

Strategic Policy and Resources Committee

Thursday, 8th September, 2011

MEETING OF STRATEGIC POLICY AND RESOURCES COMMITTEE

Members present: Councillor Hargey (Chairman); and
Councillors Attwood, Convery, Garrett, Haire,
Hanna, Hendron, Lavery and A. Newton.

Also attended: Alderman Stoker; Councillors Hartley and Mullan.

In attendance: Mr. P. McNaney, Chief Executive;
Mrs S Wylie, Director of Health and Environmental
Services;
Mr. S. McCrory, Democratic Services Manager; and
Mr H. Downey, Democratic Services Officer.

Apologies

Apologies for inability to attend were reported from Aldermen Campbell and Newton and Councillors Curran, Jones, Keenan, Kelly, Mallon, Maskey, McCabe, McCarthy, McNamee, O'Neill and Webb.

Provision of Accident and Emergency Services in Belfast

(Councillor Hartley declared an interest in this matter in so far as he was a member of the Board of the Belfast Health and Social Care Trust and took no part in the discussion.)

The Committee was advised that the Belfast Health and Social Care Trust had, the previous day, confirmed that the Emergency Department within the Belfast City Hospital would close temporarily from 1st November, 2011. It was reported that representatives of the Trust were in attendance in order to outline the extent of the changes to the delivery of Emergency Department services in Belfast. Accordingly, Mr. C. Donaghy, Chief Executive, Ms. N. Mallon, Director of Human Resources/Deputy Chief Executive, Dr. T. Stevens, Medical Director, Ms. P. Donnelly, Director of Acute Services, and Ms. D. Stockman, Director of Planning, were admitted to the meeting and welcomed by the Chairman.

Mr. Donaghy informed the Members that the Belfast Health and Social Care Trust operated at all level 1 emergency departments in unscheduled care services at the Belfast City Hospital, the Mater Hospital and the Royal Victoria Hospital, which treated around 145,000 new patients in total each year. He reviewed the factors which had led to the decision to close temporarily the emergency department at the Belfast City Hospital and pointed out that the Trust, whilst recognising the impact which the decision would have on staff, patients and local communities, believed that it would lead to a more effective use of resources and the extension of the hours during which emergency departments would operate at the other two hospitals.

Dr. Stevens reviewed the medical staffing compliment in place within the emergency departments, which were led by Consultants in emergency medicine who were supported by speciality and associate speciality doctors and doctors in training. He reported that 2 factors had necessitated the Belfast Health and Social Care Trust to take immediate action to re-organise emergency departments, the first of which related to a shortfall in staffing levels across all clinical levels, both locally and regionally. This had been due to:

- Changes to the immigration system which had limited the number of work permits available, thereby reducing the ability of employers to recruit doctors from outside the European Union;
- The introduction of a European Worktime Directive which meant that staff rotas must be designed to comply with the legislation, thereby reducing the availability of doctors;
- Changes in the gender balance in the training workforce due to the employment of more female doctors, which had resulted in increased need for cover due to maternity leave and associated absences; and
- The relative unattractiveness of emergency medicine as a career in comparison to other medical specialities and general practice in so far as practitioners operated within a high pressure environment with a requirement for significant out-of-hours work.

He reported that a number of actions had been undertaken to attempt to reduce the difficulties associated with recruitment, including the undertaking of a recruitment drive in India which, unfortunately, had only led to one doctor being employed. The exercise had been repeated in 2010 without success. The Trust had undertaken other recruitment initiatives, including the regular use of locum and agency staff, the redeployment of other medical staff to the emergency department and the undertaking of additional shifts.

Dr. Stevens informed the Members that the second factor which had contributed to the Belfast Health and Social Care Trust's decision to close the Belfast City Hospital emergency department on a temporary basis related to an inspection by the Northern Ireland Medical and Dental Training Agency. The inspection had assessed the training environment for doctors in training against General Medical Council standards in matters relating to patient safety, the delivery of training and support and the development of trainees. He explained that the emergency departments at the Belfast City and the Royal Victoria Hospitals had been deemed to be unsatisfactory from a training perspective with the main areas of concern relating to inadequate clinical supervision of junior trainees during the night time hours. The Trust's Medical Director had agreed an interim action plan with the Agency, however, the General Medical Council had required more immediate action to be taken in relation to the review of the Hospitals' emergency departments. The Agency did not identify the same problems at the Belfast Mater Hospital and this had resulted in a satisfactory report being issued.

Dr. Stevens stressed that any failure to address the issues raised by the Agency would lead to further action being taken by the General Medical Council, which had the authority to remove junior trainees, which would have had serious implications for service delivery in the Trust's emergency departments. Accordingly, the Trust, in considering the options open to it in terms of ensuring safe and sustainable services for patients, had concluded that this could best be achieved through the closure of one emergency department, namely that at the Belfast City Hospital. That department had been chosen due to the fact that the Royal Victoria Hospital was the regional trauma centre and that its emergency department was required to remain open on a 24 hour basis, with senior medical staff directly supervising junior trainees from midnight until 8.00 a.m. in order to meet the requirements of General Medical Council.

In terms of the Mater Hospital, although junior trainees were not supervised on site at night, as was the case with the other two emergency departments, the size and clinical profile of that hospital made the support from the Medical Registrar and Anaesthetic Team adequate for training purposes, thereby contributing to the satisfactory report from the Northern Ireland Medical and Dental Training Agency. The arrangements put in place for the Mater Hospital's emergency department would ensure that it would maintain its 24 hours opening without making any changes to the current working practices, as long as current staffing levels remained the same.

As a result, the decision had been taken to close temporarily the emergency department within the Belfast City Hospital. Senior medical staff from the Belfast City and the Royal Victoria Hospitals would amalgamate to provide 24 hour emergency services on the Royal Victoria Hospital and the Mater Hospital sites. Consultants would provide cover for longer hours, with evenings being covered by speciality doctors and senior trainees. Night time cover would be provided from 10.00 p.m. until 8.00 a.m. by speciality trainees, supported by locum cover. This would address the issue of supervision and workload pressure exerted on junior trainees between midnight and 8.00 a.m.

Ms. D. Stockman provided information in relation to changes to be undertaken at the Royal Victoria Hospital in order to cope with the additional demand arising from the temporary closure of the Belfast City Hospital's emergency department. This would involve the creation of an assessment bay for patients and the upgrading of two cubicles to be used as additional space. In terms of infrastructure, she explained that a number of measures would be put in place at the Royal Victoria Hospital to ensure the free flow of traffic, including the provision of new parking spaces for ambulances and the creation of a secondary access to the emergency department for ambulance traffic via the Grosvenor Road. In addition, the realignment of the road at the car park of the Royal Belfast Hospital for sick children was being planned.

Miss N. Mallon informed the Committee that there would be no reduction in staffing as a result of the temporary closure of the City Hospital emergency department and all staff changes would be undertaken in line with agreed Belfast Health and Social Care Trust human resources policies. She explained that the Trust had a number of weeks in order to implement the staffing changes and that it had met with affected staff in this regard and that uncertainties amongst staff, which had existed for some time, had now been removed and proper rotas would now be able to be finalised.

She reminded the Committee that the lack of availability of emergency department doctors across Europe had contributed to the decision and that, should this situation change, the Trust would review its decision regarding the provision of emergency cover in Belfast.

In conclusion, Mr. Donaghy informed the Committee that the Trust was putting in place a plan to advise the public of the changes in arrangements for the City's emergency department. He added that the commencement date of 1st November had been deemed to be appropriate as the Ulster Hospital had indicated that it would be in the position to cope with any additional patients from that date. He added that the situation regarding the City's emergency cover provision would continue to be reviewed on a fortnightly basis.

In response to a number of questions from Members, the deputation confirmed that they would work with communities who had previously used the City Hospital's emergency department and who might be apprehensive about visiting other emergency departments at the Mater or Royal Victoria sites.

The Chairman thanked the deputation for their contribution and they retired from the meeting.

The Committee noted the information which had been provided.

Chairman