

WESTERN HEALTH AND SOCIAL SERVICES COUNCIL

Minutes of One Hundred and Forty-first meeting of the
Western Health and Social Services Council
held in the City Hotel, L'Derry
on Thursday 1 September 2005
at 6.00PM

Present:	Ms F Robson (Vice-chair)	
	Mrs V Brown	Mr E McGrade
	Mr J Campbell	Mr R McIntyre
	Mrs M Hamilton	Mr V McKelvey
	Mrs S Hogg	Mrs S O'Brien
	Mr R Hussey	Mr W Page
	Mr I Maguire	Ms M Trimble
Apologies:	Mr P McGowan (Chair)	Mrs M McKeague
	Miss M Burke	
In Attendance:	Ms M Reilly	Mrs K Loughran
	Mrs M Gormley	

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C51/05 Chairman's Business:

In the absence of Mr Paddy McGowan, Chairman Ms Frances Robson Vice-Chair chaired the meeting. Ms Robson welcomed everyone to the one hundred and forty-first meeting of the Western Health and Social Services Council and explained that unfortunately Mr McGowan had been admitted to hospital the previous night and on behalf of the Members she wished him a speedy recovery.

Ms Robson said she hoped everyone had managed to get a break during the summer holiday period and had come back rested and ready for what will no doubt be a very busy autumn schedule.

The Chair welcomed the members of the public who were present some of whom had asked to raise questions at a later stage in the meeting. She said the Council very much welcomed this saying meetings were open to everyone and people are encouraged to use this opportunity to raise issues of concern.

Ms Robson drew members attention to the agenda which was in three parts. She explained that Items 5 and 6 would be concerned with issues relating to Sperrin Lakeland Trust. Following on from this items 7 to 15 form part of the joint liaison meeting with the Western Health and Social Services Board and Items 16 to 22 are Council business and a follow on from the last Council meeting in June.

C52/05 **Welcome and Introduction of New Members:**

Ms Robson said it was her pleasure to welcome a number of new members to the Western Health and Social Services Council. They are:

Mrs Susan Hogg - Enniskillen

Mr Eugene McGrade - Omagh

Mr Roley McIntyre - Ederney

Mr Ross Hussey - member of Omagh District Council and

Mrs Sharon O'Brien - member of Omagh District Council

She said she was sure that each and every one would make an important and valuable contribution to the Western Health and Social Services Council and to the communities within the Western Board area.

Ms Robson said she also wished to welcome the Western Health and Social Services Council's newly appointed Business Support Manager Mrs Maureen Gormley who took up the post just a few days ago.

C53/05 **Welcome to Western Health and Social Services Board Chair and Officers and Acting Chief Executive of Sperrin Lakeland Trust:**

Ms Robson welcomed Ms Karen Meehan the Chair of the Western Health and Social Services Board, the Chief Executive Mr Steven Lindsay and his Officers.

Ms Robson also welcomed Mr Rod Halls Acting Chief Executive of Sperrin Lakeland Trust to his first meeting with members of the Western Health and Social Services Council. She said Mr Halls had already met with the Council's Chair Paddy McGowan and Chief Officer Maggie Reilly over the summer months but it was important that the members had an opportunity to hear directly from him on the issues currently affecting Sperrin Lakeland Trust. She said Mr Halls would update members on the outcome of the Sperrin Lakeland Trust Risk Review and the subsequent Action Plan which followed. He would also give an update on the implementation of Developing Better Services.

C54/05 **Presentation:**

Sperrin Lakeland Trust Risk Review Action Plan and Implementation of Developing Better Services:

Mr Halls thanked the Council for inviting him to make a presentation to the Council. He gave a brief background on himself and the work he had been doing for the past number of weeks and an insight into the way in which the Trust is being managed. He said his tenure was due to be completed at the end of September.

He said he was concentrating on the issues which relate specifically to Clinical Governance and the way in which the Trust provides in particular some of its acute services. He said Sperrin Lakeland Trust was very complex in nature and design having two hospitals split across such a geography which is unusual and does pose particular difficulties.

Mr Halls said there was no doubt when looking at the quality of some of the services patients receive in the Trust in respect of acute services, in particular Accident and Emergency and Surgical services, he was not alone in thinking that they fall considerably short of what people have a right to expect in 2005. The Risk and Governance Review report he said confirmed this. He said members would recall from the first report there was a lot of criticism about clinical incidents not being captured and then followed up. He said they had now caught up with the backlog of incidents and entered them on a system which they can interrogate. Doing this has provided further evidence that some of the services being provided fall short of the expected standard.

Mr Halls said the Trust has an elaborate diagram showing how Clinical Governance purports to work. In reality there were serious shortcomings on that front. It will take time and money to put in place a whole raft of processes which could be recognised as a Clinical Governance system.

Mr Halls said he was also looking at the issue of management of the organisation generally. He said particularly for a Trust as complicated as Sperrin Lakeland is, the management systems did not serve it well. In particular it was very difficult and still is for people to be clear about who is precisely accountable for doing what. This seriously impacts on how you run the Clinical side of the organisation because people need to understand that accountability matters and that when decisions are made and policies written they have to be implemented, monitored and audited. They have to reflect the reality of everyday working practice in a complicated health care setting and he said this was not yet the case.

Mr Halls said the second part of his task was to propose putting in place a structure to enable the staff themselves to take greater responsibility and have decisions made more effectively, more smoothly and more quickly.

He said he was very mindful of the recommendations of the first Clinical Governance report. Many of these recommendations have been taken forward on the back of the

work he has described but not all of them. Mr Halls said the Trust had made significant progress and are beginning to get processes in place to ensure that work will continue.

Mr Halls said that Phase II of the Review is currently in hand with the first part specifically relating to Accident and Emergency and Surgery. Some initial findings have confirmed their concerns.

Mr Halls said the quality of patient care is the ultimate determinant and the Health Service must provide services safely doing the right thing, in the right place at the right time. He said they are working with the Department (DHSSPS) and others to develop their thinking on that.

The final part of the equation he said is the issue of Developing Better Services (DBS) and where it fits in to all of this. He said it was very important to stress that they were absolutely determined not to make knee jerk recommendations which are at variance with DBS. Any changes that will be put forward will be entirely consistent with the direction DBS sets out. The strategic direction isn't going to change and the proposals they are formulating recognises this.

Mr Halls said there had been significant progress on the planning process that lies behind the development of both new hospitals and they are pressing the Department hard to accelerate the development time.

Ms Robson on behalf of the members thanked Mr Halls for his presentation and it was agreed he will continue to keep the Council updated through his meetings with the Chair and Chief Officer. She invited members and others to raise any questions.

C55/05 Member Discussion:

A member of the public who was present and who is a member of the Sperrin Lakeland Users Association said he had raised the problems that the Trust are now facing at every meeting of the Users Association which he has attended over the past five or six years. If they had acted then he believed they would not be in the position they currently find themselves in.

He went on to explain that he represents the Fermanagh Cardiac Support Group on the Users Association and he said every time ICU was mentioned for the New Hospital they seemed to hit a brick wall. He said DBS indicates a Level III to back up surgical, medicine and maternity services but he said there is speculation that Level III will in fact now be Level II. He said he believed that the Chief Executive as well as Mr Sullivan from the Department were using comprehensive critical care documents to try and apply things which are actually more suited to England and Wales and not suitable for the geographically displaced people of the Sperrin Lakeland Area. He asked Mr Halls what level of critical care/ICU is going to be available in the new

hospital? If the Trust is pushing ahead with Level II all evidence should be on the table (feasibility studies, published consultation documents, research and papers from recognised establishments such as the Royal Colleges) so that the public know that they have done their homework correctly.

He also asked why these moves are being made before the final draft from the Clinical and Governance Team.

Mr Halls responded by saying that at a meeting with Fermanagh Council last week Dr Varma a Consultant Cardiologist said the level of care provided in critical care units is determined by the doctors and particularly by the anaesthetists. He assured the member of the public that they were working to the DBS brief. He said ultimately the care that patients can receive in any hospital is determined by the competence that the clinicians on the ground have.

The member of the public said if some one living in for example the Belleek area had to travel to the nearest level III hospital such as Craigavon they may have a journey in excess of 1.5 hours. This he said would be totally unacceptable.

Mr Halls said that networking is key to intensive care provision.

Mrs Valerie Brown said she did not accept Mr Hall's answer. She asked how are good services measured?

Mr Halls said that going out shortly with the Annual Report to all households in the area will be a description which sets out the services of each new hospital. It includes a paragraph about intensive care within the new hospital in Enniskillen. A longer document which goes into more detail and which will shortly be available will reassure people about the services which will be available in both hospitals.

Ms Reilly suggested to Mr Halls that the future level of service provision could not be determined by she said the competencies of current clinicians. Rather the level of service should be provided to meet the needs of the Sperrin Lakeland Trust population.

Mr Ross Hussey queried the reference in the report re ICU and asked why action was not taken. He asked how can we have trust in the Sperrin Lakeland Trust?

Mr Halls said that the matter had been taken extremely seriously over the past three months and Clinical Governance is a process which takes a long time.

Ms Robson again thanked Mr Halls for his presentation and having remained on to take questions.

**Joint Western Health and Social Services Council/Western Health and Social Services
Board Liaison Meeting**

C56/05 Opening Remarks WHSSB Chair:

Ms Karen Meehan Chair of the Western Health and Social Services Board thanked the Vice-chair Ms Frances Robson and the Council members for giving her and her team from the Board the opportunity to meet with them.

Ms Meehan asked the members of the Western Health and Social Services Board to introduce themselves to the Council members. They were Mr Michael Gormley Head of Consumer Services, Mr Eugene Gallagher, Head of Primary Care and Family Practitioner Services, Mr Jim Simpson Service Planner, Mrs Margaret Kelly Chief Nurse, and Dr Bill McConnell Director of Health Care.

Ms Meehan said that it was an important opportunity for the Board to hear directly from Council members and assured them if their questions could not be answered at the meeting they would receive a written response at the earliest possible opportunity.

Ms Meehan said she wanted to focus on significant challenges and changes which have faced the Health and Social Care system in the West since the last joint meeting in September 2004. She said these challenges will remain in the forthcoming year.

In dealing with Finances she said although the Government had made additional funding available for services, the level and complexity of need continues to grow. In addition, the Government's Spending Review of 2004 required every Department to meet a 2.5% efficiency savings target in each of the next three years up to 2008. This amounts she said to £80 million for the Department of Health, Social Services and Public Safety. At least half of this target i.e. £40 million must be met from cash releasing. She added the Department has also created a Reform and Modernisation fund of £21 million which must also be met through cash releasing measures.

Ms Meehan said that while the additional funding provided for the HPSS and the focus on the reform and modernisation of services was very welcome it was important that she highlighted the difficult challenges faced by all health and social care commissioners and providers here in the West and across the HPSS to keep pace with needs and to constantly strive for greater efficiency.

In terms of efficiency she said that the Minister's statements in recent months on Waiting Times left no one in doubt of his determination to reduce Waiting Times for treatment in the HPSS. Ms Meehan said she welcomed and shared his concern and wanted to assure the Council that Board Staff are working very closely with service providers to meet the Waiting Time targets announced by the Minister in July.

Ms Meehan said she looked forward to discussing other issues of particular concern to the people of the Western area highlighted in the Agenda i.e. Review of Mental

Health Services, the provision of services for people with Autism and the provision of Out-of-Hours services and also looked forward to hearing about the Bugwatch survey being undertaken by the four Health and Social Services Councils.

She said she had asked the Chief Executive Mr Steven Lindsay to briefly update members on the development of the Strategic Commissioning Teams (SCTs) and she was aware that the newly appointed SCT leads will be meeting with the Council in the near future to discuss their roles and their work plans in more detail.

Ms Meehan said it had been a year of great change for the HPSS both regionally and in the Western area. Several new appointments included the new Health Minister Mr Shaun Woodward, the new Permanent Secretary Mr Andrew McCormick, new Chief Executives in Altnagelvin; Mrs Elaine Way and at Foyle Mr Joe Lusby and Mr Rod Halls as Acting Chief Executive in Sperrin Lakeland Trust on a temporary basis.

However, she said we would face even greater change in the coming months as the Minister finalises his thinking on the future organisational arrangements for the HPSS in light of the Review of Public Administration.

Ms Meehan said that although most of us would agree that organisational change is necessary and that decision-making in our service must be streamlined she had however two concerns:

Firstly, the need to ensure that any change is carefully planned and implemented as a rush into unplanned change could run the risk of damaging staff morale and of losing key expertise from our service.

Secondly, while she accepted that there is more than one model for representing the views of the public on health and social care issues, she would certainly not wish to see the role currently played by Health and Social Services Councils dilute in any new arrangements.

She said that at a time of major change and growing challenges such as those she had outlined in her earlier remarks the need for a strong and effective voice to represent the users of our service is more important than ever.

Ms Reilly Chief Officer informed new members in particular that in previous years these joint meetings happened annually and outside the usual monthly meetings of the Council.

She said she discussed the need for a change to this format with Mr Lindsay and welcomed his agreement that in future (beginning with this meeting) the Liaison meeting would become an integrated part of the Council's monthly meeting, the minutes of which would appear at the next month's meeting. This way she said the

matters arising can be dealt with much more quickly. There will be at least two such meetings in the year. She also reminded members that she and the Council Chair, also meet regularly with the Board Chief Executive and Chair. There are also regular and on-going meetings with relevant Directors and Board Officers throughout the year.

C57/05 **Minutes of Previous Annual Joint Meeting (September 2004):**

Minutes of the previous meeting held on 2 September 2004 were adopted on the proposal of Mrs Mary Hamilton and seconded by Mrs Valerie Brown.

C58/05 **Matters Arising from Minutes of September 2004 meeting:**

Update on Strategic Commissioning Teams (SCTs):

Mr Lindsay gave a brief overview of the setting up of Strategic Commissioning Teams.

He said there was a need to move from the Programmes of Care Model to Age Related SCTs which will involve the whole system. There is a need for all people to work together in the Commissioning process; Board, Trusts, Primary Care and Service Users.

Three Age Related SCTs have been created which are Adult (Lead - Mrs Margaret Kelly), Children (Lead – Ms Dorothy Jeffery) and Older People (Lead – Ms Bridget Bergin).

The SCT Leads he said will make a Presentation to a future Council meeting.

Action Point: a/09/05

SCT Leads to make Presentation to WHSS Council on 3 November 2005 and hold a pre meeting with the Chair and Chief Officer on 13 September 2005.

Mental Health Reviews:

Implementation of Foyle Review:

Mr Jim Simpson, Service Planner said that Foyle Trust had now published their document 'Moving Forward' to which they had received 27 responses.

He acknowledged the Western Health and Social Services Council's input to this process. He also acknowledged the significant role of the voluntary sector and the importance of taking users' views on board.

Ms Reilly said members would want to see an implementation plan now that all of the responses had been collated. Mr Simpson said there would be a phased

implementation and this year had seen the beginning of this with work starting on Crisis Intervention.

He went on to say that Mr Bernard McAneney, Programme Manager, Mental Health, Foyle Trust would be happy to meet with the Western Health and Social Services Council to go into this in more detail.

Sperrin Lakeland Trust Review Update:

Mr Simpson described Sperrin Lakeland Trust's Review as being in parallel with the Foyle Review.

A number of sub-groups were set up and would shortly be ready with draft reports. He went on to explain that a Users Audit had been commissioned by the Review Group and this would be led by the Irish Advocacy Network. He said he expected service models to be developed by the end of September and a draft report should be completed by November and presented to the Review Committee for December 2005.

Mr Simpson stressed that the outcome would not be a 'done deal' but would go forward for consultation.

The Chief Officer said she and the Chair had met with Ms Frances Taylor Clinical Services Manager from Sperrin Lakeland Trust and had received an update from her. She went on to say that Mr McGowan would want her to acknowledge the Board's support in making monies available to carry out the Users Audit.

Ms Reilly also said she was aware that the Board had provided support to the Home Detox Programme which is a service the Council had strongly advocated for.

Gransha Hospital Site:

Mr Simpson confirmed that the new Psychiatric Hospital Business Case had been forwarded to the Department. He said that remaining on Gransha was the most cost effective option; not least because they already owned the site.

In the meantime and given the expected time to turn around a new build Mr Simpson said the former Spruce Villa will be refurbished with work already underway in Clinic B.

Mr Page queried the consultation on the new hospital and site at Gransha. He said there was still a stigma attached to Gransha. Mr Simpson said there had been no reservations expressed nor overwhelming opposition to the site and they had looked at this in detail.

Dr McConnell said he appreciated the point being made but the very positive element of the site was that it was open countryside yet still close to the city centre. Ms Meehan said it was about challenging prejudice rather than the site.

Challenging Behaviour Unit:

Mr Joe Campbell asked Mr Simpson to clarify the definition of such a Unit saying that residents close to Coolnagard had expressed their concern.

Mr Simpson said the term Challenging Behaviour used in the context of Learning Disabled was now regarded as inappropriate and where such a Unit is planned it is better described as an Intensive Support Unit.

He went on to explain that the Unit is designed to meet the needs of the residents in a caring and supportive environment. The residents would receive constant supervision. In relation to risk he said residents were more likely to pose a risk to themselves rather than to others.

Mr Simpson said that when Foyle Trust were building their Unit in the community there had been initial difficulties and appeals through the planning process.

Mr Campbell said he appreciated the very comprehensive description of such a Unit and clarification about needs of residents who would use it. He said it would be important that local communities had access to the same information.

In answer to further questions Mr Simpson said that none of the residents going to the Unit would have a forensic history and that the Unit would be subject to inspection by the new Regulation and Improvement Authority (HPSSRIA).

Mr Campbell pointed out that he supported this service but that he wanted to reflect the local communities concerns and seek reassurances from the Board.

A member of the public present at the meeting said his concerns would be the risks to clients and staff from the communities.

Mrs Sue Hogg queried if there would be competition for places in the Unit.

Mr Simpson said there would be a full assessment made of all patients in hospital and decisions would be made on those requiring resettlement.

Update on Orthopaedic Waiting Lists:

Mrs Margaret Kelly gave an update on the waiting lists:

She said there are currently 738 patients waiting for inpatient treatment on the Orthopaedic waiting list and of those 71 are waiting over 12 months. 308 patients are waiting for day case treatment and of those 20 are waiting over 12 months. The majority of these are with Altnagelvin although there are patients from the WHSSB area on other waiting lists such as Green Park and the Ulster Hospital. The three Trusts have now put in place plans to meet a target of having nobody waiting longer than one year by March 2006. In keeping with the Department's plans to reduce waiting lists, if Trusts are unable to meet the target, patients will be transferred to another provider and funding will be moved with that patient.

Currently there are 3335 people waiting for an outpatient appointment for Orthopaedics and of those 562 are waiting longer than a year.

Altnagelvin Trust are looking at a new approach to tackling outpatient waiting lists and are developing proposals along with GPs in Primary Care and Community Trusts to make better use of specialist nurses and community physiotherapy services in an effort to reduce inappropriate referrals to acute services.

Ms Robson said she wished to compliment Altnagelvin on the excellent care she received when she was recently a patient in the Orthopaedics department.

Ms Reilly referred to GP held waiting lists and said the Council had previously been assured this system had been phased out. She said she had checked with Green Park Healthcare Trust two days ago and was told that it had not been phased out yet.

Action Point: b/09/05

WHSSB Chief Executive to clarify if GPs are holding lists for Greenpark Healthcare Trust.

Ophthalmology Waiting Lists:

At Altnagelvin Trust there are 31 patients waiting for inpatient treatment for Ophthalmology; 3 of whom are waiting longer than a year. There are 500 waiting for day case treatment and 15 of these are waiting longer than a year. The Trust are undertaking a waiting list initiative and will work towards a target of having nobody waiting longer than six months by March 2006. There are currently 2042 patients waiting for outpatient treatment; 378 of these are waiting longer than 12 months. The majority of these are in the Sperrin Lakeland area.

Mr Ross Hussey said he was appalled at these figures and gave an example of older people using their life savings to have private treatment 'before they went blind'. He said it was a disgrace on the Health Service and Sperrin Lakeland Trust to which Mrs

Kelly explained that Ophthalmology services are provided to Sperrin Lakeland Trust by Altnagelvin Trust and from Belfast.

Mrs Kelly went on to describe how the Department (DHSSPS) has secured input from Mr Connors from Manchester who has been instrumental in setting up new systems in particular around information and making sure patients are flowing through the systems well. She is hopeful that this time next year the situation will have improved.

Mr Page asked if people with Diabetes would be affected by these waiting lists.

Dr McConnell said there is a shared care diabetes project which specifically looks at eye disease for people with diabetes and also an arrangement for screening people and offering them a regular check to make sure that they are not in any danger of their eyesight deteriorating. This is to ensure early detection and intervention.

Ms Reilly said that excessive waiting times for outpatient and treatment times remain a very serious concern for the Council. She added that now that we have our new members the Council will reconvene the Working Groups to monitor waiting lists.

Dr McConnell said that for residents of the Western Board the position regarding both Orthopaedics and Trauma is significantly better than anywhere else in Northern Ireland.

Action Point: c/09/05

WHSSC to reconvene Working Groups for Waiting Lists.
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Council Involvement in Sub-committees:

Ms Reilly said that the Council is continuing to evaluate its membership and role on a number of Committees particularly within Trusts. She reminded those present that a decision had been taken, which will be continuously reviewed, to withdraw from Trust Board meetings. The Council like any other interested party reserves the right to attend Board meetings in the future.

The Council has a very limited resource and must use it wisely she said. There have been occasions when Council members attending a Trust Board meeting has resulted in the perception that the Western Health and Social Services Council has either approved a decision or been party to a decision of Trusts. She emphasised that not only must the Council be Independent but it must be seen to be independent.

Ms Reilly offered to keep the Western Health and Social Services Board apprised of any other changes to committee memberships.

Water Fluoridation - Dental Health:

Mr Eugene Gallagher, Head of Primary Care and Family Practitioner Services said the Department did not intend to go for consultation on this issue. They continue to look at other ways of fluoridating. Fluoride toothpaste and toothbrushes are available to all pre-school children from seven months up and all school children in the age range for primary school who fall within the top 20 of the most deprived wards. In the absence of any formal move to further consult on it the Board are continuing to do what they can and continue to work with Oral Health Groups.

Mr Gallagher assured Mr Page that initiatives were happening in the area and fully acknowledged the major problem of oral health in the area. The oral health strategy is still being implemented.

Altnagelvin Renal Dialysis Unit:

Mrs Margaret Kelly said the handover of the Unit to Altnagelvin Trust would be at the end of October and the service will begin in the first week of December. There are plans for five stations in 2005/06, and ten more in 2006/07. Tyrone County Hospital has been providing twilight sessions until the new unit opened in Altnagelvin – these sessions will now cease but otherwise TCH will remain unaffected by the opening of the new unit at Altnagelvin.

C59/05 **MRSA - Council Bugwatch Survey:**

The four Health and Social Services Councils as part of their Joint Work Programme plan to carry out a survey across eight hospitals in Northern Ireland in relation to Healthcare Acquired Infections. This survey method was first used in England by the Commission for Public and Patient Involvement and it has been agreed with them to use the same format.

The Chairs of the four Councils will do a survey on a regional facility in this case the Royal Group of Hospitals. Each Council requested a hospital in their area to be involved and the Western Council will carry out the survey at Altnagelvin on 19 September 2005.

There will be further training for Members involved with the survey on 14 September 2005.

The outcome of each separate survey will be given to the relevant Trust and a Survey report will be published jointly and made available to the public.

Acute Hospital/Local Hospital/Networks:

The Chief Officer said that the Council had requested information from the Board in December 2004 in relation to the service profile for the new Acute hospital for the southwest and the new Local hospital in Omagh - what services are currently there; what will be there in the future and how this will benefit patients. She said in spite of meetings with Board staff and several drafts being put forward, a final document has not been produced. This raises some very serious concerns particularly in light of the Sperrin Lakeland Trust Risk Review and everyone's understanding of Critical Care Services especially ICU and HDU.

Since then she said she had worked closely with Mrs Margaret Kelly in trying to reach an understanding of what exactly is meant by the described services. Having analysed the draft document a picture is emerging which has given the Council cause for concern.

She said at its most simplified level it is understood there will be an Acute Hospital SW of Enniskillen and a local hospital in Omagh. The Acute hospital will primarily serve the acute needs of the Fermanagh and southwest Tyrone population. The local hospital will serve the non acute and recuperation needs of Omagh population.

Both hospitals will provide Out Patient Assessment and Diagnosis at a local level.

On further analysis the conclusion is that all service provision is based on both hospitals belonging to a network of services which includes Altnagelvin and Craigavon. What is now a concern is that the provision of core services are predicated on belonging to a network which is quite different from what was originally understood. Ms Reilly said Council members and the public now feared that the New Acute Hospital would have less services or at a lesser level than was originally thought. She went on, no one thought the New Hospital would be an Altnagelvin with a range of sub specialties but there was a belief that its core services would be comparable.

Mrs Kelly said it was never described as being an Altnagelvin or anything near to Altnagelvin without sub specialties because the very nature of the fact that Altnagelvin have those sub specialties allows it to deliver a different level of service when it comes to Accident and Emergency and Paediatric services so the two cannot be compared. She said that the level of service that is provided in Enniskillen at the moment is the level of service that will be provided in the new hospital. The Board had always been quite clear that it wasn't going to be a mini Altnagelvin; it was a hospital that would be providing the same level of service that is currently available. It will be a new building and the quality will be improved because the services split across two sites will be concentrated on one site, the staff complement will therefore

be better and standards will be better. In terms of service provision and levels of service provision it is no different.

Mr Eugene McGrade raised a concern that 165,000 people from rural areas such as Carrickmore or Greencastle will not be able to get to hospital in 1 hour.

Mr Lindsay said he was confident the new model will be able to do that.

Mr Ross Hussey said that people from Omagh will be sent to Altnagelvin. He said with regard to emergency services he was not satisfied with the answer.

Mr Hussey said he had been told by Mr Turner Non Executive Director that he did not know where the local hospital would be sited when in fact it appears the decision to site it at the Tyrone and Fermanagh Hospital has been made.

Mr Lindsay suggested that the Board and the full Council hold a special meeting to go through the Service Specification to clarify any points of confusion.

Action Point: d/09/05

Arrangements to be made to make a presentation to a special meeting of the full Council on the specification for the New Hospitals.

C61/05 Role of Local Health and Social Care Groups (Re Diabetic Service):

This item has been prompted by the concerns raised by Dr Blair TCH supported by Dr Varma from the Erne regarding decisions being made by the Strule Erne Local Health and Social Care Group.

An IT system called the Diamond System was set up and agreed upon but has still not been provided. A group from Strule Erne LHSCG arranged to fund a visit to look at a different system which CREST don't approve. Dr McConnell said the visit was not to look specifically at information systems.

Mr Gallagher said the Strule Erne LHSCG had invested £212,000 for Type 2 Diabetes and the Northern LHSCG invested £236,000. Both have carried out reviews of services.

Mr Gallagher said that LHSCGs will work with Strategic Commissioning Teams and there was £500,000 already in the system.

Ms Reilly said herself and the Chair Mr McGowan had been told that neither the Western Health and Social Services Board nor the Local Health and Social Care Group would provide funding for a diabetic nursing post at Tyrone County Hospital.

Consequently they (the Clinicians) had used a research grant from a Pharmaceutical company to temporarily fund this post.

Ms Reilly said both she and Mr McGowan had concerns about this method of funding. She said clearly there needs to be further discussion between the Board and the Clinicians regarding the priority of need for diabetic patients.

Action Point: e/09/05

Eugene Gallagher to look at the issue of the part-time nurse post .

C62/05 **Autism Services:**

The Chief Officer said the Council recently met with parents of children with Autism and also PAPA and Mencap. She said there is considerable concern about the level of service provision for children already diagnosed with Autism most especially in the Sperrin Lakeland Trust area.

Ms Reilly said this was a complex area and it will take more than this meeting to address the issues. She explained she had spoken with Professor Dominic Burke and Mr Jim Simpson and they have agreed to meet with a sub group of the Council and the parents to address their issues. However she had wanted to highlight this very serious concern at this meeting.

Action Point: f/09/05

Meeting to be arranged with Parents, WHSSC Sub Group and the WHSSB.

C63/05 **Any Other Issues:**

Breast Cancer Clinics:

Ms Reilly raised the issue of figures for waiting times for Breast Cancer Clinics and was concerned about the way the Board collect their information in relation to these Clinics.

Ms Reilly said she understood that the National Standard for waiting times for referral to the Breast Clinic was two weeks. She said in light of the concerns raised by people living in the Sperrin Lakeland area she had checked the Board's waiting times for Altnagelvin and Sperrin Lakeland Trust.

She said she was surprised and disappointed to discover that the Board only appraised itself of waiting times up to four weeks. That is the Board can give the numbers waiting in excess of four weeks but that they don't break that figure down to

find out how much more than four weeks patients have to wait. Given the potential seriousness of any delays the Board would need to know and act on prolonged delays. She said that on further inquiry she had managed to get a more comprehensive breakdown and she read out the figures.

Analysis by Trust of patients waiting longer than four weeks for Breast Cancer Clinics

Trust	Time Waiting	No's Waiting
Altnagelvin	29 Days	5
	30 Days	11
	33 Days	6
	34 Days	8
	35 Days	7
	36 Days	4
	37 Days	4
	40 Days	2
	41 Days	1
	42 Days	2
Total - Altnagelvin		50

Trust	Time Waiting	No's Waiting
Sperrin Lakeland	5 Weeks	1
	Average 10 Weeks	7
	15 Weeks	1
Total - Sperrin Lakeland		9

Ms Reilly said she was extremely worried and disappointed with the figures. If Altnagelvin is not dealing very well with their lists what then about transfers from Sperrin Lakeland Trust?

Dr McConnell said that the figures relate to women at low risk. He went on to say that waiting lists at Sperrin Lakeland had not previously been reported accurately.

Mr Lindsay said the Board owe the Council to come back and clarify the issues of concern. The onus is on the Western Health and Social Services Board to improve. There was a lack of communication with women whether they are low risk or not. The process for inviting women has been changed and put in place. There are back up clinics for those at low risk and those with a family history. Lists should be down in 3-4 months. Mr Lindsay guaranteed that the system of information gathering will be improved.

Mrs Sue Hogg was concerned about what is being done to facilitate patients from the Erne in particular rural women with poor access to public transport. She said the confidence of women was at a low ebb.

Mr Hussey asked what the justification was for closing the Erne and Tyrone County Hospital Clinics. He said the waiting times were disgusting and were causing a fear factor among women.

Dr McConnell said that a full multi-disciplinary team was needed and that the family history clinics were back in the Sperrin Lakeland area.

Action Point: g/09/05

WHSSB to report back to Council on issues raised.

Services between Royal Group of Hospitals and Family from Derry:

A parent of a child who died from Leukaemia addressed the meeting on a number of experiences he had during his son's period of illness.

Issues raised included:

- Trips to Belfast that need not have been made.
- Treatment could have been managed better.
- Waiting time between appointments on the same day - Lumbar Puncture - child had to fast 5 hours and nowhere to go in between times - had to wait in car.
- Appointment times not taken into consideration when arranging for people who have to travel long distance e.g. from Derry.

The Vice-chair Ms Robson thanked the parent for a moving and thought provoking insight into the difficulties faced by children and parents.

Mr Lindsay thanked the parent and reflected on the very positive contribution he had made and he asked that a further meeting between himself, the Council Chief Officer and the parent take place in the near future to look at the issues raised and the suggestions for improving Cancer Services for children and their families.

Action Point: h/09/05

WHSSB/WHSSC to follow up.

The Chair thanked Ms Meehan, Mr Lindsay, and the Board Officers for attending and responding very fully to the issues raised.

She said the Council very much appreciated the opportunity to meet with the Board and she knew that the Chief Officer and Chairman will continue to liaise directly with the Board in their roles within the Council. She said she was sure the matters arising from this meeting will be addressed and we will hear the outcome of these at our October meeting. She repeated her thanks to all of them for the openness and co-operation they had shown in addressing the Council's concerns.

C64/05 Date of Next Joint Annual Meeting:

1 December 2005.

C65/05 Minutes of Previous WHSSC Meeting:

Minutes of the previous meeting held on 2 June 2005 were adopted on the proposal of Mr Joe Campbell and seconded by Mr Victor McKelvey.

C66/05 Matters Arising:

Response to Action Points AP: a/06/05 – e/06/05:

Action Point AP: a/06/05 Orthopaedic and MRI Scans

Ms Reilly said the issues for the Orthopaedic and MRI Scans which members had heard when the Board responded earlier is still of concern to the Council and she would suggest 2 or 3 members be nominated to this working group. This group would also look at other waiting lists referred to earlier.

Action Point: i/09/05

Members to be contacted re sitting on Waiting List Working Group.

Action Point AP: b/06/05 Pharmacy Practices Committee Member Workshop.

The Chief Officer said that the Chair Mr McGowan had spoken with possible speakers who might come along to this workshop. She said it is very important in light of the role we can play on these committees to represent the community interest. All members currently sitting on PPC's would be required to attend.

Action Point: j/09/05

Date for workshop to be arranged.

Action Point AP: c/06/05 Out of Hours Premises (Strabane and Omagh).

The Chief Officer said she had spoken to Mr Eugene Gallagher and Mr Tom Coyle at the Board. They are aware of the issue as it was raised by one of their Non Executive Directors. Mr Coyle has met with the Foyle Estate Services (Foyle Trust own the building). It will require significant internal building work in order to allow out of hours patients to access OOH's via the front entrance and securing the pharmacy and doctors surgeries. A costing is being done and a feasibility study and a decision is expected in the next few weeks. The Council will be appraised of the outcome.

Action Point: k/09/05

Report on further developments.

Action Point AP: d/06/05 Out of Hours Centre (Erne Hospital).

The OOH's location at the Erne is a temporary arrangement whilst building work has been going on at the vacated GPs Health Centre. It is almost complete and it is expected that patients will be coming to the new OOH's location in the next two months.

Action Point: l/09/05

Report on further developments.

Action Point AP: e/06/05 Meeting with Parents.

Mr Paddy McGowan and Mrs Lorna Preston met with the parents and discussed in detail the issues they raised at the last Council meeting.

The parents were given the opportunity to have the Council's support in pursuing their concerns.

C67/05 Chief Officer's Report:

Ms Reilly thanked members for their support and condolences to her on the recent death of her father.

Given the lateness of the evening Ms Reilly referred briefly to the remaining items.

Branch Surgeries:

The Chief Officer gave members a brief update on the closure of Branch Surgeries and will give more detail on a particular surgery at next months meeting.

Action Point: m/09/05

To be included on October Agenda.

Professor Appleby's Report:

Ms Reilly asked members to read Professor Appleby's report which has been included in their pack.

RPA submission:

Members to read the RPA document in their pack and contact the Council Offices with any comments they wish to have included in the Joint four Council response.

C68/05 Trusts' Business:

1. *Altnagelvin Hospitals Health and Social Services Trust:*

- Minutes of the Trust Board meetings held on 5 May, 2 June, 7 July and 17 August 2005 and Agendas for meetings to be held on 7 July, 17 August and 1 September 2005 were noted.

2. *Foyle Health and Social Services Trust:*

- Minutes of the Trust Board meetings held on 27 May and 24 June August 2005 and Agendas for meetings to be held on 24 June and 19 August 2005 were noted.

3. *Sperrin Lakeland Health and Social Care Trust:*

- Minutes of the Trust Board meeting held on 16 June 2005 and Agenda for a meeting to be held on 4 August 2005 were noted.

4. *Royal Group of Hospitals:*

- Minutes of the Trust Board meeting held on 30 June 2005 and Agenda for a meeting to be held on 1 September 2005 were noted.

C69/05 Diary dates for Members:

Members were issued with a list of diary dates up to 1 December 2005 meeting.

C70/05 Any Other Business:

Mr Joe Campbell said Mr Kieran Downey had asked him to arrange an opportunity at a Council meeting in order to make a presentation on developments within Learning Disability.

Action Point: n/09/05

Arrange a date with Mr Downey to attend a future Council meeting.

Meetings and Events attended by Members for period 3/6/05 – 31/8/05

Date:	3 June 2005
Event:	Oral Health Planning Teams Away Day
Venue:	District Council Offices, Strabane
Nominated:	Mr Campbell Mr McKelvey
Date:	6 June 2005
Meeting:	National Appeals Panel
Venue:	Castle Buildings, Belfast
Nominated:	Mrs Brown Ms Robson
Date:	8 June 2005
Meeting:	CSCG Maternity Services Development Programme
Venue:	EHSS Council Offices, Belfast
Nominated:	Ms Trimble
Date:	9 June 2005
Meeting:	Complainant (D)
Venue:	Hilltop, Tyrone and Fermanagh Hospital, Omagh
Nominated:	Mr McGowan
Date:	10 June 2005
Meeting:	Palliative Care Forum
Venue:	Clinical Education Centre, Altnagelvin
Nominated:	Ms Robson
Date:	14 June 2005
Meeting:	Sperrin Lakeland Trust Users Association
Venue:	Drumcoo Centre, Enniskillen
Nominated:	Miss Burke
Date:	15 June 2005
Meeting:	Strule/Erne Local Health and Social Care Group
Venue:	Manor House Hotel, Killadeas, Co Fermanagh
Nominated:	Mr Andrews Mrs Brown Mr Gilgunn
Date:	16 June 2005

Meeting: Sperrin Lakeland Trust Board
Venue: DBS Headquarters, Tyrone and Fermanagh Hospital, Omagh
Nominated: Mr McGowan

Date: 17 June 2005
Meeting: Briefing re Sperrin Lakeland Trust
Venue: WHSS Board Headquarters, Gransha Park, L'Derry
Nominated: Mr McGowan

Date: 22 June 2005
Meeting: Chairman's Forum
Venue: Malone House, Belfast
Nominated: Mr McGowan

Date: 27 June 2005
Meeting: National Appeals Panel
Venue: Castle Buildings, Belfast
Nominated: Mrs Brown

Date: 28 June 2005
Conference: Clinical and Social Care Governance
Venue: Stormont Hotel, Belfast
Nominated: Mr McGowan

Date: 29 June 2005
Focus Group: NMC Fitness to Practice
Venue: Beeches Management Centre, Portadown
Nominated: Mr Campbell Mr McGowan

Date: 30 June 2005
Meeting: National Appeals Panel
Venue: Castle Buildings, Belfast
Nominated: Ms Robson

Date: 1 July 2005
Workshop: Autism
Venue: Everglades Hotel, L'Derry
Nominated: Mr Campbell

Date: 4 July 2005
Meeting: Sperrin Lakeland Maternity Services Liaison Committee
Venue: Erne Hospital, Enniskillen
Nominated: Ms Trimble

Date: 6 July 2005

Meeting: Pharmacy Practice Committee
Venue: Mellon Country Hotel, Omagh
Nominated: Mr McGowan Ms Robson

Date: 9 August 2005
Meeting: Pharmacy Practice Committee
Venue: Lime Villa, Gransha Park, L'Derry
Nominated: Mr McKelvey Ms Robson

Date: 15 August 2005
Meeting: Pharmacy Practice Committee
Venue: Killyhevlin Hotel, Enniskillen
Nominated: Mr McGowan Mr McKelvey

Date: 22 August 2005
Meeting: Diabetic Services
Venue: Tyrone County Hospital, Omagh
Nominated: Mr McGowan

Date: 15 August 2005
Meeting: Pharmacy Practice Committee
Venue: Killyhevlin Hotel, Enniskillen
Nominated: Mr McGowan Mr McKelvey

Date: 30 August 2005
Meeting: Sperrin Lakeland PIP Group (Learning Disability)
Venue: Social Education Centre, Omagh
Nominated: Mr Campbell

Meetings and Events attended by Chief Officer/Staff for period 3/6/05 – 31/8/05

Date: 3 June 2005
Meeting: Complainant (re Independent Review)
Venue: Complainant's home (evening)

Date: 7 June 2005
Training: CENI Evaluation
Venue: NICVA Offices, Belfast

Date: 9/10 June 2005
Panel: Independent Inquiry
Venue: Belfast

Date: 27 June 2005
Meeting: Chief Officer's
Venue: Glenavon Hotel, Cookstown

Date: 28 June 2005
Conference: Clinical and Social Care Governance
Venue: Stormont Hotel Belfast

Date: 29/30 June – 1 July 2005
Meeting: Independent Inquiry
Venue: Belfast

Date: 1 July 2005
Meeting: Complainant (re Independent Review)
Venue: Complainant's Home (evening)

Date: 26 July 2005
Meeting: Chief Officer (EHSSC)
Venue: Belfast

Date: 27 July 2005
Meeting: Complainant
Venue: Hilltop, Tyrone and Fermanagh Hospital, Omagh

Date: 28 July 2005
Meeting: Clinical and Social Care Governance
Venue: Castle Buildings, Belfast

Date: 2 August 2005
Meeting: DBS Service Profile
Venue: DBS Headquarters, Tyrone and Fermanagh Hospital

Date: 2 August 2005
Meeting: Complainant
Venue: Hilltop, Tyrone and Fermanagh Hospital, Omagh

Date: 8 August 2005
Meeting: Chief Officer's
Venue: Ramada Hotel, Belfast

Date: 9 August 2005
Induction: New WHSSC Members
Venue: Hilltop, Tyrone and Fermanagh Hospital, Omagh

Date: 10 August 2005

Meeting: Parents of children with Autism
Venue: Hilltop, Tyrone and Fermanagh Hospital, Omagh

Date: 11 August 2005
Meeting: Branch Surgery (FPSU)
Venue: Hilltop, Tyrone and Fermanagh Hospital, Omagh

Date: 15 August 2005
Meeting: WHSSC Chairman
Venue: Hilltop, Tyrone and Fermanagh Hospital, Omagh

Date: 24 August 2005
Case Conference: Support Complainant
Venue: Hilltop, Tyrone and Fermanagh Hospital, Omagh

Date: 24 August 2005
Meeting: Complainant
Venue: Hilltop, Tyrone and Fermanagh Hospital, Omagh

Date: 25 August 2005
Meeting: Complainant re Independent Review
Venue: Hilltop, Tyrone and Fermanagh Hospital, Omagh

Date: 31 August 2005
Meeting: Sperrin Lakeland Clinical Services Manager re Mental Health Review
Venue: Hilltop, Tyrone and Fermanagh Hospital, Omagh

C71/05 **Date, time and place of next Council Meeting:**

Date: Thursday 6 October 2005
Time: 2.00pm
Venue: Donn Carragh Hotel
 Lisnaskea, Co Fermanagh

Presentation: Patient Cancer Survey
 Dr Dermot Hughes, Lead Clinician, Altnagelvin Area Hospital

The meeting ended at 9.45pm