

WESTERN HEALTH AND SOCIAL SERVICES COUNCIL

**Minutes of One Hundred and Fifty-fifth meeting of the
Western Health and Social Services Council
held in the Committee Room, Fermanagh District Council Offices
on Friday 15 June 2007
at 10.00am**

Present:	Mr P McGowan (Chairman)	
	Mrs V Brown	Councillor B Johnston
	Mr J Campbell	Councillor R Lynch
	Councillor M Carten	Mr I Maguire
	Councillor G Foley	Mrs M McKeague
	Councillor M Hamilton	Mr V McKelvey
	Mrs S Hogg	Mr D Sutherland
Apologies:	Councillor R Hussey	Councillor B Page
	Councillor M McColgan	Mrs F Robson
	Mr R McIntyre	Ms M Trimble
In Attendance:	Ms M Reilly	Mrs K Loughran

1 Press journalist in attendance

C029/07 Chairman's Business:

Mr McGowan welcomed everyone to the meeting and thanked them for their attendance considering the poor weather conditions.

Mr McGowan said on behalf of the WHSS Council he wished to extend sympathy to the McGlade and Jameson families in Omagh and Dublin on the recent tragic loss of their sons.

C030/07 Minutes of Previous Meeting - 21 May 2007:

The Minutes of the previous meeting held on 21 May 2007 were adopted on the proposal of Mrs Valerie Brown and seconded by Ms Ruth Lynch.

C031/07 Minutes of Liaison Meeting with WHSC Trust - 4 June 2007:

Mr McGowan said because of the short time between the two meetings

it was not possible to table the minutes of the Liaison Meeting with WHSC Trust. He said they would be presented for approval at the next Council meeting.

Action Point AP: a(i)/06/07

Table minutes of Liaison meeting at next WHSS Council meeting.
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C032/07 Matters Arising from Previous Meeting - 21 May 2007:

Members were provided with a written update on Action Points.

Responses to Action Points a/05/07 – i/05/07

Action Point a/05/07. WHSS Council Liaison meeting to be rescheduled with WHSC Trust. Business Support Manager to contact members regarding any issues they wish to raise with the Trust.

The Liaison meeting with WHSC Trust was rescheduled for 4 June 2007. Mrs Gormley contacted members and a list of questions was compiled and forwarded to the Trust prior to the meeting.

Action Point AP: b/05/07. Request copy of Speech and Language Therapy waiting figures and send to all WHSSC Members. Item for June meeting agenda.

Speech and Language waiting list figures for the Southern Sector were requested from the WHSC Trust on 6 June 2007. These have not yet been received. The figures will be copied to Members when received from the Trust.

Action Point AP: c/05/07. Add Speech and Language therapy provision to the agenda for Liaison meeting with WHSC Trust.

Due to time constraints at the Liaison meeting with WHSC Trust it was not possible to discuss the WHSS Council's concerns in relation to Speech and Language therapy provision in the Foyle Trust area. The Trust have agreed to respond in writing to any outstanding questions.

Action Point AP: d/05/07. WHSS Council to write to Department to raise the Council's concern in relation to the deficit inherited by the new WHSC Trust and the overspend by Sperrin Lakeland Trust.

This issue was raised at the Liaison meeting with the WHSC Trust. It was agreed that the Chief Officer will write a letter to the Department to raise the Council's concern in relation to the deficit and the overspend incurred by Sperrin Lakeland Trust.

Mr Danny Sutherland said that when writing to the Department the WHSS Council should emphasise that the deficit should not impinge on the delivery of services in the future. He said the deficit should be written off and the WHSC Trust should start with a clean slate.

Action Point AP: b(i)/06/07

Chief Officer when writing to Department in relation to deficit inherited by the new WHSC Trust to include Mr Sutherlands proposal.

Action Point AP: e/05/07. A new date to be arranged for WHSSC members to avail of training in relation to Pharmacy Practices Committee.

Dates are currently being co-ordinated for training in relation to the Pharmacy Practices Committee. Members will be contacted when the dates are confirmed.

Action Point AP: f/05/07. Emergency Planning and lack of a 24-hour ambulance service in Castlederg to be put on agenda for June meeting.

The issues of Emergency Planning and lack of a 24-hour service in Castlederg have been added to the list of questions for the Liaison meeting with NIAS on 15 June 2007.

Action Point AP: g/05/07. Arrange for a visit to the Northland Road ambulance base by the Chief Officer and two Members of WHSSC.

Mr McIvor and Mr Page will be contacted regarding their availability for suggested dates.

Action Point AP: h/05/07. Chief Officer to check with the WHSS Board on the possible closure of Ballykelly surgery

The Chief Officer has contacted Mr Eugene Gallagher, Head of Family Practitioner Services, WHSSB and is awaiting a response from him.

Action Point AP: i/05/07. WHSS Council to contact Trevor Millar to get update on the issue of the use of the swimming pool at

Stradreagh.

The Chief Officer has contacted Mr Trevor Millar, Director of Adult Mental Health and Disability Services, WHSC Trust and is awaiting a response from him.

C033/07 Members' Issues:

Children's ENT Services:

Mr Joe Campbell said he wished to refer members to a Press Release issued by Mrs Margaret Kelly, Director of Acute Services, WHSC Trust in relation to the removal of ENT Services from the Tyrone County Hospital. He further referred to a statement in the Ulster Herald newspaper from Miss Kate Law a retired ENT Consultant. He said the statement refutes in very clear terms what Mrs Kelly said in the Press Release and also what Mrs Elaine Way, Chief Executive, WHSC Trust said in her report to the WHSS Council at the Liaison meeting on 4 June 2007. Mr Campbell said he would like clarification from Mrs Kelly and Mrs Way and their response to Miss Law's article. He said if he had a child going into hospital for a Tonsillectomy he would rely on Miss Law's opinion of the issues.

Ms Reilly said Ms Ruth Lynch had recently brought to her attention an issue regarding Tonsillectomy operations being carried out in the Erne Hospital on Saturdays.

Ms Reilly said following the decision to relocate in-patient children's ENT to Altnagelvin she said the Council had understood that all children would now go to Altnagelvin for a Tonsillectomy. It was on the basis of this understanding that she said she had contacted Mrs Kelly who informed her of the following;

Mrs Kelly said her Press Release and earlier statement remains the same i.e. children for Tonsillectomy will go to Altnagelvin. However as a result of these changes, 110 children were waiting to have Tonsillectomies before September in order to meet the waiting time targets. In planning to meet this target the Trust had set up Saturday theatre sessions in Altnagelvin. However last Saturday Altnagelvin could not accommodate this and therefore they ran a theatre session on that Saturday in the Erne Hospital. To do this they put in place a senior ENT surgeon, an anaesthetist, paediatric and ENT nurses. Ms Reilly said she had asked Mrs Kelly for reassurances regarding any emergencies which might have arisen post-operatively and was reassured by Mrs Kelly that there had been an ENT Surgeon on call and on site overnight in the Erne in the event of any emergency.

Mr Campbell stated that Mrs Kelly's statement had said that it was because there were no paediatric in-patient beds in TCH that services were removed. However Miss Law's response was that having paediatric inpatient services suggested they needed a Paediatrician or Paediatric Nurses. He said Miss Law's statement refutes this idea because she says if there is a bleed or if there is an emergency a Paediatrician is of absolutely no use; the child will need an Anaesthetist and an ENT Consultant both of which were available in Tyrone County Hospital. Mr Campbell said Miss Law's assertion is that there never was a need to remove this children's service from the Tyrone County Hospital. He said she is a clinical specialist and he would be inclined to take her view rather than Trust officers.

Ms Reilly said Miss Law's statement had come out in the previous day's paper and she said the Trust may respond to that and the WHSS Council will want to see a copy of their response.

Ms Reilly said there were two issues here, one which Mr Campbell was referring to which was about the patient safety rationale provided by the Trust to remove Children's in-patient ENT from TCH and the one she had raised about the Saturday theatre sessions held in Enniskillen where there are no resident ENT specialists on site.

Mr Campbell said his concern was not about the Saturday theatre sessions but about the removal of services from the Tyrone County Hospital and the reasons that have been given for their removal. He said it seems to him that if an eminent Consultant like Miss Law is prepared to go public with her statement he is prepared to accept her view on it.

Ms Reilly said that the only question she had raised with Mrs Kelly at the time was to do with the news that there had been a Saturday ENT theatre session for children at the Erne and to have some reassurance that they had the cover for emergencies by an ENT surgeon, anaesthetist and paediatrician.

Mr Campbell said the Trust had stated that they had removed the service from TCH because they were not able to deal with emergencies, which has been refuted by Miss Law's statement.

Ms Reilly reminded members of the view given by the Trust; which was that originally they had tried to manage children having Tonsillectomies in Tyrone County as Day Case procedures. However this was now regarded as clinically unacceptable. This is because there is a small likelihood that a child could become an emergency with primary

bleeding, therefore requiring the child to be looked after, post operatively, in a hospital bed. It had been decided following the earlier Clinical Governance Review that children would no longer be kept overnight in the Tyrone County Hospital.

Responding to Mr Campbell's query if the Review was carried out by Mr Lewis on behalf of Sperrin Lakeland Trust Ms Reilly confirmed that it was.

Mr McGowan said it was extraordinary to him the way these issues were developing. One minute, he said, a place is not safe for one thing, and services are removed, then all of a sudden, when it suits the agenda or there is a need to meet targets the services are moved back again. He said this has to be wrong, as it now appeared that targets are the driver as opposed to Clinical Governance. He said the Trust couldn't have it both ways. He added, there is no logic to these decisions, and it is about time as far as he can see, that some of the thinking around DBS should be revisited.

Mr Ignatius Maguire asked if it could be presumed that a risk assessment had been carried out?

Ms Reilly said that her understanding was that the decision to allow the Erne theatres to be used on Saturday had been risk assessed.

Mr Maguire said if waiting lists were not being cleared then the WHSS Council would be raising this too. He said the Council to some extent should commend the Trust's ability to adapt and change things in working towards the end goal of clearing waiting lists.

Action Point AP: c(i)/06/07

Chief Officer to request a response from Mrs Way Chief Executive and Mrs Kelly Director of Acute Services, WHSC Trust to Miss Kate Law's article in the Ulster Herald.
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C034/07 Liaison with Northern Ireland Ambulance Service (NIAS):

Mr McGowan welcomed Mr Liam McIvor Chief Executive and Dr David McManus, Medical Director NIAS. He thanked them for agreeing to provide the Council with an update on the work of the NIAS.

Mr McIvor thanked Mr McGowan for his welcome. He said he would give a brief overview of NIAS' performance over the last year and then he would focus on the Western Division.

He outlined some of the measures and proposals NIAS have planned to improve performance across Northern Ireland.

Mr McIvor said he wished to emphasise that NIAS were involved in more than just the transport of patients. He said NIAS is a clinically professionally led service, delivering high quality care and emergency and non emergency responses.

Mr McIvor gave a presentation to members which described how intervention can make a difference in improving cardiac arrest survival.

Pre-Hospital Intervention			Impact on Survival
CPR	Defibrillation	Paramedic	
None	None	None	0%
More than 10 minutes	More than 10 minutes	More than 8 minutes	0-2%
Less than 2 minutes	More than 10 minutes	More than 8 minutes	2-8%
Less than 2 minutes	Less than 8 minutes	More than 8 minutes	20%
Less than 2 minutes	Less than 8 minutes	Less than 8 minutes	43%

Mr McIvor said CPR can be conducted in less than 2 minutes by a person at the scene. The ambulance control staff are trained to provide online telephone guidance on how to conduct and undertake CPR.

Mr McIvor said there were static defibrillators e.g. through the Cormac McAnallen Trust, in many public buildings. NIAS also have defibrillators in all vehicles. He said they have been working with the Police, Fire and Coastguard services to establish first response teams and co-response teams.

Mr McIvor emphasised that the issue is not just about ambulance response times but what can be done with the assistance of NIAS and the community to improve the survival of patients following cardiac arrest.

Mr McIvor said the NIAS budget for 2006/07 was £46 million (£27 per person) and is approximately 2% of the Health Budget.

Research undertaken by the Welsh Audit Office shows the medium spend on ambulance services in England (rural ambulance service) to

be around £30/31 per person. Mr McIvor said therefore there is a gap of £6-8 million between spending on ambulance services in Northern Ireland and the UK.

Mr McIvor outlined the resources available to NIAS for Northern Ireland. He said they had:

- 32 Stations; 2 Control Centres and 10 Deployment Points;
- 1000 staff;
- 281 ambulance response vehicles.

- delivered 365,000 patient interactions per year i.e. one in five of the population.

- responded to 103,000 emergency calls - an 11% increase from the previous year.

- received approximately 5000 hoax calls per year.

With the use of presentation slides Mr McIvor gave a brief overview on:

Progress on Strategic Developments:

- Ambulance control Reconfiguration
- New Technology and Digital Radio system
- Training, Clinical Skills & Governance
- Emergency Planning & Preparedness
- Improving Response times

Managing Challenges:

Residual

Fleet Replacement
Estate Development
Response Performance
AVLS/Mobile Data

Emerging

Acute Service Reconfiguration
Acute Trauma Review
Review of Public Administration

NIAS Performance Targets:

- Category A - Life Threatening
 - ~ For 2007/2008 achieve 65% within 8 minutes for NI (average over year) with target peak response of 70%
 - ~ For 2008/2009 achieve 70% within 8 minutes average with target peak response of 75%
- Category B - Serious but not life threatening
 - ~ 95% within 18 & 21 minutes
- Category C - Neither life threatening nor serious
 - ~ 95% within 16 & 21 minutes
- Urgent Calls - Not immediately life-threatening
 - ~ 95% within 15 minutes of time identified by requesting officer

NIAS Performance 2006/07

Improving Response Times

Cat A Performance	2005/06	2006/07	2007/08 (Apr/May)
EHSSB	61%	67%	68%
NHSSB	43%	44%	46%
SHSSB	39%	43%	45%
WHSSB	50%	51%	55%
NI	51%	55%	57%

Mr Mclvor pointed out that the figure for 2007/08 was for two months i.e. April and May. He said the performance is measured on a daily basis and the performance as of today was 60.4% within 8 minutes. Mr Mclvor said he and his managers receive the figures in order for them to identify if there are issues around performance so that appropriate action can be taken.

Mr Mclvor said performance has been improving and is one of their aspirations. Whilst they set a NI target he said they have been seeking to improve performance across the 4 Board areas.

During the year NIAS broke even financially which Mr Mclvor said was a key measure for any Trust. He said it meant not having the need for a recovery plan for next year and not having the burden of continually

updating a recovery plan.

NIAS Performance 2006/07

Activity Growth

Call Category	NIAS	Western Division
999	103,250 (+11%)	14,152 (+11%)
Urgent	36,631 (-2.8%)	5,108 (+0.6%)
Non – Urgent	225,391 (-0.1%)	41,665 (+4.7%)
Total	365,272 (+2.5%)	60,952 (+5.8%)

Mr McIvor pointed out to members that the increase of 2.5% for the total across Northern Ireland masked a massive 11% growth in the 999 Category. He said despite a significant increase in emergency activity (Category A) they had managed to remain within budget and had improved performance at the same time.

NIAS - The Western Division

Mr McIvor outlined the resources available to NIAS for the Western Division during 2006/07:

- 6 Stations and 2 Deployment Points
- 50 Ambulances (26 A & E; 24 PCS)
- 173 Staff (132 A & E; 41 PCS)
- Delivered 60,450 patient interactions i.e. one in five of the WHSSB population.
- Responded to 13,677 emergency calls
 - ~ 12% increase over last year
- 51% Category A Response in 8 minutes
 - ~ 1% increase over last year

West - Typical Levels of Emergency Ambulance Cover

Average Emergency Ambulance Provision per Station	Day	Night
Altnagelvin/Northland	3-4	2-3
Limavady	1	1
Strabane	1	1
Castleberg	1	1 (from 23.00)
Omagh/Fintona	3	2
Enniskillen	2	2
Rapid Response Cover	3	0

Investment in West - 2006/07

Additional	Revenue	Capital
Training for new staff	£159k	
1 A&E ambulance & Crew 24/7	£430k	£110k (1)
1 Intermediate Care Crew & 2 Vehicles 16/7	£260k	£80k (2)
2 Rapid Response (RRV) Crew & Vehicles 16/7	£357k	£150k (3)
1 Clinical Support Officer (West)	£40k	
1 Modular Ambulance Station	£28.5k	
Total	£1274.5k	£340k
Thrombolysis Pilot		

Mr McIvor said the WHSS Board has also supported the Thrombolysis Pilot where Paramedic staff are trained and equipped and supported by 12-Lead ECG telemetry links to the hospital. They provide pre-hospital clot busting thrombolytic drugs where appropriate to cardiac arrest patients in their home or en route to hospital. The service is complementary to the mobile coronary care units but recognises that a mobile coronary care unit based in a hospital has a defined patch in which it can respond in a reasonable time. There are mobile coronary care units in Altnagelvin, Omagh and Enniskillen but there are huge gaps in between where thrombolysis may be required and Mr McIvor said it was his view, which he has expressed to the Department, that this should be delivered by trained paramedic staff operating on a 24/7 basis in a suitable response vehicle supported and assisted by mobile coronary care units or by GPs although the uptake from GPs has been very limited.

Mr Mclvor said the West presents a particular challenge in providing rural response. It is the largest area of the Divisions under his control at 1870 miles². This equates to 1 emergency ambulance per 178 miles² and 1 Response Location per 234 miles². To elaborate further Mr Mclvor said an ambulance travelling at 40 miles per hour will cover about 4 miles in the 8 minute response time. Each of the locations can serve within 8 minutes an area of about 50 square miles so there are approximately one fifth of the locations necessary to provide 8 minute response cover in the West and about one third to one quarter of emergency ambulances necessary to provide the response cover. However, he said if NIAS did provide that they would be providing an ambulance and response unit at locations which would get very few calls.

The Western Division has the smallest population i.e. 281408 people and equates to 1 emergency ambulance per 27,000 people which is broadly equivalent to the rest of Northern Ireland in terms of spend per head of population.

Mr Mclvor said the biggest challenge they face is that incidents are essentially random and can happen at any time of the day or night and at any location. He said covering 5500² miles, 168 hours a week is quite a challenge in terms of providing response cover and targeting what is available to deliver to performance. He said they are seeking to increase locations from 30-40 to about 60 but there are significant gaps in the far West, the Sperrins, around Draperstown, the Glens of Antrim, Ards Peninsula and South Armagh where they are challenged to respond within 21 minutes but they are responding to more than 90% of emergency calls within 21 minutes.

With the use of maps Mr Mclvor explained the rationale around the locations for Deployment Stations and maximising the use of existing resources.

Mr Mclvor outlined the NIAS Strategy for Improving Response Times.

- Patient Centred Deployment Plans;
- Match resources to the demand for a 24 hour period;
- Reduce the call cycle time;
- Introduce AVLS/Mobile data;
- Introduce alternatives to ambulance response for Category C calls.

Further Action to Improve Response Times and Clinical Care:

- Develop alternative Care Pathways for chronic conditions e.g. Diabetes, Asthma, Mental Health, Minor Injury.
- Develop opportunity for ambulance staff to refer patients ringing 999 who do not need to go to an A & E Department on to appropriate primary care
- Alternative Response to Category B & C, GP urgent;
- Maximise Patient Care Service;
- Ambulance led Thrombolysis;
- Officer Response and Deployment;
- Community First Responders;

A number of questions from WHSSC members were sent to NIAS prior to the meeting and responded to by Mr McIvor and Dr McManus:

Marilyn Trimble:

Why does the NIAS not have satellite navigation installed especially in rural areas? Are there any plans to install satellite navigation?

Mr McIvor said the ambulance service had been looking at Satellite Navigation for a number of years. He said it was now available and was installed in the Rapid Response Units. He said NIAS are developing a Business Case which should be completed by the end of next week and he hopes to present it shortly to the Department. He said he believes the Department will look favourably on the Business Case as there is a realisation that an ambulance service requires Satellite Navigation. He said in his view NIAS requires more than Satellite Navigation – they require Automatic Vehicle Location linked to the Satellite Navigation so that the Control Centre staff know where the vehicles are. He said it was needed for emergency and non emergency ambulances. Mr McIvor said he had built into the specification that it has to be able to accept the coordinates and data from the Control System and automatically populate what is in the vehicle. The cost will be approximately £1.2 million for the whole of the NIAS for Automatic Vehicle Location and Satellite Navigation.

In response to a query from Ms Reilly, Mr McIvor said it was

unlikely to be operational before end of March 2008.

Mr Sutherland asked if the specifications they are setting out are standard on the mainland?

Mr McIvor said the specifications are not standard because many have gone for other solutions partly because they were introduced at different times and technology has moved on. However he said they have been in contact with the Ambulance Service in Scotland who have shared their full technical specification with NIAS and it is with their technical advisers. He said Scotland is the most relevant and probably closest in terms of population.

Mr McKelvey asked if the Satellite Navigation covers across the border?

Mr McIvor said he would need to check that the maps provided will work across the border but it is his understanding that they will.

Victor McKelvey:

Are there staff vacancies (paramedics/EMTs) at present?

How are unforeseen staff absences managed - standby, relief, volunteers, any other method?

Mr McIvor said that currently in the West there were 7 Accident & Emergency (A&E), 5 PCS and 22 Paramedic vacancies. There are 54 Paramedic vacancies in total across all of Northern Ireland.

Mr McIvor said they had an ambitious Training Plan for this year designed to address the current and future vacancies and the Paramedic shortfall. He said they are planning to look at whether they will be able to deliver 54 trained Paramedics in year. However, he said there may be funding and staff training issues. He said they have been using trainers from Scotland and Wales.

Ms Reilly said that 22 vacancies in the West out of a total of 54 is proportionally quite a high figure and queried whether there is any particular reason for that?

Mr McIvor said that due to additional investment in the West last year an extra A&E Crew required 6 Paramedics and an

extra Rapid Response unit required 8 Paramedics. He said it takes 3 years to train a Paramedic. In the meantime they have introduced technicians to the West and have also moved people around to manage the skill mix as best they can. He said there will inevitably be a period where there is a gap while paramedics are being trained.

Dr McManus assured the Council that the shortage was not due to a lack of people wanting to work in the West. He said they had almost reached the balance between paramedics and technicians but because of the reconfiguration of services in Omagh and the need for additional resources the only way they could meet the timescales was to put technicians in place.

There is a Regional Control centre. Some people do not use postcodes and townlands can be problematic. Who takes the lead in each call-out - the Control Centre or the local driver? (Can it be assumed that the local driver may have special and up-to-date local knowledge of routes especially when the weather is foul or in wintry conditions). Can it be assumed there is good liaison between the Centre and the driver?

In his response Mr McIvor also referred to an earlier question from Mrs Brown who asked if the Satellite Navigation system would be able to cope with unnamed roads in Fermanagh?

Mr McIvor said the Satellite Navigation system will still take you to your destination. He explained that when a call comes into Ambulance Control they have a system in place called ISEC. This works with BT and means that a telephone number is attached to a postcode so the call taker is presented with a list of likely addresses for that call. Once they select the correct address for the postcode it automatically plots it onto the map and the coordinates are transmitted to the Satellite Navigation system. If there is no postcode the call taker types in the first few letters of the address and selects the address that way. The dispatcher who is in contact with the crew has a digital map showing the address and can give directions by radio to the crew.

Mr McIvor said the system is enhanced by Digital Radio and the crews having hand portables to enable them to remain in contact when out of the vehicles.

Mr McIvor said Ambulance Control will direct the crew and will instruct them to attend an incident. They will provide them with the address of the incident and directions if necessary. The ambulance staff, most of whom live locally, often know how to get to an address but if they require further information they will ask Control who will provide assistance.

With regard to hoax calls to the Ambulance service, Mrs Brown asked whether it is possible to trace a hoax call made from a mobile phone?

Mr McIvor said hoax calls made from mobile phones can be traced. He said where there is persistent abuse of the service they will investigate. He said very often they find there is someone in need and they will involve Social Services or the GP to try to resolve the issue.

Dr McManus said on occasions he and another officer have gone to meet with the caller.

Ms Reilly said the WHSS Council would be supportive of their approach to resolving this issue and commended the Ambulance Service for their caring attitude.

In relation to interaction between the crews and Control Centre, Dr McManus said Control will give the location of the call to the ambulance crew. The crew will make their way to the incident by whatever way they feel is the most rapid and appropriate and there is no issue with that. He said if in fact there is a concern on the part of a crew e.g. if they were not necessarily the closest to the call or if it had been quicker for a crew from another location to be sent to that incident then the crews are asked to formally advise Control. This he said was in order for learning to take place and Control can hear from local crews that a particular station or deployment point is in fact closer to a certain location than others. He said it is an issue they are trying to address not just with regard to location and routes but in terms of improving their incident reporting mechanisms and receiving feedback from crews on the ground. The Officers in the Control Centre he said are feeding back information to staff as a learning process.

Mr M McIvor (Council member) said he has spoken to crews in Enniskillen about this issue and he said they had to understand and accept that information from Control is that which is provided by the caller.

Dr McManus said he was well aware of the frustrations that sometime local crews feel when they are being dispatched to calls. An important aspect of this he said is that the Control Centre relies on the caller to tell them what is wrong and not infrequently when the crew get to the incident what has happened is not what they have been told. He said another important aspect is that the Control centre is aware of the global picture whereas the ambulance crew may not immediately see the rationale behind the decision to deploy them to a particular incident.

Frances Robson:

What are the cross border arrangements for emergency planning?

Mr McIvor said NIAS carry out regular cross border exercises and are in regular contact with their counterparts across the border. He said NIAS has an Emergency Planning Department and have carried out joint major incident medical management system training involving officers from the North and South.

In response to a query from Mrs Hogg regarding the use of a helicopter Mr McIvor said there is currently no helicopter but that the Minister is considering it at present. He said NIAS would view the use of a helicopter as a very positive complementary development but not an alternative. However he said the infrastructure necessary to support a helicopter in hospitals is very significant. He said that the Royal Hospital in Belfast, which is a major trauma centre, does not have a helicopter landing pad. When a patient is being transferred to the Royal by helicopter they have to land at Musgrave Park and transport the patient by ambulance to the Royal.

Dr McManus said while NIAS does not have a dedicated air ambulance, if they require cross border air assistance they have an agreement with the Coastguard Maritime Agency who coordinate helicopter response and can call on them.

In response to a query from Ms Lynch regarding cross border co-operation and if it extended to Central Control being aware where ambulances from the 26 Counties are stationed at any particular time, Mr McIvor said at this moment and time Central Control would not be aware of this. He said there

were plans being developed at the moment in the South of Ireland to centralise their controls but nothing further than that. He said if there were to be further developments it would be a North/South ministerial issue and they would need guidance from the Department.

Dr McManus said it would be useful but there would have to be compatibility with the systems. He said currently and for quite some time there are a lot of cross border responses with NIAS vehicles going across the border at the request of the Ambulance Control Centres there and vice versa.

Dr McManus said that in the Ambulance Control in Belfast they have an elaborate data system for activity on beds in hospitals in the North. He said he is currently working with CAWT to develop this on an all-Ireland basis. For example, if there was a major incident requiring a significant number of intensive care beds or burns beds, then the ambulance Control Centre in Belfast and other Centres could liaise to ascertain how many beds are available in various locations such as Derry, Belfast and Dublin. They are therefore currently working to develop a whole Ireland technology solution approach in terms of emergency co-operation.

Joe Campbell:

What plans does NIAS have to improve ambulance provision in Omagh?

Mr McIvor said there are no further plans to improve ambulance provision in Omagh. He said they had made a bid to the WHSS Board and the Department which identified the likely impact of the changes. The Board funded that bid and they put the resources in place. He said they now monitor developments to see if there are any further changes in Omagh or elsewhere.

Mr McIvor said the destination protocols can be reviewed and should be reviewed in light of any changes to the circumstances which caused them to be put in place. He said if the hospital specifically identifies to the Ambulance Service that there are changes in the category or type of patients that they can receive then the protocols will be revised accordingly. He said he has shared this with the Chief Executive of the Western Health and Social Care Trust.

Dr McManus said it is important to point out that the Ambulance Service are responsive to the needs of the hospitals and it is not for them to dictate what they can and cannot provide. The hospitals need to advise the Ambulance service what patients are appropriate for them to bring to the hospital in terms of types of illness and injuries. He said equally it is essential for the hospitals to keep the Ambulance Service informed and to advise them of any changes so that NIAS can then in turn advise them of any potential impact on the Ambulance Service.

Dr McManus said he works closely with the hospitals and would meet every 4-6 weeks in order to discuss ongoing issues.

Ms Reilly said the issue was not just about ambulance provision but about overall response times. She said there was a feeling that in this area of the West response times were so poor that additional ambulances were needed.

Mr McIvor said it does need a comprehensive approach and they were working with the Department in developing a regional strategy for community first response.

Mr McGowan said he had a concern that the reconfiguration of services in the South West had put an increased pressure on ambulance provision and therefore the personnel. He said it was not acceptable that the population of the South West are disadvantaged. He said the service provision in general was not adequate.

Mr McIvor agreed with Mr McGowan that the changes in Omagh had put an added pressure on the Ambulance Service. He said this had been offset by the investment made by the WHSS Board but the continuing demands on the service from all the hospitals in the West and the increase in activity all contribute to the overall pressure on the service.

Mr McGowan said he would commend the NIAS for the service they continue to deliver whilst under such pressures.

Mr McGowan said in his opinion NIAS should be a completely independent authority which is directly funded from the Department and can make changes to service delivery without having to approach Boards for funding.

Mr McIvor said this will change at the end of the year when the new Health Authority takes over. However they will be competing then with the other five Health Trusts for funding.

Gerard Foley:

Why is there no 24 hour ambulance cover in Castlederg?

Mr McIvor provided information regarding ambulance provision in Castlederg, Omagh and Strabane. He said that in Castlederg there is a historical issue around lack of cover which sits with the WHSS Board.

Typical Levels of Emergency Ambulance Cover

Average Emergency Ambulance Provision per Station	Day	Night
Altnagelvin/Northland	3-4	2-3
Limavady	1	1
Strabane	1	1
Castlederg	1	1 (from 23.00)
Omagh/Fintona	3	2
Enniskillen	2	2
Rapid Response Cover	3	0

Ross Hussey:

When the A&E Unit at the TCH was closed an additional ambulance was provided and it was proposed that this ambulance spend part of its time in Fintona. The allocation was based on figures showing peak times it would be required in the Fintona area. I assume these figures were prepared prior to the closure of A&E and therefore Omagh would need an additional ambulance in its own right to cover the loss of A&E.

Mr McIvor said there is confusion within the question. He said the additional ambulance reflected what NIAS had identified was necessary to cope with the changes in Omagh. He said if Omagh had stayed the same and had two ambulances during the day and one at night, he would still have looked for a Deployment Point in Fintona. He said if there are two vehicles in Omagh then he would deploy one in Fintona - this extends

the capacity to respond quicker to patients. However if there is only one vehicle it will stay in Omagh. He said the two messages have been mixed in the question. The emergency ambulance has been put in Omagh and is there along with other ambulances to deal with the peaks and troughs of activity linked to the service changes in Omagh. He said the NIAS deploys ambulances throughout Northern Ireland to major incidents or to incidents where resources are stretched.

In a Ministerial response the Minister (Mr Goggins) advised that 2 additional Rapid Response vehicles were supplied for Omagh. I understand that these vehicles were not specifically issued to Omagh but to the Sperrin Lakeland Trust. I further understand that perhaps one of these may have been allocated to Lisnaskea. Of these rapid response vehicles how many are allocated to Omagh full time (if any)? What is the percentage use between Omagh and Fermanagh?

Mr McIvor said that the initial statement by Minister Woodward was that the ambulance service was tasked with improving response times in Tyrone and Fermanagh as well as dealing with the changes in Omagh. He said they had made a proposal to the WHSS Board, which was accepted and funded by the Board, to introduce two additional rapid response vehicles which have been based in Enniskillen and Omagh. He said the rapid response vehicles were not identified as contributing to the service changes in Omagh which were about moving patients elsewhere.

What is the average response time for an ambulance in the Omagh area?

Mr McIvor said the measure that is adopted for the ambulance service is the percentage response within 8 minutes. In May 2007, 52.5% of Category A calls were responded to within 8 minutes in the Omagh area.

What is the longest period a client has had to wait for an ambulance in the Omagh area?

Mr McIvor said non emergency calls would be re-categorised. The longest time waiting he said for a response to a non life threatening call was 53 minutes.

How often is there no ambulance cover in the Omagh

area with both ambulances outside the area perhaps in Enniskillen or Londonderry? Would the Castlederg ambulance be brought to Omagh - leaving that area with no cover or is Omagh left with no cover unless it is required?

Mr McIvor said he was unable to accurately answer this question because where cover is required the Rapid Response vehicles from Castlederg or Strabane, or on occasions Ballygawley, can be moved into the area. He said it is a dynamic situation and Ambulance Control minute by minute can move ambulances around if a situation requires them to do so.

Gerard Foley:

Request that the Ambulance Service provide an update on its plan to upgrade its facility in Strabane town.

Request that the Ambulance Service provide an update on the current levels of ambulance service provision, in terms of staffing, resources and cover, at the Strabane town and Castlederg facilities and outline its plans, if any, to develop this provision at both of these facilities.

Mr McIvor gave members an update on the Strabane Station. He said they had just recently put in place a modular building which has all facilities including showers which has eased the problems of space. He said Strabane will be reviewed as part of the overall Estates Strategy, which will take a number of years to complete. He said they will be developing a template of what is required based on the level of cover in the area.

In response to a further question from Mr Foley, Mr McIvor said Strabane is a key location and will not be closed down. He said it is included in the plans for the 60 locations that have been put forward in the Estates Strategy. However he said the station will need to be replaced and there may be an opportunity to co-locate with for example the Fire service. Mr McIvor reassured Mr Foley that he is bidding for approximately £16 million for Estates for the ambulance service in Northern Ireland and Strabane will be part of that.

Mr Foley raised a concern about ambulance staff who are away from their base all day getting their meal breaks.

Mr McIvor said there was more than sufficient time within the

day for staff to manage their meal breaks. He said if for example they have to travel to Belfast they will be stood down for meal breaks and they are paid a meal allowance where appropriate.

Mr Victor McKelvey said the current location of the ambulance station in Strabane is excellent so why move it from there?

Mr Mclvor said that, as he had explained, they were considering co-location and if they move for example 500 yards or one mile away and it means the ambulance service can respond more quickly to another 10 incidents it will have improved the service and that will determine the move. Mr Mclvor said the current building is too old and does not meet their needs.

Mrs Sue Hogg asked if NIAS train local responders?

Dr McManus said he had in the last few days signed off authorisation for a first responder scheme in Irvinestown which is being facilitated through the Red Cross. Other schemes have been facilitated through various community groups and St John Ambulance. He said NIAS do not currently provide training but facilitate the scheme. However he said they have to be satisfied that the training is to an acceptable standard. He said if there is a community group or an area where people want to become involved in first responder schemes they will try to facilitate that.

Dr McManus said a Regional First Responder Strategy is being developed to try and coordinate such schemes and to try to encourage new schemes throughout the region.

Dr McManus said all trainers and first responders are vetted because they are dealing with vulnerable people.

Mrs Valerie Brown and Ms Ruth Lynch asked Mr Mclvor for an update on the Lisnaskea Deployment station.

Mr Mclvor said it is due to go live shortly but he did not have the exact date. He said it will be based in an industrial unit used by a community group. He said it would not have a dedicated ambulance but would be covered on the same basis as the Fintona station as resources permit.

Mr Mclvor said he would find out the exact details and report

back to the WHSS Council with the information.

Mr Michael Carten said he wished to pay tribute to the NIAS on the work they do under very difficult circumstances. He said they do not receive the recognition they deserve.

Ms Reilly said that WHSS Council were inundated with complaints but they are rarely about the NIAS. She said she wished to reinforce Mr Carten's comments.

Mr McIvor said the NIAS had recently been rewarded with the Freedom of the City of Lisburn.

Mr McGowan said he also wished to be associated with Mr Carten's comments. He thanked Mr McIvor and Dr McManus for the very informative presentation.

C035/07 Breast Care Services:

Members were provided with a handout detailing Breast Cancer waiting times as at 11 June 2007.

Ms Reilly said a total of 32 new referrals had been received and of these 10 (31%) had been categorised as Urgent.

The Breast Cancer waiting list currently has 16 Urgent Referrals waiting to be seen: 8 patients waiting 1 week; 7 patients waiting 2 weeks and 1 patient waiting 3 weeks. She said there were no patients waiting beyond this time. She congratulated the Trust for the huge efforts they had made in getting on top of this issue. Ms Reilly said a total of 6 patients were treated within the period and all 6 were seen within the 2 week standard.

Mr Joe Campbell raised an issue in relation to the Mobile Screening Unit. He said he was aware of a lady who had received a letter asking her to attend for screening. She was told she would have a report in 3 weeks and 5 weeks have passed and she still has not received the report.

Ms Reilly said she would check up on this issue.

Action Point AP: d(i)/06/07

Ms Reilly to check delay in reports from the Mobile Screening Unit.

C036/07 Chief Officer's Report:

Ms Reilly referred to the Monthly Activity Report which members had in their packs.

Joint Workshop:

Ms Reilly said there had been a joint HSSC's workshop held on 23 May 2007. She said the main topic for discussion at the workshop was the current crisis in Dentistry.

She said following the workshop the Northern Ireland Assembly's Health Committee have asked for a representative from the Health Councils to address them on the issue. Ms Reilly said herself and Mrs Cunningham, Chief Officer of the Southern Health and Social Services Council, are giving evidence to the Health Committee regarding Dentistry on 28 June 2007.

Ms Reilly said none of the dentists in Fermanagh or Omagh, and very few in Derry, are taking on new NHS patients.

The four Chairmen and Chief Officers of the Health and Social Services Councils had asked for a meeting with the Minister for Health Mr Michael McGimpsey and this meeting has been scheduled for 10 July 2007.

Mr Campbell asked if there had been any reason given for the cancellation of the Oral Health Strategy Group which had been scheduled to take place in Strabane on 13 June 2007?

Ms Reilly said she was unaware of the reason. A letter had been sent to each group member stating that the meeting was cancelled.

Mr Victor McKelvey said he had heard the Radio Foyle interview given by Ms Reilly earlier in the day on the subject of Dentistry and he wished to compliment her on the excellent answers she had given.

Complaints:

Ms Reilly said the WHSS Council had received 17 new cases (15 Level One and 2 Level Two) during May 2007.

Joint Council Work:

Ms Reilly said that she had attended 3 Joint Health Council meetings during May 2007 due to the amount of work that needs to be done leading up to the dissolution of the Councils at end of March 2008.

Member Representation on Committees:

Mrs Sue Hogg said she had attended the Western Investing for Health (WIFH) Partnership Board meeting on 7 June 2007 in Strabane. She said there had been a presentation on Implementation of Play Strategy which has the potential to be replicated across the community. It was she said an interesting presentation which outlined the importance of physical and emotional well-being at an early age. Mrs Hogg said it had become a big issue as there is such a thing as play deprivation where children do not know how to play.

Mrs Hogg said the new structures for public health and integration were outlined.

She said committee members were informed that WIFH will cover a much larger area in future from Limavady to Newry and Mourne.

Mrs Hogg said she wished to pass on a tribute that had been paid to Ms Reilly at the meeting on 7 June 2007 for the work she had done with WIFH in the past.

Media:

Ms Reilly said she had given an interview to Radio Foyle in relation to Altnagelvin Hospital having only 4 Senior Doctors in A & E in comparison to 8 in any other comparable A & E Unit. Ms Reilly said she had raised concerns about the length of time patients have to wait to be seen by a doctor; the need for experienced doctors to make decisions, diagnose and determine treatment. She said there is an issue about delayed discharges which then affects the length of time for admittance of new patients.

Mr Alan McKinney Consultant in A & E at Altnagelvin was also involved in the interview and he confirmed that 1 additional Senior Doctor would be appointed by August 2007.

Ms Reilly also raised issues in relation to Developing Better Services changes and the changes in Tyrone County Hospital which affect capacity in Altnagelvin.

Mr McGowan posed the question that if there is a lack of service due to the fact there are only 4 senior doctors in A & E does that create other pressures?

Ms Reilly said Altnagelvin were aware of the pressures and the implications of being under resourced. She said Mr Alan McKinney was doing a lot of work in terms of safety and governance.

Ms Reilly said they have a good triage system in place and they are

trying to minimise disruption to patients as much as possible.

She said her understanding was that they were hopeful they would be able to get 1-2 Senior Doctors into A & E this year.

Joint Conference:

Ms Reilly said the four Health Councils and the Regulation, Quality and Improvement Authority had worked collaboratively to carry out an audit on Advocacy for Older Persons in care homes and presented their findings to a Joint HSS Council Conference held on 13 June 2007. The Conference was attended by over 120 participants including representatives from Boards, Trusts, Care Homes and Council Members. Ms Reilly said a final report would be published in October 2007.

She said the audit had shown that one third of people in care homes are happy for their family or relative to act as their advocate and a further one third would welcome independent advice and support.

Ms Reilly drew members' attention to a copy of a letter in their pack outlining the HSSC's budget for 2007/08. She said she had calculated how much each Council received per head of population with the Southern Council's allocation providing 71p per head; the Eastern Council 52p per head; the Northern Council 50p per head and the Western Council 46p per head of population. She said there was a considerable difference in funding which has been historic.

C037/07 **Any Other Business:**

Member Training:

Training for WHSS Council members on Freedom of Information and Data Protection will take place at the Council's Offices on Thursday and Friday 28th and 29th June 2007 from 10.30am to 12.30pm.

Chairman of Strabane District Council:

Mr McKelvey said that Council member Mr Gerard Foley had recently been elected as Chairman of Strabane District Council. Ms Reilly on behalf of the WHSS Council congratulated him on his election.

Addiction Centre – Strabane:

Mr McKelvey raised an issue regarding a resident of Strabane who had died of alcohol addiction. He said the family felt that an Addiction Centre needed to be opened in Strabane. However he understands the WHSS Board said they had sufficient services for the area concerned.

C038/07 **Date, time and place of next Council Meeting:**

Date: Friday 7 September 2007
Time: 10.00am
Place: Faughanvale Community Centre
Unit 11-16, Clooney Road
Greysteel
L'Derry

The meeting ended at 1.15pm