
**THESE MINUTES ARE EMBARGOED UNTIL
THURSDAY 7 SEPTEMBER 2006 AT 9.00PM**

WESTERN HEALTH AND SOCIAL SERVICES COUNCIL

**Minutes of One Hundred and Forty-ninth meeting of the
Western Health and Social Services Council
held in the Library Headquarters, Spillar’s Place, Omagh
on Thursday 1 June 2006
at 6.00pm**

Present:	Mr P McGowan (Chairperson)	
	Mr J Campbell	Councillor B Johnston
	Councillor M Durkan	Mr I Maguire
	Councillor R Lynch	Ms M McKeague
	Councillor M Hamilton	Mr V McKelvey
	Mrs S Hogg	Councillor B Page
	Councillor S Hume	Ms F Robson
	Councillor R Hussey	Mr D Sutherland

Apologies:	Mrs V Brown	Mr R McIntyre
	Miss M Burke	Mr M McIvor
	Councillor M Carten	Ms M Trimble

In Attendance:	Ms M Reilly	Mrs K Loughran
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Press and radio journalists were also in attendance

C082/06 Chairman’s Business:

Mr McGowan welcomed everyone to the 149th meeting of the WHSSC including members of the Press. He said he had given permission for the Radio Foyle journalist to record the meeting.

Mr McGowan thanked everyone for their good wishes for his recovery from his recent illness.

The Chairman said he wished to extend the Council's best wishes for the speedy recovery of Maureen Gormley Business Support Manager who has been off work due to illness. The latest information he said is that she is well on her way to full recovery and is expected to return in the next couple of weeks.

The Chairman said he would like to record the Council's congratulations to Member Marilyn Trimble and her husband on the birth of their second son 10 days ago.

Mr McGowan said there was a very full agenda and he would like to be able to finish business by 9.00pm at the latest. Time slots had been indicated for the presentations and he asked everyone to be mindful of these so that all of the agenda could be covered.

Mr McGowan introduced Mr Liam McIvor Chief Executive of the Northern Ireland Ambulance Service (NIAS) to address a number of issues which had been raised at previous Council meetings. These issues included:-

- ~ Impact of DBS and changes within Sperrin Lakeland Trust, especially Tyrone County Hospital, on ambulance services;
- ~ Involvement of NIAS with new managed clinical networks and their impact on ambulance services in the Western area;
- ~ Update on fleet for Western Health and Social Services Board area and timetable for replacements;
- ~ Update on 999 Central Control, Knockbracken, Belfast
- ~ Update re communication problems at Altnagelvin site (Western Control);
- ~ Response times - Western Board area;
- ~ Any other development plans.

C083/06 **Presentation - Northern Ireland Ambulance Service:**

Mr Liam McIvor introduced Dr David McManus Medical Director for the NI Ambulance Service and gave apologies for Mr Brian McNeill, Director of Operations who was unable to attend.

Developing Better Services (DBS):

Mr McIvor confirmed that Developing Better Services (DBS) does represent a service pressure for ambulances. The key issue for the ambulance service he said was to ensure that in so far as possible that they were engaged in the process of determining how DBS will be rolled out and also ensuring that they are in a position to respond appropriately to changes that other acute service providers implement. He said taking Sperrin Lakeland Trust as an example; initially NIAS advised the Department and Boards that in general DBS would cause a pressure on the ambulance service with particular reference to patient movement and NIAS' capacity to respond. What they identified from an early stage of the DBS proposals was that these would involve longer journey times for patients in ambulances which would require training for ambulance staff, equipping of ambulance vehicles and replacement of the fleet to ensure it is up to standard.

Mr McIvor said they had also identified that ambulances would potentially spend more time out of their normal area of operation because they would take longer to transfer patients. This in itself would require some backfilling with other emergency ambulances to cover these extended journeys. He said they identified that NIAS should be included in discussions on planning and resourcing the implementation of DBS. He said they have representation on the four area groups for DBS and as of last year he was invited to join the regional DBS group which means that they now have representation at the four Health Boards and the Department. He said it presents an opportunity for him to identify issues that arise, the impact on ambulances and the measures they propose to mitigate these.

Mr McIvor stressed their primary function at these meetings is not to make decisions but rather to say what ambulance resources are required post the decision and how they ensure that these are in place.

As a result of doing this, he said, they have increased the ambulance cover in Sperrin Lakeland Trust by the equivalent of one emergency ambulance operating 24/7 and one intermediate care ambulance working on day shift extended hours. He said they had also put forward proposals in their Business Case to the WHSS Board to improve response times in line with the recommendations from the Minister. This requires two additional rapid response units but they have not yet had confirmation from the Board if this will be supported or not.

Mr Mclvor said the rapid response units are single manned paramedic units which provide an opportunity to concentrate an ambulance resource in the area as, generally they will not be used to transport patients. They may on occasions have to transport some patients with minor injuries.

Mr Mclvor said that among their proposals for Sperrin Lakeland Trust area was the introduction of an additional deployment point in Fintona. He said that it was based on modelling carried out by external consultants of their ambulance response data over a one year period. He said all of Northern Ireland was assessed and the study identified a number of additional deployment points to improve response times. At peak times there are around 70 ambulances available to the Ambulance Service. Mr Mclvor said they only had 32 ambulance stations to deploy them from and what he wanted to be able to do was disperse them more widely so that rather than having two resources in one place he can have them in two places thus giving him two points of response. He said if he has more places to deploy from he can make more effective use of his staff.

Mr Mclvor said they had made proposals for an additional emergency ambulance, two intermediate care and two rapid response units. He said they were still awaiting a response from the Board and in the meantime they have supplemented ambulances in Omagh and Enniskillen as required from the rest of the Division and also from the Eastern Division.

Looking at data now Mr Mclvor said what they were seeing is a 14% increase in activity in Omagh which ranges from about 9% on the emergency side up to 30% on the non emergency side. Mr Mclvor said they were still working with the hospital and one of the key measures

they had put in place was an ambulance officer dedicated to the area. He is acting as a co-ordinator and is liaising with the hospital's frontline A&E staff particularly around patient movement and co-ordination. This is to ensure that the ambulance service is alerted as quickly as possible to patients who require to be moved so that they don't get clustering towards the end of the day.

Mr McIvor said DBS is going to continue to cause pressures for the ambulance service. He explained that they were also now involved with the removal of emergency surgery from Lagan Valley and they have responded to the consultation in relation to Mid Ulster.

Mr McIvor said they had been stressing that ambulance services needed to be considered in a regional context; there cannot be a piecemeal approach to DBS. He said he has a fixed budget for training and there is pressure on the training school. He went on, he could not simply produce paramedics and technicians at the drop of a hat. He said it takes about three years for someone entering the service to become a paramedic if they have entered at technician stage. If they enter at the Patient Care stage it takes even longer.

Mr McIvor referred to the ambulance infrastructure. He said they had invested heavily over the past number of years in the Control Centre to develop the capacity to share information instead of operating as four isolated control centres. They now have a single ambulance control system which enables them to know what is in other areas and to make the best use of resources.

Mr McIvor said they were moving towards a situation where they have an A&E Control Centre in Belfast and a non emergency Control Centre in Altnagelvin.

One of the next big stages Mr McIvor said was the introduction of Digital Trunk Radio. The equipment has been bought and they are rolling out after the Fire Service. He said they have to go with digital radio as analogue will no longer be available after 2012 and he wants to get it introduced as quickly as possible as it offers a number of advantages: It gives a better level of cover across Northern Ireland, it allows for talk groups which means that ambulance officers can be put in talk groups with colleagues from the Fire Service and the Police Service. This means that at an incident they can communicate with

each other rather than going back to Ambulance Control to contact Fire or Police Control.

Mr McIvor outlined the contingency plan which will ensure that either of the radio systems at Altnagelvin or Knockbracken can provide back up. Command and control systems and communication systems have been replicated on both sites. Generators and uninterrupted power supplies have been installed in Belfast with Derry's due for installation shortly.

Mr McIvor said they need this kind of infrastructure if they are going to move into the DBS scenario where there is more of a regional approach and there will be a greater dispersal of their resources.

In relation to the ambulance estate Mr McIvor repeated that they have 32 ambulance locations and have indicated through their planning that they need to increase this number to a maximum of 63 which would be the optimum. Mr McIvor said he had tested this with other services in England who are achieving high performance response times and it is certainly the case that the ambulance service in Northern Ireland have fewer response locations per acre than elsewhere.

He said they have a Business Case in with the Department to address not just additional response locations but all of their existing estate. He said NIAS have put forward a proposal which highlights that the Department are investing a lot in Primary Care and Community Infrastructure. NIAS has argued that the ambulance service needs to be incorporated into this and investment made at the same time. He said they were looking at about £16 million capital monies for the whole of the ambulance estate in Northern Ireland.

Mr McIvor said they don't plan to stand still. They have he said identified through the Department additional funding which will be used to develop additional response points now. He said the Northland Road site has already opened but acknowledged they were still working through some local difficulties. He said they now have a more frequent and consistent presence on the west bank of Derry City and their response times had improved. He said he felt with further work and further investment this will improve even further.

Mr McIvor said the response point in Fintona will be supported from

the Omagh depot and Lisnaskea from the Enniskillen depot. Beyond that he said they would possibly be looking at Dungiven/Feeny.

Fleet:

Mr Mclvor said they had a Business Case in with the Department for fleet replacement. As of the end of March, 34% of the Accident and Emergency fleet was outside of Government standards. An Accident and Emergency ambulance should be replaced after 7 years or 140,000 miles. 47 of the 140 ambulances in the fleet have either done more than 140,000 miles or are more than 7 years old.

In the West, 20% of the fleet are outside the standard (5 vehicles out of 25) – none in Omagh and one in Enniskillen.

Mr Mclvor said they were still waiting for confirmation from the Department as to whether their Business Case for replacement of emergency ambulances will be approved. They are looking for the replacement of 20 emergency ambulances per year.

Managed Clinical Networks:

Mr Mclvor said they are working with the WHSS Board on the Managed Clinical Networks and also with the other Boards. There are Managed Clinical Networks for ENT, Urology and Radiology but NIAS tend to focus on Managed Clinical Networks for Emergency Care and General Surgery which are more likely to impact on their workload.

Mr Mclvor said they were anxious to work with the Western Board and continue to develop 999 triage, additional rapid response and emergency care practitioners. He said an important aspect was to develop their capacity to treat patients in the community more effectively and where appropriate prevent unnecessary attendance at Accident and Emergency.

Measures identified to Improve Ambulance Response:

Mr Mclvor said they had carried out comparisons with other services in Scotland, Wales and England and found that ambulance response is improved by a range of measures such as rapid response, first

response and co-response.

He said they were focussing on identifying internal measures which they can use to improve response. This he said was largely around shortening the activation time for ambulances by the use of for example radio tannoys in the station so that the crew is alerted to the call as quickly as possible. They are also using a system whereby when a call comes in they are able to pinpoint an address on a digital map. As soon as the call is picked up it is located on the map in front of the dispatcher who can then activate the nearest ambulance. Unfortunately Mr Mclvor said this only works for telephone calls from landlines.

Mr Mclvor said they had introduced medical priority dispatch which allows for prioritisation of calls. They can differentiate between life-threatening and non-life threatening calls and ensure that life-threatening calls take priority.

Another way of targeting life-threatening calls Mr Mclvor said is by reducing the use of emergency ambulances for non-emergency work, such as discharge of patients from hospital. They are doing this by increasing the use of the intermediate care ambulance by extending the service from a 6.00pm finish through to midnight.

Mr Mclvor in referring to first response and co-response said they are currently evaluating with the Western Board the effectiveness of the Lifesaver West scheme. He said they have other schemes in other parts of the countryside which have lay responders and co-responders like the police service and they are in negotiations with the fire services and coastguards to see if they can offer complementary response to the ambulance service.

DISCUSSION

Mr McGowan said the Western Health and Social Services Council had a concern for a long number of years around communications and was very pleased to see that NIAS were moving to a Central Control for 999 emergencies. He said the Council had advocated for a long time that the Ambulance Service should have the digital trunk radio system as a priority and he was pleased to see this was moving

forward.

The Chairman asked if a location had been identified for the ambulance to be based in Fintona?

Mr McIvor said the preferred location for the Fintona ambulance was at the back of the retained fire station and they would be looking for a modular building. He said the building would have keypad locks so they could have access at all times. Mr McIvor said they would also need to have a shoreline in order to charge the equipment.

Mr McGowan asked Mr McIvor what ambulance cover was provided in Omagh at night?

Mr McIvor said they had three ambulances during the day and two at night.

Mr McGowan asked if there were any difficulties keeping the two ambulances going at night?

Mr McIvor said that at the moment they were staffed by officers on an overtime basis. He said there was no guarantee about overtime but due to the commitment of the staff they had managed to keep them going.

Mr McIvor said they were recruiting at present. He expects to have around 38 additional emergency medical technicians coming on stream. They have he said already increased the number of staff in the Omagh Station from the last course. He added they are keeping the service going with a combination of these additional staff, the existing staff in Omagh and Enniskillen and overtime. They have also moved an officer from out of the Division and into the West.

Mr McGowan said the WHSS Council would want to keep pressure on the Board to make sure the service is not staffed on an ad hoc basis and dependent on overtime. Rather there should be a dedicated resource available at all times.

Mr McGowan said it had been reported that there was an additional ambulance based in Omagh, after the reconfiguration of services at the Tyrone County Hospital to deal with the extra demand.

Mr Mclvor said that previously there were two ambulances during the day and one at night. This has increased to three during the day and two at night and in addition there is an intermediate care service for non emergency patients.

Mr McGowan asked how many paramedics were based in Omagh?

Mr Mclvor said he did not have the figures to hand but would provide them to the Council but he said what they would be aiming for is five paramedics and five technicians for a 24/7 ambulance - subject to change under the Agenda for Change programme.

Action Point: AP a/06/06

NIAS to provide figures for number of paramedics based in Omagh to WHSSC.

Councillor Seana Hume asked Mr Mclvor to clarify what he meant by further investment on the West bank site in Derry referred to earlier and what the future plans were for the site?

Mr Mclvor said the ambulance service had provided facilities at the Northland Road site which has a kitchen/dining area with a microwave, kettle and cooking facilities. There is a rest area with television, male and female toilets and a shower area. There is secure storage and also secure covered garaging for two vehicles. He said plans are to use it as a deployment point with the base remaining at Altnagelvin Station. Vehicles are deployed according to demand and availability across both sites.

Mr Mclvor said he was aware that there is potential for further housing development in the west of the city. He said he has already asked the WHSS Board to factor this into their consideration in terms of ambulance requirements for the whole of the city. He said that might then require a further deployment point but he doesn't have resources at present to support more than two deployment points in the West. He said the investment they have made in the Northland Road site is a sound investment and there is potential for future development on the site. He said he would be very happy for people to come and visit the

site once it has been bedded in.

Mr McIvor said he understood there were aspirations for more ambulance resources into the city but what he has to do in the meantime is to ensure that whatever resources he has are used as effectively as possible.

Councillor Hume referred to Mr McIvor's earlier comment regarding the location of an ambulance in Dungiven/Feeny. She asked if there would be consultation with the Health Councils or District Councils as to where they would be located?

Mr McIvor said the location of deployment points from the ambulance service's perspective will largely be determined by the tactical plan which takes the full year's data and models it by each hour of the day. He said that invariably the District Council will be made aware of their plans as they often have to go to the Council to ask for a piece of their land.

Councillor Ross Hussey said Omagh District Council had raised the issue of an additional ambulance for Omagh. Mr Hussey said the Trust has not been able to clarify the arrangements for a new ambulance or what type of ambulance this would be and this has led to some confusion, which he felt NIAS should be aware of.

Mr McIvor said that the ambulance provided would come fully equipped and was of a high specification – for example it would incorporate a hydraulic ramp, hydraulic stretcher etc and would be as good as you would get anywhere in the UK at the moment. He also said ambulances have been moved from other parts of the service to supplement services in Enniskillen and Omagh.

Councillor Hussey outlined his concerns with regard to the amount of time ambulances may spend out of the area and that, given the rural nature of the area, ambulance personnel coming from for example the Eastern area need to know where they are going.

Mr McIvor said they have been trialling satellite navigation but it has not been introduced yet. There is a digital map for NI in the control centre which has been specified along with the Fire Service – both services now use the same map. The NIAS have also invested in centre line mapping which is more accurate and updated more often

by Ordnance Survey NI and draws a road network over the map so that when new developments come on stream; such as new housing estates, the maps are updated.

Councillor Hussey said that the Destination Protocol in relation to TCH refers to a Minor Injuries Unit. He said this is leading to confusion with different names being used to describe the Unit. He asked when the protocol was last updated and felt the guidance as to when an ambulance can take patients to TCH is unclear.

The NIAS Medical Director Dr David McManus said that the current Protocol, introduced in March 2006, was the fourth version and does not refer to the facilities at Tyrone County Hospital as a Minor Injuries Unit. Dr McManus said the Protocol gives details on which patients should and should not be taken by ambulance to TCH. He said the Protocol was not just drawn up by himself on behalf of the ambulance service but was compiled over many months in consultation with senior medical and nursing staff in Enniskillen, Altnagelvin and Omagh. He said the Protocol was reviewed as recently as 24 May 2006 and changes were made and they continue to keep it under review.

Mr McGowan asked if the WHSS Council could have a copy of the Protocol. Dr McManus said he would arrange for a copy to be sent to the Council.

Action Point: AP b/06/06

Copy of current version of NIAS Surgery and Trauma Destination Protocol for Tyrone County Hospital to be sent to WHSSC.

Councillor Billy Page said in the last number of weeks in the Derry area the NIAS had received very bad press which he felt was due in some part to a lack of consultation between the Ambulance Service and the workers on the ground. He said he was particularly concerned about the failure of ambulance communication systems and the problems which arose around the use of mobile phones

Mr McIvor acknowledged there had been difficulties with the radio system. He said that the mobile phones were a back up only. Mr

Mclvor said the problems with the radio system have been addressed and resolved by the supplier and continue to be monitored by the supplier and NIAS.

Councillor Page also raised the issue of roaming charges. Mr Mclvor said as soon as roaming charges became an issue he had addressed it appropriately and it was no longer a problem.

With regard to consultation with staff, Mr Mclvor said he had sought to work with the staff and had visited a number of stations recently including Altnagelvin, Strabane and Limavady and met with the staff. He said they had a local agreement with the Northland Road site signed by the staff representatives which indicates how they will work. The staff representatives visited the Northland Road site with NIAS Officers during construction work. Mr Mclvor said they had consulted with staff and continue to work with them on any issues that arises.

Mrs Sue Hogg asked Mr Mclvor about a deployment point for Lisnaskea and what the timescale for it might be?

Mr Mclvor said there are no immediate plans for a deployment point in Lisnaskea and he is unable to give a timescale at this time.

Ms Robson raised the issue of training and vetting for staff operating the Voluntary Car scheme.

Mr Mclvor said that staff operating the voluntary car scheme are subject to a police check. He said first aid training is not provided by NIAS and that patients are assigned on the basis that they can appropriately be transported in a voluntary car.

Mr Mclvor said that first aid training for this group of staff was an area that NIAS could look to develop but at this point in time it was not a priority. He said it was only in the last year that NIAS had got a funded budget for training and there remains a significant requirement for paramedic training. He said he hoped with the development of a single non-emergency control centre in Altnagelvin and having a Control Manager there, that they may have a better opportunity to draw the resources together and to look at what small things they can do to improve services.

Councillor Ruth Lynch highlighted the fact that townland addresses are used in the Fermanagh District Council area and not official road names and numbers. She asked Mr McIvor if this was an issue for NIAS with digital mapping?

Mr McIvor said he would need to check with the Control Manager but he is aware that when they were building up the database of postcodes etc. the Control Manager worked with the Western Division specifically on the issue of townlands to factor that into their thinking. He said he would come back to the Council when he has checked with the Control Manager.

Action Point: AP c/06/06

NIAS will come back to WHSSC to clarify if there is an issue with townlands in rural areas
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Ms Reilly, who represents the WHSS Council on the Local Ambulance Liaison Group (LALG), said she had been able to raise a number of issues that members wanted highlighted. One of these issues had been the need for some sort of deployment in the West bank. She said the WHSS Council were delighted that NIAS has been able to provide a new deployment point at Northland Road. However, she said the recent negative press was undermining public confidence in the service.

Ms Reilly said she had listened to a radio interview recently involving a Unison representative who works within the ambulance service in Derry. He was suggesting there was a concern about access from Northland Road on to a narrow one-way street which implied some element of risk or danger.

Mr McIvor said he was very disappointed about the press articles and commentary as the editors had not approached NIAS directly to ask for comment.

Mr McIvor referred to the issue of access from Northland Road. He said the access they are using is the same as that used by the fire service and is onto a two-way road. Mr McIvor said drivers are trained in progressive driving techniques which enables them to negotiate

traffic safely.

He said he has monitored the response times from Northland Road and he is pleased with them but will continue to work with the staff to make further improvements.

Mr McGowan thanked Mr McIvor and Dr McManus for their presentation and for providing answers to Members' questions. Mr McGowan said the Chief Officer will continue to raise any issues either directly with Mr McIvor or through the Local Ambulance Liaison Group.

C084/06 Presentation - Parents View of Children's Cancer Services:

Mr McGowan introduced the father of a child who had died from cancer five years ago. The Chairman said that most of the Members would remember him as he had addressed the Western Health and Social Services Council last year during their liaison meeting with the WHSS Board. Mr McGowan said the members had been very privileged to hear his testimony.

The father said he had been campaigning for a better service for children over the past five years since his son had died.

He explained that the Royal Belfast Hospital for Sick Children (RBHSC) is recognised as the Regional centre for children with cancer. He said that a similar system operates on the UK mainland but the main difference between there and Northern Ireland is that other hospitals on the mainland provide some of the treatments locally e.g. blood transfusions.

He said he raised this issue back in 2001 and had got a letter from Barbara de Bruin, the then Health Minister, which was sent to Mrs Stella Burnside, Chief Executive at Altnagelvin Hospital asking her to look into the matter but he said nothing happened. He said he continued to pursue the issue and eventually he was told that there had been over three years of ongoing discussions. He said he requested information on the discussions under the Freedom of Information Act and all he got was one single sheet of paper. In July 2004 he discovered there had been correspondence between Dr Dempsey (RBHSC) and Altnagelvin indicating that Dr Dempsey was happy for some treatments to be undertaken in Altnagelvin under the

right conditions.

The father gave an example of a child from Donegal being treated in Letterkenny Hospital and the comparative experience he had with his own son getting the same treatment (blood transfusion). The child from Donegal was being treated through the Dublin treatment centre and was able to have her blood platelets transfused by a Paediatric doctor in Letterkenny Hospital requiring a very short visit to hospital. In comparison, when his son required platelets, he had to go to the RBHSC and remain for lengthy periods of time – sometimes leaving the hospital in the early hours of the morning having spent a whole day there waiting for treatment.

He said he is aware that in hospitals in Britain operate Shared Care Protocols and children can have appropriate treatments provided at their local hospital while the overall care is co-ordinated from the regional cancer centre.

The father had obtained figures showing the number of children admitted to hospitals in NI with a primary or secondary diagnosis of cancer related illnesses by District Council area. The figures relate to the year 2004:

Belfast	34
Derry	20
Banbridge	10
Lisburn	10
Newry & Mourne	19
North Down	11
Omagh	8

He said these figures show that the children affected are from all parts of the province and should not have to travel to the RBHSC for relatively simple treatments which could be provided at their local hospital.

The father shared some remarks a Consultant had made on the issue. The Consultant said children with low platelets usually have low white cells as a result of the disease or treatment. Septicaemia may occur

and should be treated at a specialist centre as it requires a very specialised, complex antibiotic regime. He also said there are risks associated with treating children in a ward where childhood infections are very common.

He said he would challenge these statements - children being treated in the RBHSC are also exposed to other children with infections and it is accepted that if a child develops septicaemia then they will need to be transferred to the RBHSC for intensive antibiotic treatment.

Other remarks made by the consultant included comparison between the length of time it takes to travel from Dublin to Letterkenny versus Derry to Belfast and the rarity of childhood leukaemia in the area.

The parent made the point that although the journey from Derry to Belfast may take approximately 1 hour and 15 minutes; it is quite a different experience to have to do this with a sick child and the journey can take much longer during peak times. He also said that in the 12 months following his son's death, four children from the Derry area alone had died from leukaemia.

The parent said he was not asking anybody to open up a local ward for children with leukaemia and he recognised that in comparison with other cancers it is rare in relation to the overall incidence of cancer. However there are approximately 60 or 70 children diagnosed with cancer every year and with improved survival rates treatment can last between 1 and 5 years. Therefore children with cancer should not have to travel long distances for treatment which could be provided locally if there is a willingness to co-operate between hospitals.

The father in concluding his presentation noted that sadly for him, his wife and daughter valuable and precious time was taken from them as a family when their son had to go to Belfast for every aspect of his treatment, some of which he argued could have been delivered safely in Altnagelvin Hospital, closer to their home.

The father requested that the WHSS Council raise the issues with the other three Health Councils as the same problems arise throughout Northern Ireland.

Members' Discussion:

Mr McGowan thanked the parent for his presentation appreciating how difficult it was for him.

He said much is said nowadays within the Health service about engaging directly with service users and their families. A lot can be learnt from listening to the very personal experience of people who have contact with these services.

Since his son's death the parent has been campaigning to have a more responsive cancer service for children. He has not set out to demand that every aspect of cancer care and treatment should be delivered locally. He has recognised that treatments of this nature can be very specialised and do require attendance and supervision at a specialist centre. Rather through his own experience, talking to other families and careful research he has been able to identify the elements of the care and treatment which could be delivered safely closer to the children's own home instead of having to travel to Belfast for everything.

Mr McGowan said the WHSS Council were supportive of his efforts when he first raised this issue. The Council has raised the issue with the Board and they have said they are looking at shared care models across the border. The Council also raised the issue directly with Altnagelvin Trust at our last Liaison meeting. The Chief Officer has remained in contact with the parent throughout this period but the real test of all these meetings is whether they have brought about any changes.

Councillor Seana Hume referred to the Liaison meeting with Altnagelvin and the WHSS Council and said it was her understanding that Mrs Elaine Way, Chief Executive, Altnagelvin had said that Altnagelvin had agreed to give the treatments referred to. Ms Reilly said she understood Mrs Way had been talking to Dr Dempsey RBHSC, and that there were certain aspects of the care that could be delivered locally. However the father said, from his contacts with other parents there doesn't appear to have been any further progress in providing this.

Councillor Bert Johnston said he felt that at the very least treatments for children with cancer should be provided at Belfast and Altnagelvin

hospitals.

Councillor Billy Page asked for the four Health and Social Services Councils to be included when arranging the meeting as it is a region wide problem.

Councillor Ross Hussey said he referred to the parent's last presentation to the Health Council and remembered him describing how he had to walk around Belfast whilst waiting on treatment for his son. He said he supported the parent's campaign to have treatment delivered locally where possible.

Mr Ignatius Maguire said it seemed to him that the hospitals were taking advantage of the urgency and nature of the illness to some extent because when a child is diagnosed with cancer parents will be prepared to put up with anything to get treatment for their child. He said it is therefore all the more important that people on the Health Councils, Councillors and MLA's should take up these issues on their behalf.

It was agreed that the Chief Officer, with the support of the father, will liaise with the other three Health Councils and arrange a formal meeting, which will be minuted, with all appropriate bodies to include Boards/Trusts. Mr McGowan suggested that the HSE in the North West should also be involved as they are already operating shared care protocols.

Action Point: AP d/06/06

Chief Officer to liaise with other three HSS Councils and later arrange a formal meeting with Board/Trust personnel. Include personnel from Letterkenny and other relevant bodies.
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C085/06 Minutes of Previous Meeting - 06/04/06:

The Minutes of the previous meeting held on 6 April 2006 were adopted on the proposal of Mr Paddy McGowan and seconded by Mr Ross Hussey.

C086/06 Matters Arising from previous meeting - 06/04/06:

The Chief Officer said that the Chairman and Business Support Manager had both been unavailable due to illness. Meetings which were to take place to address a number of the matters arising had to be postponed.

Ms Reilly said it was very important that both the Chief Officer and Chairman attend these meetings as the Chairman represents the Council and its Members.

Actions A to F deferred until the next meeting with the Chief Executive of Sperrin Lakeland Trust:

Action Point: a/04/06 Non-Executive Directors visits to both Hospitals.

Action Point: b/04/06 Risk and Governance Review and Recommendations.

Action Point: c/04/06 *Occupational Therapy Review and Service Re-design.*

Action Point: d/04/06 *Children's Services in the Community – Twilight Nursing.*

Action Point: e/04/06 *Mental Health Review - Visit to wards on the Tyrone and Fermanagh Hospital.*

Action Point: f/04/06 *Services for Children with Autism*

Action Point: g/04/06 *Direct Payments – How many Clients using Direct Payments?*

The Chief Officer said she had received a letter from Mr Kieran Downey, Community Services Manager, where he enclosed a copy of a newspaper article following the Council's liaison meeting with Sperrin Lakeland Trust. He said that as Chair of the Trust's Carers and Direct Payments Steering Group he was concerned that the Council had the perception that the scheme was being sold negatively.

Ms Reilly said her memory of talking to the Sperrin Lakeland Trust Chief Executive John Compton was that he also had a concern about

not enough people getting access to Direct Payments and he had set a target for an increase of 50% more clients taking up Direct Payments.

A meeting has been arranged for 13 July 2006 with Mr Kieran Downey to discuss the issue in more detail.

Action Point: i/04/06 Developing Better Services.

The WHSS Council has not received any additional information on costings for the new acute hospital and this will also be discussed at the meeting with Mr John Compton.

Action Point: AP j/04/06 Cancer Specialist Nurses

This will be discussed with Dr Bill McConnell, WHSS Board at June 14th meeting.

Action Point: AP k/04/06 *Managing Long Term Conditions - service users involvement on Steering Group.*

Ms Reilly said this item will be dealt with on 14 June 2006.

Action Point: AP: l/04/06 NIAS.

NIAS invited to attend 1 June meeting.

Action Point: m/04/06 *Oral Surgery Clinics in Omagh.*

The Chief Officer has contacted the office of Mrs Elaine Way, Chief Executive, Altnagelvin . She expects to get a response shortly. Ms Reilly said the situation may already be resolved either with the appointment of a new Consultant or if the 90 patients have been added to the Altnagelvin list and are being taken in turn.

Action Point: n/04/06 *Resignation of Mrs S O'Brien from WHSSC.*

Letter of thanks has been sent to Mrs S O'Brien.

Action Point: o/04/06 *Breast Cancer Services - waiting times*

The Chief Officer referred to the figures issued at the previous month's meeting where 112 patients were categorised as urgent and of those only 17% were seen within two weeks - 83% were waiting more than two weeks.

She said as of the end of April 23% were seen within the two week period. This is a slight improvement but still an unacceptable figure - 77% were waiting more than two weeks.

Of the 77% - (actual number of patients):

17 were categorised as having waited an extra day.

39 waited between 17-21 days (up to 3 weeks)

33 waited between 22-28 days (up to 4 weeks)

3 waited more than 28 days

Ms Reilly said she had asked the question how much more than 28 days the 3 patients waited but she had not received an answer yet. She said she had raised this with the WHSS Board at the Councils last Liaison saying that they had an obligation to know exactly how much more than the standard (which is two weeks) patients are waiting.

Ms Reilly referred to the controversy in the NHSS Board area about access to routine breast screening. According to a radio interview the Chair of the Department's Group which had reviewed the issue had thanked Mrs Elaine Way, Chief Executive, Altnagelvin Trust for having offered to provide support to the NHSS Board so that they could meet their target. Ms Reilly said she was concerned that Altnagelvin appeared to have additional capacity within their Breast care services albeit that routine screening is different from the urgent breast service. She wondered why Altnagelvin couldn't use their spare capacity to try and deal with Altnagelvin's urgent list. Ms Reilly proposed that she raise this issue with Mrs Way.

Action Point: AP e/06/06

Chief Officer to raise issue with Chief Executive, Altnagelvin.

Ms Reilly said the Health Council had also wished to monitor the impact on women from Omagh and Enniskillen following the closure of the service in their area. She said the Council had looked at the 'did not attend' figures to find out if there were a higher number of people from Omagh and Enniskillen not attending the Altnagelvin clinics because of the distance they have to travel.

The average 'did not attend' figures for urgent referrals are as follows:

WHSS Board area	5.6%
Castledearg	3.6%
Omagh	6.5%
Fermanagh	3.3%

For the routine appointments the average 'did not attend' figures are:

WHSS Board area	6.05%
Omagh	5.2%
Fermanagh	2.8%
Castledearg	0

Using the 'did not attend' figures as a measure which might indicate an issue of access there is no indication that Omagh or Enniskillen patients are being disadvantaged. It was noted that Fermanagh patients who live the furthest away from Altnagelvin had a lower than Board average for non-attendance. Ms Reilly said she then asked what the process was for ensuring that appointments for patients from Omagh or Enniskillen recognised the distance they had to travel to Altnagelvin. She was informed that Altnagelvin check the patient's postcode/address and anyone from these areas is not given an 9.00am appointment. If patients don't attend a reminder letter is sent out immediately and a follow up letter to the GP.

Action Points: p/04/06 & q/04/06 Accident and Emergency Services since closure at TCH.

The Chief Officer said this was on the agenda for the meeting with the Chief Executive of Sperrin Lakeland Trust.

Councillor Seana Hume said it was her understanding that Altnagelvin Hospital was very busy at the weekend but she had been told that this was not due to more patients coming from the Omagh area but that the additional patients were in fact from Derry. She said that Altnagelvin were going to monitor the figures and she proposed that the Health Council should request these also. Ms Reilly said she would request these on a monthly basis.

Councillor Hume said Altnagelvin were planning to provide a prefabricated unit beside A&E to serve as a waiting area for vulnerable adults and children at weekends because of the large number of alcohol related incidents being dealt with in A&E.

Councillor Ross Hussey said that Sperrin Lakeland Trust reported at their last Trust Board meeting that at the outset there was a clear impact on the Erne and Altnagelvin but in the second month when people realised that the Urgent Care and Treatment Centre at TCH was operational these figures had gone down again.

Action Point: AP f/06/06

Request figures on a monthly basis and monitor the throughput from the Sperrin Lakeland Trust area as a result of the changes at Tyrone County hospital and also the impact on the Erne Hospital.

Action Point: AP: r/04/06 *Communication with Coolnagard residents.*

Ms Reilly said she had checked with Kieran Downey's office about the agreement that had been made to put together a communication leaflet and was told this had been distributed to residents.

Councillor Ross Hussey said that on the 27 April 2006 he had been assured by Kieran Downey's assistant that she would contact him to let him see the leaflet before it went out but no such communication had been received by him.

Action Point: AP g/06/06

WHSSC to request copy of leaflet from K Downey's office.

Ms Reilly referred to the issue about the perimeter fence at Coolnagard and the proposed meeting between the developer and the Trust. A meeting was set up but had to be postpone. The meeting has now been rearranged for 6 June 2006 at which they are going to discuss the issue to do with the play area and the perimeter fence around the new unit in relation to safety, security and privacy. The Council has asked for feedback and the Chief Officer will report to the Members when this has been received.

Councillor Ross Hussey said there were 200 objections about where the play area is to be sited.

C087/06 Chief Officer's Report:

The Chief Officer reported on an event she had attended organised by the Royal National Institute for the Deaf (RNID). One of the big issues she said was around access to health services. She said she had found the event very illuminating. One of the examples given was when deaf people go into hospital and need access to an interpreter. It may take some time to get an interpreter and they may be there for an hour but not necessarily the same hour when the consultant or doctors are in attendance. It was also highlighted that many of the services nowadays rely on telephone contact e.g. making appointments with GPs and very few, if any, GP practices make use of the text phone facility. The Chief Officer said that as well as herself the panel also included local representatives from the four main political parties. The consensus was that there is little awareness of the issues facing deaf and hard of hearing people especially when they try to access public services.

The Chief Officer proposed that Members and staff of the WHSS Council should take part in deaf awareness training after the summer recess. This was unanimously agreed.

Action Point: AP h/06/06

WHSSC to organise deaf awareness training for all Council Members and staff in the Autumn.

C088/06 Patient Client Council (PCC):

The Chief Officer said the four Health Council representatives attend the Project Group meetings led by the Department; which is shaping the instructions to Counsel on what the new Patient Client Council will look like. The Chief Officers have devoted considerable time to this work and have developed a number of discussion papers for this group. The outcome of this work will probably go out to public consultation in early Autumn.

The Chief Officer proposed that there should be a separate meeting for Members for a more detailed update on the PCC.

Action Point: AP i/06/06

Arrange separate meeting for a fuller update.

C089/06 Review of Public Administration (RPA):

Ms Reilly said the Patient Client Council is one of fourteen strands of work within the Department on implementing the Review of Public Administration. These include for example the new Regional Health Authority and Local Commissioning. There was a meeting three weeks ago which brought together all the project groups to give an update on progress so far.

C090/06 Updates from Monitoring Groups:

Autism Sub Group:

The Autism Group met quite recently with members of the WHSS Board. This was a very unsatisfactory meeting in that parents felt there were a number of things that the Board had promised to do which had not yet come to fruition. The parents and Council are organising a separate meeting with Sperrin Lakeland Trust. Parents

and subgroup members will be contacted with possible dates and a further report will be brought to the next Council meeting.

Waiting List Monitoring Group:

Ms Reilly referred members to the various announcements the Health Minister has made in relation to tackling waiting lists across Northern Ireland. Two areas the WHSS Council have been monitoring have been identified as regional issues namely ophthalmology and orthopaedics. A number of initiatives have been put in place to tackle these two service areas and were welcomed by the Council at an earlier meeting. Ms Reilly said all Trusts met the target of no one waiting more than twelve months for inpatient care by 31 March 2006. The next target is to have no one waiting more than 6 months by March 2007. Members welcomed these achievements and looked forward to similar results for out-patient waiting times

Ms Reilly said there are significant changes happening within the Health Service including proposals for dealing with out-patients and Council members need to be aware of them. Other issues include capital investment in Primary Care and community infrastructure and new Health Centres. She proposed that in the summer months an all day workshop should be arranged to bring the Council up to speed on some of the big changes.

Action Point: AP j/06/06

Arrange WHSSC Workshop to look at e.g. ICATS, Capital Investment, Health Centres.

C090/06 **Member's Workshop:**

Foyle Mental Health Review:

Ms Reilly referred to the Foyle Mental Health Review and reported that Mr Joe Campbell, Councillor Gerald Foley, Councillor Billy Page and herself had attended an all day workshop/visit with Foyle Trust on 25 May 2006. She said it was particularly useful and acknowledged that senior managers had given them a full day of their time which was much appreciated by herself and Council members.

Ms Reilly drew Members' attention to the Press Release in their pack about the announcement the Health Minister had made on allocating money for the building of the Gransha Hospital. She said the Council was delighted that the money will now be released.

The Chief Officer said the Members and she were taken on a tour of the Gransha site and were very impressed with the interim refurbishment work carried out on the admission wards. She said they were also pleased to see that patients had access to peer advocacy on the unit and that information was clearly displayed so that patients were made aware of this service.

Mr Joe Campbell concurred with the Chief Officer's remarks. He said Foyle Trust should be complimented on their Mental Health Strategy and he felt they were very committed to it.

Councillor Seana Hume asked if the Health Council could write to the Department to find out what the timescale was for building the new hospital. She said that she had a concern that five or six years down the line there would still be no crisis service for young people.

Ms Reilly said that Foyle Trust would have some indication of the timescale and she would get that information from them and share it with the Members.

Action Point: AP k/06/06

Chief Officer to ask Foyle Trust re timescales for building Gransha Hospital.

Ms Reilly said that because the new hospital would have a reduced number of admission beds it was imperative that the plan for the services in the community is funded and implemented in a timely fashion.

Mr McGowan asked if there was any indication how long it was going to take before the crisis houses are in place as he felt the whole emphasis was on the new units and upgrading Clinics A and B.

Ms Reilly said from what they saw and heard during their visit the crisis

houses are at the top of the agenda but it had just happened that the announcement for the money for Gransha had been made a few days before. She said some of the work had already begun.

Mr McGowan said he had a concern that there was too much emphasis being placed on the NI Mental Health Review. He said the carers and service users who participated in it are concerned that the service providers seem to be driving the agenda they want. Mr McGowan proposed that the overall Strategy should be monitored to make sure that it is not being weakened or washed down to suit service providers.

Action Point: AP I/06/06

Mental Health Review- agenda item for Board Liaison meeting.
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C091/06 **Any Other Business:**

AGM:

Mr McGowan informed Member's that the Western Health and Social Services Council's AGM will be held at the next scheduled meeting on 7 September 2006.

Occupational Therapy Sperrin Lakeland Trust:

Mr Danny Sutherland raised the issue of Occupational Therapy in the Sperrin Lakeland Trust area and said he felt it was the one area that the WHSS Council had failed on. He said the Council can't afford to go on another four years in a situation which is completely intolerable. As far as he could see it is completely different from what happens in Foyle Trust, who seem to have sorted their OT problems just by having a different approach.

Mr Sutherland said the Council should draw up some kind of Action Plan and try and nail this issue once and for all.

Ms Reilly said that the WHSS Council has raised this issue through every possible forum available to it. This issue, she said, has been

brought to the WHSS Board and the Trust and the Council continues to raise it at waiting list monitoring meetings. Ms Reilly said Mr Ignatius Maguire sits on the Boards Allied Health Professions Advisory group and has consistently brought this issue to their attention. She said this Council is on record as registering in the strongest terms their dismay and frustration with the seeming inability of Sperrin Lakeland Trust to adequately address and manage this issue.

Mr Sutherland proposed writing to Sperrin Lakeland Trust as a result of today's meeting and asking them to analyse the situation in detail and to outline plans for resolving the situation.

Ms Reilly reminded members that the Trust has commissioned an independent review of their Occupational Therapy services. She said when the Occupational Therapy issue was raised with Sperrin Lakeland Trust at the last Liaison meeting they gave an undertaking that when the review was completed Mr John Compton, Chief Executive would share it with the Health Council.

Councillor Ross Hussey said he had written to the Health Minister last week about a lady whose case he had raised several times. She is now down to 84lbs in weight and still hasn't been seen or put onto an urgent list. He said the last correspondence he had six months ago from the Minister was that Sperrin Lakeland Trust had plans in place.

Mr McGowan said that he supported Councillor Hussey's comments. He said no one will take total responsibility for what is going on and put some sort of action plan in place.

Mr Ignatius Maguire reminded members about the earlier Reg Race Review and said he could not understand the need for another review. As a result of the Reg Race Review the WHSS Board appointed a Commissioner but nothing in effect happened in Sperrin Lakeland Trust. He said it is clearly a management problem.

Ms Reilly said it will be top of the agenda when Mr McGowan and she meet with Mr Compton, Chief Executive, Sperrin Lakeland Trust.

Action Point: AP m/06/06

Meet with Trust Chief Executive to hear how and when the Trust plans to implement the proposals from the OT Review
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Mr Maguire proposed that waiting list figures should be received on a monthly basis.

Action Point: AP n/06/06

Request waiting list figures for OT on a monthly basis.

Action Point: AP o/06/06

Put on agenda for September Liaison meeting with WHSS Board.

Meetings and Events attended by Members for period 07/04/06 – 01/06/06

Date: 10 April 2006
Meeting: Voluntary Car Services
Venue: Conference Room, Hilltop, Omagh
Nominated: Mrs Hamilton

Date: 11 April 2006
Meeting: Allied Health Professions Advisory Committee
Venue: WHSS Board, Gransha Park, L'Derry
Nominated: Mr Maguire

Date: 11 April 2006
Meeting: NICAN Consultation
Venue: Silverbirch Hotel, Omagh
Nominated: Mr McGowan Mr Campbell Mr Hussey

Date: 13 April 2006
Seminar: Shipman Seminar
Venue: Glenavon Hotel, Cookstown
Nominated: Mrs Brown Mr Campbell Mrs Hamilton
 Mr Hussey Mr McKelvey

Date: 13 April 2006
Seminar: Update on PCC

Venue: Glenavon Hotel, Cookstown
Nominated: Mrs Brown Mr Campbell Mrs Hamilton
 Mr McKelvey Ms Robson

Date: 11 April 2006
Meeting: NI Cancer Network
Venue: Beech Hill Hotel, L'Derry
Nominated: Mrs Hamilton Miss Hume Mr Durkan Ms Robson

Date: 26 April 2006
Workshop: Altnagelvin Trust Financial Position/View DVD
Venue: Altnagelvin Area Hospital, L'Derry
Nominated: Mr McGowan Mr Campbell Mr Carten Mr Durkan
 Mr Mclvor Mr Page Ms Robson Ms Trimble

Date: 27 April 2006
Meeting: Sperrin Lakeland Trust Board
Venue: DBS Headquarters, Tyrone and Fermanagh Hospital
Nominated: Mr McGowan

Date: 2 May 2006
Meeting: Adult PIP Group
Venue: Abbey House, Omagh
Nominated: Mr Campbell

Date: 8 May 2006
Meeting: Children PIP Group
Venue: Boardroom, Tyrone and Fermanagh Hospital, Omagh
Nominated: Mrs Hogg

Date: 10 May 2006
Meeting: IFH Later Years Sub Group
Venue: Enterprise Agency, Strabane
Nominated: Miss Hume

Date: 10 May 2006
Meeting: PCC + other Project Teams Update
Venue: Rosspark Hotel, Kells
Nominated: Mr McGowan

Date: 12 May 2006
Meeting: Pharmacy Practices Committee
Venue: Rosspark Hotel, Kells
Nominated: Mr McGowan Ms Robson

Date: 23 May 2006
Meeting: IFH Later Years Sub Group
Venue: Enterprise Agency, Strabane
Nominated: Miss Hume

Date: 23 May 2006
Meeting: Autism Working Group
Venue: Conference Room, Hilltop, Omagh
Nominated: Mr Campbell Mrs Hogg Mr Hussey

Date: 25 May 2006
Meeting: Foyle Mental Health Review
Venue: Foyle Trust HQ, Riverview, L'Derry
Nominated: Mr Campbell Mr Foley Mr Page

Date: 1 June 2006
Meeting: Pharmacy Practices Committee
Venue: Killyhevlin Hotel, Enniskillen
Nominated: Mr McGowan Ms Robson

Meetings and Events attended by Chief Officer/Staff for period 07/04/06 – 01/06/06

Date: 7 April 2006
Meeting: 5 Year Review of Equality Schemes
Venue: WHSS Board Headquarters, Gransha Park, L'Derry
Staff: Ms Reilly Mrs Gormley

Date: 7 April 2006
Meeting: AHP WHSSB Commissioner
Venue: WHSS Board Headquarters, Gransha Park, L'Derry
Staff: Ms Reilly Mrs Gormley

Date: 10 April 2006
Meeting: Voluntary Car Services
Venue: Conference Room, Hilltop, Omagh
Staff: Ms Reilly

Date: 11 April 2006
Meeting: Rural Medicine Working Group
Venue: Castle Buildings, Belfast
Staff: Ms Reilly

Date: 11 April 2006
Meeting: HSSCs' Chief Officers
Venue: Stormont Hotel, Belfast
Staff: Ms Reilly

Date: 11 April 2006
Meeting: Complainant
Venue: Enniskillen, Co Fermanagh
Staff: Ms Reilly

Date: 12 April 2006
Meeting: NIAMH
Venue: Fort Lodge Hotel, Enniskillen
Staff: Ms Reilly

Date: 12 April 2006
Meeting: HSSC Joint Complaints Forum
Venue: SHSS Council Offices, Lurgan
Staff: Mrs Gormley

Date: 13 April 2006
Seminar: Shipman Seminar
Venue: Glenavon Hotel, Cookstown
Staff: Ms Reilly Mrs Gormley

Date: 13 April 2006
Meeting: HSSC Members (Update on PCC)
Venue: Glenavon Hotel, Cookstown
Staff: Ms Reilly Mrs Gormley

Date: 19 April 2006
Meeting: Complainant
Venue: City Hotel, L'Derry
Staff: Ms Reilly

Date: 20 April 2006
Meeting: Clinical and Social Care Governance Sub Group
Venue: Conference Room, Castle Buildings, Belfast
Staff: Ms Reilly

Date: 20 April 2006
Meeting: Lorraine Simmons
Venue: Belfast
Staff: Ms Reilly

Date: 21 April 2006
Meeting: Adoptions
Venue: Conference Room, Hilltop, Omagh
Staff: Ms Reilly

Date: 24 April 2006
Meeting: Complainant/GP
Venue: Health Centre, Omagh
Staff: Ms Reilly

Date: 24 April 2006
Meeting: Western Equality and Human Rights Forum
Venue: WHSS Board HQ, Gransha, L'Derry
Staff: Mrs Gormley

Date: 25 April 2006
Meeting: Business Services Manager SLT
Venue: Conference Room, Hilltop, Omagh
Staff: Ms Reilly Mrs Gormley

Date: 25 April 2006
Meeting: Complainant
Venue: Conference Room, Hilltop, Omagh
Staff: Mrs Gormley

Date: 26 April 2006
Meeting: Complainant
Venue: Riverview, L'Derry
Staff: Mrs Gormley

Date: 26 April 2006
Meeting: Independent Review Panel/Complainant
Venue: Riverview, L'Derry
Staff: Mrs Gormley

Date: 26 April 2006
Meeting: Complainant Case Conference
Venue: Coleshill, Enniskillen
Staff: Ms Reilly

Date: 28 April 2006
Meeting: Carer Support Officer SLT
Venue: Conference Room, Hilltop, Omagh
Staff: Ms Reilly Mrs Gormley

Date: 2 May 2006
Meeting: Complainants
Venue: Conference Room, Hilltop, Omagh
Staff: Ms Reilly

Date: 2 May 2006
Meeting: Complainant
Venue: Conference Room, Hilltop. Omagh
Staff: Ms Reilly Mrs Loughran

Date: 3 May 2006
Meeting: Carmel Hanna SDLP
Venue: Belfast
Staff: Ms Reilly

Date: 3 May 2006
Meeting: PCC Working Group
Venue: Lagan Valley Island Centre, Lisburn
Staff: Ms Reilly

Date: 4 May 2006
Meeting: Manager, NLHSCG
Venue: Clinton Centre, Enniskillen
Staff: Ms Reilly

Date: 5 May 2006
Meeting: Risk and Governance Steering Group SLT
Venue: Board Room, Tyrone County Hospital, Omagh
Staff: Ms Reilly

Date: 8 May 2006
Meeting: HSSCs' Chief Officers
Venue: SHSS Council Offices, Lurgan
Staff: Ms Reilly

Date: 9 May 2006
Meeting: Complainant
Venue: Conference Room, Hilltop, Omagh
Staff: Ms Reilly

Date: 10 May 2006
Meeting: PCC + other Project Teams Update
Venue: Rosspark Hotel, Kells
Staff: Ms Reilly

Date: 15 May 2006
Launch: CAWT Health Inequalities
Venue: Killyhevlin Hotel, Enniskillen
Staff: Ms Reilly

Date: 16 May 2006
Meeting: HSSCs' Executive Committee
Venue: The Avenue Business Venue, Lisburn
Staff: Ms Reilly

Date: 17 May 2006
Meeting: Clinical and Social Care Governance Sub Group
Venue: Conference Room D2, Castle Buildings, Belfast
Staff: Ms Reilly

Date: 19 May 2006
Meeting: FOI Practitioners Forum
Venue: The Beeches, Belfast

Staff: Ms Reilly
Date: 19 May 2006
Meeting: HSSCs' Chief Officers
Venue: Ramada Hotel, Belfast
Staff: Ms Reilly

Date: 19 May 2006
Meeting: Sinn Fein Health Spokespersons
Venue: Ramada Hotel, Belfast
Staff: Ms Reilly

Date: 22 May 2006
Workshop: Integrated CATS
Venue: Templeton Hotel, Templepatrick
Staff: Ms Reilly

Date: 22 May 2006
Meeting: Complainant
Venue: Omagh, Co Tyrone
Staff: Ms Reilly

Date: 23 May 2006
Meeting: Autism Monitoring Group
Venue: Conference Room, Hilltop, Omagh
Staff: Ms Reilly

Date: 24 May 2006
Meeting: Shane McAteer
Venue: Belfast
Staff: Ms Reilly

Date: 24 May 2006
Meeting: HSSCs' Chief Officers
Venue: Stormont Hotel, Belfast
Staff: Ms Reilly

Date: 25 May 2006

Meeting: Foyle Mental Health Review
Venue: Foyle HQ, Riverview, L'Derry
Staff: Ms Reilly

Date: 25 May 2006
Visit: Gransha Hospital
Venue: Gransha Hospital
Staff: Ms Reilly

Date: 25 May 2006
Meeting: Primary Care Access Group
Venue: WHSS Board HQ, Gransha, L'Derry
Staff: Ms Reilly

Date: 26 May 2006
Meeting: Integrated Clinical Assessment and Treatment Services
Steering Group
Venue: WHSS Board HQ, Gransha, L'Derry
Staff: Ms Reilly

Date: 30 May 2006
Meeting: Complainant
Venue: Omagh, Co Tyrone
Staff: Ms Reilly

Date: 30 May 2006
Meeting: Head of Consumer Services WHSSB
Venue: WHSS Board HQ, Gransha, L'Derry
Staff: Ms Reilly

C92/06 **Date, time and place of next Council Meeting:**

Date: Thursday 7 September 2006
Time: 6.00pm
Place: Mahon's Hotel
Irvinestown
Co Fermanagh

The meeting ended at 9.35pm