

# WESTERN HEALTH AND SOCIAL SERVICES COUNCIL

**Minutes of One Hundred and Fifty-seventh meeting of the  
Western Health and Social Services Council  
held in the Training Room, Strabane District Council Offices  
on Friday 2 November 2007  
at 10.00am**

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

**Present:**

<b>Mr P McGowan (Chairman)</b>	
<b>Councillor G Foley</b>	<b>Mr I Maguire</b>
<b>Councillor M Hamilton</b>	<b>Mr V McKelvey</b>
<b>Councillor B Johnston</b>	<b>Councillor J McKeever</b>
<b>Councillor R Lynch</b>	<b>Councillor B Page</b>

## **Western Health and Social Services Board**

**Ms K Meehan (Chair)**  
**Professor D Burke (Chief Executive)**  
**Mr M Gormley (Head of Consumer Services)**

**Apologies:**

<b>Mrs V Brown</b>	<b>Mr M McIvor</b>
<b>Mr J Campbell</b>	<b>Mrs M McKeague</b>
<b>Councillor M Carten</b>	<b>Mrs F Robson</b>
<b>Mrs S Hogg</b>	<b>Mr D Sutherland</b>
<b>Mr R McIntyre</b>	<b>Ms M Trimble</b>

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

## **C053/07 Chairman's Business:**

Mr McGowan welcomed everyone to the 157<sup>th</sup> meeting of the WHSS Council and as this was a liaison meeting with the WHSS Board, he welcomed the Board officers to the meeting.  
Mr McGowan also welcomed Councillor Jim McKeever from Derry

City Council, who has been appointed to replace Councillor Seana Hume, to his first meeting of the WHSS Council.

Mr McGowan said he wished on behalf of WHSS Council to pay tribute to Mr Alan Cahill who has retired from his post as Divisional Officer in the Western Division of the NI Ambulance Service. He said Mr Cahill, who had been based in Derry, had worked closely with the Council and he wished him a long and happy retirement.

## **Liaison Meeting with Western Health and Social Services Board (WHSSB)**

### **C054/07 WHSSC Chairman's welcome to the WHSSB:**

Mr McGowan welcomed Ms Karen Meehan, Chairperson of the WHSSB, Professor Dominic Burke, Chief Executive and Mr Michael Gormley, Head of Consumer Services to the Liaison meeting with the WHSS Council.

Mr McGowan said the Council always welcomes the opportunity to meet with the Board. He reminded members that under the original plans for the dissolution of HSS Boards and Health Councils this should have been the last liaison meeting. However he said due to the Minister's recent statement, which he would refer to later in the agenda, the Council can now expect to have further liaison meetings with the Board.

### **C055/07 Chairperson WHSSB:**

Ms Meehan said the Board also welcomes the opportunity to meet with the Council. She said it provides an opportunity for the Board to respond to issues raised by the Council on behalf of the public for whom the Board commissions services.

Ms Meehan thanked the Chief Officer for preparing the agenda and for providing Mr Gormley with a sense of the issues that were to be raised.

### **C056/07 Review of Public Administration (RPA):**

Mr McGowan said the Health Minister had issued a letter to all staff in Health and Social Care in NI to say that he "wanted to give more thought to the changes being proposed under the RPA and to ensure that the right choices are made with regard to structures". He added that "it is very unlikely that there will be any further

changes to structures before April 2009”.

**WHSSC questions:**

- How does the Minister’s recent statement affect the Board?
- What is the role of the Board in relation to new Trusts given the increasing involvement of the Health Authority designate?
- Has funding to the Board been affected by the decisions so far?

Professor Burke said that in his letter the Minister refers to ‘business as usual’ next year. Therefore he said the WHSS Board will continue to carry out its usual functions i.e. develop the Health and Well-being Improvement Plan and continue to commission services for the population of the Western Board area.

He said clearly some developments had already progressed such as the establishment of the Health and Social Care Authority designate and the Local Commissioning Groups (LCGs). He said two LCGs had been established in the Western Board area - the West (Cookstown, Dungannon, Fermanagh and Omagh) and the North West (Magherafelt, Derry, Limavady and the Strabane areas).

Professor Burke said the WHSSB has a clear strategy for how they will work to develop plans in the immediate future. He said they would work closely with their colleagues in the Southern Board to look at Dungannon and with the Northern Board to look at the Magherafelt/Cookstown issues.

Professor Burke said the extension of a further year was good news for staff whose future was uncertain. Whatever decision is reached will require the Board to look at all their staff and in particular permanent staff. However he said they also have a large number of staff who are on temporary contracts or on secondment as the Board has been unable to fill posts permanently in the last year due to vacancy controls.

Professor Burke said that, as the Council is aware, the new Trusts have been established and the Health Authority Designate is now in place. He advised he would be attending a meeting with the Department, Health Authority, Boards and Trusts later in the day. They will be discussing next year’s planning process and finance and how they might deal with issues that arise. He said that legal

responsibility still remains with the Board as the new Health Authority designate does not yet have legal status.

He said the Health and Well-being Investment Plan which the Board are working on will cover the period from 1 April 2008 through to 2011.

Professor Burke went on to say that the Minister has made it clear that there must be cash-releasing in order to reduce the amount spent on administration and to re-direct the resources into front line services. He said the Board would continue to work with the Trust to identify changes to service delivery. He went on to say that the target is £340 million over the three year period.

Ms Reilly asked what percentage of the £340 million would apply to the Western Board?

Professor Burke said that the WHSS Board target is 3% each year of the 3 years, i.e. 9% in total. However he said it may not be possible to get 3% out in year one – it could be 2% in year one; 3% in year two and 4% in year three.

**C057/07 Issues arising from previous Liaison Meeting with WHSSB (7/9/06):**

**(i) *Complaints - Independent Reviews:***

The Council asked how many requests were made to the Board for Independent Review and how many were granted for 06/07?

The Board confirmed that 79 Independent Reviews were requested and 6 granted during this period.

The figures for the past 3 years are as follows:

	<b>Requested</b>	<b>Granted</b>
2006/07	79	6
2005/06	61	0
2004/05	24	3

Mr Michael Gormley said he was aware of the concerns expressed by the Council at the last liaison meeting in relation to the low numbers of cases which were granted Independent Review.

He went on to give a breakdown of the figures for 06/07:

Request withdrawn by patient/client	22	
Referred back to Trust for local resolution	2	
Turned down for Independent Review		32
Referred for Independent Review	6	
Under consideration		17

Mr Gormley said the Board is having considerable difficulty regarding the availability of Assessors to examine cases particularly with the changes brought about by the reconfiguration of Trusts. He said the Board has identified this as an issue and they do not want people having to wait for months for a decision to be made regarding their complaint. Other Boards he said are experiencing similar problems regarding availability of Assessors.

Mr Maguire asked if a complainant is not satisfied that they are getting a timely response from the Board do they not have a right to proceed to the next step of the complaints process?

Mr Gormley said complainants do have a right to proceed to the next step and described the process that takes place. In the first instance there is the local resolution stage where the complaint is made to the service provider. If the complainant is dissatisfied with the response they can then request an Independent Review through the Board. There are three instances where a complainant can ask the Ombudsman to look at their complaint: (1) if they remain dissatisfied with the response following an Independent Review; (2) if their complaint is turned down for Independent Review; (3) if there is an undue delay in the Board dealing with their request for Independent Review. Mr Gormley said if there is an ongoing delay, for example through the Board's inability to source an Assessor, the Board will keep in contact with the complainant.

Mr Maguire said he would be concerned about undue delays in accessing Assessors and suggested there should be a panel of people whose only role would be to deal with these matters.

Mr Gormley said currently there is not a pool of Assessors which the Board can access. He said they do have lists of Assessors that have been submitted by the main professional groups e.g. BMA, British Association of Social Work etc. He said over the past year a number of people on these lists had retired or moved on.

Mr Gormley said he agreed with Mr Maguire and said the Board needs to have more creative ways for accessing Assessors. He said the Board is having discussions with the Ombudsman's office regarding the idea of having a service level agreement with appropriately skilled people who could act as Assessors.

Mr Gormley said he accepts that there is a problem and the Board are doing everything they can in order to resolve the issue.

Ms Reilly asked how many of the cases which went forward for Independent Review were upheld in terms of the complainant's original concerns?

Mr Gormley said in his experience there are always issues coming out of Independent Reviews on which action needs to be taken. He said he would be happy for himself and Ms Reilly to undertake an analysis of the information on file.

Ms Reilly asked how the Board, having upheld whatever concerns may have arisen, monitors the way in which the Trust addresses the issues?

Mr Gormley said following the last liaison meeting with the Council at which this issue was raised, the Board reviewed their monitoring arrangements. He said they had always received reports from the Trusts in relation to actions taken as a result of complaints. However, he said the Board now produces a monthly analysis of the actions taken as a result of all complaints received and any follow up action that the Board required providers to take and what outcomes there were. He said this information is shared with the Board's senior management team and Governance Committee on a monthly basis. Mr Gormley said he would be happy to share the reports on an anonymised basis with the Council.

Ms Reilly asked if the Board has any method in place to

receive feedback from the complainant about the Independent Review process once the case has been completed?

Mr Gormley said he felt this was something the Board could do more work on. He said during the panel hearings, which can take a number of days to complete, a member of staff from the Board's Complaints Department works very closely with the complainant to make sure they are satisfied with the arrangements. He said there is ongoing feedback from the complainant but the Board does not currently have a formal post Independent Review discussion about the process with the complainant. He felt this was something the Board should do and therefore apply the learning and he would be happy to take this suggestion forward.

**Action Point AP: a/11/07**

Chief Officer and Mr Gormley to meet to analyse the statistics on the outcome of Independent Reviews and share reports.
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**(ii) Breast Care Services:**

**WHSSC questions:**

- Provide an update on the breast clinics; high, medium and low risk.
- Are these clinics now in place in Altnagelvin?
- Does the Board now know how many urgent referrals are made by the GPs that are re-designated by the multi-disciplinary team as non-urgent?
- If there are re-designations how is this being communicated to women?
- What investment has been made by the Board?
- Has there been any improvement in the way that GPs make urgent referrals?

Professor Burke said that since the last meeting with the Council the 2-week waiting time target for urgent cases has

been met. He said the clinics are up and running and the Board are optimistic that as the Trust continues to expand the service by employing additional General Practitioners with special interest (GPSI), nurse specialists and additional radiology capacity they will be able to further improve breast services.

Professor Burke said the Trust has identified the need for a third surgeon in the field of breast surgery and they hope to be able to achieve that through a re-configuration of the existing surgical staff.

Professor Burke said that breast waiting time targets are being monitored on a weekly basis and he would expect the current level of progress to continue.

Ms Reilly referred to the figures in Table 1 below received from the Board for breast waiting times as at 22 October 2007. She said she wished to congratulate the Board and the Trust for their work on the urgent patient category. However, she said the Council remains concerned about the waiting times for routine patients. There are 382 routine patients waiting for their first outpatient appointment (298 waiting 0-2 months and 84 waiting 3-5 months). She said there may well be patients waiting within the routine group who could turn out to require transfer onto the urgent list. She said it worries the Council greatly that in trying to tackle one end of the scale i.e. the urgent list that there may be women having to wait longer than necessary on the routine list. Ms Reilly said from the Council's analysis of the figures approximately 12 routine and 8 urgent patients are seen per week. She said this appeared to be a fairly small level of activity.

**Table 1:**

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**Breast waiting times at Altnagelvin Hospital as at 22/10/07:**

A total of **47 New Referrals** were received.

Of these, **13 (28%)** were categorised as Urgent.

**URGENT PATIENTS**

The Breast Cancer Waiting List currently has **10 Urgent Referrals** still waiting first Outpatient appointment:

No. of patients waiting 0 - 7 days	No. of patients waiting 8 - 14 days	No. of patients waiting 15 - 21 days	No. of patients waiting 22 - 28 days	No. of patients waiting 29 - 35 days	No. of patients waiting 36 - 42 days	No. of patients waiting over 42 days
6	4	0	0	0	0	0

### **ROUTINE PATIENTS**

The Breast Cancer Waiting List currently has **382 Routine patients** still waiting first Outpatient appointment:

No. of patients waiting 0-2 months	No. of patients waiting 3-5 months	No. of patients waiting 6-8 months	No. of patients waiting 9-11 months	No. of patients waiting 12+ months
298	84	0	0	0

### **PATIENTS SEEN WITHIN THE PERIOD**

There were **8 patients** seen within the period;

All **8 patients (100%)** were seen within the two week standard.

Professor Burke agreed with Ms Reilly that there is the potential for urgent patients to be missed in the routine category. He said they are developing breast services by appointing GPs with special interest and additional specialist nurses to work alongside them in order to tackle the routine list.

Ms Lynch said she agreed with Ms Reilly that patients on the routine list need to be targeted now. She added that the

emotional impact on patients having to wait for long periods is a major concern.

Ms Lynch asked how many patients who had been categorised as routine turn out to be urgent?

Professor Burke said that previously all breast referrals were classified as urgent. He said referrals are triaged into high, moderate, and low risk categories in an attempt to ensure that urgent patients are seen first. He said an audit currently being carried out will show how accurate the triage has been and whether patients who were categorised as routine should have been seen urgently.

**Action Point AP: b/11/07**

Council to follow up on outcome of audit
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Mr Page asked Professor Burke if he felt the possible loss of services from the Pathology Laboratories at Altnagelvin would put an added stress on patients waiting for a diagnosis?

Professor Burke said that any delay in results would undoubtedly place additional stress on patients and the Board had highlighted this issue in their response to the consultation on Pathology services.

**(iii) Fertility Services:**

**WHSSC questions:**

- Provide details on the current status of the 83 patients who had started treatment at Altnagelvin.

Professor Burke said this was an issue that has been ongoing for some time. He said the service had started at Altnagelvin as a result of an individual Consultant having an interest in this area of work. Unfortunately he said the Trust had never been resourced for this service. When the Regional Fertility Centre was set up there was an expectation that all patients would be referred to the Centre.

Professor Burke said there were 83 patients being seen at

that time in Altnagelvin. The decision was taken to refer 12 of these patients to the Centre and the Altnagelvin Consultant saw the others. He said all of the 12 patients referred to the Centre have now been contacted for an appointment – 2 have not responded to the letter and reminders are being sent out to them.

Professor Burke said there is an issue across the 4 Board areas as to how this service can be best managed. There is work ongoing to see how they can deliver supporting counselling and information across Northern Ireland rather than have everything centred in one place.

He said he is aware that there may be couples who are dissatisfied with the manner in which their cases have been managed.

Professor Burke said currently the Regional Centre receives all referrals and there will be no new referrals made to Altnagelvin.

Ms Reilly said 83 patients had started treatment in Altnagelvin and according to Professor Burke 12 patients were referred on to the Regional Centre for treatment. She asked what has happened to the remainder?

Professor Burke said his understanding was that a number of patients did not wish to continue with the treatment. The remainder he said had clinical summaries completed by the Consultant at Altnagelvin, and they had been referred to the Regional Fertility Centre. He added that those who had not started treatment were automatically referred to the Centre.

Ms Reilly requested that the Board provide the Council with an breakdown of what has actually happened to the 83 patients who had started treatment at Altnagelvin. She said the Council has been approached by a number of couples who are very unhappy with the service they have received. These women have letters going back over a number of years containing promises that their treatment would be provided.

Ms Reilly said she had spoken to the Regional Fertility Centre. They said they have the capacity to provide the additional service but the issue was whether or not the Board wishes to purchase this service. She said the Council is

anxious to know if the Board is paying for the additional service which the local Trust is no longer providing?

Professor Burke said the Board had not paid for this service in the first instance at Altnagelvin. Therefore when the service ceased to be provided at Altnagelvin there was no funding to transfer to the Regional Fertility service. He said one-off monies were made available to enable those who were already being treated to have their treatment continued. However he said as far as he is aware the Board had not actually developed a contract beyond that with the Regional Fertility Centre.

Ms Reilly said the Council understands how the Board could not budget for a service they had not originally commissioned. She said they also understand that no-one wants to stop doctors in hospitals from saying they have a special interest in certain conditions and that they wish to take this interest forward. However, Ms Reilly said the service must be mainstreamed and Boards must have a role in monitoring what services are being provided in hospitals irrespective of whether or not they commissioned them in the first instance or that they had developed from within a Trust.

Professor Burke said that in his view doctors should not be allowed to pursue special interests and provide services which are not funded because this raises patients' expectations. He said the Board needs to ensure services are developed on a planned basis in partnership between the Commissioner and the Department so that the Programme for Government, the services that are to be provided and the funding that is to be made available all work towards the same targets.

Professor Burke said that in addition to medical input to provide a service there is a need for nursing and secretarial support; therefore the service must be properly planned and funded.

Ms Reilly said there were other issues involved such as Clinical Governance. She said it is her understanding that it was discovered that under a European Directive the Trust was not licensed to provide this service. However, as far as the 83 patients involved are concerned they had a commitment from the Trust to provide the service and from

the figures provided, the Council would not be happy with the outcome for these patients. She said the patients concerned are well within their rights to be extremely angry and disappointed about the situation. Ms Reilly said a number of these women have a small window of opportunity remaining given their age and could potentially lose out because they were referred to Altnagelvin and believed they were going to receive the service locally.

Professor Burke said the service did not cease because of the licensing issue. He said his understanding was that it had stopped because there was insufficient money to pay for the service. This he said was due to the fact that it had never been programmed into the development of services within Altnagelvin.

Professor Burke said the 83 patients who started the service at Altnagelvin should have received appropriate information about the change in service and how that affects them.

Mr McGowan said he also had a concern around this issue. He said because of the window of opportunity a number of couples were forced to opt for private treatment at huge financial costs to themselves. He said he would like to see some resolution in order to get the remainder of these patients seen as quickly as possible.

**Action Point: AP c/11/07**

WHSSB to provide WHSSC with a breakdown of what has happened to the 83 patients who had started treatment at Altnagelvin.
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**(iv) *Provision of Shared Care for Children:***

Professor Burke said this is another area of work that has been going on for a long time. He said the issue is in relation to how children are managed at outpatient clinics and the preparation for treatments that are required in Belfast when they have to travel from rural areas or the west of the province.

He said discussions have been taking place with regard to ensuring that young people travelling to clinics in Belfast can

have their travel time taken into account and can have an arrangement whereby they will be seen quickly.

Professor Burke said a network has been established to look at cancer services - the NI Cancer Network (NICAN) and a series of sub groups have been established to look at a range of mainly clinical issues associated with this service.

One of the issues under discussion he said is the possibility of patients having preparation work done at Altnagelvin and whether that would be acceptable to doctors at the Cancer Centre in Belfast enabling young patients to get their treatment as soon as they arrive at the Belfast hospital.

Professor Burke said he intends to speak to Dr McCarthy, who is the Oncologist responsible for paediatric care for cancer patients and is based at the Royal. He said he would be formally putting it to him that there should be discussions with colleagues at Altnagelvin or the Erne to see if preparatory work undertaken at these sites can be submitted to the Royal Hospital to enable young patients to be treated on arrival at the hospital.

Professor Burke undertook to provide a formal response to the WHSS Council before the next meeting on 7 December 2007.

Ms Reilly said originally the Council had asked the Board to look at how it may be possible for some children with cancer who need certain types of treatments, such as blood transfusions, to have these carried out reasonably and safely in Altnagelvin rather than having to travel to Belfast. The issue was not about making sure they are first in the queue on arrival at the Belfast hospital. She said very sick children should not have to travel to Belfast if it were possible to have their treatment carried out locally.

Professor Burke said there are two issues - one is the preparatory work e.g. having blood tests and other treatments at the Cancer Unit in Altnagelvin prior to attending hospital in Belfast. This he said will be part of the discussion with Dr McCarthy. The other issue is about patients being unreasonably delayed while waiting for treatments in Belfast. He said the Board will look to see if treatments can be provided reasonably and safely at

Altnagelvin and will take that forward.

Ms Reilly said this issue has been going on since Ms De Bruin was the Health Minister. The parent from Derry who had previously met with the Council had written to Ms De Bruin on this particular issue. At that point it had been agreed between the Royal and Altnagelvin that in theory there was no reason why some treatments could not be provided locally. Ms Reilly said it is shocking that nothing has happened about this issue since.

Professor Burke undertook to provide a reply to the Council by their next meeting detailing whether this is possible and if it is then he said it will happen.

Ms Reilly said she thought it had already been agreed some time ago that it was possible and the Council are very disappointed that no progress has been made.

Mr Maguire said this issue has been running on for too long and with respect he felt the WHSS Council were being fobbed off again. On various occasions he said some issues were much more complex than was first thought and the Council has accepted this explanation. However this is a very serious issue which has been running for years now and the Council has not had a satisfactory answer. He said that while everybody debates the issue, more and more children are having to travel to Belfast for treatments which it may be possible to deliver locally.

Professor Burke said he can only tell the Council what he knows. He said Consultants who have responsibility to care for children at the Royal will clearly make decisions recognising their responsibilities. Professor Burke said if patients can receive treatments at Altnagelvin and it can be done as Ms Reilly said in a reasonable and safe manner then he has no doubt that will happen. He said he will check progress on this issue and report back to the Council before their next meeting.

Mr Page said he agrees with Mr Maguire. He said it reflects badly on the Council when families keep coming back asking the same question and the Council cannot give them a satisfactory answer.

Ms Reilly said the Council had in the absence of a reasonable explanation researched to see where else this service happens in order to understand why it may or may not be able to happen in Altnagelvin. She said the Council had looked across the border at the Letterkenny/Dublin relationship and had understood that Dr Bill McConnell Director of Public Health at the Board was talking to someone in Letterkenny about this a year ago.

Professor Burke said his understanding of the service that is available in Donegal is that trained staff from Crumlin go to Letterkenny to either prepare children to go to Dublin for treatment or to undertake certain treatments at Letterkenny.

Mr McGowan said this was his understanding also. He said the Council had also asked if there was any possibility that Letterkenny hospital could provide the same service to children from Derry to avoid them having to travel to Belfast. He said if the service is already available in Donegal then children from the Derry area might in the short term be able to access the service until the issue has been addressed on this side of the border.

**Action Point: AP d/11/07**

Professor Burke to provide a formal response to WHSSC before next meeting on 7/12/07.
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**(v) *Waiting Time Targets:***

***WHSSC questions:***

The Council understands that the Service Delivery Unit in the Department is monitoring the targets for the areas identified by the Minister.

- What role is the Board playing in this monitoring?
- Has there been further investment in orthopaedics, general surgery, ENT and ophthalmology?
- Is there now a standard information system operating across what were the 3 legacy Trusts?

Professor Burke said the Service Delivery Unit is a new unit

that has been established as part of the HSCA and which has now a Director and a number of staff appointed. He said they are working with the Trusts in addressing waiting time targets. The WHSS Board is closely involved with this work and they attend regular meetings with Assistant Directors or Directors of Performance Management within the Trusts. The meetings involve senior staff from the acute sector and more recently have included Mental Health and Community Care directorates.

Professor Burke said the Board also continues to have performance management meetings with the Trust on a quarterly basis. They look at the targets that have been set and satisfy themselves from a commissioning perspective that they are getting a return on their contracts and service level agreements with the Trust. He said the Department holds regular progress meetings with the Board at which the Board is held to account for the performance of the Trust and the investments the Board has made. The next progress meeting will take place on 16 November 2007.

Regarding the investment in Orthopaedic services, Professor Burke said there had been a lot of discussion around capacity regionally and the Board has now got £4.2 million new money to invest in the development of orthopaedic and fracture services within the Western area. The Trust are now in the process of developing an implementation plan including recruiting 2 additional orthopaedic surgeons and are looking at how they can move forward to ensure that they meet the waiting time targets.

With regard to the Information Systems Professor Burke said there is a single system across the Board for the collection of patient information. He said with the 3 Trusts being amalgamated the information is consistent and they are aware of what the waiting times are. He said that Boards and Trusts have to ensure that targets are met. He said it is important that the Board has a system both for monitoring targets and highlighting where the targets are not being met and they are getting information on a regular basis to this effect. Where there is a breach of the targets the Chief Executive will be required to provide an explanation.

Mr Gerard Foley raised an issue with the Board in relation to a patient's appointment being cancelled on a number of

occasions. He said the patient had waited for 9 weeks in Altnagelvin before being moved to the Royal Victoria Hospital in Belfast for a triple heart bypass operation. The patient received a date for his operation but it had been cancelled the night before it was to happen. He said the patient had to wait a further week. The same thing happened on a second occasion the following week. Mr Foley's query was if a patient's appointment was cancelled should they therefore not be on the next list? Mr Foley said when the operation was first cancelled in the Royal they were going to send the patient back to Altnagelvin but the family objected to this.

Mr Foley said he appreciated that an emergency takes priority but felt that a patient whose operation is cancelled should be treated next after the emergency is dealt with.

Mr Gormley advised Mr Foley that if he wished through the Chief Officer to provide further details he would investigate what happened in this instance.

Professor Burke said that although he did not know all the details he felt that it was likely that the cancelled operation was scheduled at a later date to avoid having to cancel other operations in between.

**(vi) *Review of Domiciliary Care:***

***WHSSC questions:***

- Provide an update on the Review of Domiciliary Care carried out in the Western Board area.

Professor Burke said the Board are working with the Trust in taking forward the Review of Domiciliary Care. He said they have moved the focus from time allocated to patients to a more task orientated approach. He said they were also beginning to group together care workers in smaller geographical areas. Professor Burke said Mr John McGarvey the Assistant Director for Older People's Programme in the WHSC Trust is now leading on this.

He said the nature of domiciliary care is also changing. It is changing to look at how to prevent people having to go into hospital and also what arrangements are in place for discharge. He said the Board were working very closely with

the Trust on these issues. He said there was a particular issue around the amount of money paid to domiciliary care workers.

He said there currently is a review taking place, which is out for final consultation, on accessing domiciliary care. He said that overall domiciliary care is being provided where required but there are particular areas where it is difficult to recruit and retain domiciliary care staff.

Ms Reilly said she was disappointed that the Council did not get feedback from the Board's Domiciliary Care Review and were not aware that they had moved on to the stage of taking things forward with the Trust. She said this was an issue that the Council has raised at countless previous meetings and therefore has a strong interest in the outcome.

**(vii) Oral Surgery Clinics at Tyrone County Hospital (TCH):**

Professor Burke said there has only been one Consultant in Fascio-maxillary or Oral Surgery at Altnagelvin for some time. He said it is now recognised that 4 surgeons are needed to deliver this service. He explained that work is being done on a cross border basis with 2 surgeons having been funded by the Health Service Executive (HSE). They are in the process of recruiting a fourth surgeon who will hopefully be in place early next year. Professor Burke said clinics are currently held at the Erne, Sligo, Altnagelvin and Letterkenny Hospitals.

**(viii) Renal Unit at TCH:**

Professor Burke said the Renal Unit continues to operate at TCH with capacity for 96 patients. However he said as was anticipated there was a slight drop in numbers when the service was developed in Altnagelvin - 79 patients continue to receive renal dialysis at the TCH.

Professor Burke advised that a review of renal services was being carried out regionally, adding that the Department are looking at all four Board areas with regard to the locations for renal dialysis stations.

Ms Reilly asked if there are any patients currently travelling from Derry to Omagh for renal dialysis?

Mr Gormley undertook to provide this information to the Council.

**Action Point: AP e/11/07**

Michael Gormley to confirm if there are any patients travelling from Derry to Omagh for Renal Dialysis.
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**(ix) *Update on re-design of Child and Adolescent Mental Health Services in Western Area:***

Professor Burke said this work was undertaken some time ago by Dr Anne Kilgallen when she was at the WHSS Board. He said they are now in a position to appoint a consultant psychiatrist, 2 whole time equivalent (wte) staff grades and 2 additional Mental Health practitioners. He said there will be Intensive Crisis Management teams across the 5 Council areas within the Trust with 2 of them already appointed. Professor Burke said they are beginning to see services on the ground for young people and as a result of this investment they are now dealing with children up to the age of 18. He said this was very important because up until now age 15 had been the cut-off point and children over 15 were going into adult mental health services which was clearly not acceptable. Professor Burke said they are looking at developing an Intensive Support Unit for adolescents; using a small unit at Gransha which is no longer occupied by adult patients.

Professor Burke said that Mr Kieran Downey has been appointed as Assistant Director of Children's Mental Health & Disability. He will have responsibility for taking forward services for young people with mental health, learning and physical disabilities and sensory impairment.

Professor Burke said if a young person is admitted to an adult ward, this will be regarded as a serious adverse incident and the Board will get formal notification of it. This will enable them to monitor the frequency and reason for these types of admissions.

Mr McGowan asked Professor Burke what level of child and

adolescent training did the new teams have and specifically whether staff were coming from adult services or if they were trained in child and adolescent mental health?

Professor Burke gave an assurance that although some staff may have come from the adult service they will have been trained in child and adolescence mental health.

Ms Reilly asked if there are any children or adolescents still occupying adult beds in the Western Board area?

Professor Burke said there are and the Board are monitoring this. He said because these are now treated as serious adverse incidents each incident is reported to the Board. He said the Board also receives reports from other Trusts regarding Western Board residents.

Professor Burke said in the Programme for Government the target is that by 2009 be no child or adolescent should be placed in an adult ward.

Due to time constraints Mr McGowan asked the Board to deal with a specific question on Integrated Clinical Assessment and Treatment Services (ICATS) and agenda item 7 - Members' questions. Professor Burke agreed to respond to the remaining questions in writing.

### ***ICATS Steering Group:***

Ms Reilly said the Council had received an e-mail saying that there would be no further meetings this year of the ICATS Steering Group. She said this is a major project and enquired if there were any particular concerns in relation to this?

Professor Burke said there is a regional review being carried out and Mr Hugh Mullen Director of Performance Management Department of Health is leading on this. Ms Lesley Young WHSSB and colleagues from the other three Boards are working alongside him to identify how the work will be taken forward. He said the Board has already got ICATS up and running with regard to some of the projects; there are five projects altogether – Orthopaedics which is up and running; Urology; Ophthalmology; ENT and Cardiology are expected to start in early 2008. Staff are being recruited and are currently in training. Professor Burke assured

members that there is no question of the “foot being taken off the pedal” with regard to ICATS. He said in fact Mr Mullen’s view is that progress so far should now be regionalised and rolled out across Northern Ireland.

**The following questions will be responded to in writing by the Board:**

- (x) Update on Out of Hours Psychiatric Nurse provision.**
- (xi) Update on Re-allocation of Local Health and Social Care Groups funding.**
- (xii) Integrated Clinical Assessment and Treatment Services (ICATS) Update:**

WHSSC questions:

- Provide an update on ICATS.
- Provide an update on Electronic Referral Management System (ERMS).
- What investment or improvements have there been in diagnostics?
- How is the Board ensuring that Health and Care Centres identified for Phase II of Primary and Community Care Infrastructure (PCCI), which may take years to implement, will have access to diagnostics in the interim?

- (xiii) Medicine Prescribing:**

**WHSSC questions:**

Prescribing Incentive Scheme:

How many practices have met their targets and how much money has been reinvested back into practices?

What work has been done on prescribing within the secondary sector and have any targets been set for this?

Generic Substitution:

Has the pilot scheme been evaluated?

How well has it worked and are there any plans to roll this

out?

***(xiv) Update on Access to Dental Services within Board Area:***

**C058/07 Members' Questions:**

Ms Ruth Lynch asked for an update on the concern about the possible closure of Drumhaw Residential Home in Lisnaskea.

Ms Lynch reminded Professor Burke that she had raised this issue at the last liaison meeting with the Board. At that time there had been a concern that the Drumhaw Home site might have been used for the building of a new Health Centre. She said she had received assurances that this was not the case. However members had then been told that there was a review of residential homes ongoing. She said staff and patients alike are very concerned about their future as they are not getting any clear information as to what is happening.

Professor Burke said the Department has asked the Trusts to undertake an audit of their current statutory and residential provision which is to be completed by December 2007. He said this work is underway. They are looking at the quality of the homes, the estate and whether the environment is appropriate or not. Once that has been done the Department will then look at how they wish to see residential care being provided in the future. Professor Burke said at this point in time no decision has been taken.

He went on to say that the decision will be taken in relation to the targets set for the Programme for Government. He said the belief is that:

- a. people should not have to go into hospital unnecessarily and particularly those who only stay one night where no treatment is required – it would have been better if there had been some form of domiciliary care in place.
- b. as soon as people are ready for discharge they should be able to go home and get appropriate domiciliary care.
- c. in the past when people were unable to look after themselves they may have been placed in residential care; however it may now be more appropriate to allow them to remain in their own

home with domiciliary care services provided.

Professor Burke reminded members that over 10 years ago when the closure of residential homes was looked at across the Western Board, Drumhaw residential home was retained, because it provided a special service in that area. He said that will still be the issue but the question will be whether the service can be provided in a better place?

***Midwifery Maternity Unit in Omagh:***

Ms Reilly asked on behalf of Mr Ross Hussey who was unable to attend the meeting:

What steps have been taken to ensure that the current investigation by the Board into the possibility of the creation of a midwifery led maternity unit for Omagh has a balanced membership with no bias towards Londonderry or Enniskillen?

How many Omagh professionals and other interested parties have been invited to sit on the Committee?

Professor Burke said the purpose of this Committee is to look at the feasibility of developing a midwifery led unit in Omagh. With regard to membership he said the Committee is made up of a range of professional people and representatives from the Local Commissioning Group as well as from the Maternity Services Liaison Committee. There are representatives from the Board, the Trust, Royal College of Midwives, Royal College of Obstetricians and Gynaecologists and others who have a function to fulfil in the West with regard to maternity services such as the local supervising midwifery officer and the supervisor of midwives in the Erne. He said membership of the Committee is not biased towards Derry or Enniskillen. Professor Burke said that the Board was asked by the Minister to seek the views of the stakeholders and public engagement events have been arranged for 5<sup>th</sup> November in Newtownstewart and Omagh and 6<sup>th</sup> November in Irvinestown.

Professor Burke said further meetings with professionals are planned for the following week. At the end of which the Board will provide a report of their findings and the Board's views to the Minister.

***Ambulance Services in Omagh and the West:***

Mr McGowan asked on behalf of Mr Ross Hussey:

What steps have been taken by the Board to review the current inadequate ambulance service in Omagh and the West?

Professor Burke said the Minister had asked the Board to look at the whole issue of emergency care. He said they had established a group which is chaired by Mr Linus McLaughlin Lead Commissioner for Acute Services WHSSB. The purpose of the group is to look at how they can ensure that in Omagh there are appropriate response times. He said Omagh is not the worst area for ambulance response times within the Western Board. However he said change is taking place in Omagh and they need to look at what other services should be put on the ground. Professor Burke said the Board are looking at issues such as first responder initiatives, paramedic delivered thrombolysis, emergency care practitioners, inter-hospital transfers and where the appropriate ambulance deployment points should be. He said they hope to have the first draft of the report completed later this month. He said they will check to see if those are the areas the Minister wishes to have addressed and if he is satisfied they will finalise the report and bring it to the Board's senior management team for approval.

Professor Burke said they are looking at delivering a service which may be better than other places but this is because of the risks associated with the transition which is currently going on in Omagh.

Mr Page said he welcomed any initiative that was going to get patients to hospital on time especially given the bad publicity in the Northwest recently. These reports, he said, had claimed that wheels had fallen off ambulances, ambulances had broken down en-route and people were dying on the street because an ambulance did not arrive. However, he said he was concerned that patients waiting on an ambulance were having a rapid response vehicle arrive which can't take them to hospital and the ambulance is still 40 minutes away. He said these are serious issues for the public.

He said he is aware the Chief Officer is working closely with the Local Ambulance Liaison Group.

Ms Reilly said there was an issue around the number of ambulances which are now outside their service time either in age or mileage. She said she would check if the ambulances referred

to in the newspapers were in this group because clearly this could put patients at risk.

Ms Reilly said she will be meeting with Linus McLaughlin who is leading on the review of emergency care. She said she will get a briefing on the work he is doing and will feed the information back to the Council.

**Action Point: AP f/11/07**

Chief Officer to report to Council following meeting with Linus McLaughlin.
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Ms Lynch asked if the first responder initiative referred to earlier was the pilot programme? She said there had been one of these in the Roslea/Newtownbutler area which had now ceased. She said she understood a review was taking place and asked when the outcome was expected?

Professor Burke said it was expected at any time. He said Dr Frank Kee was leading on this. Professor Burke said he had a meeting last week with Mr Andrew Hamilton and Mr Nigel Carson who now leads on ambulance services at the Department and they are waiting for Dr Kee's report to enable them to decide what role a first responder has in an emergency response. Professor Burke said the Council will get a copy of the report.

**Action Point AP: g/11/07**

Board to provide Council with copy of review of first responders
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**C059/07 Any Other Business:**

None.

**C060/07 Dates for future meetings:**

Ms Reilly said she would send a list of dates for future WHSSC meetings in 2008 to the Board.

Mr McGowan thanked Ms Meehan, Professor Burke and Mr Gormley for attending and responding to members' issues.

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## WHSSC Business

### C061/07 **Minutes of Previous WHSSC Meeting (7/9/07):**

The Minutes of the previous WHSSC meeting held on 7/9/07 were adopted on the proposal of Mr Billy Page and seconded by Mr Victor McKelvey.

### C062/07 **Matters Arising from Previous Meetings:**

Members were provided with a written update on Action Points a/09/07 - g/09/07.

**Action Point AP a/09/07: Mrs Dorothy Hutchinson, WHSSB to confirm whether the Western Suicide Strategy Implementation Group (WSSIG) has targeted survivor groups to be represented on either the Implementation Group or Sub Groups and how many are involved.**

Mrs Hutchinson provided the WHSS Council with the following information:

#### **Membership of WSSIG:**

##### **Board reps:**

- Dorothy Hutchinson, WHSSB (Chair)
- Brendan Bonner, WHSSB
- Cathy Mullan, WHSSB
- Jim Simpson, WHSSB
- Denise O'Hagan, WHSSB

##### **Health Promotion reps:**

- Barry McGale, HP, WHSCT - Northern Sector
- Dermot Lynch, HP, WHSCT - Southern Sector

**Trust reps:**

- Bernard McAnaney, WHSCT - Northern Sector
- Kieran Downey, WHSCT - Southern Sector

**WELB**

- Philomena McDermott, WELB

**Voluntary/Community organisation reps and Individuals:**

There are representatives from the following on the Group:

- PATHS
- Families Forum
- Aware Defeat Depression
- Tara Centre
- Cruse
- Steer
- Zest
- Fermanagh New Horizons

Ms Reilly spoke to Mrs Hutchinson and proposed that the Board consider establishing a Reference Group to actively pursue membership from survivors and those who self-harm. Mrs Hutchinson agreed to put forward this proposal at the next WSSIG meeting on 16 November 2007.

**Action Point: AP h/11/07**

Chief Officer to follow up with Dorothy Hutchinson after the next meeting of WSSIG on 16 November 2007.
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**A**

**Action Point AP b/09/07: WHSSC to contact WHSSB to establish whether Ballykelly Branch Surgery has closed.**

Agenda Item.

**Action Point AP c/09/07: Chief Officer to organise a meeting with Mrs Margaret Kelly regarding Council's Waiting List Monitoring Group in order to look at the issue of Paediatric OT and Speech & Language Therapy waiting times.**

Ms Reilly has scheduled an initial meeting on 13 November 2007 with Mrs Margaret Kelly, Director of Acute Services, WHSC Trust, who has responsibility for AHP services to discuss:

- Neonatal services in the new acute Hospital;
- Strabane Health and Care Centre diagnostics;
- Paediatric OT waiting times;
- Re-establishing the Council's Waiting List Monitoring Group.

**Action Point AP d/09/07: WHSSC to look into the issue of arrangements for Fermanagh patients who previously were seen by the Musgrave team and how they now access Orthotics.**

The Council is aware in the case of one individual that the issue is resolved. In the resolution it was stated that patients who are regarded as 'stable' will continue to be seen by the Orthotists at the Erne. The Orthotists will inform Musgrave of any issues or problems in which case these patients will be seen at Musgrave.

The Council will follow up to ensure that all 'stable' Fermanagh patients who previously were seen by the Musgrave team are able to access the Orthotists at the Erne.

**Action Point AP: i/11/07**

WHSSC to follow up.
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**Action Point AP e/09/07: Chief Officer to provide members with a copy of letter to the Department regarding WHSC Trust's financial position.**

Copy of letter to Department enclosed in members' packs.

**Action Point AP f/09/07: WHSSC members to be notified of the details for the Bugwatch survey preparation day.**

Members who had agreed to take part in the Bugwatch survey were notified of dates for briefing sessions prior to carrying out the survey.

**Action Point AP g/09/07: WHSSC to find out further information on the removal of Autism Services from Foyleview Special School in Derry.**

Mr Kieran Downey, Assistant Director for Children's Mental Health & Disability WHSC Trust, has no information that would support this concern. This was relayed to Mr Page who undertook to make contact with the school concerned to find out if there are any further details.

Mr Page said he had since spoken to a teacher at the school and had found out that the issue was to do with the Education Board.

**C063/07 Bugwatch Survey:**

The WHSS Council carried out a Bugwatch Survey in the Erne and Tyrone County Hospital on 16 October 2007.

Ms Reilly thanked the members who had given of their time for both the preparation day and to carry out the survey.

Ms Reilly said following the Bugwatch survey she had arranged an urgent meeting with Mrs Elaine Way, Chief Executive, WHSC Trust. The meeting took place on 26 October 2007 in Strabane Library. She said the purpose of the meeting with Mrs Way was to provide a briefing and highlight areas of concern that had arisen so that actions can begin to be taken before a formal written report is provided to the Trust.

Mr Alan Corry Finn Director of Older People's Services and Executive Director of Nursing also attended the meeting.

Ms Reilly reported that Mrs Way had said she valued the role the Council had played in carrying out the Survey. Mrs Way said she would immediately deal with the issues raised and asked Mr Corry Finn to liaise with the Chief Officer and keep her updated on the actions taken by the Trust.

Ms Reilly gave members a brief summary of the Survey findings:

## **Maternity Ward – Erne Hospital:**

### ***Cleaners:***

- Observed going into patient toilets with no gloves on. Only one had gloves on but they were not of the disposable type. After use these were put on top of a cleaning trolley. Were these to be used for next cleaning job?
- Observed cleaner who was not wearing gloves coming from side ward carrying a container with human waste.

### ***Use of gloves and aprons:***

- Auxiliary staff observed changing and disposing of gloves.

### ***General:***

- Staff who were asked, identified midwife responsible for Infection Control, but said she was not on duty as she is currently on night duty;
- Infection Control training appears to be through reading literature and referral to manual;
- Staff use baby-changing mats.

### ***Ward environment:***

- Old and shabby curtains;
- Permanent staining on carpeted area;
- Section of carpet in dayroom stained and dirty;
- Area around patient toilet/shower very mouldy did not appear to be properly cleaned;
- Patients' bathroom had paint falling off walls with possible damp stains;
- Lino on floor around a bed area was damaged;
- No evidence of cleaning material for bath;
- No evident bathroom/toilet cleaning rota or information to patients to alert staff if area is dirty.

### ***Waste disposal:***

- Observed yellow bags and linen bags ok;
- General waste was in a cardboard box lined with a black bag.

***Sharps:***

- Drug room/treatment room had used needles in open sharps box container on counter and 2 boxes on floor.
- Unused needles very accessible on Emergency trolley

***Sluice Room:***

- Sluice room side door held permanently open with linen bin;
- Sharps box in this room placed at low level and open.

***Dust:***

- Bed frames etc appeared clean and dust free.

***Visitor and Patient Information on Healthcare Acquired Infection (HCAI):***

- Staff advised that information and advice for visitors who may be in contact with patients with HCAs is communicated verbally to the relevant visitors;
- Visitors' hand cleaning gel/foam dispenser is not easily noticed on wall at entrance to ward. It is relatively small and 'lost' amongst leaflets/notices.

***Other observations:***

- Foetal assessment room is in good condition and clean. This room has the cleanest shower on the ward but the shower area appears to be used for storage and is very cluttered with boxes;
- Tested urine sample was observed sitting in bathroom in open tub container and placed under notice asking for samples to be disposed of;
- 5 Hand sanitizers – 1 on entry to ward but with no accompanying notices;
- Student nurse didn't know who Infection Control Nurse was but had Infection Control training on-line when she was in Omagh;

- Women attending as out patients for clinics on the ward walk right through the main ward to the back of the ward (clinical rooms) even though there appears to be a rear access point. This area also appears to take the overflow of mothers and babies when the main ward is full.

***Patient Comment:***

- One patient commented that she was very happy with the hygiene on the ward.

***Staff Comment:***

- There is a big problem with visitors sitting on patient beds.

**Ward 9 - Elderly Medical - Erne Hospital**

***Hand-washing:***

- No mixer taps or elbow controls at sinks;
- No one was observed hand-washing therefore we cannot comment on their hand-washing technique;
- One toilet was without hand-washing facilities;
- Side toilets did not have on display posters about hand washing.

***General:***

- Unable to comment about the use of staff aprons and gloves when handling body fluids as this activity was not observed during the survey;
- Auxiliary staff did not know the name of the infection control nurse. Ward was observed as dirty in places with floors partly soiled;
- Shower plug-hole blocked and full of 'sludge';
- Windows both inside and outside were dirty;
- One of the toilet areas had a cracked mirror and was rusty around the edges;
- One of the toilets had a chipped seat;
- There was soiling around the wash-hand basin in one of the 4-bedded bays.

***Linen:***

- Some linen and bedspreads lying on ward floor.

***Sharps Box:***

- Did not see sharps box

***Patient/Visitor Information on HCA Infection:***

- Staff said information is only given to patients if they have an infection;
- Members carrying out the survey were made aware that the side wards currently had patients with MRSA;
- Members were informed that there was one suspected MRSA case waiting to be confirmed. They observed that the patient was still being nursed on the main ward with no obvious infection control precautions being taken.

***Sluice Room:***

- Sluice room was very dirty and cluttered with linen and bed bottles lying about;
- Water from the waste pipe was observed to be overflowing onto the sluice room floor and a member of staff was immediately notified;
- Staff member indicated that this must have just happened but immediately identified the cause as a 'blocked sewer'!

**Ward 10 - General Medical – Erne Hospital**

***Hand-washing:***

- There were no sanitizers at the end of patients' beds. There was one wall mounted dispenser on entry to each 4 bedded bay but were very difficult to see. These sanitizers seemed to be aimed at visitors as the notice is targeted at visitors. Sanitizer attached to medical notes cart and observed during the ward round which was on at the time of the survey. Not once during the survey period was any member of staff observed washing their hands or using sanitizer;

- One nurse was observed showing a patient how to use soap dispenser at the ward sink;
- No obvious 'stoned' jewellery observed but a number of staff were wearing wristwatches. One junior doctor observed with his tie tucked into his shirt at mid chest and he had his shirt sleeves folded up to his elbows;
- Staff were wearing aprons but were not using gloves at any time although there were boxes of gloves throughout the ward;
- One nurse observed working with patient taking blood. She was not wearing an apron or gloves and was moving between patients. She was not observed hand washing or using the sanitizer.

***General:***

***Training on infection control:***

- The Staff who were questioned knew there was on-going training but had not yet attended;
- Could name Infection control Nurse.

***Cleaners:***

- A cleaner said they were not involved in this training but would love to attend;

(NB cleaning brought back in-house having previously been employed through outside contractors).

- They said they did not have enough time to do proper cleaning to their satisfaction and that they don't have enough cleaning materials. They are told to use soap and water. Two shop style 'toilet ducks' were on the cleaning trolley;  
Q. – Is this Trust's supply?
- Cleaners say they are told not to use chemicals, only micro fibre cloth which is 'great for dusting' but 'useless for cleaning'.

***Ward Environment:***

- Note: staff had 1 hour's notice of Council visit;
- Observed on entry to ward hectic cleaning activity and tidying of one bay. The sweepings collected from this floor seemed to be

a lot if sweeping is carried out regularly;

- Ward furniture observed as clean and generally in good repair. Three damaged chairs were placed outside bays with notices for disposal.

***Female Shower areas:***

- The plug hole leading to the drain was dirty and clogged with an accumulation of hair;
- Female bathroom/toilet had an open shower in fairly large room. This room had a notice, “do not use bathroom as store...”, however right under this notice is a patient trolley containing draw sheets, talcum and personal hygiene items (There is a similar notice outside the room);
- A patient who was asked said they would notify staff if they felt toilets/ showers were dirty.

***Sluice room:***

- Good clear notices for staff re contamination etc. fairly well laid out and tidy;
- Washing machine in sluice room is broken (notice);
- Sluice sink obviously washed down but no sign of any abrasive type cleaning. There were very old dirt marks and the waste pipe was sludgy and very dirty.

***Waste-bags:***

- The yellow, black and linen waste bags were all tied off with clips and in a room identified as the ‘soiled linen room’ however the bags were full to the top and could split when being moved.

***Sharps Boxes:***

- The full boxes were kept in the soiled room and were closed.

***Information to patients/visitors on HCA Infections:***

- It was observed that patients had received general infection control advice leaflets on admission. In the event of infection the ‘relevant’ people were informed’.

***Visitors’ sanitizer dispensers:***

- These dispensers are mounted on the left wall on entry to the ward and are not in the line of sight, they are relatively small and close to switches and other notices etc.

***Other Observations:***

- This was a fairly busy ward when the survey was going on with a ward round involving doctors and nurses in progress. Other healthcare professionals who were not involved in the ward round were in and out of the ward. One 4 bedded bay had at least 9 staff in the area at one particular time (cleaners, OTs, nurses and auxiliary's). They did not include ward round staff or WHSSC members who were not in the bay.
- There is also clearly a big problem because of lack of storage space and the inappropriate use of toilet/shower areas and dayroom etc for general storage.
- It is difficult to understand why the infection control nurses are all based in the TCH, Omagh and none are based in the Erne, Enniskillen. The Erne hospital is virtually operating as the acute hospital for the two areas with most of the higher risk patients being admitted there e.g. ICU/HDU, neo-natal babies, children and new-borns in maternity, older people, surgical patients and those who may be regarded as having compromised immune systems.

**Hospital – General**

***Public areas and corridors:***

- The lino was clean and dust free however the carpeted areas had ground in dirt and staining which routine hoovering is unlikely to shift.
- Just inside the area leading to the main corridor there is a large notice approx 6' x 1½' high placed up above the double doors. The notice is referring to infection control. It is to be commended for its size, but is only visible if the person chances to look up.

**Hand-washing:**

- One suggestion might be to have large colourful message boards at all entrances just inside the hospital. These boards could be fitted with large dispensers of the sanitizing foam/gel.

Everyone, whether visitor or staff, should be asked to use the gel before entering the wards or any other part of the hospital.

- Much is made of the role visitors have to make in helping staff to control infection. It is concerning therefore that staff appear to have some way to go in giving a lead in hand washing.

Ms Reilly said members who carried out the survey at Tyrone County Hospital had nothing untoward to report.

Mrs Way and Mr Alan Corry Finn said they would deal immediately with the issues in the Erne. Ms Reilly said she had received a telephone call on the day prior to the Council meeting to say that the Trust has now convened a group to look at the issues, led by Mr Vincent Ryan Assistant Director of Secondary Care who will report back to Mr Finn. She said the group will involve Estates, Infection control staff, cleaners and the ward staff where the survey was carried out. Mr Finn said he wanted a clear message relayed to WHSSC members that the Trust are taking the issue very seriously. Ms Reilly said she had asked Mrs Way for the opportunity to revisit and survey the wards identified in the report at a later stage and Mrs Way agreed to this.

Mr Victor McKelvey said he is shocked at the findings in the Erne Hospital and surprised that there are no infection control officers on site.

Ms Reilly said she had raised the issue of infection control nurses with Mrs Way and was told that the Trust are about to recruit a senior lead for infection control who will be based in the Erne Hospital.

#### C064/07 **Ballykelly Branch Surgery:**

Ms Reilly said she had reported to the Council at a previous meeting that the Ballykelly Branch Surgery was still open and that the Board were awaiting the outcome of a survey. She said Joe Brogan Head of Pharmaceutical Services at the Board said at the Council's previous meeting that the Ballykelly Surgery was closed and this had been confirmed by a Council member from the local area. Ms Reilly said she was surprised on hearing this and had contacted Mr Eugene Gallagher Head of Primary Care and Family Practitioner Services, WHSSB. He reported that the Board had given the Practices no such undertaking to close. As a result of Ms Reilly's conversation with Mr Gallagher he has sent a letter to both

Practices involved telling them they cannot close the branch surgery until such times as a survey of patients has been completed and analysed.

Ms Reilly said there appears to be an issue about the survey. It seems that the Practices are not able to identify those patients who use the branch surgery. This is because of the lack of records being kept. Ms Reilly said she found it concerning that there is no record of patients who attended the surgery. She understands that patients often went to the branch surgery without appointments; nevertheless it would be remarkable if no record was kept of patients attending so that these could be put into their patient notes held in the main surgery. She said there is clearly a governance issue here and she had discussed this with Mr Gallagher.

Ms Reilly said WHSSC will monitor if the branch surgery has re-opened.

**Action Point AP: j/11/07**

WHSSC to monitor re-opening of Ballykelly Branch Surgery.
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**C065/07 Minister's Statement - PCC:**

Ms Reilly referred members to the Minister's Statement of 8<sup>th</sup> October 2007 in which he states that there are unlikely to be any changes to structures before April 2009. She said the four Health Councils had been working towards dissolution of the Councils by April 2008 and the work programme reflected this. Councils will now have to revise the work programme with a view to continuing their work for an additional year.

**Member Appointments:**

The Public Appointments Unit has now written to inform the Council that those members whose term of appointment expires on 31 March 2008 (7 in total) may be offered an extension until 31 March 2009.

Ms Reilly said she and Mr McGowan are aware that there may be other members whose term of appointment already extends beyond 31 March 2008, but who may have had an expectation that this would end in March 2008 with the expected dissolution of the Health Councils.

Therefore all members will be contacted to confirm that they are willing to continue as a member of WHSS Council until March 2009.

**Action Point: AP k/11/07**

Contact all members to check if they are willing to remain on the Council until 2009.

**C066/07 6 Monthly Council Report:**

Ms Reilly referred members to the 6 monthly Council Report in their packs.

**C067/07 Joint Council Activities:**

Ms Reilly thanked members who attended the joint Council event held on 25/10/07 in the Seagoe Hotel, Portadown.

**C068/07 Any Other Business:**

Information received from the WHSC Trust regarding previous action points:

***Speech and Language Therapy:***

Action undertaken to address provision in the old Foyle Trust area:

- ~ Maximised the use of technical instructors to undertake treatment programmes, therefore allowing speech and language therapists to assess and treat more children.
- ~ In April 2007, an additional 4 speech and language therapists were recruited for 2 years, specifically to address the waiting list across the Northern sector of the Trust.
- ~ Care Aims model introduced which is a "See and Treat" approach.
- ~ Work ongoing with the WHSSB to secure additional temporary funding until March 08 to address the waiting lists throughout the Trust more quickly.

Specific actions in relation to the Strabane area:

- ~ 2 additional sessions (1.0 day) per week on a temporary basis for children with specific language impairment.
- ~ An additional 4 sessions (2 days) per week for children in community clinics was in place from April 07 - June 07. The therapist performing those clinics left to take up another post. Interviews have taken place for a replacement therapist with a view to restart those additional sessions as soon as possible.

### Occupational Therapy

Waiting times for paediatric occupational therapy in the old Foyle Trust area:

- ~ At end of May 2007 there were 273 children on the old Foyle area paediatric waiting list. The number of children waiting over 26 weeks is 183, with a maximum waiting time of 22 months.

### General Note re Waiting Times for Allied Health Professional (AHP) Services

Targets for AHP services have been set for all Trusts in Northern Ireland, namely:

- ~ No patient to wait more than 26 weeks from referral to treatment by March 2008.
- ~ No patient to wait more than 13 weeks from referral to treatment by March 2009.

The Trust is actively working to meet those targets and will ensure the WHSS Council is kept briefed on performance and areas of service redesign.

### **Declaration of Interest forms**

Ms Reilly said the Council was reviewing the information held on file for each member and asked those members who had been given a Declaration of Interests Form in their packs to complete and return to WHSSC offices.

**C069/07 Date, time and place of next Council Meeting:**

Date: Friday 7 December 2007  
Time: 2.00pm  
Place: Kelly's Inn  
232 Omagh Road  
Garvaghey  
Ballygawley  
Co Tyrone

**The meeting ended at 1.15pm**