward 15. She further recognised the concerns regarding the Christmas closure of Ward 15, stating that she was unaware of the full

reasons for the decision but advised that a meeting was scheduled for the following day regarding Ward 15 and she would update Members following this.

- Dr Dobbin highlighted that Urgent Care at Downe Hospital was open to 6pm Monday – Friday, and that the Minor Injuries unit at the Ulster Hospital was open 365 days a year until 6pm with plans to move premises in the new year with extended opening times until 8pm.
- The Trust scheduling rotas were more stable than ever with no locums being utilised in recent times at the Downe Hospital site, additional consultants had been recruited and plans were underway to improve access to and expand hours in the Ulster site to deal with patients not requiring emergency services.
- Ms Coulter stressed that it was important to be consistent with language for the services on offer, that Downe Hospital and Lagan Valley had consultant led Urgent Care facilities, where there was always a consultant on duty. The Ulster Hospital had an Emergency Department and a Minor Injuries unit, stressing that consistent terminology was important in helping the public understand what services were available at differing sites.
- As a method of alleviating pressures on the Ulster ED, Ms Coulter took on board the suggestion to promote the opening times and services available at each facility within the Trust area so people would be aware that they don't have to go to the ED to receive treatment.
- Future goals for services would include delivering more services in the Downe Hospital, while still being mindful of available resources, to try and reduce any reliance on bank or agency staff and the number of locums as the workforce was 70% of the Trusts resources.
- More day procedures within the Downe and Lagan Valley would be ideal, however additional investment was difficult to secure.
- A key priority for the Trust was to focus on improving the quality of services for frail and older people such as the hospital at home service, domiciliary care at home or as close to home as possible.
- 85% of services provided in the Down area were provided outside of the Downe Hospital, stressing that one building did not provide all of the services across the community.
- The partnership piece between the SE Trust and NI Ambulance Service, where Mental Health Nurse Practitioners had taken roles within the Ambulance Service to assist with suicidal callers, which had reduced ambulance call outs by approximately 40%, with a further benefit being that NI Ambulance Service Call Handlers felt more supported during those calls as they were not mental health trained.
- There were benefits with the Encompass Programme, especially in the NI Ambulance Service partnership, as all the relevant medical information was at the hands of those who needed it, when they needed it.
- The waiting list for AHD assessments was acknowledged, along with the subsequent impact on access to Special Needs Education, and the Trust was continually considering ways to try and address this.

Councillor Enright left the meeting at this point – 6.51pm

SC/022/2024

SOUTHERN HEALTH AND SOCIAL CARE TRUST (SHSCT)

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

Ms Teggart presented an overview of the services delivered within the past year, alongside a brief overview of the Southern Health and Social Care Trust. (Copy appended to these minutes)

Ms Teggart highlighted that the Trust was facing significant challenges, notably having begun the year in a financial deficit. She further outlined the difficulties the Trust had in recruiting staff across all specialities of medicine, alongside a high demand for social care, with 640 people currently waiting for domiciliary care. She noted that the Trust was aware of the excessively long waiting lists due to significant gaps across many SHSCT services. Ms Teggart noted that due to these difficulties, a long-term vision and strategy was required.

Ms Teggart then advised that the Trusts Strategic Plan for 2024/2025 was focused on stabilisation and driving reform and transformation to address the ongoing challenges within the Trust, highlighting the following points regarding Daisy Hill hospital:

- Daisy Hill was an essential part of Southern Trust Acute Hospital Network, alongside Craigavon, South Tyrone and Lurgan and there was a dedicated team of highly skilled and experienced staff working across a wide range of specialities.
- ED Continues to operate as a Type 1 Consultant Led ED, assessing all medical and surgical patients.
- Daisy Hill was appointed as a Regional Elective Overnight Stay Centre in October 2022, and the team have been working to rebuild planned surgery following the pandemic.
- 7 additional theatre lists were now offered at the centre, bringing the total weekly theatre list to 32, which was 91% of full commissioned levels of service, with projected full capacity by March 2025.
- A new modular CT scanner and MRI scanner were in place along with a new medical ambulatory unit was now open.
- A new discharge lounge was available for patients stable for discharge and a new Minor Injuries unit was planned with increased opening hours
- 2024 marked 10 years of the successful acute care home service, which prevented over 12,000 hospital admissions.
- The new Trauma and Orthopaedic Clinic and Woman's Health Hub that had recently opened.

Ms Teggart then outlined the work conducted by the Trust Medical HR Team with agency support on a recruitment drive to India, with the result being 70 newly recruited doctors working across a range of grades and specialities across the Southern Trust area. Following a period of transition following relocation to the region, these staff would help stabilise the services on offer further.

Following the presentation the Chairperson invited questions and comments from Members:

- Members noted their thanks to the Daisy Hill Futures Group for their tireless work in ensuring the security of the health facilities but also the vision to try and secure services across the district.
- What work had been done to stabilise and secure maternity services at Daisy Hill and the Trust areas as a whole?
- Was there a projected timeline for the completion of the Community Care Treatment Centre in Newry?
- While the Clinical Hub Treatment Centre in Newry that had not yet commenced build, what additional services did the delegation envisage would be on offer there?
- Was there a timeline on the proposed build of the Treatment Centre as similar services in Belfast and Banbridge had been completed, and what was the reason for the delay in Newry?

- Could the delegation comment on reports that the MRI scanner was not able to operate as there was a lack of sufficient power, therefore patients were being transferred to Craigavon hospital for MRI scans?
- Could an update be provided regarding the removal of Emergency Surgery from Daisy Hill and what impact this has had for the Trust patients?
- The Acute Care at Home team has proven very successful, were there any plans to expand on this?
- Dentistry had not been mentioned within the update provided, what information was available regarding health service dentistry and access to dental care?
- Concerns had been raised regarding the increase in diagnosis of gynaecological cancers, and the current waiting list, was there an issue with people languishing on waiting lists and not receiving treatment?
- Members were delighted to note some positive news regarding the new services now on offer at Daisy Hill Hospital
- Of the mentioned recruitment drive and the subsequent recruitment of 70 Doctors from India, how many of those were going to be based at Daisy Hill, or would they be rotated across the Trust area?
- Following the expiration of the GP contracts at Kilkeel Primary Care Centre, was there an update on any progress? And if no GP contract was agreed, would the centre be closed?
- Were there any plans for a review of suicide prevention protocols, as suicide placed a large demand on local charities, and the statistics were not improving which highlighted that fresh thinking and new approaches were required.

The delegation responded as follows:

- The Daisy Hill Futures Group had recently been engaging with the Trust regarding Maternity Services to try and get a better understanding of the needs, which had helped drive the work being conducted to stabilise the service. New staff were due to start working in January and further new staff had been inducted into the department to cover all shifts.
- On occasion, until the service was stabilised further with the new starts in the new year, the Trust occasionally had to divert care based on medical need, which was carried out following a very strict escalation protocol, for as short a time as possible.
- The Trust had been preparing a business case for the Treatment Centre and this was submitted to the Department in April, with a response still outstanding. It was proposed that the Centre would hold some space for Primary Care and community treatment to help relieve pressures within Daisy Hill by also delivering outpatient appointments.
- There was a medium-term issue with regard to consultant recruitment as there was a national shortage of trained and qualified consultants.
- Following the recruitment of 70 Doctors, approximately 40% of those would be based on Daisy Hill working on a medical rota in each speciality across the Trust. Given the cultural differences, they would not be rotated across the Trust area to allow time to adjust.
- The Acute Care at Home Service had been very successful, with up to 70 patients being supported in the Community, which helped reduce hospital admissions. It was currently working well so the only plans currently were to consider expanding the service.
- The Southern Trust don't provide Dentistry Services, however there were a number of dentists who were supported by the Trust and this was being considered as an area of expansion.
- It was noted that there was some time during the Covid Pandemic that patients were unable to access services and people were presenting with illnesses later than liked,

however it was stressed that anyone who had symptoms should come forward as soon as possible to receive treatment.

- The delegation stated that the changes to Emergency Surgery provision were successful, with every patient having access to the same model of care when needed. They also confirmed that recruitment was more successful as potential employees knew what services were available at which location.
- The delegation also confirmed that the overnight stay centre at Daisy Hill was operating better as day procedures were no longer disrupted or cancelled due to emergency surgeries at Daisy Hill hospital
- Ms Teggart was unaware of any issues with the MRI scanner, but advised she would investigate and respond.
- Dr Austin advised that following the resignation of the GP Partners in Kilkeel, the Trust had been asked to take over the management of the site and began the process to secure a new GP contractor and assured Members that this was still a priority as it was a resource better managed at a local level, but was still being managed by the Trust in the interim.
- Dr Austin advised that there was a suicide prevention team that focused on driving care on the community alongside a crisis response service supported by a team of dedicated psychiatrists and community psychiatric nurses. Following any suicide, an adverse incident investigation was undertaken to understand any lessons that could be learned and fed back to practitioners. It was noted that suicide was often a result of a myriad of factors and that a multi-agency response was required with an integrated approach as it was not just an issue for the Trust to help prevent.

Councillor Devlin left the meeting during the above discussion – 7.08pm
Councillor Campbell left the meeting during the above discussion – 7.26pm

The Chairperson thanked the delegation for their presentation and time.

There being no further business, the meeting concluded at 7.29pm.

For adoption at the Council Meeting to be held on Monday 13 January 2025.

Signed:

Chairperson

Chief Executive

Newry Mourne and Down District Council

25 November 2024



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About our Trust

The Southern Trust geography covers the council areas of Armagh City, Banbridge and Craigavon, parts of Newry Mourne and Down and Mid-Ulster.

The Trust provides health and social care services to residents of these areas and to others who travel to the Southern Trust to avail of regionally provided service.



Population

Serving a population of an estimated 391,796 adults and children.



Workforce

We employ a workforce of 15,797 people of many nationalities and cultures



Finance

We spend almost £3.3m per day delivering care and support to local people



Estate

A range of sites comprising of 232 Trust owned buildings and 69 leased buildings

2

Snap shot of services

HSC Southern Health and Social Care Trust



72,840
School Nursing
contacts



974,285
Calls to our
hospitals



83,935
Day Care
Attenders



158,841
Emergency
Department
Attendances



4,722
Babies
delivered



950,000
Meals served to
patients and clients
in our facilities



197,977
District nursing
contacts



31,776
Acute Care
at Home visits



676
Looked after
children



342,746
Diagnostic images
and x-rays



92,412
Health Visiting
Contacts



4,966
People receiving
domiciliary care



96,202
Mental Health
Community
unscheduled
contacts



223,054
Community AHPs
Contacts



365,693
Total outpatient
appointments



10,284,130
Laboratory
Tests

3

Challenges

HSC Southern Health and Social Care Trust

- Finance
- Workforce
- Growing population/Rising demand
- Unscheduled care
- Social Care
- Waiting lists



4

Working together Excellence Openness & Honesty Compassion

HSC Southern Health and Social Care Trust

2024/25 ANNUAL STRATEGIC PLAN

STRATEGY 2030

5

Daisy Hill Hospital

HSC Southern Health and Social Care Trust

Along with Craigavon Area, South Tyrone and Lurgan hospital, Daisy Hill is a key part of the Southern Trust acute hospital network

| Category | Count |
|----------------------|--------|
| ED attendances | 54,523 |
| Inpatient admissions | 8,982 |
| Births | 1,879 |

6

24/7 Type 1 ED

HSC Southern Health and Social Care Trust

Consultant led assessing patients with both surgical and medical symptoms



7

Elective Overnight Stay Centre

HSC Southern Health and Social Care Trust



8

Monaghan Row



Acquisition of the Monaghan Row site from Newry Mourne and Down District Council

9

New Modular CT Scanner



10

MRI Scanner



11

Medical Ambulatory Unit



12

Discharge Lounge

HSC Southern Health and Social Care Trust



13

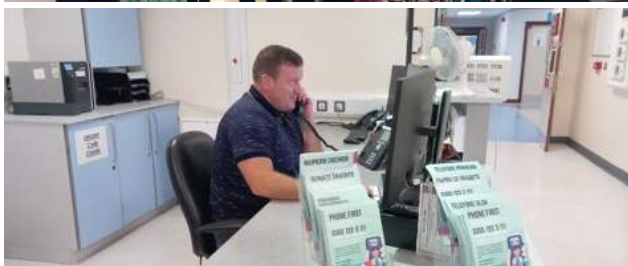
Short Stay Unit

HSC Southern Health and Social Care Trust



14

Urgent Care Centre



15

Welcoming international doctors



16

Women's Health Hub

HSC Southern Health and Social Care Trust



17

New Trauma & Orthopaedic Clinic

HSC Southern Health and Social Care Trust



18

25 years of award winning area wide renal services



19

Cardiology



Edith Donnelly, RCN Nurse of the Year and Dr Patricia Campbell, NI Lead for Heart Failure




20

Rathfriland patient praises hospital at home care



21

 Southern Health
and Social Care Trust
Quality Care - for you, with you

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