

# **WESTERN HEALTH AND SOCIAL SERVICES COUNCIL**

**Minutes of One Hundred and Fifty-ninth meeting of the  
Western Health and Social Services Council  
held in the St Columb's Park House,  
4 Limavady Road, L'Derry, BT47 6JY  
on Friday 14 March 2008  
at 10.00am**

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

### **Present:**

**Mrs V Brown  
Mr J Campbell  
Councillor M H Durkan  
Mrs S Hogg  
Mr M McIvor**

**Mr V McKelvey  
Councillor B Page  
Mr D Sutherland (Chair)  
Ms M Trimble**

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

### **Present:**

**Ms K Meehan, Chair  
Professor D Burke, Chief Executive  
Dr B McConnell, Director of Public Health**

## **Western Health and Social Services Trust**

### **Present:**

**Mr G Guckian, Chair  
Mrs E Way, Chief Executive  
Mr J Lusby, Deputy Chief Executive & Director of Planning and Performance  
Mr T Millar, Director of Adult Mental Health and Disability Services  
Mrs M Kelly, Director of Acute Services  
Mr A Finn, Director of Primary Care & Older People's Services  
Ms F McReynolds, Programme Director for the Strategic Change and  
Efficiency Programme**

## **Apologies:**

**Mr P McGowan (Chairman)**  
**Councillor M Carten**  
**Councillor G Foley**  
**Councillor M Hamilton**  
**Councillor R Lynch**  
**Mr I Maguire**

**Councillor M McColgan**  
**Mr E McGrade**  
**Mr R McIntyre**  
**Mrs M Mckeague**  
**Councillor J McKeever**  
**Mrs F Robson**

## **In Attendance:**

**Ms M Reilly**  
**Mrs M Gormley**  
**Mrs K Loughran**

Ms Reilly explained to members that the Chairman Mr McGowan and Vice Chair Mrs Robson were both unavailable and in order to prepare in advance for the Liaison meeting with the Trust and Board she had asked Mr Sutherland to chair the meeting.

## **Chairman's Business:**

Mr Sutherland thanked Ms Reilly for her invitation to chair the meeting. He drew members' attention to the copy of the agenda with the questions for the Board and Trust which was included in their packs.

## **Minutes of Previous WHSSC Meeting (7/12/07):**

The Minutes of the previous WHSSC meeting held on 7 December 2007 were adopted on the proposal of Mrs Valerie Brown and seconded by Mr Victor McKelvey.

## **Matters Arising from Previous Meetings:**

Members were provided with a written update on Action Points a/12/07 - y/12/07.

Ms Reilly pointed out that a number of the matters arising are on the agenda for the Liaison meeting. She drew members' attention to Action Points f/12/07 and j/12/07:

## **Action Point AP: f/12/07 – Letter to Minister regarding responses from WHSS Board to issues raised by WHSS Council:**

Ms Reilly said the Chairman Mr McGowan had written to the Minister on

17 January 2008. She said an initial response had been received from the Department in mid February confirming they had received the letter. The letter said the Minister was unable to reply at the moment but hoped to be in a position to do so shortly.

Ms Reilly said a copy of the letter from the Council to the Minister was in members' packs.

**Action Point AP: j/12/07 – Safetalk training:**

Ms Reilly said she wished to highlight the Suicide Awareness training Safetalk Programme which has been organised for 25 April 2008. Members have been notified in writing about this event. She asked that as many members as possible attend the training as this was a valuable resource being made available to them.

**Liaison Meeting with Western Health and Social Services Board (WHSSB) and Western Health and Social Care Trust (WHST)**

**WHSSC Chair's welcome to Board and Trust Officers:**

Mr Sutherland apologised for the absence of the Chairman Mr Paddy McGowan and the Vice-Chair Mrs Frances Robson who were unable to attend the meeting. He welcomed the Board and Trust officers to the first Joint Liaison meeting with the WHSS Council.

**Ms Karen Meehan – Chairperson WHSSB:**

Ms Meehan introduced the Board members and said the first Liaison meeting with the Board and Trust officers present meant that they would be talking together about issues of common interest and concern. She said the Board welcomed the opportunity to have this shared perspective and hoped that the Council members are given the combined Commissioner and Provider perspective and a clear and comprehensive picture in terms of the up to date position with regard to the issues on the agenda.

**Mr Gerard Guckian – Chairman WHST:**

Mr Guckian said he wished to echo Ms Meehan's comments. He introduced the Trust officers present and said that they were delighted to be present at the Council's Joint Liaison meeting with the Board and the Trust. He said they value the previous Trust liaison meetings they have had with the Council and they also value the relationship they have with the Commissioners (WHSSB). He said the Council will get the complete picture and see that the Trust and Board are working together to a common agenda. He said he looked forward to this Joint Liaison meeting as being the first of many.

Mr Sutherland invited members to put their questions to the Board and Trust.

**WHSS Council Members' questions:**

**Health and Well-being Improvement Plan (HWIP) and Trust Delivery Plans:**

*Provide an update on what services will be commissioned in the coming year and how the Trust intends to deliver these.*

Professor Burke said the Board and Trust are working together on completing the Health and Well-being Improvement Plan (HWIP). The HWIP is to be completed by 18<sup>th</sup> April and following that the Trust will then submit their Delivery Plans. He said the Board had received the final draft on the Priorities for Action i.e. the Government set out what their plans are for 2008/2009, 2009/2010 and 2010/2011. He said the Board were in the process of looking at how that will be taken forward. On the 15<sup>th</sup> February he said the Board received a letter of allocation which outlined how the money will actually be allocated, where it is linked to specific developments or specific targets. The Board then can begin to identify how services can be delivered across the Western area and into all the areas where they buy services. Professor Burke said the final guidance had just been received on the 10<sup>th</sup> March indicating how they would now take it forward. He said there had been enough information in the system to enable the Board's planners to work with the Trust to identify how that will go forward. He said from the point of view of the programme the Board anticipate that they will have the HWIP completed and approved by the Services Committee of the Western Board by the 18<sup>th</sup> April for forwarding to the Department of Health.

Mr Guckian said the Trust was feeding into the HWIP process. Once the HWIP is completed and approved the Trust is required to have its Delivery Plan completed by the 23<sup>rd</sup> May.

Mr Guckian said it was important to recognise the progress that has been made in relation to the performance outturn at the end of this year. He said it was also important to recognise the significant challenges there are for the Trust in terms of the targets that are set out in the Priorities for Action document. For example in daycase services the Trust are currently working towards the 21 week target for people to have inpatient and daycase treatment and that will move to 17 weeks by March 2009. There are significant challenges ahead in terms of the shortening of waiting targets for inpatient and daycases. Outpatient services currently are required to meet the 13 week target and that will reduce to 9 weeks by March 2009. Regarding fractures the Trust are currently required to meet 75% of fracture services within 48 hours moving to 95% by March 2009. Diagnostic services

are required to meet 13 weeks moving to 9 weeks. People requiring cancer or breast services with urgent referrals will be seen within 14 days. In terms of general cancer services 98% of people who are diagnosed with cancer are to receive treatment within 31 days. For those with suspected cancers the target is currently 75% within 62 days and that will increase to 95% by March 2009. Similarly the targets for A&E services are remaining as challenging as they are at the moment i.e. 95% of all the people coming into the A&E departments to be seen within 4 hours. The target for consultant led community clinics is moving from 13 weeks to 9 weeks and the community led clinics including psychotherapy services moving from 21 weeks to 13 weeks by the end of March next year.

Mr Guckian said in all of these targets there are significant challenges ahead for the Trust. However he said the Trust are on schedule to meet all of the targets with the exception of delayed discharges. The target is for people who are deemed medically fit to be discharged from hospital within 72 hours. All of the Trusts are working towards that target and other Trusts are also experiencing some difficulties in meeting the target.

Mr Guckian went on to say that with regard to inpatient services, from April last year until January this year the Trust has treated approximately 37,000 patients against the target of 21 weeks. In terms of daycase patients approximately 22,000 will have been treated within that period and the target will be met. Approximately 186,000 outpatients will have been treated within the target by the end of this year. Mr Guckian said there is a tremendous amount of effort going on right across the service to meet the targets.

Mr Sutherland asked in light of the funding issues how do the Trust intend to meet the new targets?

Mr Guckian said it will be a combination of reform and modernisation coupled with additional investment and the Trust and Board are working together in terms of capacity planning exercises to work out just where the additional investment is required and they are well through that process.

Mrs Way said this issue also relates to the agenda item regarding the budget. The cash releasing or efficiency targets are absolutely clear for the Western Health and Social Care Trust - they have to deliver £37million worth of efficiencies over the next 3 years. She said when the Trust met recently with the Council quite a bit of time was spent talking about financial pressures and underlying recurring deficits etc. Since then the Trust has completed the work to see what services are on the ground that do not have recurring funding and also the services they know are going to occur next year that will increase the financial pressures. Mrs Way said they now believe that amounts to £20million. In reality she said the Trust have to achieve £37million worth of recurring savings under cash releasing but they also have

additional pressures of £20million. This will present a big challenge for the Trust and that is partly why they put the Strategic Change and Efficiency Programme on the agenda because that is largely how they are planning to deal with it.

Mrs Way alluded to what the Chairman had said previously in that the Western Trust are now almost at the end of their first year and if anyone was looking in terms of financial performance and targets they would probably say the Western Trust had done well. She referred to Mr Guckian's statement at last week's Trust Board meeting when he said the Trust was concerned not just with the targets and finances but also about the quality of care. She said the Trust was going to face a very challenging agenda over the next 3 years particularly with targets being increased. Mrs Way said the money that is coming in is earmarked for Mental Health and Learning Disability services which is a good thing. She said that in acute services where a lot of these targets are sitting they would be anticipating getting about £170,000 of an increase next year.

Mrs Way said one of the things the Trust knows going into next year is that oil and electricity bills will increase by £1.5million with no additional money coming in for that. A lot of the efficiencies are going to be achieved through changes in the system, for example in acute services the Trust knows from work they are doing particularly within Altnagelvin where there is a very high occupancy, that if they can reduce the length of time people stay in hospital they can release money to do other things.

In response to a query from Mr Sutherland, Mr Guckian confirmed that the Trust is expected to achieve £37million efficiency savings over the next 3 years and there are additional pressures of £20million. However he said they are hoping they will get some investment.

### **Strategic Change and Efficiency Programme (SCEP):**

Mrs Way said Ms Frances McReynolds had been appointed as the Programme Director to take this programme forward. She said initially she had heard a presentation from a colleague in Wales where they had a similar situation with a very significant underlying deficit and a need to achieve cash releasing. She said she had found the presentation inspirational in that this was not a situation where managers were telling people what had to be done to balance the books but clinical and frontline staff were involved in doing things differently to deliver the savings. Mrs Way said she invited her colleague across from Wales to make a presentation to the Western Trust and as a result of that the Trust are firmly signed up to the Strategic Change and Efficiency Programme (SCEP).

Ms McReynolds thanked the Council for giving her the opportunity to speak about the Strategic Change and Efficiency Programme. She said last week

she had met with a head nurse for cancer services who said to her that “it is about the right person doing the right thing in the right place at the right time”. This she said struck a chord with her and if she was looking for a strapline for SCEP that would be it.

Ms McReynolds gave members a briefing on the Strategic Change and Efficiency Programme.

### ***Background:***

The HPSS in Northern Ireland is facing increasing difficulty in managing services within the financial constraints imposed on it. In line with the regional situation, the Western Health and Social Care Trust is challenged by the Comprehensive Spending Review efficiency target of £37m (2008-2011) and unfunded pressures estimated to be £20m. It has therefore been recognised that the Trust needs to review the provision of services, analyse the efficiency and effectiveness of that provision and develop strategic approaches to value and efficiency in order to begin to bring the Trust “back into balance”.

### ***Why a Strategic Change and Efficiency Programme?***

The Trust has therefore committed to a Strategic Change and Efficiency Programme (SCEP) because of:

- the recognition by the Corporate Management Team that the Trust has to look at more efficient, sustainable ways of working;
- the need to challenge more conventional ways of working;
- the realisation that change programmes have worked successfully elsewhere;
- the chance to unlock the talent, “operators have the best ideas”;
- the need to drive service improvement to address productivity and inefficiency in order to achieve best patient/client care.

### ***Aims and Objectives:***

The Strategic Change and Efficiency Programme aims to build and sustain a more efficient, effective and equitable organisation in order to ensure better outcomes for patients and clients. The objectives of the Programme are to:

- find more effective ways of providing and improving services;
- build a sense of community throughout the organisation;
- develop a strategic approach to value and efficiency;

- deliver on sustainable identified efficiencies.

### ***Programme Structure:***

The Programme will adopt a project management approach. The Programme Board will include representatives from WHSSB, the Local Commissioning Groups, GPs and Trust Board and the Trust's Corporate Management Team which will form the Project Board. In order to drive the change and ensure momentum, two teams will be established. The Strategic Improvement and Efficiency Team will be drawn from staff across the Trust and will generate ideas, identify the issues which cause inefficiency, lead work streams and generally provide impetus, energy and creativity. The SCEP Team, which will be comprised of five full-time seconded staff with expertise in areas such as information, finance, project management, will be the enablers and facilitators to ensure appropriate change is achieved.

### ***Workshops/Workstreams:***

A series of workshops will be held across all disciplines and all levels within the organisation. These will aim to capture the views of staff on efficiencies – staff involvement and ownership is crucial in order to achieve “efficiency awareness” throughout the organisation. The ideas generated will form the basis of the Strategic Change and Efficiency Plan.

### ***External Engagement:***

There will be a consultation process with key stakeholders including local Councils, politicians, Education and Library Board and the voluntary and community sectors as well as with service users. This will include information sessions and workshops and will be an opportunity for those key groups to influence and inform the overall process.

### ***Members' comments/questions:***

Mrs Hogg said she found this project inspirational and she welcomed the fact that the Trust were consulting with the people who do the jobs on the ground. She wished the Trust well with the project.

Mr Page asked if the efficiency programme will lead to cuts in jobs?

Mrs Way said the Minister had made it absolutely clear that the Western Trust have to find £37million worth of efficiencies. The Trust's original proposals in relation to the comprehensive spending review are now with the Minister for consideration. She said part of what the Trust has to release from the £37million is £6.3million worth of savings through the Review of Public Administration (RPA). In 2008/2009 the Trust has to deliver £2.8million

of savings just from the merger of the 3 Trusts and they have already delivered on that. Mrs Way said 71 managerial posts have gone out of the system as a result of the merger with most of those affected having been redeployed. She said it would not be possible to merge 3 organisations and deliver £37million worth of efficiencies without posts being affected but that the Trust is trying to do all that they can to make sure that jobs are not lost. She said the Trust want to retain as many people as they can working on the frontline in the system but undoubtedly there will be managerial posts that will disappear.

Dr McConnell said things can be done more efficiently. He gave an example of doing cervical smears on the basis of old style cytology and in the 4 laboratories across N Ireland there was a variation of between approximately 7.5% and 9.5% of those smears which would have been labelled as 'unsatisfactory'. An agreement between the 4 laboratories to purchase new equipment and to introduce new concepts has reduced the repeat rate of cervical smears to between 1% and 1.5% which means a reduction in costs and an increase in effectiveness. This means that 9% more smears can be done with fewer staff. It also reduces the anxiety levels for women.

Ms Reilly asked Ms McReynolds if she could provide the Council with a copy of any information about the Gwent Healthcare Trust Model and an evaluation of their outcomes. She said the Council would also welcome the opportunity to be kept up to date as the SCEP project progresses.

**Action Point: AP a/03/08**

Ms McReynolds to provide WHSS Council with details of the Gwent Healthcare Trust model and keep WHSSC informed about progress of the Trust's SCEP project.
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Mr Durkan referred to the issue of the rise in energy costs and asked if the Trust had any plans to revisit or change their energy providers? He said he had spoken to an energy company a few years ago who were interested in the provision of a wind turbine to provide power for the hospitals having performed a similar operation in Antrim where massive efficiency savings have been made.

Mr Lusby said the Antrim project was fortunate in securing quite a lot of grant money which made the pay back quite attractive. Those grants he said are no longer available. If the Trust were starting a similar project now the pay back would be much less attractive and over a much longer time frame. He said the Trust has just tendered for electricity usage throughout the Trust area and has awarded a contract for that. A significant part of the contract is green energy and the Trust is likely to be contracting with 5 different

suppliers because of different locations. Mr Lusby said the Trust did a piece of work on the Gransha site a couple of years ago around wind turbines but the cost did not make it attractive. He said they are continually keeping that under review because one of the problems particularly on the Gransha site is in relation to the age of the existing boiler plant.

### **Capital funding for new hospitals:**

*Provide an update on progress and timescales with regard to the new Hospitals and in particular information about the source of capital funding.*

Mr Lusby said the South West Hospital project has a value of £267million and is a PFI project. He said because it is a PFI project it will require the Health Service to effectively take out a mortgage on it and the Trust will be paying for that mortgage over the next 30 years. The Department has decided as a consequence of trying to reduce the annual mortgage charge that they will provide capital investment of 40% of the overall capital once the project is completed and handed over to the Trust. Mr Lusby said in terms of the £267million that will effectively mean that the Department of Health will provide a capital grant of approximately £100million and that will significantly reduce the mortgage repayments over the next 30 years.

At the end of February the Trust received the tenders from the 3 bidders for the South West Hospital i.e. Consort Healthcare, Direct Health and the NI Healthcare Group. The Trust is in the process of evaluating the tenders and that will be completed by the end of May. The Trust Board will then be asked to make a recommendation to the Department on a preferred bidder. Once that is done over the summer they will be working on a final close to the contract and the final Business Case. The Trust hopes to have the Department identifying the financial close in November and the work starting on the site shortly thereafter. The work is scheduled to be completed in 2012.

Mr Lusby said another significant development that has happened over the past number of months is a ministerial commitment to provide 100% single rooms in the new Hospital.

In relation to the enhanced Local Hospital in Omagh Mr Lusby said this is a capital project to the value of £190million. The Trust has shortlisted 4 bidders – the same 3 who are also bidding for the South West Hospital along with another Consortia called John Laing. The Trust hopes to be shortlisting bidders down from the 4 to 2 in the Autumn of this year and hopes to be identifying a preferred bidder in September.

As part of the Omagh Project the Trust has started enabling works on the site within the last couple of weeks. The Trust's intention is that construction will

start on the site in 2009/2010 and will be completed in 2012/2013.

Mr Campbell enquired as to the types of services that will be provided in the Local Hospital in Omagh?

Mrs Way said there has been a lot of clarification recently about what services will be provided. She said the Trust had said all along that inevitably things are dynamic e.g. as an organisation they are keen to put some services into the enhanced hospital that had not been thought about under the old Developing Better Services (DBS) model. An example of that she said was that the Trust talked about providing Chemotherapy in the Tyrone County Hospital (TCH) whereas at the moment people from Omagh travel to Altnagelvin for Chemotherapy. Things change and the Trust are looking at additional services coming on board. She said there is clarity about what services will be provided in the enhanced local hospital. Just recently the Minister met with representatives from Omagh District Council and they put a 12 point request to him about services such as the Urgent Care and Treatment Centre and Coronary Care etc. On the 6<sup>th</sup> March the Minister responded to Omagh District Council with clarity about what will be in the hospital in the future. For example she said one issue that has been extremely controversial is the issue of children's tonsillectomies. She said Omagh District Council had asked if children's tonsillectomies could be carried out in Tyrone County Hospital and the Minister clarified that there will not be any inpatient surgery for adults or children in the new hospital.

Mrs Way proposed that a sub group of the Council meet with the Trust to discuss in detail services to be provided in the new hospitals and the proposals for the SCEP project.

**Action Point: AP b/03/08**

WHSSC to set up a sub group to meet with Western Health and Social Care Trust Officers.
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**Implementation of Mental Health Reviews (SLT & Foyle):**

*Update on progress - what new teams and services have been set up so far and in particular whether elements of the Review are unlikely to be implemented due to lack of money?*

Mr Trevor Millar thanked the Council for providing him with the opportunity to give a brief overview of what is actually taking place within Mental Health Services. He said the Council would be aware that both legacy Trusts (Foyle and Sperrin Lakeland) were at the forefront of reform and modernisation whenever it came to Mental Health Services. He said they are

now one Trust and have two strategies i.e. 'Moving Forward' within Foyle and 'Health in Mind' within Sperrin Lakeland. He said the Western Trust were now harmonising both these strategies to bring them into line and to ensure that they are in line with the overarching Northern Ireland Bamford Review.

Mr Millar said within the Northern Sector (Foyle) they are further ahead in the reform and modernisation process. The Trust has been specifically looking at the development of Primary Care Liaison Services, Rehab and Recovery Services, Psychological Therapies Services and Crisis Services. Another area they are developing this year is in relation to Suicide Prevention.

In the Southern Sector (Sperrin Lakeland) Mr Millar said there is a lot more work to be done to bring both sectors up to the same baseline where they can move forward. This work has already begun and a workshop is planned for spring 2008 to begin the process of implementing the 'Health in Mind' recommendations. The workshop represents the beginning of a process that will deliver a re-modelled Mental Health Service across the new Trust incorporating the key elements of the legacy Trusts' Reviews and the Bamford Review.

Mr Millar said within the Omagh area the Trust have specific services such as Forensic Services, Psychosexual Services and they now have two separate alcohol and drug services.

Mr Millar said the strategy will mean a move away from institutional care to community care which he welcomes. He said this can bring a sense of worry to a lot of people and it may be seen that the Trust are closing the doors of hospitals and putting people out in the community without support. He said it is one area he feels the Trust have got to build on and he particularly welcomes the new investment that is coming through following the Bamford Review. He said he will be looking to place that funding in community development and community infrastructure to support those people that are there and look at crisis intervention. He said it is not about bringing people into hospital but rather looking at the triggers within the home environment and providing support in the home and if patients need acute care then the appropriate services are there to meet those needs. He said there was going to be a new 30 bed hospital in Gransha and a new hospital in Omagh with 26 beds and other services such as the development of Forensic Services.

Mr Millar said the Trust had an unannounced Mental Health Commission inspection two weeks ago. The inspectors were most impressed with the service and in their report said they felt other Trusts across Northern Ireland should come and see what the Western Trust have done because that is the way forward.

Mr Millar said another area the Trust should be working on is advocacy and user and carer forums and they are developing those in both the centres at

present. Home detox and addiction services have got investment this year of £128,000 and they are looking at the employment of additional staff. Additional funding of £158,000 for Forensic Services was also received. That will go towards employing a new senior social worker practitioner and 2 community psychiatric nurses and a Psychologist as well within that service.

Mr Millar said things are moving ahead and the Trust are re-designing services but they recognise that during a period of change people do feel slightly uncomfortable. He said they have been out to their Primary Care Liaison Service and GPs who are concerned because the Trust does not have the community infrastructure in place at the moment. He said the Trust were very fortunate that the Western Board have provided them with additional bridging funding to help them through this change scenario. This will enable them to move from hospital services to community services with the new funding that has been highlighted of £48million in total over the next 3 years regionally. The Western Trust will receive a proportion of that. He said he hoped it would bring about a change and not just for Mental Health Services because Learning Disability and Physical Sensory Disability Services need as much investment as Mental Health.

Ms Reilly said at the very beginning when these Reviews were first mentioned and just shortly after the Bamford Review had started the Council had suggested that it did not make sense to have two separate reviews within the one Board area. She said quite some time will now be spent on harmonising the two reviews. The Southern Sector which has been lagging behind for all sorts of reasons will now have to catch up on some of the more innovative work that has been progressed in the Northern sector.

Mr Millar said he felt the gap will be closed very shortly. He said the Trust has now one manager, Mr Bernard McAnaney. Mr McAnaney was the lead person with regard to reform within the Northern Sector and the new Trust want the exact same reform taking place within the Southern Sector. Mr Millar said the bed reduction has already begun within the Southern Sector and the majority of the 2007/2008 investment went into the Southern Sector to develop the community infrastructure.

Mr Millar said they will sit down at the forthcoming workshop and see where the gaps are and how they can bridge them. He said they are confident that can be done.

Ms Reilly said it was very important that they had a senior manager identified to oversee this. She said those kind of changes are always very painful for people. There is going to be a time delay in implementing this and it is quite worrying because there is a gap between the service expectation for those people who live in the Southern Sector versus those in the Northern Sector. Ms Reilly said she was pleased to hear that there had been a bed reduction

but she would like to see if this had been balanced with an appropriate community infrastructure and service being put in place. She said she wasn't sure there was a lot of evidence in the Southern Sector of additional resource in the community.

Mr Millar said the alcohol and drug addiction and forensic services were all going into the Southern sector. He said one of the issues they do have in the Southern sector is the medical cover. He feels they need an additional Consultant Psychiatrist within that area and it is a priority this incoming year to ensure that they put that person in place. He said the teams need to be out in the communities and there needs to be a lead medical person there. He said the Trust has that model in the Northern sector and they want to have the exact same model in the Southern sector. He said they will catch up and in this incoming year there will be dramatic changes taking place in the Southern sector Mental Health Services.

Mrs Hogg said she was delighted to hear Mr Millar talking about involving the community and assumed he meant that Education was included as well. She said those who work in Education are conscious of the problems that come through schools. She said she feels there needs to be investment at the early years stage so that problems are identified and dealt with early on, through for example, parenting skills and pre school education. She said there needs to be a more effective partnership between Education and Health so that mental health problems are anticipated and things don't get so bad that they are then having to crisis manage.

Mr Millar said he would agree entirely with early intervention and that it is pivotal in bringing about change.

Mr Page said he welcomed the progress in the Trust and said the work Mr McAnaney and Mr McGale were doing was to be commended.

Mr Page asked if there ever will be a time that Altnagelvin doesn't have to deal with people with alcohol and drug addictions?

Mr Millar said the Trust had already put a project in place with liaison nurses in Accident & Emergency (A & E) and it is one of the things he sees as a priority also for this incoming year. He said there is a need for 24hr cover within the hospital so that if someone comes in and needs to be detained or there are issues in relation to getting a bed for them to sober up to allow for assessments to be carried out there should be someone there to see that process through so that they don't have unfortunate incidents occurring.

Mrs Way said chronic alcoholics in particular do get to the stage where they need acute medical care in terms of end stage liver disease so there will always be a situation where people who have addictions will be in Altnagelvin

for end of life care.

She said she is considering having some acute psychiatric beds designated within Altnagelvin so that they have the right nurses actually staffing that particular ward.

Mrs Kelly said the pilot currently operating in the A & E department is excellent. The evidence is that very simple interventions by the alcohol liaison nurse or any other member of staff are having an impact on young people and particularly those who are binge drinkers. It is making them stop and think about their behaviour. This she said is really positive and the Trust are keen to support that. She said chronic alcoholics form 60% of admissions coming in through the A & E department. Mrs Kelly said it is a huge issue and emphasised the need for close working between the Acute Services and Mental Health.

Mr Guckian said this is one benefit of the merger of the 3 organisations because now for the first time the Acute Services and Mental Health are sitting at the same table. For the first time Mental Health does have its place at the corporate table and people are working together.

Dr McConnell said he would accept that maybe more money generally needs to be spent on Mental Health services but it is important to clarify that within the Western Board more money has been spent proportionally on Mental Health services than probably in any other part of Northern Ireland. He pointed out that the modernisation began in the early 1990s with directly managed units prior to the days of Trusts.

Mr Sutherland asked if the Board would continue its generosity and look favourably on this initiative?

Professor Burke said they would and that Mental Health services had always had a focus within the West. He said there would be £12million available of new monies in this year in Northern Ireland to begin to implement the Bamford recommendations and the necessary change in services in the reconfiguration. In Learning Disability it is in the region of £7million and in Disability it is £1million. He said the Western Board would be getting approximately  $\frac{1}{6}$  of that to invest and the plans have been outlined and the targets that are set will enable the Board to progress them. He said a tremendous amount of work had been done by the Trust in taking this forward.

Ms Reilly asked how much money the Trust needed in order to implement their strategy?

Mr Millar said he thought it was approximately £8-£10million. He expected

that the Trust would get £7-8million over the 3 years.

Ms Reilly asked that the Western Health and Social Services Council are kept up to date particularly regarding the workshop.

**Action Point: AP c/03/08**

Western Trust to provide details of forthcoming workshop to WHSS Council.

**Fertility services at Altnagelvin:**

*Provide an update on the questions previously raised on this issue and in particular whether all the women who had started their treatment in Altnagelvin had been dealt with and what has happened to those women whose cases were referred to the Regional Fertility Centre ?*

Dr McConnell said that a number of questions had been raised on a number of occasions and a number of answers had been given. He said he would bring the Council up to date with the current position.

He said the service had been started in Altnagelvin by a new Consultant and had begun without any discussion with the Board and there was no agreement to fund that development. At a later date Altnagelvin found they were unable to continue the service for two reasons. First there was insufficient time to be devoted by the Consultant to that service because other needs had been identified within the Trust for that person's time. Secondly rising standards in laboratories meant that Altnagelvin were not able to meet the required standards without additional investment. He said it wasn't even a matter of additional investment because the Board worked closely with the Trust over a period of time to try to get the necessary expertise or skill. The Board were unable either in the Independent sector or from other providers in Northern Ireland to get an individual with the skill to deliver a key component of the service.

At that stage there was a waiting list of 146 couples, some had commenced investigation or treatment and the remainder had not. There were 83 in one category and 63 in another. The Board agreed a year's non recurring funding with the Trust for the 83 couples to have their investigation or their treatment concluded. For those who had not started the Board asked for clinical summaries to be prepared and that they be referred on to the Regional Fertility Centre. Dr McConnell said he discussed with the Regional Fertility Centre the need for additional contracted activity from the Board in order to meet that demand. He said Altnagelvin wrote to all the people involved asking if they wished to continue treatment. All those who wished to be

referred to the Regional Fertility Centre have had clinical summaries prepared and Dr McConnell said he had received assurances from the Regional Fertility Centre that they are all actively on their books. He said he could not give assurances that they had all commenced treatment because that is not the way it works. He said they have got to deal with those who are already on the waiting list. He said he had received an assurance from Altnagelvin that all of those who had been undergoing treatment and investigation had been dealt with. It transpired that some were not and the Board arranged additionally for those who had not had their treatment or investigation completed during the year's funding to be referred on to the Regional Fertility Centre. Dr McConnell said he again discussed with the Regional Fertility Centre that they would deal with those patients and they have taken all of those who wished to be referred on.

Dr McConnell said he has had further discussions with the Department this week as part of an ongoing review and they are going to try and put in place an arrangement that would be more clearly defined. He said this is not just about services at the Regional Fertility Centre. Some services for sub fertility are delivered in Primary Care by GPs. When the GPs have reached the end of their expertise they will pass the individual on to a general Obstetrician or Gynaecologist who can also investigate further. When the Obstetrician or Gynaecologist has reached the end of their expertise then Consultants with particular expertise in this could deliver more local services which happens in Craigavon.

Dr McConnell said he had already met this week with a Consultant in Public Health from the Southern Board to clarify how exactly they are managing to do this, what skills they have and whether the Western Board could avail of any of those to support Altnagelvin to continue to deliver what would be a third level service. He said the Board were also exploring with the Regional Fertility Centre what more can be done there. Part of the problem he said at the moment is a lack of clarity on the expertise at these four different levels. Dr McCarthy from the Department has agreed to get together an expert advisory group who would take work that has already been done within NICE and in the North East of England and in Scotland in clarifying a clinical pathway i.e. who should do what and at what point should they pass them on.

Ms Reilly said the Council welcomed the development of the piece of work that is happening with the Department. However she said, she wanted to be clear in her understanding of what Dr McConnell had told the Council. She said it was her understanding that there were 83 people to be seen in Altnagelvin, 12 of whom were to be seen at the Regional Fertility Centre. Dr McConnell said he had not said anything about 12 people.

Ms Reilly said she was quoting from the minutes of the liaison meeting with

the Board held on 2 November 2007 at which it was said there were 12 referred to the Regional Fertility Centre. She asked if these 12 summaries were done and sent to the Regional Fertility Centre?

Dr McConnell said he had received assurances that all summaries from Altnagelvin have been completed and passed on to the Regional Fertility Centre.

Ms Reilly asked about the remaining women.

Dr McConnell said anyone who had not had clinical summaries done was contacted by the Trust and offered the opportunity but had not come back to the Trust to indicate that they wished to continue with treatment. When asked he said he did not know the number who had responded.

When Ms Reilly asked if anyone knew the number Mrs Way said she will ask Teresa Brown who has been working closely with Dr McConnell on this issue to give the most up to date picture.

Ms Reilly said the Council have been asking these questions for the last two years.

Professor Burke said this issue is going round in circles. The position he said is that there were 146 couples and Dr McConnell had indicated that there were 83 plus 63 and the assurance that he was giving the Council today is that they have all been treated or had the opportunity of being treated or referred for treatment. He said that is the position and if there is a need for analysis of the 83 to get a figure of 12 which is the figure that was said had to be referred then it can be done. This service he said has now been stopped approximately two years. The people have been seen, have been written to and as far as the Board are aware have been referred to the Regional Fertility Centre. He said if it is a simple question of breaking down the figures then the Board will do that.

Ms Reilly said that is the question the Council have asked. She said the Council had women coming to them telling of their experience and it has been pretty poor considering that undertakings were made to individual couples about the service they would receive. The Council were trying to find out how many women have been referred on to the Regional Fertility Centre and if the Board paid for the additional work to provide for them not to have to wait beyond the time they have already waited.

Dr McConnell said the Western Board currently has the shortest waiting times of any Board in Northern Ireland.

Dr McConnell said he had provided the Council with an assurance that the

women who were referred on were integrated into the waiting list on the basis of the time of their original referral so they would experience no greater waiting time than people who were referred there directly.

Ms Reilly suggested that they may have had to wait longer than was reasonably expected.

Mrs Way said what Dr McConnell had described was absolutely fact. She referred to the issue discussed earlier about the financial position regarding the £20million pressures. She said they had now gathered together the detail of the £20million that the Trust see as an underlying pressure and part of that £20million is services that the 3 Trusts put on the ground without the Western Board commissioning them. She said Altnagelvin had never been funded to provide fertility services.

Mr Sutherland said the Council's criticism was based on the fact that they could not get any information or feedback on what was happening to those people who were experiencing difficulties with the service and who had contacted them.

Mrs Way said she had not looked at figures because when she spoke to Teresa Brown she had told her that those people who were to be dealt with in Altnagelvin either in completing their treatment or being sent on have been dealt with. Mrs Way said as far as she had been concerned the matter was closed.

She added that she is confused when she hears some of the ongoing debate. She said what she is hearing Dr McConnell say today is that actually the Western Board may feel that there are certain levels of fertility support and help that the Trust could provide because it is being done elsewhere in Craigavon.

Following further discussion it was agreed that the Trust manager Teresa Brown who had worked with Dr Mc Connell on the issue, would provide the Council with the most up to date information on all the women concerned.

**Action Point: AP d/03/08**

Chief Officer to contact Ms Brown to find out how many women completed their treatment in Altnagelvin, how many had declined further treatment and how many were referred to the Regional Fertility service.
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Ms Reilly queried how long more the women who had been referred to the regional Centre might have to wait?

Dr McConnell said you cannot tell any fertility patient how long they are going

to wait. He said the Regional Fertility Centre will give them the best estimate they can give of their likely waiting time. It cannot be taken as definitive.

Ms Reilly said whilst she appreciated this she would go back to the people who had approached the Council over the last two years and will find out how satisfied they have been with the arrangements. If there are any further difficulties she will take it up with the Board and Trust.

**Action Point: AP e/03/08**

Chief Officer to contact people who had approached WHSS Council over the past two years in relation to Fertility Services.

**Breast care services:**

*What is the current position in relation to waiting times and what the impact of the additional nurse specialists and GPs with special interest has been. How is the Board/Trust dealing with the backlog of 400 women waiting for routine screening?*

Mrs Kelly said in terms of the targets the Trust currently meet all of the targets for 31 days and 62 days.

In terms of the low risk patients the Trust currently do not have anyone waiting.

Mrs Kelly said the Trust had established a multi disciplinary team to include two GPs with special interest who are still undergoing training. She said the Trust also have two breast care nurses employed.

Dr McConnell said the current position was that there are no patients waiting for screening. There are patients waiting for symptomatic assessment determined as low risk. The last report of 10<sup>th</sup> March to the Board was that there were 234 waiting. These are routine patients and none of them are waiting more than 8 weeks. The high risk patients are all being dealt with within 14 days and the Trust has consistently met that target in the last few weeks.

Dr McConnell said the Western Trust has also been delivering additional screening services for some residents of the Northern Board. This is because the Northern Board had major difficulties with screening. The Western Trust and one of the Trusts within the Eastern Board agreed to divide responsibility for Northern Board patients. He said the Trust deserves credit for that.

**Cardiac ambulance services:**

*It is the Council's understanding that the Cardiac ambulance service was reviewed (University of Ulster) some time ago. What was the outcome of this review? What plans are in place to ensure continuity of this service in all areas?*

Dr McConnell said the review that was undertaken by University of Ulster has gone to the Department. The Department has not yet produced a response.

Ms Reilly said she was referring to a review that had been undertaken by the former Sperrin Lakeland Trust and asked what the outcome of that review was?

Mrs Kelly said there had been a number of recommendations in that review and she would provide the Council with a copy of the report.

Mrs Kelly said ambulance staff had been trained in thrombolysis.

Ms Reilly asked as of now was the cardiac ambulance sited at the Erne still in operation?

Mrs Kelly said that this service was continuing to run at present at the Erne and Tyrone County Hospitals.

Ms Reilly said there had been some public concern about nurses going out in taxis if there was no one to drive the ambulance car and asked if that still was the case?

Mrs Kelly said there had been a cardiac car based at the Erne Hospital but this has now ceased. She said the team can go out in a taxi. When they go out they can immediately assess the patient and administer thrombolysis if that is required. The ambulance arrives as quickly as possible afterwards and transports the patient to hospital if that is required.

Ms Reilly asked if it was the protocol that if an ambulance was not available a team member goes out with the equipment in a taxi?

Mrs Kelly confirmed that this was the current protocol.

### **Shared care for children with cancer:**

*Update on the questions raised previously with both the Board and the Trust.*  
Dr McConnell said the position in 2001 was that there was a Haematologist in Altnagelvin who could deal with both adult and childhood leukaemia. However the Haematologist left Altnagelvin to take up a post elsewhere which meant the loss of a Haematologist with accreditation for the overall care of paediatric leukaemia. Some time after that a parent whose son had

died from leukaemia raised a number of issues with initially the Trust and then with the Board. The parent had raised a number of issues around his son's specific treatment at the Royal Belfast Hospital for Sick Children (RBHSC) including the way bad news was broken to them on occasions, the lack of accommodation during prolonged day visits to the hospital in Belfast and the lack of thought when scheduling patients' appointments from more distant parts of Northern Ireland. Dr McConnell said he had picked up on all of those issues and they have been dealt with. All staff at RBHSC have now received focussed training on breaking bad news, there have been alterations in RBHSC which has made more accommodation available to parents who are accompanying their child. He said he thought all the issues around scheduling appointments were sorted out as he had found out that they were arranging more sympathetic times such as 10.00am or 10.30am so that travel was easier. However he said they were not then making the necessary adjustments with regard to other interventions on the day which meant the patient's journey back home in the evening was being delayed. He said this particular issue needs constant monitoring because nursing staff change and other managers change. He said he has had no complaints made to him recently.

The parent also felt that there were a number of visits he had to make for relatively minor things such as blood tests and checks which he felt could be done more locally with the results being relayed to Belfast. Dr McConnell said that is now happening. He said from the lack of issues being raised with him currently he presumed they were fully dealt with.

Dr McConnell said the parent also had a view that many other procedures such as lumbar punctures and blood transfusions might be done in a hospital such as Altnagelvin rather than at the RBHSC to minimise the travel implications and consequences for young patients and their families. He said it was the parent who had initially indicated to him that some of these were being done in Letterkenny.

Dr McConnell said he followed it up with Dr Maguire Consultant Paediatrician at Letterkenny. Dr McConnell said he then made contact on Dr Maguire's advice with the Paediatric Oncologist group at the children's cancer hospital in Tallaght in Dublin. He said he went down and met with them and they have a system where they have approximately 14 other centres across the Republic of Ireland where a limited range of procedures are carried out in those settings.

What happens, he said, is that specialist nurses and on occasions doctors travel from the children's cancer centre in Tallaght on a specific day to Letterkenny, Sligo or Galway etc and certain procedures can be done there. They have clearly defined governance protocols that cover those. Dr McConnell said they have given him access to all of the protocols.

He said he had raised this with RBHSC, the NI Cancer Network and the Chief Medical Officer. One of the problems, he said, is that while some parents may feel like this, it does not appear to be a general feeling across a wide number of families with children receiving treatment or investigation for cancer across Northern Ireland. He said many of them prefer to go to a specialist centre rather than get services locally.

He said there is a need for debate and discussion about this and he also thinks there is a need for survey work to be carried out with parents who currently or previously have undergone treatment with children to find out to what extent there is either a demand or need for this to happen. He said there are some things that could beneficially be done locally and he would pass the information to the Chief Medical Officer and the Cancer Network and ask that this issue is taken up. He said it is not something that one person or one family or indeed one Board will necessarily be able to push forward.

Dr Mc Connell said that Dr McCarthy, DHSSPS had written to Dr Telford Director of Public Health Designate for Northern Ireland asking to develop a new Cancer Control Strategy for the whole of Northern Ireland. Within that an element was clearly put forward covering the issue of outreach services for children and young people with cancer. Dr McCarthy has now asked Dr Telford to take this issue forward as part of the Cancer Control programme.

Dr McConnell said he could understand why there would be concerns in the Cancer Unit at Altnagelvin. Paediatricians have not necessarily been used to dealing with cancer and Cancer specialists have not in the past been used to dealing with children so for both this is going to be a new area of work and they will be understandably anxious about it and it will need careful development.

Ms Reilly said the issue had been raised by an individual parent and because of his experience it was not an unreasonable expectation that the questions he was raising should be looked at i.e. what parts of the delivery of services to his son might have reasonably been done locally.

She said this issue had been raised as far back as 2001 and her understanding and expectation was that the Commissioner would have had a more active role in working on this particular issue. She said it would now appear the question being asked is, 'Whether this is just one parent who would like a local service or are other parents saying the same'? She said there would be an expectation that at the very least the Board would have found out what was the demand and then to take it forward. Ms Reilly said it was quite disappointing the length of time it has taken to come to this conclusion. She said it was good to see that there is a regional approach to

this and that Dr Telford and Dr McCarthy are going to lead on this.

Dr McConnell said in relation to the shared care for children with cancer he wished to draw members' attention to the fact that as part of the Big Lottery umbrella project they had worked in partnership with the Children's Hospice in Belfast to develop a hospice at home model for the Western Board area. It has been very successful and the Board has now matched funding at the end of the Big Lottery funding so that this will be a permanent and developing service in the Western Board.

### **Additional member question**

#### **Radiotherapy Services**

Mr Page said there has been speculation around the Radiotherapy services in the North West. Resulting from the last North-West Ministerial meeting, he said, there was discussion about the possible planned location of a Radiotherapy service in the North West in the next 6-12 months. The Minister is no longer saying No to the idea of a Radiotherapy Satellite unit in the North-West. He asked Dr McConnell for his view on the possibility of a Satellite unit in the North-West in the foreseeable future.

Dr McConnell said the current capacity that has been planned for Radiotherapy in Northern Ireland is there on the ground. The City Hospital site will probably have the capacity to continue until approximately 2015. He said it is his understanding that it is not anticipated that any new radiotherapy facility would be put in place in the North-West prior to 2015.

He said there are discussions about how best to manage moving on in terms of developing further radiotherapy and whether it is best to have it all on one site or to have most of it on one site but a satellite unit elsewhere. He said the consideration of a satellite unit makes sense but it is a 6-7 year planning and building cycle to get something in place by that time.

He said the Department is no longer saying No because they are very clear what the escalation in cancer is going to be. He said 50% of cancer occurs in people over the age of 70 and if you look at how the population is changing and the rise in the number of elderly, (even though they keep on improving treatment for each individual cancer), that means that by 2020 there will be a 54% rise in cancer in Northern Ireland.

Dr McConnell said unless there is a rapid movement towards prevention, detection and screening it means that even though there are improvements in the treatment of individuals the population as a whole will experience a very significant increase.

### **AHP waiting time targets:**

*Where does the Trust sit in relation to meeting the targets for AHP services. The Trust gave an undertaking that they would share with the Council the statistics they send to the Department – this has not happened so far.*

Mr Finn said he had some good news. The targets for 2007/2008 for waiting lists for first assessment for AHP services is 26 weeks and whilst that is a very challenging target the Trust are on target to meet it. From this April and the year 2008/2009 the target increases to 13 weeks from referral to assessment. Recruitment for a Head of AHP services is taking place shortly. Their key responsibilities will be the governance of the professions and also the performance management and the meeting of the targets. Following that the Trust will be appointing Heads of Professions and they will take responsibility in Speech and Language Therapy, Occupational Therapy, Physiotherapy etc for the targets.

Ms Reilly said Mrs Gormley and she had met with Mrs Kelly recently and they had agreed to reconvene the WHSS Council's Waiting List Monitoring group that had been active prior to the merger of the three Trusts.

### **Additional AHP Questions**

Mr Page raised the issue of the physiotherapy pool at Stradreagh and the lack of physiotherapists.

Mr Millar said the policy is that where the Trust run a hydrotherapy session there must be two trained members of staff there at all times. The Trust only had one member of staff and they had run with a programme where parents and carers were able to get into the hydrotherapy pool along with the individual but that is no longer acceptable.

In a particular case the Trust are offering the use of the Jacuzzi pool at Lakeview Hospital and if there are others affected the Trust will look at that. Mr Millar said the Trust's intention this year was looking at getting additional money in relation to physiotherapy so they can offer at least one session. He said if anyone wants to come along to Foyleview School where the pool facilities are already there then hopefully the Trust will be able to offer that in the near future.

Ms Reilly asked the Trust for confirmation that the services in Elmbrook School in Enniskillen were not being removed. Ms Reilly said she had received an e-mail from one of the parents who had also copied the e-mail to the Trust.

Mr Finn said the services were not being removed and the Trust was absolutely adamant about that.

Ms Reilly said she understood that a member of staff had formally notified the Head Teacher that it had been removed.

Mr Finn said that member of staff was inaccurate and did not act with the authority of the Trust.

Mrs Way said she had responded to the Head of the school to explain the situation. She said she had also responded to the parent concerned. She added that she had written about half a dozen times on this issue over the past three weeks.

### **Planned co-location in March of the GP Out of Hours from Gt James Street to Altnagelvin:**

*What effect this will have on Strabane and Limavady areas?*

Professor Burke said that back in 2004 a significant amount of work was carried out in relation to the location of Out Of Hours. An attempt was made to have co-location across the Western Board area which meant that A&E Departments alongside Out Of Hours would enable better services to be provided to the patient. That was put in place both in Omagh and Enniskillen. However at that time it was not possible to place the Out of Hours service on the Altnagelvin site. As a result of that a decision was taken that initially it would be based at the Waterside Health Centre and subsequently it was decided to have it at the Waterside and Great James Street premises on a monthly exchange. Professor Burke said they were now in a position to make the move to the Altnagelvin site and in the development that has taken place at Altnagelvin it is written in to the plan that there will be an Out of Hours service alongside A&E.

Professor Burke said with regard to Strabane and Limavady the Out of Hours service is currently being reviewed for all of Northern Ireland with a view to seeing what is the level of use and what is the appropriate location for these services. The Review is ongoing and once it is completed there will be an evaluation on the appropriate settings for Out of Hours and part of that will be to do with the actual numbers of people accessing the service and whether or not it is seen as being viable, efficient and effective.

Dr McConnell said they were not only reviewing the settings but the timings because you can see the differences in levels of usage. He said it will be under continuous review for many years.

### **Responding to public concern re C Difficile:**

Ms Reilly said she had corresponded with Dr Kilgallen on 11 February 2008 in relation to concerns about C Difficile in the Western area and asked if there were any changes since then?

Mr Finn said that there had been no changes. He said the strain that was in place in the Northern Trust is ribotype 027 and there has been no incidence of that type in the Western Trust. He said the Trust is continuing to carefully monitor patients who come through their services. The Department he said are putting in place a very formalised monitoring system and targets have been set for all Trusts where a reduction of 20% in C Difficile is expected.

Mr Finn said the Trust had a number of systems in place in terms of controlling infection and they use standard evidence based infection prevention control precautions for every patient who enters the hospitals.

Mrs Way said that the Trust had this week appointed a Head of Infection Control. She said that the Regulation, Quality and Improvement Authority (RQIA) had been asked by the Minister to undertake a review across the five Trusts starting on the four outside the Northern Trust because they are still coping with the outbreak. She said she had been advised that RQIA will be visiting the Western Trust on 27 March 2008.

### **Role of Local Commissioning Groups (LCGs):**

*There has been some concern about what exactly Local Commissioning Groups are doing. WHSSC understands that the Department allocated money which the LCGs could bid for with only the Eastern LCGs making a bid.*

Professor Burke said proposals on the Reform for Health and Social Care were currently out for consultation. The intention he said in the future is that the LCGs will be co-terminus with the Trusts. If this proposal is approved it will mean that there will be only one LCG for the Western area. They will be committees of the Regional Body and membership of them will be: 4 GPs; A Pharmacist; Primary Care Practitioner; Dentist; Optometrist and 4 locally elected representatives along with a Social Worker, Nurse, Public Health medical professional, Allied Health Professional, 1 lay person and a representative from the Regional Board.

Professor Burke said the intention is that there will be a regional strategy that will be set out and the LCGs will feed into that both in the sense of identifying local need and emerging need as well as ensuring that regional targets e.g. Mental Health, Learning Disability etc are being taken forward and commissioned locally through the Trust.

There are currently two LCGs - one covering the area of Omagh, Fermanagh, Cookstown and Dungannon and one covering Magherafelt, Derry, Strabane and Limavady. In the future on the basis of the current proposals it would be one that would cover from Limavady through to Fermanagh.

Ms Meehan said that in the development of the HWIP and the Board's plans to action Priorities for Action targets etc. the LCGs are very much involved in discussions at the Board. She said whilst the LCGs are not fully active at this point they are involved.

Professor Burke said the LCGs are directly involved in the commissioning work.

Mrs Way said the Trust have formal meetings with the LCGs every 2 months.

Ms Reilly said in a letter from the DHSSPS Permanent Secretary Dr Andrew McCormick he had suggested that the LCGs were currently engaging with communities, identifying local need and providing valuable input and expertise into the commissioning process.

Both the Board and Trust concurred with Dr McCormick's statement.

### **WHSSC Bugwatch survey findings:**

Ms Reilly informed the Trust that the Western Health and Social Services Council had repeated the Bugwatch Survey at the Erne and Tyrone County Hospitals on 13 February 2008. This was carried out on the same wards in the Erne that had previously been surveyed in October 2007 and additional wards in Tyrone County Hospital.

Ms Reilly said she wished to report that there has been a remarkable improvement on the second visit to the Erne Hospital. She said it was also notable that the staff when speaking to Council members were anxious to show where they had made improvements. The surveyors observed the gel dispensers at the bottom of the beds being used regularly and very good practice of either hand washing or using the gel between working directly with patients. She said there was also quite a noticeable change to the environment of the wards including repainting of walls. Ms Reilly said that by and large there was nothing negative to report on the re-survey. She congratulated the Trust, Mrs Way and Mr Finn on the leadership they had shown with regard to this issue and the very fast turnaround by all the staff to ensure the kind of improvements that took place.

Ms Reilly said at the Erne there was a much stronger sense this time round of the cleaners being actively involved and being seen as part of the team on issues of environmental cleanliness and infection control. There had been

changes made to their routine and practices as well as them having access to new types of cleaning materials. In discussion with the cleaners it was clear that they now have a better understanding of their role.

On the second visit to the Tyrone County Hospital the survey was carried out in the Rehabilitation and Stroke Unit for the elderly and the Day Procedure Unit, both of which were excellent.

Ms Reilly said the Council had also carried out a survey in Altnagelvin on 12 March 2008. She said there were some issues in Maternity and the Elderly wards which she will raise with the Trust but not of the headline type of issues that emerged from the Erne hospital.

Dr McConnell said it would be very helpful if the Council when they are discussing this at their next meeting and have had a chance to go through the full report that they would make as positive noises as possible to try to undo a lot of the negativity reported in the previous survey.

Ms Reilly said it is not about the Council undoing the negativity as they reported what they had seen. She said the Council are very responsible in what they do and she had spoken to Mrs Way already and assured her in light of the amount of publicity that the first report had received, she would make it the Council's business to ensure that all of those who had reported on this would receive a copy of the second report which showed the considerable improvements made by the Trust.

Mrs Way said she wished to thank Mr Finn for his role and leadership in taking forward the issues raised and developing the Action Plan.

Ms Reilly concurred with Mrs Way's comments.

### **Any Other Business:**

#### **Letter re Trust deficit**

Ms Reilly acknowledged the letter of thanks from the Trust regarding the Council's letter of support to the Department on the issue of the Trust deficit.

Mrs Way thanked the Council for their letter of support to the Department.

Mr Sutherland thanked the Trust officers for their attendance as they left the meeting at this point.

### **Update on current reviews:**

- ***Renal Dialysis***

Professor Burke said the current provision was that at Altnagelvin there has been an increase from 12 to 14 stations. At the Tyrone County Hospital there is capacity for 24 stations.

Overall he said the Board are in a position to provide 137 patients with dialysis. Within the plan to progress renal services next year it is anticipated that there will be a further 35 patients able to avail of dialysis across Northern Ireland. The Western Board would expect about 6 patients and there is a capacity to meet their requirements.

Mr Sutherland asked what the total numbers using the service were generally?

Professor Burke said at the moment in Altnagelvin they can take a maximum of 56 patients and there are currently 53 availing of the service. In the Tyrone County Hospital it is 96 with 84 currently availing of the service which means there is a gap of 15 and they are in a position therefore to meet the target.

- ***Medical Services at Tyrone County Hospital***

Professor Burke said the Minister will be making a statement regarding the workforce i.e. consultant staff, emergency services and the midwifery led unit.

- ***Emergency Services in the West***

Professor Burke said the report had been submitted to the Minister in December 2007 and they are awaiting an announcement any day.

Ms Reilly said she wished to check that the Local Ambulance Liaison Group which had been sitting in abeyance while this was going on will meet again.

Professor Burke said a new Head of Ambulance Services had been appointed and the group are due to meet again in the near future.

- ***Midwife led maternity unit in Omagh***

Professor Burke said a statement from the Minister is expected soon.

- ***Domiciliary care***

Professor Burke said access criteria for Domiciliary Care is being developed regionally and will go to the Departmental Board this month and will then be rolled out right across Northern Ireland. The same standard will apply and hopefully he said it will ensure that there will be a high quality domiciliary care

service right across the Province.

Professor Burke said that Direct Payments will tie into this and is something that has not been picked up on in Northern Ireland the same way it has been in England. It has not been developed at the same rate across the 4 Boards so there is now a target set for ensuring people are given access to and understand the benefits of Direct Payments.

- ***Statutory residential care in WHSSB area***

Professor Burke said the review that had been undertaken by the Trust to advise the Department on the current standard of services has not been taken forward by the Department. The Trust has been advised that the review is no longer required.

The focus is on attempting to develop services in the community and to provide the necessary support so that people don't require to go into residential care.

Ms Reilly asked if it was possible that the review was not being taken forward as it might have huge financial implications?

Professor Burke said as it had not gone to the Department they have not made any judgement on this.

He said the Comprehensive Spending Review is requiring the Trusts to look at all the services they provide and to determine where efficiencies can be identified and that is what the Trust is currently doing; until that gets resolved there is no point in moving on to decide what to do with residential care separately.

### **Additional Questions**

Mrs Gormley asked if there was an update on the Drumhew Residential Home issue raised at previous meetings?

Professor Burke said beyond what was discussed previously and it was part of the review he had no further update.

Mr Campbell enquired if there were plans for a new children's home in the Omagh area?

Professor Burke said currently there is a facility called Beltany which is a bungalow on the grounds of Coneywarren which provides respite care for

children with a disability. He said development of a new Beltany in the Omagh area is being considered.

Professor Burke said he would provide the Council with update information on this project.

Mr Campbell also enquired about the plans to provide a unit in the Omagh community for people with challenging behaviour. He said it was originally to be a 4 bedded unit but he understands it has now been extended to 8. He was wondering if it is to be built in the Coolnagard housing estate area?

Professor Burke said he would also provide updated information to the Chief Officer on this issue.

### **Action Point: AP f/03/08**

Professor Burke to provide the Council with up to date information on plans for a new Beltany and the proposed unit at Coolnagard.

### **Update on the future of Health & Social Services Councils:**

With the consultation on the Minister's proposals for the Reform of Health and Social Care ongoing there was no further update on the future of Health and Social Services Councils.

### ***Dental Services***

Mr Page asked for an update on the issue of dentists in the Western Board area.

Professor Burke said the money was provided and the advertisements for salaried dentists were placed. He said there were two applicants one of whom was not eligible and the other who was shortlisted and didn't meet the criteria. The Board are now going to advertise again.

Mr Sutherland thanked the Board officers for their attendance and they left the meeting at this point.

### **WHSSC BUSINESS CONTINUED**

### **Consultation on Minister's HSC Reforms:**

### ***First joint Council event 27/2/08***

Ms Reilly thanked the members who had attended the first Joint Council event on 27/2/08 to discuss the Minister's proposal on HSC Reforms. She said it had been very interesting and useful.

She said the WHSS Council were holding their own workshop to discuss the options further. It was agreed that the workshop will be held on 14 April in Omagh. Further details will be forwarded to members.

**Action Point: AP g/03/08**

Details of workshop to be sent to members.
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***Second Joint Council Event***

Ms Reilly informed members that the second Joint Council event will be held on 1/5/08. It will be hosted by the Eastern Health and Social Services Council.

Ms Reilly said a decision will be taken on whether to have a Joint Council response or if each Council will respond separately by 12 May 2008.

***Update on Ballykelly Branch Surgery***

Ms Reilly said she had received a letter from Mr Eugene Gallagher, Head of Primary Care Services, WHSSB outlining that the Board had approved the closure of the Ballykelly Branch Surgery.

Mr McKelvey proposed that members receive a copy of the letter.

**Action Point: AP h/03/08**

Copy of Mr Gallagher's letter to be copied to all members.
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**Any Other Business:**

There was no further business.

**Date, Time and Venue for Next Council Meeting:**

The next meeting of the Council will be held in Fermanagh District Council Offices on Friday 4 April 2008 at 10.00am

**The meeting ended at 1.30pm**