

# WESTERN HEALTH AND SOCIAL SERVICES COUNCIL

Minutes of One Hundred and Forty-eighth meeting of the  
Western Health and Social Services Council  
held in the Developing Better Services Headquarters,  
Tyrone and Fermanagh Hospital/Silverbirch Hotel, Omagh  
on Thursday 6 April 2006  
at 10.00AM

Present: Western Health and Social Services Council:

Mr P McGowan (Chairperson)	
Mrs V Brown	Councillor B Johnston
Mr J Campbell	Councillor R Lynch
Councillor G Foley	Mr I Maguire
Councillor M Hamilton	Mr V McKelvey
Councillor R Hussey	Ms F Robson

Sperrin Lakeland Health and Social Care Trust:

Mrs G Shaw (Chairperson)  
Dr D Cody, Medical Director  
Mr J Compton, Chief Executive  
Mrs A Courtney, Non-Executive Director  
Mrs B Donaghy Director of Planning, Commissioning & Information  
Miss M Maguire, Project Director  
Mr N Mansley, Non-Executive Director  
Mr R McCartney, Interim Head of Operations/Deputy Chief Executive

Apologies: Western Health and Social Services Council:

Miss M Burke	Ms M McKeague
Mrs S Hogg	Councillor B Page
Mr E McGrade	Mr D Sutherland
Mr R McIntyre	Ms M Trimble
Mr M McIvor	

Apologies: Sperrin Lakeland Health and Social Care Trust:

Mr G Carey, Director of Mental Health & Elderly Services  
Mr A Barron, Head of Human Resources  
Mr D O'Hara, Non-Executive Director

Mrs G Rice, Non-Executive Director  
Mr V Ryan, Director of Community Care  
Mrs K Thompson, Executive Director of Social Work

In Attendance: Ms M Reilly Mrs L Preston  
Mrs M Gormley

Three press representatives were also in attendance

### Sperrin Lakeland HSC Trust/WHSS Council Liaison Meeting

C055/06 Opening Remarks by Chairmen:

#### *Chair WHSSC:*

Mr McGowan began by thanking Mrs Gillian Shaw Chair, Mr John Compton Chief Executive and the staff of Sperrin Lakeland Trust for facilitating the Liaison meeting between the Western Health and Social Services Council and the Trust. He said this was the first Liaison meeting with the Sperrin Lakeland Trust under the new format.

Mr McGowan said this was a full Health Council meeting with the first part consisting of the liaison meeting dealing with Trust issues followed by a break for lunch when the meeting would re-convene at the Silverbirch Hotel to continue with the Western Health and Social Services Council business.

In the past he said Liaison meetings had been held separately from normal Council meetings but it had been felt that it would be much better for the Council to have the liaison meetings with all of the Trusts as part of the full Council meeting in order to ensure greater transparency.

#### *Chair Sperrin Lakeland H&SC Trust:*

Mrs Shaw thanked Mr McGowan for his comments. She referred to previous meetings she and the Trusts Chief Executive, Mr John Compton had with Mr McGowan and Ms Reilly which she described as open and frank. She said the meeting today would set a precedent for how she hoped the Trust and Council would work in the future.

Mrs Shaw said that the Trust's Corporate Plan was due to be published on Monday 10 April 2006. The document had been prepared by various levels of staff within the Trust and would shape a vision for the last year of Sperrin Lakeland Trust. She said the Trust felt it was important that they went into its last year with a positive set of principles which would be cascaded down to all staff. When monies become available

the principles of the Plan will become more specific and will be monitored against targets set for each department, checking whether people were performing within the budget and to the task.

C056/0 **Clinical and Social Care Governance Directorate:**

Ms M Reilly, on behalf of the Council, asked that the Council's good wishes be conveyed to Mrs Geraldine Rice, (Trust Non-Executive Director), who was unable to attend the meeting due to illness.

Ms Reilly referred to the committee structure of the Clinical and Social Care Governance Directorate and asked for clarification of the new arrangements which were to be put in place.

Dr Cody said the Lead Executive Director for Clinical and Social Care Governance would be Mr Francis Rice supported by Dr Cody and Mrs K Thompson with direct accountability to the Chief Executive. She said a new post of Clinical and Social Care Governance Manager was being created which she considered as pivotal in making the Governance Directorate work.

Dr Cody said the Trust had identified a need for additional posts, for which funding has to be sought. She added there was a need to look at existing posts which needed to be included in this structure. In addition the Directorate required administrative support.

Dr Cody said the Trust had identified the need for a Knowledge Manager within this structure to ensure that guidance and learning gets into the system. The need for three Facilitators for Acute, Community and Mental Health Directorates had also been identified.

Dr Cody referred to the format of the Clinical and Social Care Governance Committee which will be chaired by Mrs Annie Courtney and have five sub-committees; risk management, clinical and social care effectiveness, human resources governance, user involvement and information.

Dr Cody said the Trust had identified the need to have a separate sub-committee for information in order to highlight the importance of using information appropriately. She said as the structure evolved the Trust believed that the use of information would become embedded into the other four sub-committees, which would mean there would no longer be a need for a separate sub-committee. Each of the four sub-committees would be chaired by an Executive or Non-Executive Director.

Dr Cody in referring to sub-committees said the Trust recognised that there were

already a significant number of committees existing within the Trust and they wanted to ensure that they were mapped onto the structure so that it was clear where the lines of accountability and reporting lay.

Mrs Annie Courtney said the first formal meeting of the newly constituted Clinical and Social Care Governance Committee would be held soon. She said funding for the Lead Manager had been approved and it was hoped to have the post filled in the near future.

Ms M Reilly asked for clarification of where complaints fitted into the new structure.

Dr Cody said the detail had still to be worked out but the Trust felt very strongly that complaints must reflect user involvement. She said it was an avenue where users could provide feedback on aspects of the Trust's services.

Ms Reilly said that the Council felt that critical incident reporting and complaints were an important way for the Trust to know of and understand through the patient/client experience issues of safety, quality of service, intervention and care. She said that the Council was anxious to know where this fitted into the Clinical and Social Care Governance arrangements. She added that it was critical that the clinical and social care governance committee would be the forum for ensuring that lessons learned were applied and asked where in the proposed structure this might happen.

Dr Cody accepted the diagram did not illustrate this but said the Trust was very aware that the lessons which can be learned from the investigation of complaints, incidents and litigation must come together and are incorporated through audit. She said the exact detail was still evolving but the Trust was very clear in what they wanted.

Ms Reilly referred to the invitation from the Trust to be involved in the new Clinical and Social Care Governance Committee and said she would raise this issue again at that forum.

Mr Ross Hussey asked for clarification on the newly appointed Non-Executive Directors and how many had visited the facilities provided by the Trust e.g. Erne and Tyrone County Hospitals?

Mr John Compton confirmed that all Non-Executive Directors had visited both Hospitals on several occasions since their appointment. He said that due to the number of Trust facilities it had not been possible to visit them all but all the major facilities and in particular areas where there had been considerable sensitivities had been visited.

Mrs Gillian Shaw said she had visited many of the Trust facilities. She considered it

may be useful if a document outlining visits made by Non-Executive Directors accompany Trust Board Minutes.

**Action Point: AP a/04/06**

Mr Hussey asked for written information to be provided giving dates and locations of visits.

Mrs A Courtney confirmed that she would be paying a visit to Tyrone County Hospital the following day.

Mr Joe Campbell referred to Appendix II of the Clinical and Social Care Governance Committee Structure and asked for names to be provided against each post.

Dr D Cody said that when all positions had been filled this would be provided. She went on to detail posts filled and those which would be filled when funding was received.

Mr J Campbell asked when the Trust expected to fill the vacant posts?

Dr Cody said that over the next twelve months a substantial amount of work would be undertaken on this. She said the Trust was working closely with the Northern Ireland Clinical and Social Care Governance Support Team who had assisted in drawing up the structure.

Mr Raymond McCartney said that the Clinical and Social Care Governance structure was about consolidating all Clinical Governance activity in the Trust. He said the purpose of it was that there was inter-dependence and inter-communication between all aspects of Clinical and Social Care Governance so that they came together and there was clear dissemination of understanding of problems and the potential learning from them.

Mr J Campbell said his concern was the timeframe for the re-structured Clinical and Social Care Governance Committee.

Mr J Compton responded saying the Manager post would be going to press within the next two weeks. The Trust was looking at existing staff who were working in Clinical and Social Care Governance with regard to re-alignment of posts and subsequently to have further appointments made. He hoped that within six months the Trust would have a different Clinical and Social Care Governance arrangement in place.

Mr Compton went on to say that he did not want the Council to have the impression that this was just a plan and nothing was happening. He said a huge amount of work had been done and was continuing to be done to ensure the correct structure was put in place. He said negotiations in relation to resources were ongoing and if difficulties arose these would be communicated.

Mr R Hussey asked how much funding had been received for Clinical and Social Care Governance, if it was on a permanent basis and that it would not affect the provision of health services in the area.

Dr D Cody confirmed that additional funding of £50,000 for the Clinical and Social Care Governance Manager post had been secured on a permanent basis and that the funding had not been diverted from any other source within the Trust.

Mr Colm McCauley said that the Trust would be submitting bids for additional funding for a number of posts and assured Mr Hussey that they were confident of receiving long term permanent funding for those posts.

Ms M Reilly said that one of the issues coming from the Risk Review was the need for the Clinical and Social Care Governance Directorate and said it was the Council's understanding that this was being co-sponsored by the Department and the Board and therefore there had to be responsibility on all participants to provide funding for the Directorate. She asked whether this structure would remain after 2007 when the three Trusts amalgamated.

Mr J Compton said that following amalgamation of Trusts the need for Clinical and Social Care Governance would remain to ensure that quality of care and treatment was of a high standard. He said there may well be a different way of looking at things but day to day provision of services should remain.

Dr D Cody said that the model presented was suitable to be adapted for use in the new Trust.

Mr J Compton said that due to circumstances Sperrin Lakeland Trust had been forced to pay more attention to Clinical and Social Care Governance and was at the forefront in terms of how they were handling this.

Mr P McGowan asked if under User Involvement there was going to be an Advocacy type service?

Dr Cody said this was being looked at and said the Trust considered this to be an essential element of Clinical and Social Care Governance.

C057/06 **Risk and Governance Review and Recommendations:**

Mrs Valerie Brown asked how the recommendations of the Risk and Governance Review were being taken forward and monitored?

Mr J Compton in response said the Trust had to account for the progress it was making and had recently forwarded a report to the Department of actions taken and to still be taken, and indicating who was accountable for taking the actions forward. Regular reports would also be made through the Risk and Governance Committee to the Trust Board and would therefore become a public record. He said significant progress had been made in terms of bringing order and structure to the recommendations given to the Trust and in creating a safe and sustainable service for the future.

Ms M Reilly asked when the Trust would be in a position to provide copies of the Report to the Council?

**Action Point: AP b/04/06**

Mr Compton undertook to forward a copy of the Risk and Governance Report following clearance by the Department.
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Mrs Brown asked how the recommendations of the Review were being incorporated into re-designed services?

Dr Cody referred to the Report which had gone to the Department which grouped recommendations under different headings one of which was Service Re-Configuration and said these were being worked through with the Re-Configuration Project.

C058/06 **Re-Configuring of Services:**

Mr Victor McKelvey asked how the Trust was managing Non-major Elective Surgery at Tyrone County Hospital.

Mr Compton explained that patients who needed to stay overnight for in-patient general surgery would be admitted to the Erne Hospital. He said Tyrone County Hospital would be used for day case surgery only which would be undertaken on a daily basis. In addition surgical out-patients would be seen at Tyrone County Hospital.

With regard to emergency surgery he explained that a system was in operation whereby one Consultant Surgeon and a team were dedicated to deal with emergencies only. The emergency facility was held at the Erne Hospital which General Practitioners

could contact to have patients assessed and admitted for surgery if necessary.

Mr McKelvey asked was there an Anaesthetist on site or available on the Tyrone County Hospital site?

Mr Compton confirmed that 24 hour Anaesthetic cover was provided at Tyrone County Hospital.

Mr McKelvey asked what changes had been made in relation to wards at Tyrone County Hospital?

Mr Compton said that in-patient surgical wards at Tyrone County Hospital had closed and additional facilities had been provided at the Erne Hospital. The Trust was in the process of establishing a Clinical Decision Unit, a facility which will support the Urgent Care Centre, where individuals can attend and be admitted for a maximum period of 36 hours. He said that due to the scale of changes it was impossible to implement them all at the same time and it needed to be managed over a period of time.

Mr McKelvey referred to the on-going building work at Accident and Emergency Department at the Erne Hospital and asked when this would be completed?

Mr Compton said that work was on-going and should be completed in approximately 3-4 months time. The Trust considered that 4 Accident and Emergency Consultants were required to run the consolidated accident and emergency service effectively and they were in the process of beginning to recruit staff. It had been established that there were suitably trained people in the Province who may be interested in applying for the new posts.

Ms M Reilly referred to the Joint Trust's, Board and NIAS Press Release on Surgical Services. She asked for clarification on what services were being provided at Tyrone County Hospital?

Mr Compton confirmed that only day case patients would be treated at Tyrone County Hospital.

Ms Reilly said the joint press release announcing these changes had given completely the wrong impression and this was a serious oversight given that the public were already having difficulty in understanding the many changes already implemented at Tyrone County. She referred to the fourth paragraph of the public notice which stated "all current short-stay routine elective surgery and day-case surgery will continue to be provided at the Tyrone County Hospital".

Mr R McCartney accepted that the press release could be misleading and confirmed that the current short stay referred to ENT patients only.

Ms Reilly said she couldn't understand this as there was a quite separate reference to ENT service provision in the next (fifth) paragraph within the Press Release.

Ms Reilly requested further clarification on the availability of an Anaesthetist asking if the Anaesthetist was on site when 'on call'?

Mr Compton said the Anaesthetist was on site during the working day and off-site when 'on call' out of hours.

Ms Reilly said that off site 'on call' was a serious issue identified in the Risk Review.

Mr Compton said if someone was being managed through the Anaesthetic service as an in-patient the criticism was that this could not be done with an 'on call' off site system but the situation was now different.

Ms Reilly asked for confirmation that the situation now was that only patients receiving ENT care will continue to be treated as surgical in-patients provided they did not have complications requiring Anaesthetic intervention.

Mr Compton said the current position would follow unless in the very rare set of circumstances where a patient needed intervention in which case they would be transferred to another hospital .

Dr Cody outlined a new early warning system which was in the process of being introduced in both Hospitals where staff were being trained in a series of measures to identify at an early stage patients who might potentially require greater input from either Anaesthetic staff or from Physicians. The system had been put in place with immediate effect at Tyrone County Hospital. She said in terms of the resident Anaesthetist this was essential if patients were being nursed on a ventilator. Where other surgical patients were being nursed there was a time frame for the Anaesthetist on call to be at the hospital.

Mr Compton said the press release was not designed to be difficult or to escape the issue but the Trust Board were absolutely sure that all in-patient surgery at Tyrone County Hospital would cease.

Mr McCartney said the Trust would over the next weeks through other communications and public relations exercises attempt to clarify the matter. He said that the Trust had attempted to make it clear to the public that major surgery was in-patient and routine

surgery was day case.

Mr Ross Hussey said he was not impressed with the removal of services from Tyrone County Hospital on 31 March 2006. He said in view of the fact that the Erne Hospital had on-going building works he asked why had there been an undue rush. He also referred to rumours that the Coronary Care Unit at Ward 12 was being transferred into Ward 5 of Tyrone County Hospital and asked for confirmation of this proposal.

Mr Compton in response said that the removal of services from Tyrone County Hospital had been planned over a number of months and had to be done in stages. He said that work to Accident and Emergency and recruitment was on-going. He felt the only way to handle this was on an on-going basis but the Trust was keen to make the point that the Hospital was open for business and operating pretty much as normal.

Mr Compton said that part of the reason for making the move was to give the Trust the opportunity to reshape surgery inside Tyrone County Hospital. He said cataract surgery was being done there and urology procedures and day cases were coming to the Hospital. He said the Trust was in negotiations regarding surgical networks where there was an opportunity for more day case surgery to come to Tyrone County Hospital.

Mr Compton said the Trust was monitoring very carefully how the transition had occurred and would be reporting to the Western HSSB all the activity and if changes needed to be made to be more responsive that would be done. The Trust was meeting on a weekly basis to check what was happening.

Mr McCartney said it was not a rumour but a serious consideration to relocate the Coronary Care Unit to Ward 5 and had come about through internal discussions on how services at Tyrone County Hospital could be re-configured and strengthened in support of medicine. A number of options had been considered. Consultant Physicians, Coronary Care and Medical Ward Nurses had considered all the options and had come forward with this proposal as they felt it would create an integrated unit where the Coronary Care Unit would be located beside the high dependency unit. Mr Hussey said that this proposal did not cause him great concern.

Mr Hussey said he did not agree with the reason for moving services into what he considered to be a building site at the Erne Hospital. He said a report in 2002 gave the number of Doctor hours available in Tyrone County Hospital as 168 as opposed to 94 hours at the Erne Hospital. He said clearly the Tyrone County Hospital had a better system of A&E Doctor availability. He was concerned that the Erne Hospital was not yet ready for the transfer of patients.

Mr Compton accepted that there were strongly held views about these issues. He said the Trust was operating within a policy context which was clear. He said it may not meet with everyone's approval but the Trust's task was the implementation of the policy.

Mr Compton said it was important to move ahead with the transition. He said the change was not about the death of Tyrone County Hospital but about providing a modern and sustainable service for the population of the South West.

Mr Compton said a mechanism needed to be put in place where the Trust could engage with the local community in order that the change is understood and the best is achieved.

Mrs G Shaw said she appreciated that it was difficult for the local community to accept the change and suggested it may be of interest to members to visit some of the facilities to see what was in place and visualise what is achievable in the future.

C059/06 **Occupational Therapy Review and Service Re-design:**

Mrs Maureen Gormley referred to the WHSS Council's Waiting List Monitoring Group which was looking at access to Occupational Therapy services. She said that the Council appreciated the attendance of Mr V Ryan at a recent Waiting List Monitoring Group meeting. Nevertheless she said the Council wanted to put on record their continued concerns and dismay at the length of time people referred to the service had to wait. In the Fermanagh Sector, she said there was a wait of up to 22-24 months and 15-18 months in the Omagh Sector.

Mrs Gormley said the Council was aware of the Occupational Therapy Service Review which was currently underway but the length of time before the recommendations of the Review would start to make a difference to the people waiting up to two years was not acceptable to Council members.

Mr Compton in response said he shared the concerns outlined. He said he would be meeting with the Review team at the beginning of May and hoped to have Mr Zac Arif's report prior to that and which he would be happy to share with the Council. He said the Trust had been reviewing how they were doing things and had set a target of 100 waiters by the end of April 2006 which was not going to be achieved solely by validation of waiting lists.

Ms M Reilly said that the Council was concerned that the Occupational Therapy Service had not the capacity at the moment to deal with all the new referrals, the backlog and implementing the recommendations of the Review.

Ms Ruth Lynch said she felt the length of time people had to wait for the service was important and said that had not changed.

Mr Compton agreed and said behind the figures there were individual circumstances and the Trust was aware of the impact on people's lives who were waiting for a service. He said the service was under enormous pressure and there was not an easy 'one fix' solution to the problem.

Mr Ignatius Maguire said this was a problem which was peculiar to Sperrin Lakeland Trust. He said other Trusts had taken initiatives to reduce waiting lists and times and yet Sperrin Lakeland generally and Fermanagh in particular remained rooted to the problem. He said he had never sensed any desire by Occupational Therapists to change and said he would like to see action taken at Trust Board level to address the matter.

Mrs G Shaw said she had been in post for six months and the Occupational Therapy service was one of the first issues brought to her attention. She took the point and accepted something needed to be done.

Mr J Compton said he was giving a commitment that something would be done.

Mr Paddy McGowan said that Occupational Therapy services was a standard Agenda item which the Council would continue to monitor through the Waiting List Monitoring Group.

**Action Point: AP c/04/06**

Ms M Reilly suggested a meeting between the Trust and the Waiting List Monitoring Group after the Trust had an opportunity to study the Review Report.

**C060/06 Children's Services in the Community – Twilight Nursing:**

Ms M Reilly said the Council had become aware of children who have complex disabilities and who required specialist nursing assistance in their own homes. She said it had become clear through dealing with complaints that there was a shortage in the Sperrin Lakeland Trust area of twilight nursing services. She said she understood that action had been taken to recruit nurses to this Service but she continued to be concerned as this effort had not made any material difference to the issue.

Mr Compton said he was happy to discuss the issue and suggested that he and Mrs Shaw meet with the Chief Officer and Chairman to look at this specific concern.

**Action Point: AP d/04/06**

Agenda item for next Council/Trust Chairman Chief Officer meeting.

**C061/06 Galliagh House/Mantlin Court/Praxis - Update:**

Mr Gerard Foley indicated that the Council was aware that Praxis had withdrawn from providing services at Galliagh House and Mantlin Court and asked what arrangements the Trust had put in place to ensure the service continued?

Mr J Compton said the Trust had spent a lot of time attempting to get agreement between the Praxis Organisation and the Trust but despite everyone's efforts the contract was no longer sustainable. He said the Organisation had been put on six months notice but Praxis had indicated that they were withdrawing on 12 April 2006. This was now a matter of dispute between Praxis and the Trust.

Mr Compton did however emphasise that this was a contractual dispute and that the provision of care in the two Homes was not an issue. He said the issue was the way in which the Contract was set up and the way in which resources were applied to it. It would have to be re-shaped as it was not sustainable in its current format. He said there needed to be a rationalisation of services as a result of staff vacancies but said any change would be done sensitively and carefully.

Ms M Reilly asked if an emergency plan was in place should Praxis withdraw on 12 April 2006 and how many residents were involved?

Mr Compton said the Trust had alternative arrangements in place. Mrs B Donaghy said there were 48 clients in the four homes run by Praxis but stated that the clients and staff would not be affected by any change.

**C062/06 Mental Health Review – Update:**

Mr McGowan asked for an update on the Mental Health Review which is underway in the Trust

Mr J Compton said the Mental Health Team had made a Presentation to the Trust Board on the Mental Health Review. He said that due to the magnitude of the Review document the Trust Board had asked the Review Team to focus on 3-4 key deliverables in the context of 2006/7 and to inform the Trust what these would be.

Mr McGowan said he felt admission rates had been high and said he would like to see

a move from institutional type care to a community based service.

Mr Compton said that this was the direction which the Trust was hoping to move to.

Mr McGowan said there needed to be a move away from the traditional medical model towards a psychology based service. He added that the psychology service right across the Western Board area needed to be improved.

Mr McGowan said he appreciated that Mental Health Review was still on-going and that action was being taken on the recommendations coming from the Review.

Mr McGowan asked if a visit to wards on the Tyrone and Fermanagh Hospital would be possible.

Mr Compton agreed to the visit by the Council's Mental Health sub-group.

**Action Point: AP e/04/06**

Arrange visit to Mental Health Service wards at the Tyrone and Fermanagh Hospital.
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**C063/06 Services for Children with Autism:**

Mr J Campbell said that through his membership of the Council's Autism Sub-Group he was aware of parents concern and frustration in waiting for assessment and treatment for their children and asked for the numbers waiting for assessment, the numbers waiting for treatment and the waiting times?

Mr Compton said the Trust had 55 children awaiting assessment and diagnosis stretching back over a period of two years. In respect of treatment the only intervention service the Trust had was through the Early Intervention Therapist and the caseload at February 2006 was 31. There were 3 on the waiting list. In addition there were 12 people waiting for the home intervention programme and the longest waiter was June 2004.

Mr Compton said the Trust was moving towards the establishment of a Children's Services Centre to ensure that priority is given to smaller Groups who need specialist services. Discussions had taken place with the Chief Executive of the Western Education and Library Board to look at how they could link with the Trust in provision of services. He said again the Trust hoped to concentrate on one or two areas and work

towards have something done on them.

Mr J Campbell said that one of the concerns parents had was that they were being side-lined and disregarded. They wanted to be more involved in decision making.

Mrs G Shaw said she would like to see the establishment of a Children's Services Centre where all services could be concentrated. She did not know however if this was achievable in the next year.

Ms M Reilly suggested that a meeting with the parents involved in the Councils Autism Sub-Group and the Trust would be useful and said she would raise this at the forthcoming Autism sub-group meeting.

Ms R Lynch said she was concerned about the level of Speech Therapy services for children with Autism and said that intervention needed to happen pre-school. She asked for figures for children waiting for this intervention and the length of time they waited. Mr Compton undertook to provide the statistics.

**Action Point: AP f/04/06**

Mr Compton to provide statistics.

**C064/06 Direct Payments – How many Clients using Direct Payments?:**

Ms M Reilly said it had come to light whilst supporting some complainants, that on occasions Direct Payments was not sufficiently promoted or brought to Clients' attention. She asked how many people in the Trust were in receipt of Direct Payments?

Mr J Compton said the Trust had 41 clients in receipt of Direct Payments.

Ms Reilly said this seemed like a very small number, she also added that the Council were aware that direct payments was not always an appropriate solution but suggested that more work may need to be done on this.

**Action Point: AP g/04/06**

Put this item on the Chairman/Chief Officer agenda for meeting with Ms Shaw and Mr Compton.

Mr J Compton said he had requested Mr K Downey to re-issue Guidance on Direct Payments to people in the Learning Disability Programme of Care.

C065/06 **Financial Position in Trust:**

Mr R Hussey queried the financial position of the Trust and referred to a Parliamentary Question regarding a payment made to the former Chief Executive and asked if the Trust was responsible for this payment?

Mr J Compton said a payment had been made to Mr Mills' Pension Fund most of which had been contributed by him in the normal way over a period of thirty years. The Trust had received some support from the Department and Western Board over the past year and had also made internal provision to the Pension Fund which was a legal obligation.

Mr J Compton said that at the end of the financial year the Trust was in a break-even position. This had been achieved by the efforts of the Trust with support from the Department and the Western Board.

Mr J Compton said the Trust had set itself a task to stay within budget and set financial targets for spending on e.g. Locums, Agency and Bank Staff and Goods and Services. He said he was keen to move away from the position where each year the Trust ended with a Recovery Plan.

Mr C McCauley concurred with Mr Compton's description of the Trust's financial position and confirmed achievable targets had been set for 2006/7.

C066/06 **What Services have been affected by the Contingency Plan:**

Mr R Hussey asked what services had been affected by the Trust's Contingency Plans?

Mr Compton said some services had been affected but not by providing less services than should have been provided. In fact, he said, more services had been provided than the Trust had money for.

Mr Compton said the Trust had avoided any direct impact on services and in that context their performance was quite good. He said the Trust was not planning to scale back services in large volumes and was trying to control spending.

He said any Trust could have a financial deficit or a care deficit. He said the Trust's job was to demonstrate in comparative terms how they performed against Organisations of

a similar size. He said that the Trust did not want to be complacent saying it was about expenditure control rather than service curtailment.

Mr R Hussey asked where the Trust was in comparison with other Trusts?

Mr J Compton said that on Community Care Costs they were about the middle. He said an added difficulty faced by the Trust was the re-shaping of services.

Ms M Reilly said the Council was hearing at an individual level from patients and clients that when professionals were carrying out needs assessments that these were being done within the context of financial constraints as opposed to actual need. She felt the danger was under-reporting client need. She said it was worrying if professionals had pressure on them to under-assess need.

Mr J Compton said it was important that professionals understood that they did not have a blank cheque book. He said however that resources should not be the issue which dominated. He said in his experience professionals were a group who would make you aware if they felt they were being compromised and he would be very surprised if this was an issue and he had not been made aware of it.

Mr Compton said the primary function of the Trust was to deliver as much care as possible within the resources available. He said the Trust would expect professionals to make them aware of short-comings in services.

C067/06 **Unmet Need:**

Ms Ruth Lynch asked what were the pressure areas within the Trust and what were the priorities areas within those pressures?

Mr J Compton said some of the pressure areas will be published in the Trust's Corporate Plan. He said the Trust had pressures in all areas but one of the main services coming under pressure was Domiciliary Care.

Mr Compton said that Child Care provision was another pressure area. He said there were significant issues in terms of residential or specialist care for small groups of children with specific problems and for whom there was no local service provision. He said this had a huge financial impact during 2005/6.

Mr Compton said that the Trust was determined to make inroads in Occupational Therapy which no doubt would mean financial and other organisational service changes.

Mr Compton said other areas of pressure were heat light and power and fuel consumption. Fuel prices had risen dramatically and would continue to be a pressure on the Trust.

C068/06 **Physiotherapy Services:**

C069/06 **New Developments within Trust:**

C070/06 **Review of Public Administration:**

**Action Point: AP h/04/06**

<p>Due to time constraints it was agreed the above Agenda items would be discussed at the next meeting between the Trust Chair/Chief Executive and the Council Chair/Chief Officer.</p>
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C071/06 **Developing Better Services:**

Miss Mary Maguire welcomed the opportunity to give an update on Developing Better Services.

Miss Maguire said the Acute Hospital Outline Business Case had been submitted to the Department and they were optimistic of receiving approval in May or June 2006. She said the Local Hospital Outline Business Case was also in its final stages and it was hoped to have this presented to the Trust Board in May 2006.

She said the planning application for the Acute Hospital was making good progress through the approval system. The Local Hospital planning application was submitted in September and is also progressing through the system and it was hoped to have a decision on that application in the Autumn.

Following planning approval for both projects the Project Team will be ready to go to the European Journal to seek expressions of interest from Contractors. It was hoped to do this in June for the Acute Hospital and three months later for the Local Hospital.

Miss Maguire said that a large number of staff were involved in the design of services. In addition the Trust was trying to involve the Community and have had meetings with the Community Liaison Group. She said it was important that the user perspective was reflected in what the Project Team did.

Mr Ignatius Maguire asked for costings for the new service provision?

Miss Maguire said she had provided costings at an earlier stage but the Local Hospital Business Case had been revised and these costings would be provided to the Council.

Mr McCauley said some of the detail with regard to costing could not be disclosed at this stage.

Ms Reilly said that the Council was not expecting confidential detail but members wished to have more detail than was originally provided.

Mr J Compton said that costs would be provided in a format which was acceptable to the Trust.

**Action Point: AP i/04/06**

Trust to provide more detailed costings for the new acute hospital and the new local hospital.
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Mr R Hussey said that local General Practitioners had said they were not keen to move to the new Local Hospital. He asked if the Health Centre was included in the Plans knowing that the GPs were reluctant to move there.

Miss Maguire said the plan was for a Health and Care Centre modelled on Health and Care Centres in Belfast.

Mr Compton said he had met with the GPs and the Trust would continue to work with GPs to discuss their concerns about co-location.

Mr R Hussey said co-location was one problem but the actual location of the Hospital was seen as a major problem for Omagh patients. He said the current Health Centre was convenient for patients to access. He said to have a Health Centre within a Hospital environment with limited parking was difficult.

Mr J Compton said the matter had to be resolved before work on the Hospital commenced. He said the move towards Health and Care Centres and a one stop provision would be difficult to fit on the current Health Centre site. In addition car parking was restricted on this site.

Mr R Hussey asked that with regard to car parking if there were any plans by the Trust to introduce car parking charges.

Mr C McCauley said that at this moment in time there were no plans to introduce charging.

Ms M Reilly asked what was the Trusts position on PPP/PFI in relation to the two hospital projects

Mr J Compton said that a policy statement would be made shortly as to where PPP sits. He said it hinged around services such as soft services e.g. domestic and catering and whether they can be provided through PPP or directly by the Health Service.

Ms M Reilly asked if the construction of the buildings came under PFI?

Mr J Compton said that the Department of Finance and Personnel had to be persuaded in relation to this matter. He said there were two procurement routes i.e. putting the building up in the traditional way which the Government pays for or putting it up using PFI and the acid test for that was value for money. Mr Compton explained the system for PPP and said negotiations were ongoing. Ms Reilly said that newspaper reports on some English Trusts who had entered into PFI arrangements for new builds was quite alarming. Mr Compton said the Trust was not going to move into a project which was unaffordable or which would essentially bankrupt the Organisation.

Mr I Maguire asked what the difference was in Level II and Level III Critical Care?

Mr J Compton said the simple way to understanding this was that if a patient's breathing was taken over by a ventilator this was Level III. Level II is increased staff involvement to support to an individual who is quite ill.

Mr J Compton said the outline business case provided for 6 high dependency beds and 4 intensive care beds capable of a Level III Service. He said the Trust could not be asked to run an Accident and Emergency Department without having a Surgical Department and full a Intensive Care Capacity.

Mr R Hussey said that it had been reported in the Press that a member of the Western Health and Social Services Board had said there would not be Level III in the New Acute Hospital. Mr Hussey said that Trauma patients from this area would be taken to Altnagelvin or Craigavon Hospitals.

Mr J Compton said he had read the press report and it was speculation. He said the Trust was not aware of anything which was cutting across what they were planning to do at the Erne Hospital.

Mr J Compton said with regard to Trauma he believed this was referring to what was already current practice. The Erne did not do everything so if someone had a serious head injury they would be transferred.

Mr R Hussey said he personally would have no faith in what the Minister had said as he had not the courage to come to Omagh to speak to the people but he believed there would be no stabilisation service in Tyrone and as a result the people would have to be taken to either Altnagelvin or Craigavon which he considered a ridiculous situation.

Mr J Compton said that he had complete confidence in the people on site to make the correct and responsible judgement for any individual in difficult situations.

Mr V McKelvey said that he understood some activities which had been out-sourced would be coming back into the Trust.

Mr J Compton confirmed that the in-house contract had come back to the Trust management on 7 April 2006 and staff were transferring over.

In conclusion Mr P McGowan thanked the Trust on behalf of the Council for the frank discussions which had taken place.

- Lunch -

The Council Meeting reconvened at 2.00pm at the Silverbirch Hotel.

### WHSS Council Meeting

Councillor M Carten, Councillor M H Durkan, Councillor S Hume joined the meeting at 2.00pm.

A press representative was in attendance from 3.00pm

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#### C072/06 Chairman's Business:

Mr McGowan referred to the interesting meeting earlier in the day with Sperrin Lakeland Trust. He said the Chief Officer and he would be meeting with the Trust to have a number of issues arising from the meeting further discussed in more detail and he would report back the outcome to members.

Mr McGowan offered condolences on behalf of the Council to Mr Joe Campbell and Mrs Maureen Gormley who had recent family bereavements.

C073/06 **Minutes of Previous WHSSC Meeting:**

The Minutes of the previous meeting held on 2 March 2006 were adopted on the proposal of Mr V McKelvey and seconded by Mr I Maguire.

C074/06 **Matters Arising from previous meeting - 02/03/06:**

A paper reporting on the Action Points arising from the February and March meeting was tabled.

**Action Point: AP a/02/06: *Breakdown of allocation for New Local Hospital***

Ms M Reilly said that Mrs M Gormley had sent an email to the Developing Better Services office on 16 February 2006 and a reminder on 3 April 2006 for further clarification. A response was awaited and as members had heard earlier was raised again at the earlier part of today's meeting.

Ms Reilly said the matter would be raised again with Sperrin Lakeland Trust.

**Action Point: AP c/02/06 *Provision of Post Natal Rooms in Wards 15 and 55 Altnagelvin Hospital***

Ms M Reilly said that Mrs Maureen Gormley and Miss Seana Hume had visited the Maternity and Postnatal wards at Altnagelvin Hospital on 13 March 2006.

Mrs M Gormley reported that Ward 4 (previously Antenatal) and Ward 15 (previously Post-natal) had been amalgamated into one big ward (Ward 15) on the same floor. Previously Ward 4 was on a separate floor. Both Mrs Gormley and Miss Hume reported their observations that there was adequate provision for mothers of stillborn babies in single room accommodation at the end of the Antenatal section of the ward.

In response to an earlier question by Mr Billy Page Nursing staff on the ward were aware of Mother's Voice, which was previously known as the Maternity Services Liaison Committee.

The Council was grateful to Altnagelvin Trust staff for facilitating this visit.

**Action Point: AP f/02/06 *Cancer Specialist Nurses***

Ms M Reilly said she had written to Mr Dominic Burke, Acting Chief Executive, WHSS Board on 20 February 2006 in the first instance to ask if the Board had any plans in the immediate or long term to provide more cancer nurses for different types of cancer.

This had been passed to Dr Bill McConnell, Director of Public Health Medicine, WHSS Board and a response had been received from him, a copy of which was tabled. Ms Reilly acknowledged that the original question may have been open to misinterpretation and suggested that the Chairman and she would raise the issue again at the next meeting with the Boards Chief Executive and his Officers.

**Action Point: AP j/04/06**

Report back to members outcome of this meeting.
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**Action Point: AP p/02/06 *Hip and Joints Initiative:***

The Chief Officer had written to Dr Bill McConnell, Director of Public Health, WHSS Board on 20 February 2006 to raise Members' questions in relation to the Hip and Joints initiative. A reminder had also been sent on 4 April 2006. A response to both letters was awaited.

Council members were concerned about the length of time taken to respond to questions raised. Ms Reilly said the Chairman and she would be having further meetings with Mr Dominic Burke, Chief Executive, Western Board and would be raising the issues with him.

Mrs M Hamilton referred to an announcement made recently which stated waiting times for in-patients would be six months.

Ms Reilly said the Minister had announced a series of measures and set targets last July to tackle the waiting lists and the length of time people had to wait.

His first target was that by March this year patients would not be waiting longer than twelve months. Ultimately he has committed to ensuring that by March 2007 patients will receive their inpatient or daycase care within six months from referral.

He also announced last week that as of May Waiting Lists would be published on the Departments Website so that patients could see for themselves whether their hospital was meeting the targets.

Ms Reilly said latest figures suggested the first target had been met and no doubt members would be delighted that at last the issue of waiting times had begun to be addressed.

## Response to Action Points a/03/06 – f/03/06 from March Minutes

### **Action Point: AP a/03/06 *Foyle Mental Review:***

Ms Reilly said a final date had not yet been agreed with Foyle Trust to receive an update. Members of the Mental Health sub-group would be informed when this had been finalised.

Mr P McGowan said that Foyle Trust had undertaken a Review which went back two to three years. He said that he would be concerned that to date there was no significant difference in services and said this was something which the Council needed to pursue. He asked for members support in keeping the focus on both Foyle and

Sperrin Lakeland Trust to ensure that recommendations of the Reviews actually happened.

Mr M Carten referred to the high suicide rate in Northern Ireland and asked how the problem could be tackled?

Ms M Reilly said that again the Minister had recognised the seriousness of the issue of Suicide in Northern Ireland. She said the Council welcomed the clear direction the Minister had taken in putting this issue at the top of his agenda and in allocating resources to new initiatives. Mr McGowan said he welcomed the initiatives and said he would be interested to see how these had impacted in a years time.

### **Action Point: AP b/03/06 *Managing Long Term Conditions:***

Ms M Reilly referred back to the February Minutes (C023/06) and said that she had attended a meeting with the Board about managing long term conditions. She said that she had asked at that meeting that service users in attendance be involved in the Steering Group. This proposal was to be tabled at the next Steering Group meeting planned for 10 April 2006 for approval. Ms Reilly said she would check following the meeting if the proposal had been accepted.

### **Action Point: AP k/04/06**

Check outcome of meeting.
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### **Action Point: c/03/06 *Ambulance Service:***

The Chief Officer referred to issues to be raised at the Local Ambulance Liaison Group

meeting on 27 April 2006 i.e. –

1. Strabane Ambulance Depot
2. Concerns regarding overtime to maintain services in Omagh until September
3. Recruitment of Ambulance personnel
4. Plans to extend '999' service cross border

and asked if there were further issues which members wished to have raised.

Mr R Hussey referred to overtime to maintain services in Omagh and said he had major concerns regarding this service. He also referred to emergency ambulance services to the Erne Hospital and said the service needed to be monitored as he said the average time of 30 minutes for a 'blue light' ambulance to get from Omagh to Enniskillen or wherever did not make sense.

Ms Reilly said that the Northern Ireland Ambulance Service reported on a monthly basis and she would bring these figures back following the meeting on 27 April 2006.

Mr R Hussey further referred to a press report where an ambulance had not been available and the patient had to be driven to Hospital.

Ms Reilly proposed that the Northern Ireland Ambulance Service personnel be invited to the June meeting to address the issues in particular the provision of ambulance services following changes in service provision in Omagh.

**Action Point: AP I/04/06**

Invite Northern Ireland Ambulance Personnel to June Council meeting.
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**Action Point: d/03/06. *Autism Services***

Ms Reilly referred to the Autism sub-group meeting which Mr D Burke Chief Executive Western HSSB had attended and to the clear commitments which he had given at that meeting. As a result of those commitments Mr Burke was being invited to the next meeting on 23 May 2006.

**Action Point: e/03/06. *Procedures and Guidance for Dealing with Mentally Disordered Persons:***

Ms Reilly commended Mrs Maureen Gormley and Health Council members in

providing the WHSSC's response to the Guidance.

**Action Point: f/03/06. *Visits to Gransha and Tyrone and Fermanagh Hospitals:***

Ms Reilly said permission had been received to undertake visits to the two Hospitals and members would be notified when arrangements had been finalised.

**C075/06 Oral Surgery Clinics in Omagh:**

The Chief Officer reappraised members on the issue.

She said it had transpired during discussions that the Consultant who covered the Oral Surgery Clinics in Omagh and Enniskillen had resigned. In addition, on checking where the waiting list was held it had been found that it was held locally and not at Altnagelvin as had been suggested previously at the Altnagelvin Liaison meeting. This meant that 90 patients were waiting until a new Consultant was appointed.

Ms Reilly said the issue needed to be raised urgently with the Chief Executive of Altnagelvin Hospital.

**Action Point: AP: m/04/06**

Raise Oral Surgery Clinics with Chief Executive Altnagelvin Hospital.
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**C076/06 GP Held Waiting Lists at Musgrave Park Hospital:**

The Chief Officer said the Council had been closely monitoring the situation with regard to the slot system for GP held Orthopaedic Waiting Lists. She said that the Council had been given an assurance that 90% of the GP held waiting lists were now being held centrally. The outstanding 10% of GPs have not yet responded to a Board letter to say that the practice had stopped.

Mrs M Gormley said she had checked with Musgrave Park and had received confirmation that 4 Practices had sent in their referrals.

**C077/06 Report on Meeting with local Residents:**

Mr P McGowan referred to a meeting held on the previous evening with Residents from the Kevlin Road area Omagh regarding a proposal by Sperrin Lakeland Trust to build two bungalows for use as residential homes within a new housing development at Coolnagard. He said that local residents had raised concerns about these proposals.

Mr P McGowan said that Mr K Downey had given a presentation to the meeting outlining the type of homes to be provided, location and client group. He said that he had found the residents very amenable when all the issues were fully explored with them and said that the remaining issue for the residents was the location of a play park close to the two homes which could lead to anti-social behaviour. He said the re-location of the play area was being discussed with the Developers, Sperrin Lakeland Trust and Residents.

Ms M Reilly elaborated on the background to the situation. She said that the Trust had communicated the situation very poorly which had led to fears by local residents. When this was fully explained to residents they accepted the development and their only concern was the location of the play park.

Mr J Campbell said the meeting was not with Coolnagard residents as such and this still had to be arranged. He said Sperrin Lakeland Trust had taken responsibility for this consultation. Ms Reilly said Mr Hussey had organised the meeting through the Kevlin Road Association.

Mr R Hussey said the naming of the proposed Units as 'Challenging Behaviour Units' had caused the concern among residents.

Mr P McGowan said the Trust had an opportunity to take on board the feelings of the local community and to work with local residents and the Council would monitor the situation as it developed.

Mr Ignatius Maguire queried if this would be supported housing?

Mr P McGowan said it was intensive supported residential housing which would provide nursing and care assistant staffing at all times.

Mrs M Gormley described the category of eight residents to be housed as all having profound learning disability functioning at age eight or below, all with mobility problems, some with medical difficulties and none displaying any inappropriate behaviour. She said the Unit would be staffed by nineteen staff on a roster basis 24 hours daily, seven days a week.

Miss Ruth Lynch asked if the Trust or the Board had the responsibility for the provision of residential accommodation for clients wishing to return from outside of Northern Ireland.

Ms M Reilly said her understanding was that the Western HSSB had the responsibility to provide care in smaller units as close to clients home as possible.

C078/06 Patient Client Council Update:

*Joint Council Update 13 April 2006:*

Ms M Reilly referred to the meeting planned for 13 April 2006. She said a joint Health Council submission had been made to the PCC Project Team's first meeting. In the submission the Councils' described what they considered the Patient Client Council should look like in terms of its role and function and she was pleased to say that this had been generally accepted by the Project Team members. She said a full update would be given at the meeting on 13 April 2006 and copies of the submission would be circulated to all members.

C079/06 Trust Business:

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

- Minutes of Trust Board meeting held on 16 March 2006 and Agenda for a meeting to be held on 27 April 2006.

3. *Green Park Healthcare Trust:*

- Minutes of the Trust Board meeting held on 2 March 2006 and Agenda for a meeting to be held on 6 April 2006 were noted.

4. *Royals Hospitals Trust:*

- Minutes of the Trust Board meeting held on 2 March 2006 and Agenda for a meeting to be held on 11 May 2006 were noted.

C080/06 Any Other Business:

Ms M Reilly said Councillor Sharon O'Brien had indicated that she was unable due to other commitments to continue as an Omagh District Council representative on the Health Council. They have forwarded their new nomination to the Department and are awaiting approval.

Mr P McGowan asked that a letter of thanks be sent to Mrs S O'Brien.

**Action Point: n/04/06**

Letter of thanks to Mrs S O'Brien.
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## **Breast Cancer Services**

Ms M Reilly referred to changes made some time ago for patients in Omagh and Fermanagh where breast cancer services had been transferred to Altnagelvin Hospital. The Council had been assured at that time that the new service would be a safer, better quality service. The Council had concerns about access for Sperrin Lakeland Trust area patients and the additional workload for Altnagelvin Hospital.

Ms M Reilly said she and Mrs M Gormley had a meeting with Dr McConnell some time ago and had been given a comprehensive explanation of what the Board was planning to do and how this was going to be managed. The Council had continued to monitor the situation. A schedule showing waiting times was tabled and drew attention that at 28 February 2006 112 were categorised as urgent. Of that 17% were seen within two weeks, 83% were waiting more than two weeks.

Ms Reilly said it was unacceptable that 83% should wait more than two weeks. She said the Council would be writing to the Board and Trust to make strong representations regarding the figures.

Mr I Maguire asked if there were enough professionals and funding to provide this service.

Ms M Reilly said that the Board had committed the money and therefore it was now a management issue for Altnagelvin Trust.

Mr J Campbell confirmed it had been admitted at the Council's Monitoring meeting that this was a management issue.

Mr P McGowan said it was not acceptable that Sperrin Lakeland residents were left without this type of service or that Altnagelvin should be put under further pressure to maintain a Western area service.

### **Action Point: 0/04/06**

Write to Western Board and Altnagelvin Trust regarding waiting times for Breast Cancer Services.

Miss Seana Hume referred to overcrowding the previous weekend at the Accident and Emergency Department of Altnagelvin Hospital which she considered to be the 'knock on' effect of closure of Accident and Emergency services at Tyrone County Hospital. She said Altnagelvin had 40% more patients than they normally would over a weekend and as a result had to open the Day Case Unit on Sunday night/Monday morning. She

said she was not blaming Altnagelvin who had tried their best but said additional staff and resources needed to be invested into the service.

Mr McGowan said this had been a concern that Altnagelvin would not have the capacity to deal with the additional demand from Omagh and indeed Enniskillen.

Mr J Campbell said it would be interesting to know of the situation at the Erne Hospital since the Accident and Emergency Department at Tyrone County Hospital closed

Ms M Reilly said that she expected to be meeting with the Chief Executive of Altnagelvin Trust and would ask for a report on how they had managed A and E services over the past week and in particular the weekend of 31 March 2006.

**Action Point: AP: p/04/06**

Chairman and Chief Officer to meet with the Chief Executive of Altnagelvin Trust.

Mr J Campbell suggested writing to Chief Executive Sperrin Lakeland Trust to get figures for Erne Hospital.

**Action Point: AP: q/04/06**

Write to Chief Executive, Sperrin Lakeland Trust asking for figures for Accident and Emergency provision for Erne Hospital

Ms M Reilly said she had asked her colleague in the Southern Health and Social Services Council to monitor what was happening in Craigavon Area Hospital as this was one of the Hospitals in the network. She said if cumulative figures were available we would have an idea of the impact and if resources were in place to meet demand.

Mr J Campbell referred back to the discussion regarding Sperrin Lakeland Trust's development at Coolnagard. He suggested that the Council write to Mr K Downey to reinforce the need for communication with the local residents and to raise the issue of a perimeter hedge/fence at the proposed development at Coolnagard in order to provide for the safety and privacy of the residents of the facility.

**Action Point: AP: r/04/06**

Write to Mr K Downey regarding communication with Coolnagard residents and the issue of perimeter hedge/fencing

As discussed at earlier meetings members agreed not to have a Council meeting in





## Meetings and Events attended by Chief Officer/Staff for period 03/03/06 – 06/04/06

**Date:** 6 March 2006  
**Meeting:** Complainant  
**Venue:** Conference Room, Hilltop, Omagh  
**Staff:** Ms Reilly Mrs Gormley

**Date:** 8 March 2006  
**Meeting:** Chairman WHSSC  
**Venue:** Mellon Country Hotel, Omagh  
**Staff:** Ms Reilly Mrs Gormley

**Date:** 8 March 2006  
**Meeting:** Acting Chief Executive WHSSB  
**Venue:** WHSS Board Headquarters, Gransha Park, L'Derry  
**Staff:** Ms Reilly

**Date:** 9 March 2006  
**Meeting:** HSSC's Chief Officers  
**Venue:** Templeton Hotel, Templepatrick, Co Antrim  
**Staff:** Ms Reilly

**Date:** 10 March 2006  
**Meeting:** Patient Client Council Working Group  
**Venue:** Civic Centre, Lisburn, Co Antrim  
**Staff:** Ms Reilly

**Date:** 10 March 2006  
**Meeting:** Complainant Case Conference  
**Venue:** Community Services Family and Childcare, Omagh  
**Staff:** Mrs Gormley

**Date:** 13 March 2006  
**Visit:** Maternity and Post Natal Wards  
**Venue:** Altnagelvin Area Hospital, L'Derry  
**Staff:** Mrs Gormley

**Date:** 13 March 2006  
**Meeting:** Complainant  
**Venue:** Omagh, Co Tyrone  
**Staff:** Mrs Gormley

**Date:** 13 March 2006  
**Meeting:** Complainant  
**Venue:** Fintona, Co Tyrone  
**Staff:** Ms Reilly

**Date:** 15 March 2006  
**Meeting:** HSSC's Executive Committee  
**Venue:** Glenavon Hotel, Cookstown  
**Staff:** Mrs Gormley

**Date:** 15 March 2006  
**Meeting:** Review of Community Nursing(Community Health and Primary Care CSM Sperrin Lakeland Trust)  
**Venue:** Conference Room, Hilltop, Omagh  
**Staff:** Mrs Gormley

**Date:** 15 March 2006  
**Event:** Integrated Clinical Assessment and Treatment Services Information Session  
**Venue:** Mellon Country Hotel, Omagh  
**Staff:** Mrs Gormley

**Date:** 16 March 2006  
**Meeting:** Complainant  
**Venue:** Waterside, L'Derry  
**Staff:** Mrs Gormley

**Date:** 20 March 2006  
**Meeting:** HSSC's Chief Officers (PCC)  
**Venue:** SHSS Council Offices, Lurgan, Co Armagh  
**Staff:** Ms Reilly

**Date:** 21 March 2006  
**Meeting:** Child Protection Issues and Procedures (WHSSB)  
**Venue:** Conference Room, Hilltop, Omagh  
**Staff:** Ms Reilly

**Date:** 22 March 2006  
**Meeting:** HSSC's Chief Officers (PCC)  
**Venue:** SHSS Council Offices, Lurgan, Co Armagh  
**Staff:** Ms Reilly

**Date:** 23 March 2006  
**Meeting:** Clinical and Social Care Governance Sub Group  
**Venue:** D2 Conference Room, Castle Buildings, Belfast  
**Staff:** Ms Reilly

**Date:** 23 March 2006  
**seminar:** Accountability – A Dose of Reality  
**Venue:** Stormont Hotel, Belfast  
**Staff:** Mrs Gormley

**Date:** 24 March 2006  
**Meeting:** HSSC's Chief Officers/HPSSRQIA Chief Executive  
**Venue:** Enterprise House, Belfast  
**Staff:** Ms Reilly

**Date:** 27 March 2006  
**Meeting:** HSSC's Chief Officers  
**Venue:** Broomhill Hotel, L'Derry  
**Staff:** Ms Reilly

**Date:** 27 March 2006  
**Meeting:** Western Equality and Human Rights Forum  
**Venue:** WHSS Board Headquarters, Gransha Park, L'Derry  
**Staff:** Mrs Gormley

**Date:** 30 March 2006  
**Meeting:** Complainant  
**Venue:** Conference Room, Hilltop, Omagh  
**Staff:** Mrs Gormley

**Date:** 30 March 2006  
**Meeting:** Alan Walker (General Medical Council)  
**Venue:** Conference Room, Hilltop, Omagh  
**Staff:** Ms Reilly

**Date:** 30 March 2006  
**Meeting:** Chairman WHSSC  
**Venue:** Hilltop, Omagh  
**Staff:** Ms Reilly

**Date:** 30 March 2006  
**Event:** Investing for Health Community Consultation  
**Venue:** Co Fermanagh  
**Staff:** Ms Reilly

**Date:** 3 April 2006  
**Meeting:** Chairman WHSSC (PCC)  
**Venue:** Hilltop, Omagh  
**Staff:** Ms Reilly

**Date:** 4 April 2006  
**Meeting:** HSSC's Chief Officers  
**Venue:** Enterprise Centre, Cookstown  
**Staff:** Ms Reilly

**Date:** 4 April 2006  
**Meeting:** Waiting List Monitoring Group (WHSSB/Sperrin Lakeland Trust)  
**Venue:** Conference Room, Hilltop, Omagh  
**Staff:** Mrs Gormley

**Date:** 5 April 2006  
**Meeting:** Chairman/Mr R Hussey WHSSC(Coolnagard)  
**Venue:** Hilltop, Omagh  
**Staff:** Ms Reilly

**Date:** 5 April 2006  
**Meeting:** Residents Association (Coolnagard)  
**Venue:** Christian Brothers School, Omagh  
**Staff:** Ms Reilly Mrs Gormley

**Date:** 6 April 2006  
**Meeting:** Director of Community Care & Executive Director of Social Work Sperrin  
Lakeland Trust  
**Venue:** Conference Room, Hilltop, Omagh  
**Staff:** Ms Reilly Mrs Gormley

C081/06 **Date, time and place of next Council Meeting:**

**Date:** Thursday 1 June 2006  
Library Headquarters  
Spillar's Place  
OMAGH

**The meeting ended at 3.50pm**