
**THESE MINUTES ARE EMBARGOED UNTIL
THURSDAY 1 FEBRUARY 2007 AT 5.00PM**

WESTERN HEALTH AND SOCIAL SERVICES COUNCIL

**Minutes of One Hundred and Fifty-second meeting of the
Western Health and Social Services Council
held in the Camowen Room, Silverbirch Hotel,
Omagh, Co Tyrone
on Thursday 7 December 2006
at 2.00pm**

Present:

Mr P McGowan (Chairperson)	Councillor B Johnston
Mrs V Brown	Mr I Maguire
Mr J Campbell	Mr E McGrade
Councillor M Carten	Mr R McIntyre
Councillor M Durkan	Mr M McIvor
Councillor S Hume	Mr V McKelvey
Councillor R Lynch	Councillor B Page
Councillor M Hamilton	Ms F Robson
Mrs S Hogg	Mr D Sutherland
Councillor R Hussey	Ms M Trimble

Apologies: **Councillor G Foley**

In Attendance: **Ms M Reilly** **Mrs K Loughran**
Mrs M Gormley

1 Press journalist in attendance

C122/06 Chairman's Business:

Mr McGowan welcomed everyone to the 152nd meeting of the Western Health and Social Services Council. He began by thanking the members and staff for their participation and dedication during the past 12 months in what he said has been an extremely busy year for the WHSS Council.

He said it is important at this time of the year to reflect on the work which the Council does. By its nature he said that often we are

forced to focus on the negative aspects of people's experience of Health and Social Care. However he said it is also important to remind ourselves that the vast majority of patient and service user experience is a positive one delivered by professional and caring people in the Health and Social Services.

Mr McGowan thanked members for their considerable voluntary contribution throughout the previous year.

Mr McGowan offered best wishes on behalf of the Council to Lorna Preston for a speedy recovery from her recent illness. He acknowledged Lorna's hard work and commitment to the Council over the years.

C123/06 **Minutes of Previous Meeting:**

The Minutes of the previous meeting held on 7 September 2006 were adopted on the proposal of Mr Ross Hussey and seconded by Mr Michael McIvor.

C124/06 **Matters Arising from Previous Meeting - 5 October 2006:**

Action Point a/10/06. Letter of condolence to Mr Rogan and Family.

On behalf of the WHSS Council the Chief Officer has sent a letter of condolences to Mr Raymond Rogan former Chairman of the Council on the death of his wife Margaret.

Action Point b/10/06. WHSS Council to continue to monitor the issue of Direct Payments.

The Chief Officer advised members that the WHSS Council will receive updated figures for the uptake in Direct Payments in six months' time.

Action Point c/10/06. Chief Officer to forward e-mail from the Department to WHSS Board regarding waiting times for Breast Services.

Ms Reilly explained that when this issue had been raised at the Liaison meeting on 5 October 2006 with the WHSS Board, Dr McConnell stated that the two week target was a political target and not a clinical one. Ms Reilly said she had e-mailed the Department to ask for confirmation of that standard.

Ms Reilly said the Department were clear in their response that the two week target was a clinical target and not a political target.

The Chief Officer said she had forwarded the response from the Department to Professor Burke, Acting Chief Executive and Dr Bill McConnell, Director of Health Care on 8 November 2006.

Ms Reilly asked Professor Burke to confirm whether or not the Board regards the two week target as their principal target and what steps they are taking to improve the current waiting times.

The Chief Officer informed members that to date the WHSS Council have not had a response from the Board.

Mr Ross Hussey who is also a member of Omagh District Council said that Omagh District Council had raised the issue of Breast Cancer waiting times with the WHSS Board and had received quite a detailed response. He made members aware that the response said 75% of patients are seen within six weeks. This he said means that 25% of patients are having to wait longer than six weeks.

Mr Hussey said he would be happy to provide the WHSS Council with a copy of the response.

Ms Reilly said the Health Councils have a very specific role within the Health Service and under legislation there is a requirement for the Boards and Trusts to respond to the Councils' concerns. Ms Reilly said that the WHSS Council are very disappointed at the poor response from the WHSS Board to issues they have raised. She said she would at least have expected the Board to copy to the WHSS Council the response they had made to Omagh District Council.

Ms Reilly said she had e-mailed the Board on 8 November and again on 29 November 2006. She said there were a number of outstanding issues which had not been responded to and she had raised this formally with the WHSS Board. She said the WHSS Board have since responded to some of the issues. Ms Reilly said she had a meeting arranged for Monday 4 December 2006 with an officer of the Board to elaborate on the responses in order to enable her to provide feedback to members at today's meeting. However, she said the meeting was cancelled on the Friday evening as the officer had been taken ill. She said the officer had returned to work on the Monday and she had a conversation with him regarding the outstanding issues. He explained he was still waiting on information from a

colleague and would try to provide a full response as soon as possible.

Members agreed with Ms Reilly that this was not satisfactory and she agreed to raise this issue directly with Professor Burke Acting Chief Executive.

Mr McGowan proposed that an urgent meeting be sought between Professor Burke, the Chief Officer and himself as Chair of the Council.

Action Point AP: a/12/06

Chief Officer to request an urgent meeting with Acting Chief Executive WHSSB.

Action Point d/10/06. Chief Officer to write to WHSS Board Acting Chief Executive to register the WHSS Council's disappointment regarding the lack of urgency in responding to issues raised.

The Chief Officer said she had included these sentiments in her e-mail to Professor Burke on 8 November 2006.

Action Point e/10/06. Chief Officer to arrange a meeting with Mr Donald and Mrs O'Neill.

Ms Reilly said herself and Mrs Gormley had met with Mr Donald and a number of parents from the Strabane area on 17 November 2006 in Strabane Controlled Primary School to discuss Speech and Language Therapy provision in the area. Unfortunately Mrs O'Neill was unable to attend the meeting. Ms Reilly said the Principal of the school facilitated and participated in the meeting.

It was agreed at the meeting that the WHSS Council would write to the Chief Executive of Foyle Health and Social Services Trust and ask for a meeting between the parents and the Trust.

The parents agreed to meet to draw up a list of questions which they will require Foyle Trust to answer. Ms Reilly said it was important that parents own this meeting and have control of the agenda. The WHSS Council will facilitate the meeting.

It had previously been suggested that the parents might consider

joining up with the parents from the Sperrin Lakeland area who are involved with the WHSS Council's Autism sub Group. However, it was agreed at the meeting in Strabane that the lack of Speech and Language therapy is not just about children with Autism and that at this point it would be more useful for the Strabane parents to meet with Foyle Trust.

It was also agreed that the proposal to write to the Minister would be deferred until after the meeting with representatives from Foyle Trust.

Ms Hume said herself and a number of parents had been meeting with Foyle Trust over the past two years on this issue. She said the Trust had told them to take the issue up with the Board. She said they had been told an extra 18 Speech and Language Therapists would be recruited. She said there were five special schools in Derry and all the pre school children have only 3.2 wte Speech and Language Therapists. One of the special schools alone she said has 70 children requiring speech and language therapy.

Ms Hume said the Board are saying 8.8 wte Speech and Language Therapy Assistants are employed but as far as she is aware there is now only 1 currently employed. She said a promise had been made that 2 would be employed in Foyleview school but they are now down to 1 technician twice a week and 1 Speech and Language Therapist once a week.

Ms Reilly said that in any communication she has seen either from the Board or Trust they are saying that they have 10 technicians employed.

Ms Hume said this was clearly not the case. She said in a Presentation to Derry City Council the Board said they were to recruit 6 or 7 new staff and as far as she knows no recruitment has taken place.

She said Technicians and Therapists are telling her that there are staff leaving and they are being replaced rather than any actual recruitment of additional staff taking place.

Ms Hume said that two years ago 10 Assistants had been brought in by the Board and now they are back to where they started. She said herself and the parents are exasperated meeting with the Board and Trust time and time again and nothing is happening.

Ms Hume will provide copies of all communications that took place

between the Board, Trust and Minister over the past 2 years to the WHSS Council.

Ms Reilly proposed that the WHSS Council would seek to meet urgently with the Minister on this issue.

Mr Page said he had spoken to a school teacher earlier in the day and the situation has gone beyond crisis. He said the Head Master had asked him and any other people who sit on Speech and Language Therapy groups to refuse to enter into negotiations with the Board. Mr Page said a motion had been passed at Derry City Council and was ignored by the WHSS Board. Mr Page asked how a waiting list of 2 years in the North West can be justified when in the other areas it is 2-3 weeks.

Mr McKeveley said he agreed with the action proposed. He said that Professor Burke had told him and a number of parents at a meeting in Strabane last year that funding was available and 18 new staff had been recruited and would be in post from the 1 September 2005. He said they went away thinking the problem had been resolved only to discover at the WHSS Council meeting in October 2006 that no recruitment had taken place.

Mr McGowan said that the WHSS Council needed to proactively tackle this situation. He said the Council need to lobby the Board, Department or the Health Minister. He said the Board had totally disregarded the community and the needs of children in schools.

Ms Hume said they had 100% backing from the Children's Commissioner.

On the proposal of Mr McGowan the following members agreed to form a sub group to meet and formulate a strategy in advance of a meeting with the Minister.

Mr McGowan	Mr McKelvey
Ms Hume	Mr Page
Mrs Hogg	Ms Robson
Mr McIvor	Ms Reilly

It was also agreed on a proposal from Ms Reilly that two teachers and two parents would be invited to join the group.

Action Point AP: b/12/06

A meeting of the sub group to be arranged in order to formulate a strategy for a meeting with the Health Minister (to be arranged after the parents meet with Foyle Trust).

Action Point f/10/06. Trauma and Orthopaedic Services.

A letter which was received from the WHSS Board in relation to Trauma and Orthopaedic Services was copied to members.

C125/06: WHSSB Liaison Meeting:

Action Point b/09/06: Access to Independent Review:

The WHSSB confirmed that they had discussed the issue at their Senior Management Team meeting. They said they consider a detailed Complaints Report at monthly Senior Management Team meetings and at bi-monthly Governance Committee meetings.

Ms Reilly said this response did not answer the issue raised by the WHSS Council about the low numbers of Independent Reviews granted. Ms Reilly said she had planned to discuss this response with the Board at the meeting which had been planned for 4 December 2006.

Action Points c - e: Awaiting response from the WHSS Board.

Ms Reilly reported that no response had yet been received from the Board in relation to:

Action Point c/09/06: WHSS Board to report to WHSS Council re Funding to Altnagelvin for breast services.

Action Point d/09/06: WHSS Board to report to WHSS Council re IVF Services.

Action Point e/09/06: WHSS Board to keep WHSS Council informed of developments in relation to Shared Care for Children with Cancer.

Action Point i/09/06. WHSS Board to report to WHSS Council on the current position re the Renal Unit at Tyrone County Hospital.

Action Point f/09/06: OT Waiting List issues:

In response to the OT Waiting List issues the WHSS Board said OT waiting times are beginning to reduce in Sperrin Lakeland. They said there are 921 people waiting for assessment, accounting for 55% of WHSSB total waiting (1663). There has been a decrease of 111 (11%) from 1032 at March 2006.

The WHSS Board outlined an Action Plan for OT Waiting Lists:

- Validate the waiting list by cross checking those on the lists and files available to the OT's.
- Validate caseloads to allow capacity release.
- Agree weekly meetings for the next 6 weeks – at those meetings there will be a Primary Targeting List and they will be allocating cases.
- With the validation of waiting lists, the sharing of information with staff (which had not been happening) and the employment of a locum Sperrin Lakeland Trust have reduced the waiting times for those on priority lists.
- Sperrin Lakeland Trust are also recruiting, on a temporary basis, Technical Instructors and Clerical officers to allow the Trust to run community clinics in both Omagh and Fermanagh.

The WHSS Board said there is still a concern about the “routine” waiting list. This has built up because an OT has not been allocated to that list. However, they said this should be rectified by the introduction of the community clinics, the assurance that the posts allocated to the routine list will not be left vacant and the fact that Sperrin Lakeland have put non recurring monies in to help tackle the issue. Sperrin Lakeland Trust have also responded to concerns from staff regarding the accessibility of the community stores and the whole issue of using hoists in the community. At present community nurses in the Sperrin Lakeland Trust do not issue hoists. This is an ongoing issue which is being addressed.

Ms Reilly said she welcomed this response but said that it did not go far enough as there was still a concern about the routine waiting lists as some people who have waited so long on that list may now have become a priority.

Ms Reilly said she had a concern around validation exercises being seen as a means of taking action on dealing with long term waiting lists. This she said is merely confirming if patients still want to be on the waiting list.

Ms Lynch said that in the past 3-4 weeks there were two half days assigned for assessment clinics to tackle the routine waiting list in Enniskillen. She said there were 20 people invited on the first day and 13 turned up. There were slightly more on the second day.

Ms Lynch suggested that to avoid having 7 missed appointments someone should ring the patients prior to the appointment to confirm if they are able to attend. This would mean they could allocate the appointment times to other patients if some patients were unable to keep their appointment.

Ms Reilly said she had a concern about the 'one strike and you are out' system. She said there may be a genuine reason why someone may miss an appointment e.g. a conflicting appointment, travel arrangements or holidays.

She referred to the system that Belfast City Hospital operates where a patient can phone if their appointment does not suit and at the same time make an alternative appointment. She said she could not understand why this system could not be applied throughout Northern Ireland as it could lead to a reduction in the number of Did Not Attends (DNAs).

Action Point h/09/06. Domiciliary Care/Oncology Nurse/Oral Surgery Clinics.

The WHSS Board were asked to consider paying an increased rate of mileage to Home Carers to ensure there are sufficient numbers of them working in rural areas.

In their response the WHSS Board said the availability, recruitment and retention of Home Carers continues to present challenges across the Western Board area. Independent Sector providers and Trusts receive a high level of response to advertisements for Home Care staff. However, they said actual appointments remain low and providers continue to experience difficulties in meeting the assessed need for Home Carers particularly in rural areas.

The WHSS Board said they are actively working with Trusts and the Independent Sector to tackle these and a range of issues within the provision of domiciliary care:

- A Western Area statutory/independent Sector Partnership Forum to promote joint planning and co-ordination between partner organisations was established in July 2006. A Review of Domiciliary Care is currently being carried out across the Western area. The Review recommendations will be included in a formal consultation during the Autumn and cover overall co-ordination of domiciliary care and rural provision.
- The WHSS Board is also working with Trusts to develop a strategic approach to increasing and equalising hourly tariff rates for Independent Sector providers. Over the next few years, this approach will improve retention of Home Care staff.
- Trusts are also working with providers to establish a reasonable minimum time allocation for people living in rural areas. This will reduce pressure on Home Care staff and leave more time for travel.

Mr Hussey said this issue was also raised with the WHSS Board by Omagh District Council. He said there are reports that people are being employed as carers who are not up to the required standard. He said more needs to be done about carers, making it a profession and making sure that those who require the care are getting a sufficient level of care. He said he still has major concerns in relation to this.

Mr Hussey said the Board were pursuing a strategy of having more people staying in their homes for as long as possible rather than going into residential care. He said he fully supports this initiative but if people are going to remain in their own homes there has to be a system in place to make sure proper care is being provided.

Mr McGowan said he felt that if the Direct Payments system was used properly more people would be able to engage their own carer.

Mrs Brown said she was aware of a situation in Fermanagh where the Direct Payments system was being used and there were no carers available in the area.

Ms Reilly said the issue around older people having to become employers was deterring some from using Direct Payments. She said the Trust should make people aware of voluntary organisations who provide support to recipients of Direct Payments to help them with the paperwork.

Oncology Nurse at Tyrone County Hospital:

The WHSS Board's response re the Oncology Nurse at Tyrone County Hospital was that this situation was being "managed within the Western Area Cancer Network".

Mr Hussey said again Omagh District Council had received a response from the WHSS Board on this issue. He said that someone had been appointed to the Oncology Nurse post but that she had gone on Maternity Leave. He said although the WHSS Board were aware of her planned maternity leave, they took a considerable length of time to get a replacement which led to a disruption in the service. However, he informed members the problem has since been resolved.

Ms Reilly said the response to the WHSS Council on this issue from the Board was totally inadequate and she will go back to them in relation to this.

Mr Hussey said it was clear that the WHSS Board are not providing answers to the WHSS Council and the situation should not be allowed to continue.

Mr McKelvey proposed that Ms Karen Meehan Chair WHSS Board should be consulted about the issues that have not been responded to by the WHSS Board.

It was agreed that the WHSS Council's Chair and Chief Officer should seek a meeting with Ms Meehan, if after meeting with Professor Burke, the situation had not been resolved.

Action Point AP: c/12/06

Chief Officer to assess outcome of meeting with acting Chief Executive, WHSSB and decide if meeting with Ms Meehan should be organised.

Additional Action Points:

Speech and Language Therapy – assessment and waiting times.

The WHSS Board's response was as follows:

"A total of 8.8 wte Speech and Language Therapy Assistants had

been appointed within the Western Board area within the last 12-14 months. These Assistants work with children with special needs. In the Northern Sector they work in special schools and in the Southern Sector they work within mainstream schools. The Assistants deliver a care plan that has been devised by the Speech and Language Therapist that allows increased contact for patients and improves the continuity of service.

As of June 2006 617 people were waiting for assessment in the Western Board area. 196 (32%) of these were in Foyle/Altnagelvin area and 421 (68%) were in Sperrin Lakeland Trust.

There has been a decrease of 125 people waiting in Foyle/Altnagelvin area since March 2006. All 196 people waiting in Foyle are waiting less than 3 months.

Waiting lists increased in Foyle from October 2005 to March 2006 due to staff sickness and temporary contracts ending.

From March 2006 to the present the waiting list is showing a reduction due to staff returning to work, partial booking being extended to all areas and the impact of service improvement initiatives which have now commenced.

Since March 2006 there has been an increase of 43 people to the assessment waiting list in Sperrin Lakeland Trust.

131 (31%) are waiting less than 3 months.

116 (27.5%) are waiting 3-6 months.

100 (24%) are waiting 6-9 months.

55 (13%) are waiting 9-12 months.

19 (4.5%) are waiting 12-18 months.

The WHSS Board said Sperrin Lakeland had advised them that their initial appointments for waiting lists has risen because they are implementing, with approval from the Board and the Trust, the Care Aims Approach. This means Sperrin Lakeland are tackling waiting lists for treatment backlog before admitting new patients on to case loads. It is anticipated that there will be an improvement from next quarter of initial people waiting.

All Speech and Language Therapists have been trained in Care Aims. This is a new way of delivering Speech and Language Therapy

and will remove the current system of assessment and then blocks of therapy. All Speech and Language Therapists in the WHSS Board area are now working collaboratively to ensure standardisation of service delivery. This will have an impact on waiting lists as it is rolled out through the West. Care Aims includes making a contract with parents at the onset of intervention and children will be discharged from the service when the maximum potential is reached. Training is being provided on the Care Aims approach to teachers/carers on a regular basis.

In the Northern Sector of the WHSS Board area 1424 people are waiting for treatment. This is a decrease of 64 (4%) since March 2006.

176 (12%) are waiting less than 3 months.

208 (15%) are waiting 3-6 months.

233 (16%) are waiting 6-9 months.

276 (19%) are waiting 9-12 months.

531 (37%) are waiting 12-18 months.

Provision of Child and Adolescent Mental Health Services (CAMHS) for the West.

In the WHSS Board's response they said the Department are leading on planning on a regional basis for the improvement of inpatient bed provision for young people. Planning regionally is focused on the redevelopment of the Foster Green Unit along with the replacement of the Young People's Centre (for 14+) on the Foster Green site. It is likely that these Units will be co-located and complement each other.

The WHSS Board said that staff for Inpatient Units are difficult to recruit as Consultant cover is a major issue. Units of this nature require a minimum number of beds in order to achieve a critical mass/viable entity.

Whilst it would be beneficial to have access to inpatient beds (Tier 4 CAMHS Services) locally and notwithstanding expressions of interest by both Foyle and Sperrin Lakeland Trusts in providing a 10 bed Adolescent Unit within the West the emphasis will be to concentrate on developing community based services in the West in order to prevent admission to hospital and ensure maximum co-ordination and liaison between Hospital and CAMHS Teams.

The WHSS Board is currently in the process of reviewing with the aim of re-designing the CAMHS service in the West into a whole system/

one Trust working.

On 11 September 2007 there will be a full day workshop with Trusts and the Board to tease out and consider a redesign of services. The Board have in the region of £0.5 million to reinvest as a whole systems approach.

The WHSS Board have endorsed a future appointment of an additional Consultant Psychiatrist.

They said strong links are being forged with family and child care as part of this re-design.

Ms Reilly said it was clear that there is a crisis in the service across Northern Ireland for children and adolescents. She said this is currently being reviewed at a regional level.

Mr Bert Johnston said there should be a service available in the West of the Province for children and adolescents. He said it is absolutely ridiculous that there is nothing available other than at Foster Green.

Ms Reilly said it was totally unacceptable that in the 21st Century there were still children occupying adult beds in adult units.

Mr Johnston thanked Ms Reilly for her support and that of the WHSS Council in lobbying for services in the West.

Ms Reilly said the WHSS Council will monitor this issue to ensure that whatever provision is available that the West has its fair share.

Action Point AP d/12/06

WHSS Council to monitor child and adolescent Mental Health Services in the West.
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Out of Hours Service - lack of psychiatric nurse provision during the period 1.00am – 8.00am.

In the Board's response they said that both Trusts have pilot schemes in place for Out of Hours assessment.

The Sperrin Lakeland pilot functions between 5.00pm and 10.30pm from the Erne Hospital and Tyrone County Hospital.

The Foyle pilot functions between 6.00pm and 1.00am

The Foyle Mental Health Review 'Moving Forward' is focusing initially on the development of a Mental Health Crisis Response Service and it will incorporate 24/7 assessment of people in crisis as a result of mental health acute episodes. The WHSS Board said this Review is not solely dependent on new monies but is incorporating an initiative of re-design and therefore the Out of Hours will be funded within existing resources. This service should be available within the next two months. Foyle Trust's Review did not include Children's Services.

The WHSS Board said that crisis houses are not currently funded but are part of the recommendation of the Reviews.

The Sperrin Lakeland Mental Health Review 'Health in Mind' also recommends a 24/7 response for mental health assessment. This document is currently with the Board for screening and evaluation and would have an additional revenue consequence. The introduction of this scheme would depend on the results of the consultation process, approval from the Board and the funding becoming available.

In the interim GPs have access to the Social Services Out of Hours service should an approved Social Worker be required in respect of admissions, on a voluntary basis or under the Mental Health legislation. This service is available from 5.00am to 9.00am daily and at the weekends.

Both Trusts provide access to GP referrals via Community Health Teams from 9.00am to 5.00pm (seven days a week for individuals with mental health problems, in need of acute crisis response) and this service is also available in Sperrin Lakeland Trust at weekends.

Neither Sperrin Lakeland nor Foyle Trust reports pressure currently to extend the Out of Hours pilots. However it would clearly be advantageous to have a 24/7 service.

The new Western Trust will be required to provide through commissioning, a consistent approach to the Out of Hours Mental Health Services. As an initial progress towards this the Board is in the process of harmonisation of these two strategies.

Ms Hume said that the GP Out of Hours have no service and the GPs on occasions are having to phone the Police.

Mr McGowan said an approved Social Worker has one function only and that is to sign part 3 of a form when they need to detain someone. He said there should be a psychiatric liaison nurse working in the GP Out of Hours service.

Ms Reilly said the Foyle Trust Review was to address this issue.

She noted in the WHSS Board response it had stated that the Crisis Service should be in place in 2 months' time.

Ms Reilly said the WHSS Council will therefore revisit the issue in January 2007.

Action Point AP e/12/06

WHSS Council to revisit the issue of Access to Out of Hours Mental Health Service.
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Mr McGowan proposed that the WHSS Council review what recommendations have been implemented by Foyle Trust since their Review.

Gransha Hospital Business Case:

The WHSS Board said the existing Gransha admission wards have been refurbished. In line with regional strategy there has been a bed reduction and a separation of male and female wards to improve individual facilities and move towards care based in the community.

Gransha hospital has received approval for capital rebuild of £10 million.

Acute beds have become part of the new re-designed Mental Health Crisis Response Service for acute, day and home treatment.

The WHSS Board said the hospital establishment is part of the 'Moving Forward' Strategy.

The new hospital will be built on a green-field site in the Gransha grounds. The expected completion time is 2009/2010.

The Board has also invested in Foyle Trust Eating Disorder Services and Sperrin Lakeland Trust Forensic Services to cover the whole Board area.

Ms Reilly said again that this response did not answer fully the original questions asked. She said this along with all of the other questions raised by the Council to the Board will be discussed with Professor Burke in January.

Action Point AP f/12/06

Include Mental Health Services and Gransha Hospital on agenda for meeting with Professor Burke.

Specialist Nurse for Cancer Services.

The WHSS Board in response to the issue of a specialist Nurse for Cancer Services said it would be helpful to have the specific concern in relation to this issue. The Board said they understood that Dr Dermot Hughes recently attended a meeting of the WHSS Council and gave an update.

Ms Reilly said the WHSS Council were very clear about the specific question months ago. She said the issue was raised on the back of Dr Hughes' own concerns. The emphasis she said had been on Breast Care for which there was reasonable specialist nurse provision but however there were other cancers including prostate and lung cancers that did not have adequate specialist nurse support.

Ms Reilly said again the response received from the WHSS Board was unsatisfactory and that she would raise the issue at the meeting with the Board Acting Chief Executive in January.

C126/06 Chief Officer's Report:

Events/Activities Attended:

Ms Reilly drew members' attention to the comprehensive list of events in their pack outlining the range of activities herself and the Business Support Manager had attended. She said this list illustrates the wide range of activities that they are representing the WHSS Council on.

Rural Medicine Workshop:

Ms Reilly informed members that a Rural Medicine Workshop that

had been arranged for 5 December 2006 had been postponed. She said it has been re-scheduled for 10 January 2007.

Ms Reilly explained to members the background to the Rural Medicine Working Group which meets at the Department and on which she represents the WHSS Council.

Consultation Document – Making Complaints about HPSS:

Ms Reilly informed members of a Consultation Document – Making Complaints about the HPSS. In order to make a response she said she will contact members for their views. She said the response may be made as a joint four Council response.

Action Point AP: g/12/06

Chief Officer to contact members for their views on the Consultation Document – Making Complaints about HPSS.

User Involvement Workshop – 21 November 2006:

Ms Reilly said a very successful User Involvement Workshop had been held on 21 November 2006 in Cookstown. She said the intention was that the DHSSPS will send guidance to all of the HPSS about the principles of user involvement or personal and public involvement. She said Councils welcomed this development as it was something the HSS Councils had wanted the Department to take a lead on for some time.

HSS Councils/RQIA

The four HSS Councils are jointly working with the Regulation, Quality and Improvement Authority (RQIA) on a project to assess older people's access to advocacy services within residential and nursing homes. The four Councils are leading on this work on the back of a super complaint that went through the Office of Fair Trading.

New Chief Executive Sperrin Lakeland Trust:

Ms Reilly informed members that Sperrin Lakeland Trust had recently appointed a new Chief Executive - Mr John Templeton whose tenure will last until the new Western Trust comes into being on 1 April 2007. Ms Reilly said Mr Templeton had contacted WHSS Council within 48

hours of his appointment proposing to have a meeting with the Chair and Chief Officer. She said a meeting will be arranged early in the new year.

Both she and the Chair Mr McGowan welcomed the swiftness of Mr Templeton's approach to the Council.

Outcome of Inquest – Sperrin Lakeland Trust Area:

Following the recent inquest of a woman who died in the Erne Hospital in May 2001 Ms Reilly said she had responded publicly on behalf of the WHSS Council to the outcome of the inquest. She was interviewed for the TV, Radio and Press.

Ms Reilly said she wished to make it clear she was not speaking on behalf of the family as they had not been in contact with the WHSS Council. She said she was speaking in her role as Chief Officer of the WHSS Council and carrying out the function of highlighting the public interest in this tragedy.

Ms Reilly said she appreciated the Trust's decision not to issue a statement out of respect for the family's wish to have closure on the matter. However, she said she had challenged this because the Trust's role is to make themselves accountable to the wider public. She said the Trust having not made themselves accountable failed to reassure the public that lessons had been learned from the tragedy.

Ms Reilly said Dr Diana Cody, Medical Director, Sperrin Lakeland Trust had contacted her very soon after the Press interviews and invited her to a meeting with herself and Dr Angela McKinney, Clinical Director for Maternity Services and Obstetrics. The meeting had taken place the previous evening 6 December 2006.

Ms Reilly said she explained to Dr Cody and Dr McKinney why she had challenged the Trust publicly. She said they acknowledged that the Trust do need to reassure the public about these issues.

The Chief Officer said from her understanding the critical issue in relation to this particular case was the availability of frozen plasma and not having the appropriate equipment to defrost it on time.

Ms Reilly said she was told that the Trust have purchased new equipment in order to address this problem. She asked Dr Cody and Dr McKinney if they were happy with the new equipment and she was assured that the equipment was 'state of the art' which can defrost 4

units of plasma within 15-20 minutes.

Mr McGowan said the issue raised a number of questions around Clinical Audit.

Ms Reilly said that Dr McKinney the Clinical Director for Maternity and Child Services, who has been in the post for two years, has introduced quite a lot of changes particularly around clinical audit.

Ms Reilly said she was invited on a tour of the Maternity Unit and Delivery Suite at the Erne following her meeting with Dr Cody and Dr McKinney. She said she was shown the fridges containing the stock of specific drugs for haemorrhaging and maternity emergencies. This she said has come about from the Trust's own internal audit of good practice. As part of their continuing governance they are carrying out ongoing clinical audits.

Ms Reilly said that during her tour of the ward she was shown all the updated protocols for using emergency medicine and equipment to defrost the plasma. She said in her opinion they were very clear and accessible to staff in an emergency situation. She said they also have an additional trolley which is specifically for obstetric emergencies. They also have equipment to stem the flow of bleeding if haemorrhaging occurs.

Dr Cody and Dr McKinney assured the Chief officer that as well as changes as a result of the inquest they are also developing and implementing new changes on the back of the ongoing clinical audits.

Dr Cody and Dr McKinney briefed Ms Reilly about the inquest to give her an understanding of why the second inquest was different in format from the first. The first Coroner had adjourned the hearing because he wanted an independent haematologist's report.

Ms Reilly explained that the second hearing was started from the beginning because a new Coroner had been appointed. Her understanding was that no report had been done as the new Coroner had not requested one.

Ms Reilly asked Dr Cody and Dr McKinney if it would be better for a patient who presents with the condition placenta previa to be automatically referred to a specialist hospital for their care.

In response Dr McKinney explained that the Trust's protocol is to assess the risk factors for the patient. Patients assessed as being

low risk will be treated in their local maternity unit. If the risk factor is high they will be referred to specialist care.

Ms Reilly said she was told that the local hospital needs to retain a level of skill within the hospital in order to deal with a patient who may present as an emergency and has started to haemorrhage. She said they must also ensure that they have state of the art equipment and medications on hand for such emergencies.

Ms Reilly said a maternity emergency in the Erne Hospital would be looked after by a Consultant Obstetrician and there would be access to HDU, ICU and neo natal unit and everything that is needed to support the emergency.

Mr McGowan queried if this applies to Tyrone County Hospital as well as the Erne Hospital if time was of the essence.

Ms Reilly said even as it stands pregnant women in crisis do not go to the Tyrone County Hospital as there is no service there. An ambulance would bring them to the Erne or the nearest hospital that is equipped to deal with them in an emergency.

Ms Reilly said that in cases of haemorrhaging a hysterectomy sometimes needs to be carried out and one of the protocols they now have in place is a counselling service for all women who have a risk of this happening to them.

She said the Trust also have their emergency policies reviewed, recorded and updated annually.

Access to a haematologist will be from the rota which is provided through Altnagelvin and Belfast.

Ms Reilly said the Trust now have a better system of labelling blood samples as a result of learning from the Risk and Governance Review of Maternity Services.

In response to Ms Reilly's question Dr Cody and Dr McKinney assured her that this lady's death did not occur because it happened at the weekend. They said they had all of the appropriate Clinical staff on call and available at the time.

Ms Reilly acknowledged the quick response from Sperrin Lakeland Trust in organising an early meeting to respond to her concerns. She also acknowledged that the meeting was held out of normal working

hours. She said she appreciated the fact that Dr Cody and Dr McKinney were very forthcoming in giving her information. She said they were happy to answer any additional questions WHSS Council members may have.

Action Point AP: h/12/06

Chief Officer to go back to Dr Cody/Dr McKinney and find out specific details about the time factor in accessing emergency services.

Mr Hussey asked if the WHSS Council could find out the numbers of Cesarean sections that are carried out in the Erne?

Action Point AP: i/12/06

Numbers of Cesarean sections carried out in the Erne Hospital and compare with the national average.

Mrs Hogg said she welcomed the changes that Sperrin Lakeland Trust had implemented. She said she wished to comment on the complete lack of sensitivity and humanity that was shown to the woman's husband on the day of the court case. She said it was absolutely appalling that 5½ years after the incident the Trust actually admitted liability just 5 minutes before he went into court. She said they can put all the protocols and equipment they like in place but to deal with someone who has had a very difficult situation like that is inhumane.

Mr Johnston said he wished to concur with Mrs Hogg's remarks. Ms Reilly expressed sympathy on behalf of the WHSS Council to the husband and family of the young mother on their tragic loss.

Ms Reilly said she had no doubt that the Trust had realised their liability much earlier in the case - not five minutes before the inquest was due to commence. Clearly she said they have acknowledged to themselves at some point in the 5½ years that they were liable and that was the point when they should have approached the family and their legal representatives. To put families through this additional burden is intolerable and lessons need to be learned about the handling of the case.

Member/Staff Participation:

Ms Reilly said she wished to put on record her thanks to the members for all their support and commitment to the WHSS Council in carrying out its role. She said she fully appreciates that they do this voluntarily.

Ms Reilly said she wished to record her personal thanks to the Chairman Mr Paddy McGowan. She said there is an important relationship between the Chair and Chief Officer and she would be unable to do her job without the close working and co-operation of the Chair. She also expressed her thanks to the staff - Mrs Maureen Gormley, Mrs Lorna Preston and Mrs Kitty Loughran.

Ms Reilly advised members that Ms Mary Burke, who had just recently resigned from the WHSS Council for family reasons, had suffered the bereavement of her mother and sister in the past few months. Ms Reilly extended condolences on behalf of the WHSS Council and said she will write to Ms Burke.

Action Point AP: j/12/06

Chief Officer to write to Ms Mary Burke on the death of her mother and sister.
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Ms Reilly also acknowledged the role of the press in their reporting of the business of the WHSS Council over the past year.

C127/06 **Members' Issues:**

Ms Hume raised an issue about voluntary car drivers and said a patient with cancer had been dropped off at the front door of the City Hospital and left to her own devices. She said it had been raised with the Ambulance Service and they were investigating the issue and have apologised to the lady concerned.

Mr Hussey referred to the ambulance that is to be sited in Fintona. He said with the removal of A & E from the Tyrone County Hospital a promise had been made that there would be better ambulance services in Omagh. It was assumed that with the new ambulance station in Fintona there would be additional staff and an additional ambulance. He said this was not the case. He said it was his understanding that an ambulance from the Omagh station would be placed in Fintona at certain times. He said he had a major concern that there was a deliberate attempt by the Ambulance Trust or the

Board to deceive members when they said there was going to be an ambulance station in Fintona.

Mr Hussey said he had received a letter from the Minister stating that it would be an Omagh ambulance that would be used in Fintona.

He agreed to provide a copy of the letter to Ms Reilly before the Ambulance Liaison Group meeting on 14 December 2006.

Mr Page asked Ms Reilly to raise the issue of ambulance cover at the Northern Road station in Derry at the Local Ambulance Liaison Group meeting. He said when the fire service are training the ambulance staff have to vacate the station.

Ms Reilly said she would raise all of these issues at the next meeting of the Local Ambulance Liaison Group to be held on 14 December 2006.

Action Point AP: k/12/06

Chief Officer to raise several issues at the Local Ambulance Liaison Group meeting on 14 December:
Voluntary car drivers.
Ambulance staff at Northern Road having to vacate premises when Fire Service are training.
Ambulance in Fintona station

Mr Hussey raised the issue of the Review of Laboratory Services about to be undertaken. He said the Laboratory in the Tyrone County Hospital has a very good reputation and he was concerned that this is an attempt to centralise everything in Belfast. He said if this happens then the rural communities are going to suffer. He also has concerns that samples will go missing.

Mr Carten raised the issue of Occupational Therapists and the length of time they are taking to carry out assessments.

Mr McGowan said there was a concern among members of the public that ENT Services at the Tyrone County Hospital were going to be removed.

Ms Reilly said she would contact the Trust and ask if there were any plans to remove ENT services.

Action Point AP: I/12/06

Chief Officer to contact Sperrin Lakeland Trust in relation to the future of ENT Services.

Ms Lynch said she wished to raise a concern about the WHSS Board not alerting Health Council members of events taking place in the Council Members' local areas. She said the WHSS Board came to Lisnaskea to discuss a new Health Centre and neither herself nor Mrs Brown were invited.

Ms Reilly said she will write to the Board and ask why the WHSS Council had not been told of the meeting regarding the Health Centre in Lisnaskea.

Action Point AP: m/12/06

Chief Officer to write to Board regarding lack of notification of events being held.

Ms Reilly informed members that the Autism Service is to receive funding on a recurring basis for a Board wide service. A parent who had attended the Autism Sub Group e-mailed the WHSS Council to make them aware of this. Ms Reilly said she had contacted the WHSS Board in relation to this and was told there was going to be consultation in Omagh, Derry and Enniskillen. She pointed out to the Board that the Council would have expected to have been informed of this new development.

Mr Page asked Ms Reilly if she was aware that over the next two years the Great James Street Health Centre is to be closed?

He said Eugene Gallagher gave a presentation to Derry City Council on the closure of the Great James Street Health Centre. He said there will be 4 new Health Centres with one in Waterside, Shantallow and possibly one in Brook Park.

C128/06 Any Other Business:

Mr Maguire raised an issue about lack of publicity regarding the Action Cancer 'Big Bus' at various venues throughout the Board area.

Ms Reilly said that the WHSS Council will contact Action Cancer to

ask if they would keep the WHSS Council informed of their arrangements for the 'Big Bus'

Action Point AP: n/12/06

Chief Office to contact Action Cancer.
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Ms Reilly said that in the final year of the Health Councils she wished to concentrate on Community Services, Speech and Language Therapy, OT, Elderly Care Services, Mental Health Services and GP Services.

She drew members' attention to a proposed programme for the next six months. The next meeting will be held on 1 February 2007. At the March meeting it is planned to concentrate on agreeing the Council's dissolution plan.

Ms Reilly informed members that there will be a Liaison meeting with the new Western Health and Social Services Trust in May 2007. It will be held in the Strabane District Council area.

Mrs Gormley asked members if they would be willing to receive their copy of the minutes by e-mail in order to reduce (a) the amount of paper that is being sent out to them and (b) postage costs. A circular was tabled for members to complete to indicate their willingness to receive minutes electronically.

Ms Reilly pointed out that a hard copy of the minutes will still be available on the day of the meeting.

Ms Reilly informed members that the new Patient Client Council implementation phase was now under the directorship of Dr Bernie Stuart, Director of Special Projects and the four Chief Officers are meeting with her on Monday 11 December 2006.

C1/06

Date, time and place of next Council Meeting:

Date: Thursday 1 February 2007
Time: 2.00pm
Place: Derry City Council Offices

The meeting ended at 5.05pm