

# **WESTERN HEALTH AND SOCIAL SERVICES COUNCIL**

**Minutes of Liaison meeting of the  
Western Health and Social Services Council/  
Western Health and Social Care Trust  
held in the Committee Room, Derry City Council Offices  
on Monday 4 June 2007  
at 9.45am**

## **Western Health and Social Services Council:**

**Present:**

<b>Mr P McGowan (Chairman)</b>	
<b>Mrs V Brown</b>	<b>Mr I Maguire</b>
<b>Mr J Campbell</b>	<b>Mr M McIvor</b>
<b>Councillor M Carten</b>	<b>Mr E McGrade</b>
<b>Councillor G Foley</b>	<b>Mr V McKelvey</b>
<b>Councillor M Hamilton</b>	<b>Councillor B Page</b>
<b>Mrs S Hogg</b>	<b>Ms M Trimble</b>

## **Western Health and Social Care Trust:**

**Present:**

<b>Mr G Guckian</b>	<b>Chairman</b>
<b>Mrs E Way</b>	<b>Chief Executive</b>
<b>Mrs L Mitchell</b>	<b>Director of Finance</b>
<b>Mr T Millar</b>	<b>Director of Adult Mental Health and Disability Services</b>

**Apologies:**

<b>Councillor R Hussey</b>	<b>Mr R McIntyre</b>
<b>Councillor B Johnston</b>	<b>Mrs M McKeague</b>
<b>Councillor R Lynch</b>	<b>Ms F Robson</b>
<b>Councillor M McColgan</b>	

**In Attendance:**

<b>Ms M Reilly</b>	<b>Mrs K Loughran</b>
<b>Mrs M Gormley</b>	

## **Welcome and opening remarks by WHSS Council Chairman:**

Mr Paddy McGowan opened the meeting and apologised to everyone present for the late start due to car parking problems. He welcomed the Western Health and Social Care Trust Board Officers to the first Liaison meeting with the WHSS Council since the new Trust's creation on 1 April 2007.

Mr McGowan on behalf of the WHSS Council congratulated the Chair and Chief Executive on their appointments to the WHSC Trust and wished them every success in their new venture. He said the Council will provide whatever support they can in this exciting time for health care in Northern Ireland. He said it was a unique opportunity to try and move forward service delivery plans and improve the quality of services that are required for people within the Western area.

### **Opening remarks by WHSC Trust Chairman:**

Mr Guckian thanked Mr McGowan for his warm welcome, congratulations and offer of support in the future. He said prior to the formation of the new Trust he had found that Council Liaison meetings with Altnagelvin Trust where he had been Chairman were always beneficial. He said the new Trust would have every intention of maintaining and hopefully enhancing the relationship between themselves and the Council.

Mr Guckian said he agreed with Mr McGowan's views that these are exciting times for health and social care in Northern Ireland not least because the changes are taking place within the context of the political developments that are ongoing and the restoration of Devolved Government. This he said enhances the opportunity to reshape services for the benefit of patients and clients.

Mr Guckian said the new Trust was about improving services for patients and clients. He said they have already described their aspirations to provide high quality, safe patient and client centred care delivered by staff who are highly qualified and of high morale. He said this will not be easy and will not be achieved overnight but it is at the heart of their agenda for improvement and quality of care.

Mr Guckian said he believed that through the assistance of the WHSS Council they can keep patients and clients at the core of what they do. The Trust he said looks forward to having a harmonious relationship with the Council.

### **Presentation and overview of new Trust:**

Mrs Way offered apologies for the postponement of the Liaison meeting which had been scheduled for 21 May 2007. She said the Trust Officers had been delayed due to the Minister for Health having decided to visit Omagh on that day. She said her secretary had made contact with the Council to ask if the Trust could be facilitated at a later time but she understood that it was not possible to do so.

Ms Reilly said she wished to set the record straight with regard to the rescheduling of the meeting. She confirmed that notification had been received from the WHSC Trust Board Officers that they were delayed. The Council was given the option of holding the meeting later in the day or arranging a new date. Unfortunately she said a local newspaper had reported wrongly that the Trust had cancelled the meeting.

Mrs Way then went on to say that the five Trusts which have been created in Northern Ireland are among the biggest in the UK. Many Trusts elsewhere will have budgets of around £200 million whereas the Western Trust's budget is £420 million with almost 13,000 staff. She said the geography in the West will present particular challenges because it is both urban and rural.

Mrs Way said she believes there are tremendous opportunities arising from the Review of Public Administration to improve services for patients and clients. She said although they are only two months into the organisation she is beginning to get feedback from staff on the ground that they can see the differences, mainly because the organisational boundaries between the three organisations have gone.

Mrs Way said the Trust had put transitional arrangements in place until 30 June 2007 i.e. Miss Irene Duddy, who was the Chief Nurse in Altnagelvin, is now the interim Director of Operations for Altnagelvin's business; Mr John Templeton, who was acting Chief Executive of Sperrin Lakeland Trust, is the interim Director of Operations for that area and Ms Phil Mahon, who was the Chief Nurse for Foyle, is the interim Director of Operations in Foyle.

Mrs Way said because of particular issues which were flagged up around the Omagh area, Mrs Margaret Kelly Director of Acute Services, Dr Anne Kilgallen Medical Director and herself have been intimately involved in looking at services in Omagh and how they may change.

The Chief Executive said the integration of health and social services is good news for the West.

Members were issued with copies of the Structure of the new Trust as well as a list of Committees/Panels Membership.

Mrs Way said the Trust have structured the services by Programmes of Care and in such a way that people will understand how to access services.

Mrs Way said there is an acceptance that the first year of business will be a particularly difficult one largely around staffing issues e.g. getting people in post. There is also the reality she said that some people who want to remain in the Trust have not been appointed and therefore are having to deal with

disappointment. She said one of the challenges facing the Trust is how they will effect the merger, as there are differences between the three organisations.

Mrs Way said while they are delivering on this merger the Government has made it clear that they expect all of the targets they have set to be met. She said the Trust are being monitored on a weekly basis on how they are performing and what difficulties they are facing.

Mrs Way said the Trust can demonstrate really good performances now on elective surgery right across the West. She said no patient will wait more than six months for an outpatient appointment or an inpatient appointment and the Trust are trying to reduce this further. She said there were still issues around access to emergency services and people are still waiting too long, for example in the A & E department in Altnagelvin. She said the Trust have been told by the Department that there must be no more of the 12 hour breaches from 31 May 2007.

Referring to finances Mrs Way said the Trust has entered this year with financial pressures. As well as having underlying financial pressures towards the end of April the former Sperrin Lakeland Trust has not balanced its books for last year. This was despite the fact that they had given assurances that they would and this has created an additional financial pressure. Savings also have to be made through the Review of Public Administration. Mrs Way also added that the Comprehensive Spending Review will require savings to be achieved of £338 million on a NI basis over the period 2008-2011.

She said they have a massive change agenda around the Reform and Modernisation Programme all of which she believes will improve services for patients and clients. She said they need to remain focused on this agenda whilst also dealing with Waiting List Targets, Finances and the merger of the three organisations. She said there are issues around Mental Health services and Learning Disability which the Trust are determined to take forward in order to improve services.

Mrs Way said the WHSC Trust have the biggest building programme probably in Northern Ireland at this time. They have £150 million of work ongoing in Altnagelvin and a further £450 million for the new Hospital in the South West and the new local Hospital in Omagh. She said there is also a huge agenda around Primary and Community Care Infrastructure where the WHSS Board are planning to build a number of Health and Care Centres across the West. She said this was a massive programme to take forward and Joe Lusby Director of Planning and Performance Management will lead on this.

Mrs Way said in her view the most important issue for her was Clinical and Social Care Governance, Safety and Quality.

Mrs Way said when she is having meetings in Omagh and safety is discussed it is repeated to her that what she really means is that there will be a cut in the service. She said this is not the case. When she talks about safety she means that the Trust needs to ensure that a patient going into any of the facilities has the likelihood of the same outcome no matter where they access the services. She said she was taking the view that, despite it having been a difficult two months, it is better to be clear about where the Trust faces challenges and how they need to fix them now rather than wait a few years and having to revisit some of the issues. She said she hopes she will be able to describe a service that will actually be better for patients and clients.

Mrs Way said it is not just about safety and quality issues in Omagh, but also in Altnagelvin, the Erne, in Mental Health, in Learning Disability and some of the Allied Health Profession Services which have issues that need to be identified and addressed. She said this will take time. She said she believes that the WHSC Trust have a very experienced team to carry forward this work.

Mr Guckian referred to Clinical and Social Care Governance saying the Executive team will be supported by the Non-executive Directors. Various committees have been formed which will include both Directors and Non-Executive Directors. These committees will support the Trust in delivering the Clinical and Social Care Governance agenda.

Governance he said in its broadest form i.e. Corporate Governance, Financial Governance, IT Governance and Clinical and Social Care Governance is very much to the fore in all of the new Trusts. He said looking towards the UK there are different perspectives on governance. However thinking is moving towards an integrated governance strategy which will basically place all the governance issues together perhaps in one governance committee.

Mr Guckian said the WHSC Trust have taken the view that Clinical and Social Care Governance, Quality and Safety of care for patients and clients has to be at the top of their agenda. He said the Trust feels it would be premature to put all the governance matters together into one committee at this stage. It may well be something they can aspire to as the organisation matures. Mr Guckian said Clinical and Social Care Governance in itself only came to the fore in Northern Ireland in the last number of years in the legacy Trusts. He said it was only just becoming embedded within those organisations.

Mr Guckian said the WHSC Trust was trying to keep their structures simple and they will be reviewed as they go along.

Mr Guckian said they had set up three major committees i.e. a Clinical and Social Care Governance Committee with four Non-Executive Directors who will be assisted by Executive colleagues with a Clinical background and Social Care background; an Audit Committee which will deal with the Financial agenda and a Remuneration & Terms of Services Committee which will performance manage the senior team and set remuneration and terms of services.

Mr Guckian said the role of Non-Executive Directors in supporting the Executive team will evolve over the coming months and years. In particular he said they were looking at roles around complaints and the patient client experience.

### **Questions arising from Trust's presentation:**

#### **New Directors**

Mrs Brown asked for clarification as to where the Director of Finance, Director of Women and Children's Services and Director of Adult Mental Health and Disability Services had previously been employed?

Mrs Way said the three Directors referred to have previously been employed by Foyle Trust.

#### **Integrating Complaints, Risk and Litigation into Clinical and Social Care Governance**

Ms Reilly asked how the Trust was planning to integrate areas such as Risk, Complaints and Litigation, which she said are all indicators of patient safety and experience, into the Clinical and Social Care Governance framework?

Mr Guckian said within the Executive structure Clinical and Social Care Governance and Risk are both being managed by Dr Anne Kilgallen, Medical Director, and her department. He said they were going to appoint a Head of Clinical and Social Care Governance as an Executive Manager. There is an Associate Medical Director and an Associate Director of Social Care who are managing Quality and Safety. Risk and litigation will be managed by the Medical Director's Department.

Ms Reilly said the WHSS Council had a major concern for some time with regard to where complaints sit in this arrangement. She said it has taken people a long time to grasp that complaints handling is an integral part of good Clinical and Social Care Governance and is not about Public Relations or Corporate Affairs.

Mr Guckian said the Trust were considering having Non-Executive input into complaints and the patient/client experience. They are considering at this stage he said whether that will be the same person and within what structure this will fit. He said it will certainly feed into Clinical and Social Care Governance whether alongside it, separate or as a sub committee which reports complaints and patient/client experiences to the Clinical and Social Care Governance Committee.

Ms Reilly said historically there has been poor integration between clinical and social care governance and complaints. The Council she said has raised its concerns about this over the last two or three years.

She said the types of complaints the WHSS Council has been involved in, through supporting complainants, may sometimes be of a serious nature with the potential to pose a high risk to patient safety. She said having a complaints procedure is not just about resolution for the individual complainant but it is an important opportunity for Trusts to learn lessons in order to ensure the safety of future patients/clients. She said the management of complaints handling needs to be at the highest level of Clinical and Social Care Governance arrangements.

Mrs Way said the Trust are going to look at a system where the Directors who are operating at a very senior level will be responsible for dealing with complaints immediately on a tight timescale within their Directorate. It will then be linked into a central common resource so that the trends, themes, issues and risks can be dealt with by someone outside of their Directorate.

Mrs Way said within the WHSC Trust the Medical Director is responsible for Clinical and Social Care Governance and the Executive Director of Social Work is responsible for Social Work Governance. This is because he is the qualified Social Worker and will be reporting to the Board on these issues.

She said the Trust have agreed that the Medical Director will take the Executive Director lead on bringing it all together so that there are not two streams working independently. Mrs Way said Risk Management and how complaints in terms of learning, are dealt with, will be managed by the Medical Director.

Ms Reilly suggested there should be a mechanism to integrate all of the sources of potential clinical or social care risk; whether these come through the system as complaints, risk assessment, litigation or adverse incidents.

Mrs Way said that when she was with Altnagelvin Trust they were just beginning to do this. She said the Chairman when he was at Altnagelvin wished to have Non-Executive Director involvement in high level analysis of

what is happening and what the trends are. She said he was carrying this forward to the new Trust. She said sometimes people such as Non-Executive Directors can spot things that may otherwise have been missed when they are not caught up with day to day work. She also believes that Non-Executive leadership in this area is important.

Mr Guckian said they had a Complaints Forum set up whilst in Altnagelvin with a Non-Executive lead and they may use that type of format for the WHSC Trust.

Mr Guckian said that in ideal circumstances they would have had a longer lead in period. He said he and the Chief Executive have been in post for five months but the senior team has only been appointed in the past few weeks. He said as a result of this they are not as far advanced with some of the issues as they would like to be.

Mr Guckian said he wished to reassure the Council that both himself and the Chief Executive had a track record of carrying out a risk review whilst in Altnagelvin Trust to look at all of the risks and align them to corporate objectives. They could then see how they could learn and become a learning organisation.

Mr Guckian said one of the positives to come out of the Governance Review of Sperrin Lakeland Trust was that they had a governance framework on which to build for the entire Trust organisation.

Ms Reilly said that the Council did appreciate that the WHSC Trust were only beginning their work but the Council wanted at this early juncture to flag up the areas of concern which they have. She said that as well as integration the other missing piece was the sheer lack of evidence across Northern Ireland of learning from complaints. She welcomed Mr Guckian's reference to his aspiration for the new Trust to be a learning organisation. Ms Reilly said this is an issue the Council will revisit when the WHSC Trust are further on in their development.

Mr Guckian said the WHSC Trust were in agreement with Ms Reilly's comments.

Mr Millar, Director of Adult Mental Health and Disability Services, said previously within Foyle Trust every Programme of Care had to produce a quarterly Clinical and Social Care Governance report. He said all of the issues including complaints were contained within these reports. He said they had a risk register and if a particular complaint came in they went back and revised the risk register to take account of this. He reassured the Council that this was the system they are going to be looking at for the future. He said it was about taking best practice forward and he agreed

entirely with Ms Reilly that the issues need to be aligned.

**Action Point AP: a/06/07**

Keep this issue on the agenda for next meeting with Trust.
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**Information Governance re Caesarean section figures**

Ms Reilly referred to an issue which had originally been raised by Mr Ross Hussey in December 2006. He had asked a question about how many Caesarean sections had been carried out in the Erne Hospital and how that figure compared with the Northern Ireland average?

Ms Reilly said the WHSS Council had contacted the Information Department in the Erne Hospital. She said they had received an e-mail with the information that 133 Caesarean Sections had been carried out in the Erne Hospital in the 05/06 period. The WHSS Council had the Department's figures to hand for the number of births and so it was relatively easy to calculate that this represented 10.8% of the total births. The Council also had the figures for Northern Ireland and the UK from the Royal College of Obstetricians website and on the basis of these figures, the Erne Hospital compared very favourably with the rest of Northern Ireland and the UK

Ms Reilly said the local Press had reported the Council's interest in this issue and had published an excerpt from the WHSS Council Minutes.

Following this publication an elected representative, acting for a member of the public, contacted the Council. The member of the public had read the news report and had interpreted Ms Reilly's comments as being favourably disposed towards the Erne in terms of its quality of Caesarean Sections. Ms Reilly clarified the Council's position saying that she was referring only to the figures and not the quality of the service. She said the figures indicated a low percentage of Caesarean Sections carried out at the Erne and that these figures compared very favourably to the National average.

The elected representative agreed that the newspaper report was only about the favourable percentages and that there had been no comment by Ms Reilly about the quality of Caesarean Sections.

However following this the Council then received a further e-mail from the Trust's Information Department indicating that the first figure of 133 Caesarean Sections which they had given to the Council was incorrect.

The e-mail said they had re-run the query and had now identified 274 Caesarean Sections carried out during the 2005/06 period. They said as

this was a significant change to the number originally reported the figure was cross checked with the manual ledger in the maternity ward and this record showed 297 Caesarean Sections for the same period. There was a reference to a change in the coding system which meant that the Trust officer was now accepting the figure of 297 as the most accurate and asked that members of the Council be informed of this correction and he extended apologies for any inconvenience caused.

Ms Reilly said she had a very deep concern about the way that this issue was developing. She questioned how historical figures presumably already reported, for example, to the Department could change? She said there now appears to be a number of different sources from which the Trust gets its clinical information each of which is reporting significantly different numbers. Ms Reilly said that this type of recording does not auger well for either Clinical or Corporate Governance.

Ms Reilly said the Council had only received this latest set of figures yesterday and therefore could only bring it to the attention of the Trust's Chief Executive and Chair at today's meeting. Ms Reilly said she would want the Chief Executive to investigate the issue of recording clinical data and that she would also want to know which of the figures provided to the Council would the new Trust feel able to stand over? She said it was now clear that the Erne Hospital's record would no longer compare favourably and was likely to be higher than the National average.

Mrs Way said the WHSC Trust would be standing down transitional arrangements at the end of June 2007. She said she believes transitional arrangements are actually a huge risk. She said that somehow she saw a copy of the first e-mail that had been sent to WHSS Council but had not seen a copy of the second e-mail. She said it reinforces for her the need to ensure that when important information is going out publicly it is signed off by herself or a Director. Mrs Way asked that the Council channels requests for information through her office in future and she will take responsibility for the information that goes out.

Mr McGowan said he had a concern around the level of Caesarean Sections carried out in the Erne Hospital for some time and he hoped that the Trust will look at this issue in light of the figures now made available.

Mrs Way said it was not acceptable for the Council to have been given incorrect information and gave an assurance that she will deal with the matter.

**Action Point AP: b/06/07**

Mrs Way to inform the Council of the outcome of her investigation into how the Erne Hospital collects, analyses and records clinical data.
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## Action Point AP: c/06/07

Mrs Way to confirm the number of Caesarean sections at the Erne Hospital for the period 2005/2006.
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### **WHSSC Member Questions to the Trust:**

The WHSC Trust Board were asked a number of questions by the members of the WHSS Council:

#### ***What services will be provided in the new acute hospital for the southwest?***

Mrs Way asked if the WHSS Council had ever had a Presentation in relation to the two new hospitals to be built in the South West?

Mr Maguire said that the answer the Council gets on a regular basis is that it is impossible to tell what services will be available because things keep changing and what is being planned now may not be the plan in 12 months time as there are advances in medicine all the time. He said the Council would welcome a Presentation to shed some light on the issue.

Mrs Way said in reality things do change along the way and she has no doubt that in the future there will be further Royal College Reviews of Services in other places that may lead to changes in services.

Mrs Way listed what is her understanding of the services planned for the South-West Hospital as follows:

A & E Department co-located with GP Out of Hours Services;

Combined Assessment Unit i.e. people admitted when it is unclear what their illness is (Surgical and Medical assessment);

Critical Care Department that will include Intensive Care and High Dependency;

Operating Theatres and General Surgery Wards;

Elective Surgery including Gynaecology;

Day Surgery Unit;

Clinical Investigation;

Imaging, X-ray and Diagnostics;

Maternity Unit;  
Neo-natal Unit;  
Intermediate Care Ward;  
Children's Ward;  
Care for the Older Person Wards;  
General Medical Wards;  
Cardiology;  
Outpatients;  
Children's Centre;  
Women's Health Unit;  
Allied Health Professionals Base;  
Mental Health Liaison;  
Social Services;  
Ambulatory Unit;  
Laboratories;  
Medical Records;  
Speciality Teams;  
Facilities for the Deceased;  
Pharmacy;  
Restaurant and Catering.

***What services will be provided in the new local hospital in Omagh?***

Mrs Way listed the services that are to be available in the new local hospital in Omagh:

Urgent Care Centre co-located with GP Out of Hours Services;  
Clinical Decision Unit;  
General Medical Ward;  
Intermediate Care Ward;  
Day Surgery Unit and Theatres;  
Clinical Investigations;  
Imaging, X-ray and Diagnostics;  
General Outpatients;  
Children's Centre;  
Women's Health Unit;  
Renal Unit;

Allied Health Professions Base;  
Long Term Condition Ambulatory Unit;  
Social Services;  
Pharmacy;  
Facilities for the Deceased;  
Medical Records;  
Speciality Teams;  
Restaurant and Catering.

### **Pathology and laboratory services (NI Review)**

***What is the Trust's position in relation to the Pathology labs at Altnagelvin?***

***There are concerns about the proposed 12 hr laboratory service in the Erne in that it will not be possible to run other services, for example Maternity or Surgical. Can the Trust clarify the position in relation to laboratory services in the Erne?***

***What laboratory and pathology services will be provided in the new acute hospital for the southwest?***

***As a result of the Review/consultation, there are concerns about the effect on cancer services if services are moved from Altnagelvin to a Regional centre in Belfast. Is the new Trust lobbying the Department and/or others to ensure that the West does not lose its cancer lab/pathology service?***

Mrs Way said the WHSC Trust are arguing strongly that there needs to be 24 hour cover. She quoted from a letter the Trust had sent to the Department of Health with reference to Proposal 20 in the Consultation on the Future of Pathology Services for NI:- that a 12 hour integrated Biochemistry and Haematology Service be provided in the smaller acute hospitals with all out of hours samples being transferred to the nearest larger acute hospital laboratory.

The Trust said in their letter that this recommendation is inconsistent with the vision for acute services outlined in Developing Better Services. The new South-West Hospital will provide acute Medicine, Surgery and Obstetrics. It must provide for the management of patients with acute blood loss. The Trust estimates that the time period for emergency cross matching and delivery of blood products to the Erne hospital would be in excess of three hours. This would entail significant and unacceptable risks for

patients. The Trust does not agree with this recommendation and believes there should be 24 hour cover.

Mr McIvor said the removal of Pathology Services cannot be seen in isolation. He said he would have a concern that different rules are being applied to the Erne than to Altnagelvin.

Mr McIvor said the WHSS Council has major concerns about the whole issue and asked Mrs Way to address these concerns.

Mrs Way said the WHSC Trust is making the strongest representation possible to maintain a full Laboratory service in Altnagelvin Hospital and a 24 hour Laboratory service in the new South-West Hospital.

She said the Trust are saying quite clearly they do not agree with the recommendations regarding the proposed configuration of Pathology services. If the recommendations are implemented the implications for the service to the population in the West would include longer turnaround times for tissue samples, reduced efficiency, difficulty in recruitment and retention of high quality consultant staff and an adverse impact on undergraduate teaching. The Trust also said in their letter that significant and high profile cross border working would effectively be stopped and further development prevented.

Mrs Way said she was happy to copy the letter to the WHSS Council.

Mr Guckian drew WHSSC Members' attention to the fact that their letter sent to the Department was dated March 2007 before the Trust formally came into existence. He said they were already liaising and bringing together the voice of the West. He said responses had also been received from Sperrin Lakeland, Altnagelvin, Foyle and the WHSS Board and they all communicated together in order to get the same message across.

Mrs Way said in addition to the letter she has taken every opportunity she can when she meets with colleagues in the Department to represent the need to continue with the level of service they have. Mrs Way said that she had reminded the Department that the Trust has an £18 million mortgage on the new laboratory building at Altnagelvin and she needs to ensure that services continue to run so that the mortgage can be paid.

Mrs Way said there had been a meeting last week of the group who had produced the initial report. The Clinical Director at Altnagelvin attended and again made very strong representations on behalf of the West.

Mrs Way said there is a Workshop being organised on the 18 June 2007 at which Dr Dermot Hughes, the Director of Acute Services, the Clinical

Director at Altnagelvin and she will be present. She said they will all be making a strong case at the workshop to retain the services that are currently at Altnagelvin.

She added that the Department has received 290 responses to the consultation.

Mr McIvor said it is good to hear what the Trust are doing, but in talking to a number of people in his area he feels that people are not hearing this message from the Trust. He said he would urge the Trust to be a bit more open in their general publicity. He said if the Trust could get the same message out that the WHSS Council had received today it would help to dispel a lot of anxiety.

Mr Guckian said the delay in recruiting a Communications Manger had left the Trust vulnerable in this particular area. He said a Communications Manager has been appointed and will take up post on 11 June 2007.

#### **Action Point AP: d/06/07**

Mrs Way to provide the Council with a copy of the Trust's letter to the Department regarding the Future of Pathology services in Northern Ireland.
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***The Council is concerned for children's safety that there was ever in place a provision for children to be put up in B & B accommodation post operatively (ENT). What was the rationale behind this decision and who approved it?***

Mrs Way said when she was appointed as the Chief Executive Designate for the new Western Trust she was invited to meetings between Sperrin Lakeland Trust and the Department around the Clinical Governance Review and how the recommendations would be taken forward. One of the clear recommendations from the Review was that inpatient surgery had to move to the Erne Hospital in Enniskillen. Between October 2006 and February 2007 she said she was hearing very clear messages that although adult inpatient surgery had moved the understanding was that paediatric tonsillectomies were still being carried out in Tyrone County Hospital and that this practice was to stop.

When the new Trust came into effect after 1 April 2007 Mrs Way said she became aware that Sperrin Lakeland Trust had put in place prior to the three Trusts merging an arrangement that children would be placed in a B & B after surgery and the parents were being advised if there were any difficulties they could be brought back to the Tyrone County Hospital. Mrs

Way said this was not acceptable and the WHSC Trust Officers said it had to stop and they talked through the Clinical Governance issues associated with that and the risks to children.

She said she is not aware of any hospital at present across the UK which performs tonsillectomies on a day case basis. The WHSC Trust has excellent ENT staff, some of whom use revolutionary techniques. The Trust is currently reviewing how and where these techniques can be used.

Mrs Way said one of the first things she did as Chief Executive was put an end to the B & B arrangement. This, she said, in effect means that children requiring tonsillectomies must be treated as inpatients and therefore will have to be admitted to Altnagelvin Hospital.

She said the week before last the Trust was made aware by an Anaesthetist that the practice was still continuing. Mrs Way said The Director of Acute Services had sent out a very clear letter which said that for safety reasons paediatric tonsillectomies must be done in Altnagelvin. Mrs Way said WHSS Council members may be aware that this has attracted very negative coverage.

Ms Reilly asked if it would be possible for some of this work to be carried out in the Erne Hospital?

Mrs Way said she did not know at this stage but will look into it. She said she wanted to make it clear that all other paediatric ENT services will remain in the Tyrone County Hospital - only inpatient surgery has moved.

#### **Action Point AP: e/06/07**

Mrs Way to inform the Council if there are any plans to provide paediatric tonsillectomies at the Erne Hospital.
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***Does the Trust have a longer term plan to move all inpatient ENT services to Altnagelvin now that children's inpatient ENT has been removed from TCH?***

Mrs Way said the Trust do not have a longer term plan to move all inpatient ENT services to Altnagelvin. She said Altnagelvin is under tremendous pressure and there is no intention to bring additional work to Altnagelvin. In fact she said there is every intention to try and make the best use of the excellent facilities that there are in the Tyrone County Hospital. The Theatres there, she said, are excellent. The Theatres in the Erne Hospital need some work done on them which she said will happen. The plan is that the Trust will move to a situation where about 75% of all surgery will be done on a daycase basis across the three hospitals. This she said is the

plan for the new local hospital in Omagh as well.

***Patients in the Sperrin Lakeland Trust (SLT) area referred for an MRI scan are having to travel long distances to access this service. Are there any plans to provide the service in Enniskillen?***

Mrs Way said there are plans to place an MRI Scanner in the new hospital in the South-West which will require a business case to be done. She said the Trust does not want patients to travel more than necessary to access services. They are keen as part of their move forward into the new arrangements to do what they can locally. However she said there are issues around recruitment of staff.

***Why were none of the SLT Directors appointed to the new Trust?***

Mr Guckian said the WHSC Trust is unable to discuss any individual's application for a job. He assured the Council that each appointment to the senior team including the Chief Executive, Directors and Non-Executive Directors had been made on merit following an open, transparent and equality tested process. He said he wished to emphasise by way of reassurance to the Council and to the community that the team they have got as a result of that process is nothing short of excellent.

***What neonatal services are provided across the Trust?***

***Will there be a Neonatal Unit in the new southwest hospital?***

Mrs Way said she was not sure of the detail of the current Neonatal Services in the Erne Hospital but she will find out the information required and forward it to the WHSS Council.

She said she is aware of the services available in Altnagelvin and she is also aware there are issues regarding accessibility for patients from the West.

**Action Point AP: f/06/07**

Mrs Way to provide the Council with information on current and future neo-natal services and provision in the Southern sector of the new Trust.
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***What is the update on the Review of service provision at TCH including the Urgent Care & Treatment Centre?***

Mrs Way said on the 16 March 2007 she attended a meeting between Sperrin Lakeland Trust and the Department about monitoring Clinical Governance. At the meeting Mr John Templeton Acting Chief Executive

flagged up very directly with the Department his concerns about some of the Medical staff in the Urgent Care and Treatment Centre in Omagh. As a direct result of that Dr Andrew McCormick, Permanent Secretary, asked Mrs Way to carry out a review, to be completed by 30 April 2007, of the arrangements which had been in place for one year.

Mrs Way said when the Trust met with people in Omagh there was a real feeling that the timescale had been set quite deliberately to make sure any decisions about changes could be taken before the new Minister was in post by 8 May 2007. Mrs Way said it was not possible for the Trust to complete this piece of work by the end of April and she wrote to the Permanent Secretary towards the end of April and asked for an extension which he gave until 16 May 2007.

She said she had given the Permanent Secretary three copies of the Report on 16 May 2007. The Minister came to Omagh on 21 May 2007 to meet with frontline staff and hear what they felt about issues before hearing what the WHSC Trust had to say in the Report. She said the meeting was very well attended by medical and nursing staff.

Mrs Way said the Minister was very clear that the decisions taken about the acute hospital in Enniskillen and the local hospital in Omagh will stand.

Mrs Way said the Report was now with the Department for consideration.

***Are there any plans to increase the number and range of specialist cancer care nurses in the Trust area?***

Mrs Way said there are plans to increase the number and range of specialist cancer care nurses in the Trust area. She said the Department's Service Delivery Unit is monitoring access to services. The Service Delivery Unit has £1.2 million available for the service and the WHSC Trust are bidding for part of that funding. She said they want to fund a number of specialist cancer nurses including a colo-rectal endoscopy support nurse, a hysteroscopy nurse and an additional radiology post to improve access to diagnostic imaging. She said the Trust are also bidding for additional investment in oncology nurses to provide cancer care chemotherapy close to patients' homes but she said this will mainly be in the Southern sector.

Ms Reilly said this was good news and asked when the Trust expected to know if they would be successful in their bids?

Mrs Way said she would expect to know around September and she will keep the Council informed.

## Action Point AP: g/06/07

WHSS Council to follow up on this issue after September.

### ***Concerns have been raised about cleanliness in the Erne Hospital. How is the Trust planning to address this issue?***

Mr Maguire raised an issue which had been brought to his attention as a member of the WHSS Council. He said following an accident a young man was brought to the Erne Hospital and there were serious concerns for his health over a number of days. His family were with him at this time and reported to Mr Maguire that for the duration of his admission the pillow that his head was on was not changed and had been covered in blood from day one to day three. He also said the table which sits over the bed had never been wiped and the sheets were dirty. He said the family were appalled by what they saw.

Mr Maguire asked if there were issues around the cleaning regime that is in place and are there any plans to make changes?

Mr McGowan said he wished to add to Mr Maguire's comments about the cleanliness in the Erne Hospital. He said he was speaking from personal experience and that over a period of one week when he was an inpatient one cleaner had come into his room for less than five minutes. Mrs Brown reiterated Mr Maguire & Mr McGowan's comments and said she was aware of a similar case.

Mrs Way said the Department of Health was setting very high standards both on environmental cleanliness and infection control. She said she was deliberately differentiating between these. The issues that are being described are actually around environmental cleanliness and good standards of care. Infection Control on the other hand is about making sure that if a patient comes into hospital they do not come out with MRSA. Mrs Way said she was told by the Infection Control nurse in Altnagelvin that the simplest thing to do in terms of Infection Control is to ensure that everyone washes their hands.

Mrs Way said she found the issues brought to her attention to be unacceptable and asked Mr Maguire, Mr McGowan and Mrs Brown to provide further details on the issues they had raised in order for her to investigate them.

Mrs Way said in preparation for today's meeting she had asked for a briefing on Environmental Cleanliness specifically in the Erne Hospital. She

has been told that the baseline Environmental Cleanliness audits are to be completed today. Following these the ward managers have to develop action plans.

Mrs Way said obviously there is room for improvement in the Erne Hospital. She said she would need to look at what cleaning arrangements are in place in the Erne as she did not have that detail. She said she would encourage members to share with her the details of individual complaints so that she would have the facts to go on.

Ms Reilly referred to the Bugwatch Survey carried out by the HSS Councils a year ago and said the visits had been announced well in advance. She said her colleagues in two of the other HSS Councils are working with their respective Trusts to carry out further surveys. Ms Reilly said the Council would like to repeat the Bugwatch exercise to include the Erne and the Tyrone County which were not included in the survey last year as they were having the Review of services carried out at the time. Ms Reilly also asked if the Trust would agree to these visits being unannounced. She said the Council would follow the appropriate protocols established under the Bugwatch system.

Mrs Way agreed with Ms Reilly's proposal.

#### **Action Point AP: h/06/07**

WHSS Council to make arrangements for Bugwatch surveys in Erne and Tyrone County Hospital.
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***What resources are the Trust putting in place for mental health services for young people?***

***How many are on the waiting list and what is the waiting time for young people referred for counselling services? What steps are the Trust taking to improve waiting times?***

Mr Billy Page said he wished to thank Trust staff, Mr Bernard McAneny and Mr Barry McGale, for the work they had done in his area in relation to a number of suicides over the past few weeks.

Mr Page said an emergency hotline was put in place for five weeks. He said a young man who committed suicide in the past few days had previously tried to commit suicide and he felt there should have been a service available for him. He said there were a number of young people in

his area who have attempted suicide and who feel the service has let them down.

Mr Millar said he would agree entirely with Mr Page. He said there is a big issue around the means we have of communicating with the younger generation and this is one area the Trust is now going to look at.

He said the WHSC Trust secured non-recurring funding from the WHSS Board to bring in the hotline which will be manned by staff 24 hours a day for the next five weeks.

Mr Millar agreed with Mr Page's comments on providing a service to those people who do attempt suicide. He said the role of the media also needs to be looked at. He said there are many copycat suicides and the Trust needs to look at new ways of managing this. He also agreed with Mr Page that there needs to be a partnership approach involving local communities, the Trust and the young people.

Mr McGowan said young people must have access to mental health services. He said there is a stigma attached to psychiatric services. He said there are a number of projects that he had seen - one is a Team Text Project in Co Kerry and the second is a GAFF Project in Co Galway. Both of these projects used innovative models to get young people to access services. In the GAFF Project in Galway young people are accessing services in local surgeries. He said the initiatives that are being put in place are being designed by young people themselves.

Mr Millar said the WHSC Trust were actually looking at this and a lot of work is being put into training up other young people to give peer support. He agreed with Mr McGowan that there is a stigma attached to mental health services for young people. He said the Trust recognises that they need to go into forums where young people are in order to speak to them.

Mr Millar said the whole Mental Health Service is about to be transformed and these are exciting times. He said the Trust has identified approximately half a million pounds for the development of new Child and Adolescent Mental Health Services. He said two local reviews had been carried out and a regional review through Bamford and he said there were going to be improvements in taking forward mental health services and learning disability services for the future. He said he hoped with the reviews will come the resources that are so badly needed to put in place services to meet the needs of both young people and adults. There will be two new psychiatric hospitals - one in Gransha and one in Omagh. He said there will be more emphasis on providing services in the community for people with regard to mental health and learning disability.

Mrs Brown and Mrs Hogg said they believed that there should be stronger health links between health and education because some children are leaving school with low self esteem and poor educational prospects. They felt the Trust should be targeting these young people.

Mr Millar said he agreed with their comments and the Trust would be keen to liaise with the education service.

### **Trust's Financial position**

***How soon after the dissolution of the various component Trusts was the massive shortfall discovered?***

***Were the shortfalls just for 2006/07 or was this as a result of a recurring problem?***

***(SLT at each of their monthly Board meetings reported a financial break even position).***

***How many Directors of SLT (and the other Trusts) received performance bonuses for the past three years?***

***Please identify the Directors and report the amounts involved.***

***How will the massive shortfall affect health provision within the West?***

Mrs Way said all pay including performance bonuses will be declared in annual accounts and for the previous two years they would have been published by Sperrin Lakeland Trust.

Ms Mitchell gave a brief background in terms of the financial position that the WHSC Trust is now facing. She said there are two different financial aspects. One is in relation to the deficit reported in the 2006/07 annual accounts for the former Sperrin Lakeland Trust and the other related to a range of financial pressures across the three legacy Trusts.

She said a few months ago the Department of Health had written to the Chief Executives of the 19 Trusts in Northern Ireland that were going to be affected by the Review of Public Administration. They were asked to identify any underlying recurring financial pressures that the new organisations would have to face. All of the Trusts submitted significant amounts in terms of financial pressures for 2007/08. The Trusts within the West submitted a total of £12.4 million which is made up as follows:

£5.3 million relating Altnagelvin Trust

£2.9 million relating to Foyle Trust and

£4.2 million relating to Sperrin Lakeland Trust.

Ms Mitchell said all of the Trusts in Northern Ireland submitted similar amounts. She explained that Trusts were able to balance their books year on year due to significant non-recurring monies which were allocated during the year.

She said if non-recurring money were not available there would be very significant deficits right across the HPSS.

She said the new WHSC Trust was aware of the underlying pressures of £12.4 million which from their perspective was very concerning.

She went on to explain that a quarter of the £12.4 million is made up of pay reforms. Last year there was a shortfall of £1.6 million mainly due to additional expenditure to meet waiting list targets particularly in Altnagelvin and Sperrin Lakeland Trusts. The Trust is currently in discussions with the Department as to whether there will be any funding made available this year to meet Government targets.

The remainder she said is made up of a combination of different service pressures e.g. energy costs, locum medical staff, domiciliary care pressures, leaving and after care pressures within the children's sector. There have been very specific issues in relation to the Risk and Governance Review within the former Sperrin Lakeland Trust and there is a shortfall in funding of around £1.2 million on that issue alone.

Ms Mitchell said the Trust knew at the end of February that they were facing financial pressures of £12.4 million.

Mrs Way pointed out that this was the figure that was reported at the first WHSC Trust Board meeting on the first Thursday in April.

On 25 March 2007 there was a handover meeting between Sperrin Lakeland Trust and the newly established WHSC Trust and they were reassured that the Sperrin Lakeland Trust for 2006/07 would show a break-even position for the 2006/07 financial year.

A week later another meeting was held chaired by Mr David Sissling Chief Executive Designate of the new Health Authority with all of the Trusts within the Western Board area. Again they were reassured that Sperrin Lakeland Trust would show a breakeven position for 2006/07.

Ms Mitchell said the Western Health & Social Care Trust did not become aware of a problem in relation to the 2006/07 financial year until the 23 April 2007 when they were informed that Sperrin Lakeland Trust's accounts were

beginning to show a potential deficit of £1 million. A week later they were advised that the £1 million was going to be closer to £2 million. She said it was only a week ago that the final position in terms of Sperrin Lakeland Trust has been confirmed. There is a reported deficit of £3.3 million. Originally this was sitting at £4.1 million but the Department of Health and the WHSS Board allocated some monies late in the year which reduced the deficit to £3.3 million.

Ms Mitchell said this causes the WHSC Trust very grave concerns because it means that there are additional cost pressures which were not reported to the Department of Health on 21 February 2007. As a result the original £12.4 million has increased to £14.9 million.

Ms Mitchell said as Director of Finance she has real concerns about how the financial management controls in Sperrin Lakeland Trust did not reveal that there was a very significant deficit throughout the year. She said because of her concerns she has agreed with the Audit Committee that an independent review should be carried out on how the financial management controls were operating within Sperrin Lakeland Trust in 2006/07. A former Director of Finance at Homefirst Trust has been commissioned to carry out the review. Ms Mitchell said a report will be prepared for the WHSC Trust by 15 June 2007 and will be presented to the Audit Committee on 22 June 2007.

The WHSC Trust are currently developing an in year contingency plan to see what measures can be put in place to curtail expenditure this year and to see how much they can pull the deficit back on a short term basis. They are also taking the approach that they have to resolve the underlying financial problems because they will be facing significant saving targets under the Comprehensive Spending Review from 1 April 2008.

The WHSC Trust have agreed a project management structure sponsored by the Trust Chairman and Chief Executive with a Project Board on which all four Service Directors will sit with one acting as Chairperson. A project team will be established and will identify a number of work streams right across the Trust area to try and quantify what needs to be done to look at pulling back and resolving some of these financial issues once and for all.

Mr David Sissling Chief Executive Designate of the new Health Authority and Dr Andrew McCormick Permanent Secretary are taking a very active interest in terms of the Sperrin Lakeland Trust's financial problems and are keeping a watching brief to ensure they are resolved.

Ms Reilly said she wished to clarify that the reported deficit is going to be £3.3 million but in truth it was £4.1 million as the WHSS Board and the Department had provided monies? Did this now mean that there was a total

of £8.2 million of financial problems coming from the former Sperrin Lakeland Trust?

Ms Mitchell said the deficit in terms of Sperrin Lakeland Trust was originally £4.1 million and the WHSC Trust advised the Department of an additional £2.5 million once they got a sense that there was going to be a £1 million shortfall in 2006/07. At this stage Ms Mitchell said overall Sperrin Lakeland Trust's underlying financial problems are in the region of £6.6 million.

Mrs Way said the £12.4 million is in fact underlying **financial pressures** which is completely separate from the £4.1 million of an **overspend** in 2006/07.

Mrs Way said that Ms Mitchell's judgement is that if you can get things so badly wrong that you are £4.1 million overspent at the end of the year the likelihood is that some of that expenditure will be related to pressures that were carried forward into this year so they have increased the financial pressures total of £12.4 million to £14.9 million to reflect that.

Mrs Way said she was concerned about the WHSC Trust's public credibility. She said at the first Trust Board meeting in public they had reported £12.4 million underlying financial pressures but that all three legacy Trusts had balanced their books. She said they came to the next meeting and had to report that it was not £12.4 million but had in fact increased to £14.9 million because of the situation in Sperrin Lakeland Trust.

Mrs Way said Councillor Ross Hussey had asked the question as to how the massive shortfall will affect service provision in the West? She said there is bound to be an impact on services with such a massive deficit. She said the Trust is committed to trying to ensure that any efficiency savings do not affect direct services to patients and clients. She said that the contingency measures would impact more on administrative and clerical and other support services. Mrs Way said one of the areas the WHSC Trust needs to look at is the issue of Locums. She said she is aware that the former Sperrin Lakeland Trust had spent in the region of £3 million on Locum Doctors in a single year. She said she is asking the Department to let the Trust be clear about the number of doctors that are required and how they will be employed in the future. The Trust's aim she said is to reduce over-expenditure in the first instance.

Mr Guckian said the WHSC Trust is aware that a major reason for the expenditure regarding Locums was around difficulties in recruiting staff which has been quite specific to Sperrin Lakeland Trust. With the new Trust he said there was an opportunity to perhaps make posts more attractive because they would be recruiting on a Trust wide basis.

Ms Reilly said it was an inexcusable inheritance for the new Trust to start off with. She said under the Review of Public Administration the Trust is expected to make efficiency savings and on top of that they are going to have to make up this shortfall. She said she could not see how this could happen without impacting at some point on service delivery and patients.

Mrs Way said the Trust will do their best and that is why she has asked the Department for two years instead of one year to make the savings.

Mrs Way said with regard to the media and communications she will need help from people in Omagh, Fermanagh and the wider West in order for her to promote the new Trust. Much of what is reported in the Press is negative leading, she said, to difficulties recruiting staff.

Mrs Way said once the Trust gets the response to the Report on the review of services at the Tyrone County Hospital they can begin to move forward and she genuinely needs the help and support of people locally to say that the Trust is a good place to work. She said appointments will be made on a Trust wide basis. She said it is her responsibility to provide services to the 290,000 people in the whole Western Board area.

Mr McGowan said if the report on the review of services in the Tyrone County Hospital proves to be negative it will be very hard to convince the people of Omagh who have been assured that they will have those types of services in Omagh.

Mrs Way said she truly believes the new WHSC Trust can improve and sustain services for the people in the West.

Mr McGowan said the culture of the previous organisation has led to the current problems and people find it hard to accept that it is not due to bad management in the past.

Mr Victor McKelvey said with regard to the new WHSC Trust having to start with such severe financial pressures caused by the previous organisations he did not accept what the Department were saying. He said he felt the Department should be challenged about their role in allowing it to happen and some of the £14.9 million pressures should be written off. He said it was totally unfair for the new Trust to be constrained by this financial burden. Mr Guckian said the Trust will endeavour to make whatever efficiency savings possible without affecting patient services.

Mrs Way in relation to the figure of £12.4 million, part of that underlying financial pressure is attributed to paying consultants to do extra work in order to reduce waiting lists. She said the Department is clear about the requirement to meet the targets but that not all the additional costs have

been funded.

Mrs Way acknowledged that the Department has an understanding of the particular pressures the Trust has.

Mr Guckian said the WHSC Trust will not spend unnecessarily and he wished to reassure the Council and the public that there now will be robust financial management systems in place.

Ms Reilly said the WHSS Council will want to write to the Department about the issue of Sperrin Lakeland Trust's deficit.

Mr Maguire asked if there was any suggestion that Sperrin Lakeland Trust may have been facing similar problems to those that the Chief Executive alluded to earlier e.g. paying over the odds for things like locum cover but having maybe next to no choice or was there an attitude that there will be a new organisation at the beginning of the year which will start with a clean slate?

Ms Mitchell said she did not believe the issues in terms of the underlying financial problems in Sperrin Lakeland only arose towards the end of the year. She said she believes there were problems over a number of years. This is why the Review has been commissioned so that the WHSC Trust can be advised independently what actually went wrong in 2006/07. She said the Review should be completed in a couple of weeks.

Due to time constraints a number of questions could not be responded to and Mrs Way said the Trust would respond in writing to these issues.

Ms Reilly asked that when the Trust make presentations to District Councils they will also copy them to the WHSS Council. Mrs Way agreed to this request.

The Trust will respond to the following questions in writing:

**Stradreagh:**

***Will the Trust provide WHSSC with a briefing on the closure of swimming pool facilities at Stradreagh?***

**Strabane Health & Care Centres**

***Outreaching of certain acute services to key Health and Care Centres:***

**What is the reason for the delay in the outreaching of certain hospital services, such as radiology, to key Health and Care Centres in the**

## **Western Health and Social Services Council Area?**

***What timeframe is envisaged for the extension of such services to the Riverside Health Practice in Strabane and what steps are being taken to ensure that this long awaited development becomes a reality?***

### **Speech and Language Therapists:**

***What steps are being taken to augment Speech and Language Therapy provision in the Foyle Trust area and what specific provision is envisaged to tackle the waiting lists in the Strabane District Council Area?***

***The WHSSC has been monitoring OT waiting times and receive waiting list information on a monthly basis from the Trust. It was our understanding that the figures included Paediatric OT waiting times; however this is now under question given that the monthly information indicated that no-one was waiting more than 6 months and we now know that parents are reporting that their children may have to wait up to 24 months.***

***The WHSSC would like to see the figures for waiting lists and times for Paediatric OT for the former Foyle Trust area.***

### **Orthopaedics/Orthotics:**

***Please explain the new arrangements for Fermanagh patients who previously were seen by the Musgrave team and how they now access Orthotics?***

### **Relationships with the WHSSC:**

***What arrangements are being advanced to ensure a good working relationship (including notice of Press Releases etc) with the WHSSC?***

### **Arrangements for future meetings:**

Mrs Way said that in addition to the Liaison meetings between the Trust and the WHSS Council, the Chairmen and Chief Executives of both organisations would also arrange to meet separately.

**The meeting ended at 12.30pm**