

Chair's Business:

Mrs Robson welcomed everyone to the 165th meeting of the Western Health and Social Services Council.

She advised that a number of members had requested that business be kept within a reasonable time limit. She therefore asked that the time slots on the agenda be adhered to as strictly as possible as it was a very full agenda.

Mrs Robson said she had attended several meetings in the past month including a meeting with NICAⁿ at the Ulster Cancer Foundation in Belfast and communication with them is ongoing. Mrs Robson informed members they may contact her if they wished to get further information on NICAⁿ. She said she was very impressed by NICAⁿ's work and they are currently working on updating their directory which should be ready within the next year. She reported that the issue of the lack of support groups in some communities had been taken up with NICAⁿ. Mrs Robson said she has a supply of their current leaflets highlighting their services and these are available by contacting either her or WHSS Council staff.

Mrs Robson advised members that she had attended an event organised by Investing for Health last week. Investing for Health she said is a very pro-active group in the community. They visit schools and youth groups promoting healthy eating and regular exercise. She said it was a pleasure to be involved with them.

On behalf of WHSS Council Mrs Robson said she had accepted a framed certificate, which will be displayed in the office, acknowledging the Council's involvement with Investing for Health.

Mrs Robson thanked members who attended the visit to the NI Assembly on the 22nd October 2008. She said it was disappointing that they had not been able to meet the Health Minister or members of the Health Committee. However she concluded it was good to have met up again with members from the other 3 Health Councils.

Minutes of Previous WHSS Council Meeting:

The Minutes of the previous WHSS Council meeting held on 3 October 2008 were adopted on the proposal of Mrs Valerie Brown and seconded by Mrs Sue Hogg.

Matters Arising from Previous Meetings:

Members were provided with a written update on Action Points carried forward from previous Council meetings.

Action Point AP: a/10/08 – Chief Officer to write to Chairs and Chief Executives of Omagh, Fermanagh and Strabane District Councils to invite them to meet jointly with the WHSS Council.

The Chief Officer has written to the Chief Executives and Chairs of Omagh, Fermanagh, and Strabane District Councils. Representatives of the 3 District Councils have agreed to a meeting facilitated by the WHSS Council. Details of the meeting have now been confirmed for 4th December 2008 at 7.00pm in Kelly's Inn, Ballygawley.

Action Point b/10/08: Chief Officer to write to WHSC Trust Chief Executive regarding members' concerns about cigarette butts being discarded outside the doors of Altnagelvin Hospital.

This issue is included in members' questions for the Liaison meeting with WHSS Council and the WHSC Trust.

Action Point c/10/08: WHSSC to re-convene Autism Working Group in order to reflect the views of parents when making a response to the consultation.

A meeting of the Autism Working Group has been arranged for Friday 21st November 2008 at 2.00pm in the WHSS Council Conference Room, Hilltop, Tyrone and Fermanagh Hospital, Omagh.

Action Point d/10/08: Mrs Robson to speak to Ms Janis McCulla NICaN and update members at a future Council meeting.

Mrs Robson provided a verbal update to members.

Action Point e/10/08: Chief Officer to contact Councillor Hussey for details of information he had requested from WHSS Board and WHSS Council to request same.

WHSS Council requested the information from the Chief Executive WHSS Board. The WHSS Board Chief Executive replied saying “as the Report informs the current development of policy with regard to the implementation of Developing Better Services in the Western area, it would be inappropriate to make it available until the DHSSPS has concluded its consideration of its contents”.

Mr Hussey referred again to his request to the WHSS Board and said it was very concerning for anyone who lives in the Omagh area that once again a secret report is being compiled on the Tyrone County Hospital. He said reference is made to the report in the Board minutes and obviously Board members have access to it and this would suggest to him that yet again the

Board in collusion with the Trust are attempting to downgrade services further in the Tyrone County Hospital. He said promises and assurances had been given on numerous occasions in relation to the services in the Tyrone County Hospital and on each occasion these assurances have been broken.

In reply to Mr Hussey Ms Reilly said she was aware that Mrs Gormley Business Support Manager had advised him of his option to contact the Information Commissioner's Office regarding the Board's response to his Freedom of Information request.

Action Point f/10/08: Chief Officer to contact WHSC Trust for details of governance arrangements for use of patient comfort funds

This issue is included in members' questions for the Liaison meeting with the WHSS Council and the WHSC Trust

Mr Hussey referred to the issue which had arisen on the use of patient comfort funds. He said there had been a very irate response from the Trust to the fact that they used the Comforts Fund to buy mattresses for patients. A mattress would be very comfortable he said but that was not the purpose of the Comforts Fund.

Ms Reilly asked Mr Hussey to raise these issues directly at the liaison meeting with the WHSC Trust.

Mr Hussey said he was happy to do that but these particular issues were matters arising and he wished to update the Council.

Mrs Robson said the WHSS Council on behalf of patients and those who subscribe do have a right to know what the Comforts Fund money is being used for.

Mr McGowan said there has been an ongoing concern with Comfort Funds for a long number of years especially in the Tyrone and Fermanagh Hospital.

Action Point g/10/08: Chief Officer to contact Board for figures on the uptake of the HPV vaccine

Update from WHSSB:

Year 9 Schoolgirls:

Additional staff appointed.

Training for school nurses provided by Dr Smithson.

Vaccinations started on schedule.

No problems encountered with schools – schools have given full co-operation so far.

Too early for official uptake figures but nurses report good uptake.

17-18 Year Olds – Primary Care:

Training provided for GPs and their staff by Dr Smithson – Went well, no major problems raised. GPs happy to provide service.

LES (Local Enhanced Scheme) has been distributed to all GPs.

GPs have started vaccinating but it is much too early to get an idea of uptake yet.

Action Point h/10/08: Chief Officer to arrange to have an update on the implementation of the Trust's Mental Health Reviews and any other areas addressed in the Bamford Review.

This issue is included in members' questions for the Liaison meeting with WHSS Council and the WHSC Trust.

Action Point i/10/08: Copy of letter from Faber Maunsell to be sent to all members.

Copy of letter from Faber Maunsell requesting comments on an Environmental Assessment of the A32 Shannaragh Road, Dromore, Co Tyrone has been sent to all members.

Action Point j/10/08: Chief Officer to provide comment on NI Minor Ailments Scheme.

Work in progress

Action Point k/10/08: Members to forward issues to WHSSC office which they wish to raise with WHSC Trust.

A letter was sent to all members asking them to forward issues to the WHSS Council office which they wish to raise with WHSC Trust at the Liaison meeting on 14 November 2008. Members forwarded a number of questions and these are on the Liaison meeting agenda.

Sure Start Presentation

Mrs Robson on behalf of the WHSS Council welcomed Mr Gerry Conway, Chair Western Area Childcare Partnership and Ms Maura Mason, Childcare Partnership Co-ordinator and invited them to make their presentation on the

Sure Start Programme in the Western Area.

Presentation by Mr Gerry Conway and Ms Maura Mason:

Mr Conway thanked the Council for giving them the opportunity to tell the WHSS Council what Sure Start does.

He said he would go through briefly what the Childcare Partnership is all about, what Sure Start is all about, what Sure Start plan to do, how it has developed in the Western area and also give some consideration to how it might develop in the future.

The Western Area Childcare Partnership

An Inter-Agency, Cross-Sectoral Partnership established by DHSSPS whose role is to:

- implement “Children First” the Northern Ireland Strategy on Childcare
 - ~ improving accessibility of childcare to families
 - ~ addressing issue of affordability for families who require childcare
 - ~ issue of equality
- oversee the allocation of European funding for Childcare
 - ~ there has been significant investment in childcare over the years in relation to developing services in areas where it was most needed
 - ~ providing training – the Childcare Partnership has been heavily involved in workforce planning and development to ensure that there are appropriately trained staff that can deliver on the programmes
 - ~ capital investment – many areas have playgroups and children’s centres built as a result of significant European funding
- implement the Children & Young People’s funding package relating to childcare.

N.B. Policy responsibility transferred to Department of Education in November 2006.

Sure Start:

What is it?

- A Government programme to deliver the best start in life for every child (early education, childcare, health and family support).

Why Sure Start?

- Government commitment to overcome child poverty within 20 years.
- Sure Start provides support to the child and family before the child is born and right up to pre-school age.

Sure Start in Northern Ireland:

- Sure Start implemented in Northern Ireland in 1999/2000.
- 32 Sure Start Programmes across Northern Ireland.
- An investment of £16 million for 2008/09 (£4.2 million in the West).
- Over 30,000 children aged under 4 and their families access these programmes.

What is Sure Start's Aim?

- To work for and with parents and their children aged 0 – 4 years old to:
- Improve social and emotional development
- Improve health and well being
- Improve the ability to learn
- Strengthen families and communities.

How does Sure Start do this?

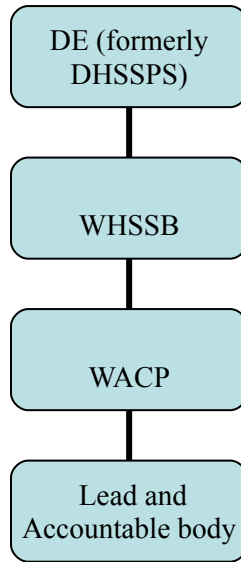
- Involves a multi-agency partnership of providers.
- Through a range of centre-based, outreach and home visiting services.
- Provides support to families, including befriending, social support and parenting information.
- Promotes good quality play, learning and childcare experiences.
- Provides health care and advice about child health, child development and parental health.

Sure Start – Key Themes:

- Parents as Partners
- Services provided are “additional”
- “Reshaping” of service delivery
- Early Intervention & Prevention

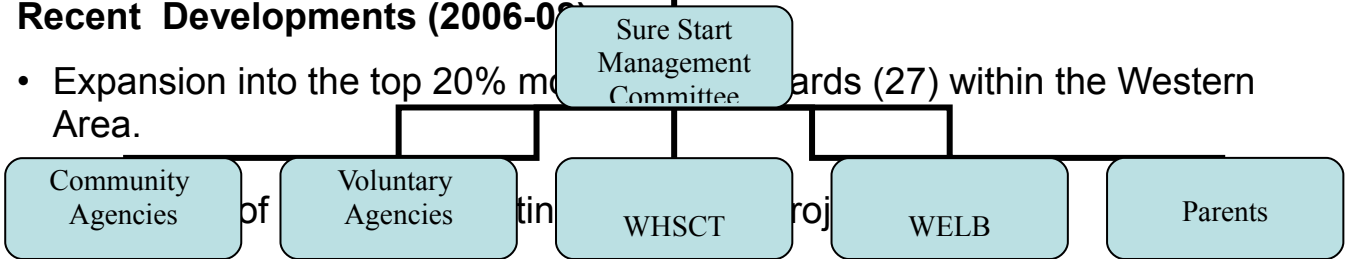
- Signposting
- Seamless service
- Community Involvement
- Better cooperation between agencies/service providers

Typical Sure Start's Management Structure



Recent Developments (2006-08)

- Expansion into the top 20% most deprived wards (27) within the Western Area.



- The development of 3 new Sure Start Projects.
- Pilot Programme for 2 Year Olds.

Existing Projects	Wards
Omagh	Strule Fintona Termon
Limavady	Greystone The Highlands
Fermanagh	Devenish Rosslea Newtownbutler
Strabane	Finn Dunnamanagh Plumbridge
Creevagh	Rosemount
Shantallow	
New Sure Start Expansions	

Derry West Bank	Brandywell The Diamond Westland Strand Beechwood Creggan South Creggan Central
Derry East Bank	Victoria Ebrington Clondermott Enagh
Castleberg/ Newtownstewart	Castleberg Glenderg Clare Drumquin Newtownstewart
TOTAL - Sure Start New Projects	

Sure Start Projects (total of 9) Now available in the Western Area

Typical Sure Start - Services:

Parent & Toddlers	Breastfeeding Support	Life Start
Crèche	Infant Massage	Jo Jingles
Free Play	Chatterbabes	Home Visiting
Behaviour Management	Health & Fitness	Nurturing Programme
Special Needs Fun Day	Breastfeeding Support	Personal Development
Arts & Crafts	Cook-it	Delta Training
Baby Yoga	Fussy Eaters	Lucky Duck Club
Parent Craft	Parent's Advice Clinic	Messy Play Days
Book Start +	Storytelling	Special Needs Support
Stress Management	Signposting to other services	

Future Sure Start Development:

1. Transfer of Lead Agency Responsibility to Education and Skills Authority.
2. Additional £4.5 million investment in Northern Ireland by 2011 to enable: -
 - Geographic Expansion
 - Development of Pilot Programme for 2 Year Olds
 - Promoting Integrated Children's Services.

Monitoring and Evaluation:

Development of Performance Management Framework in the Western Area covering: -

- Outputs
- Financial Management
- Outcomes for Children
- Organisational Well-Being (PQASSO - evaluation tool)
- User Involvement.

Ms Mason provided a number of handouts to members.

1. Overview of what Sure Start does – the idea of a combined approach.

2. Definitions of types of Child Care available.
3. Findings from the National Evaluation of Sure Start (NESS).
4. Western Area Childcare Partnership Newsletter.

Members' questions to speakers:

Mrs Robson

Mrs Robson asked Mr Conway what remit they have to encourage families to be part of Sure Start?

Mr Conway said they are very conscious of trying to ensure that services are delivered to the most needy families. He said they work with Health Visitors and Social Services to make sure they are aware of what Sure Start does. They also work directly with parents through home visits and try to get them involved in services. He said they are very much aware that sometimes the parents who sign up for parenting education programmes are those who have the least need of them. Sure Start works with Family Centres, parents advice and other organisations to try to find ways of involving families.

Mr McGowan:

Mr McGowan thanked Mr Conway and Ms Mason for their presentation and said Sure Start was something that should be supported fully. He said the initiative around speech and language was to be applauded. He congratulated them on having user involvement.

Mrs Hogg:

Mrs Hogg thanked Mr Conway and Mrs Mason and said she agreed with Mr McGowan's comments. She asked how reliant they were on volunteers?

Ms Mason said each Sure Start group has a number of volunteers especially parents who are very willing and supportive.

Mrs Hamilton:

Mrs Hamilton asked for clarification that Sure Start and Life Start were not a duplication of services.

Mr Conway explained that Life Start makes monthly visits to families and do not have the same level of contact as Sure Start. He said their aims and objectives were similar but the delivery of services was different. Life Start is 0 - 5 years and Sure Start 0 - 4 years.

Mr Page:

Mr Page also thanked Mr Conway and Ms Mason for their presentation and said he felt that Sure Start was badly managed at the beginning as there was a duplication of services with Life Start who he said had done fantastic work. He said the North West was the worst area for access to dental and speech and language therapy and is the worst area for registration for under 2 year olds. Mr Page asked how loss of funding would affect Sure Start?

Mr Conway said it was a very challenging time but there was funding from the Department of Education. He said there is existing money and they have recurring funding.

Mr Hussey:

Mr Hussey said it was an excellent project. He said that the presentation referred to working with 'mother' and toddler groups and he felt this should be 'parent' and toddler groups as fathers play an important role also. He also mentioned that changing facilities for young children are always placed in ladies toilets and should also be included in gent's toilets.

Mr Conway said there is a huge problem around how to engage with fathers.

Mrs Gormley on behalf of member Ms Ruth Lynch asked Mr Conway if there were any plans to expand the Sure Start project to Lisnaskea?

Mr Conway said this is determined by available funding, deprivation of wards and at this time he could not say yes or no to an expansion to Lisnaskea.

Mrs Robson thanked Mr Conway and Ms Mason for their presentation and wished them well in their work with Sure Start.

Liaison Meeting with Western Health and Social Care Trust (WHST)

Mrs Robson's welcome to Trust Officers:

Mrs Robson welcomed Mrs Elaine Way, Chief Executive and her officers from the WHSC Trust to the liaison meeting with WHSS Council. She reminded all present that this may be the last formal liaison meeting between the WHSC Trust and the Council due to the imminent establishment of the new Patient Client Council.

Mrs Way introduced the WHSC Trust officers, Ms Nuala Sheerin, Director of Human Resources, Mrs Margaret Kelly, Director of Acute Services, Mr Trevor

Millar, Director of Adult Mental Health and Disability Services and Mr John McGarvey, Assistant Director of Older People's Services.

Mrs Way informed members that this was Mrs Kelly's last day with the Trust as she was taking up the post of Chief Nurse with the WHSS Board on Monday.

Mrs Way thanked the WHSS Council for inviting her and her Officers to the liaison meeting. She acknowledged the Council had provided a number of questions to the Trust in advance and said this was very helpful and they would be happy to discuss any other issues that may arise. Mrs Way said the WHSS Council had indicated that they wished to have a separate meeting on the issue of the Comprehensive Spending Review (CSR) proposals. She said the Trust would be quite happy to arrange a separate meeting as the briefing about CSR proposals takes quite a long time.

Mr Kelly, WHSC Trust Head of Communications contacted the Council and offered to present on the Equality Screening Consultation under this agenda item. Ms Reilly said whilst this area was of interest to members they first wanted to hear a very detailed presentation on the efficiency savings which were planned. Mr Kelly informed Ms Reilly that the presentation was lengthy for Year 1 and she conceded to hold off on Year 2 and 3 information in the interest of members having time to discuss all the details of Year 1. Year 2 and 3 could be provided at a later date. Ms Reilly informed Mr Kelly members would look at the Equality issues in relation to Section 75 during the Trust's consultation period. Ms Reilly said she was very clear with Mr Kelly that this was the purpose of today's meeting.

Mrs Way said Mrs Kelly had the CSR presentation with her and she was happy to go through that as she felt it was important because the Trust is in the middle of the eight weeks for comments on the equality screening process.

Ms Reilly asked Mrs Way if there had been a misunderstanding about the presentation?

Mrs Way said unfortunately there had been a misunderstanding. However she said the Trust had delivered the presentation several times during the past week and therefore she was happy to present it to the WHSS Council at today's meeting. She said she did not have a copy of the handouts for members but would provide them to the Council later.

WHSC's Comprehensive Spending Review (update on Year 1 CSR plan):

Mrs Way said the document that the Trust is consulting on is the Trust's Strategic Response to the CSR (Equality Impact Assessment screening report).

The CSR applies to all five Trusts and started on the 1st April 2008. She said on 1st April 2008 £10 million came out of the budget of the WHSC Trust which meant that on 2nd April 2008 the Trust was overspent, because at that point they had not delivered on the CSR proposals. This year she said has been extremely difficult for the Trust in terms of finances and they are currently reporting a projected deficit of £4.3 million. She said this is not acceptable and is due to the fact that in year 1 of the 3 year CSR period the WHSC Trust has not yet put the CSR proposals on the ground. Mrs Way said WHSS Council members will already have seen issues in the media where there has been reaction to some of the proposals that have been made. Mrs Way said WHSC Trust had given detailed proposals in May and June of this year around what it was they were doing immediately. She said in Year 1 they have tried to identify savings in-year to attain the £10 million that had been taken out of the budget at the start of the year. She said years 2 and 3 are much bigger and in truth these proposals may be even more controversial.

The Health Minister presented the proposals to the Health Committee on the 9th October after which the WHSC Trust Board met and identified which of the 48 proposals they thought required full public consultation. The proposals have been posted on the Trust's website and they have gathered them together in the screening document and people are encouraged to respond to that. Mrs Way said the good news for the West is that the last time she had spoken to the Council she had said the Trust had to save £37 million over three years but after negotiations with the Department that has been adjusted downwards to £36 million. The reduction of £1 million less is a very welcome relief for the Trust she said. However the £1 million reduction in the WHSC Trust savings will have to be picked up by some of the other Trusts.

Mrs Way said it was important to realise with the CSR that the money comes out of the Trust's budget at the start of each of the 3 years. She said if the Trust delivers the £36 million in savings in the West they will receive £36.2 million to reinvest which is quite a big pay-off for the Trust. Mrs Way said Cardiovascular services will get £584,000; Learning Disability will get almost £3 million and Mental Health will get £4.5 million invested over the three years which is in line with Bamford. Mrs Way explained that the WHSC Trust will yield up £36 million but that the £36.2 million to be reinvested is different. This she said allows the Government to target developments in certain areas which they see as a priority. Mrs Way drew members' attention to the fact that almost £5 million of the £36.2 million is for drugs and won't do anything in terms of putting staff on the ground.

One of the messages she said from the Trust's three year CSR is that they are anticipating that there will be a reduction of 277 posts across the WHSC Trust over the three year period. Mrs Way explained that the Trust requires a number of pieces of capital equipment and investment to enable them to be more efficient. Large expensive pieces of machinery will be needed in order to allow

them to improve their business. One of the risks which the Trust has identified is that the main commissioner for the West has been the WHSS Board and it will cease to exist on 31st March 2009. All of the relationships and understanding will go and the Trust as an organisation will have to try to create new and positive relationships with new commissioners.

Mrs Way said the Equality Impact Assessment screening consultation that she referred to earlier started on the 20th October and will run for an 8 week period. Comments are due back with the Trust on the 12th December and then a formal consultation period will run from 12th December until mid March. She said this will be quite a challenge because of the number of groups involved. Mrs Way said the Health Minister believes that it is important that all five Trusts carry this exercise out at the same time so that the population of Northern Ireland understands the impact of CSR. The presentation gives details of how comments can be made on the Trust's screening proposals document. There are 48 proposals for the next two years and the Trust are of the view that four of these will require a full Equality Impact Assessment (EQIA) consultation i.e. those on residential and children's homes and homes for the elderly. On the same day the Trust met with MLA's the Director of Primary Care and Older People services Mr Alan Corry Finn went to each of the four homes that had been listed for potential closure in the West to inform them about what was happening. Mrs Way said no decisions had yet been taken but there remained a belief among people that the decisions have already been made. The Trust is aware that there are concerns that the consultation is not real i.e. the Trust are just going to go ahead and do whatever has to be done regardless. Mrs Way said her own view was that efficiencies have to be made across the WHSC Trust and she personally finds it hugely challenging to try to deliver £36 million over what will be year 2, 3 and 4 of a new organisation.

Mrs Way said the Minister had originally said that he also wanted alternatives when proposals were made. She said the WHSC Trust were not able to offer alternatives because they do not have the £36 million identified as yet. The Trust will have to come up with additional proposals and when they do they will again have to initiate a full screening process. Mrs Way asked Mrs Kelly to speak about the proposals for acute services.

Mrs Kelly said that within the acute Directorate savings of £8.7 million over the next 3 years have to be made. In year 1 they have to yield £2.9 million. She said 13 proposals have been identified, developed and screened and none of them require additional consultation or EQIA. There are a number of drivers of change affecting acute services and the proposals that have been developed are in line with the strategic direction of travel and the modernisation of services. Mrs Kelly said that in many ways the CSR had given the Trust an impetus to actually speed up the modernisation process. She said some of the drivers including Developing Better Services had set out the strategic direction for acute services across Northern Ireland and this is reflected in the Western

area Planning for Change document. The Planning for Change document is about improving the quality of services, ensuring the Trust provides access to services as locally as possible and also about ensuring that people only come in to an acute hospital when they require acute care. There are huge opportunities to provide more care in the community as appropriate.

Mrs Kelly said there had been a review of emergency care medicine carried out by the Trust over the last year which was about improving patient flow through the hospital ensuring that patients get the right service at the right time and in the right place. She explained that it was about improving the patient experience because currently patients are sometimes admitted in an emergency and due to bed pressures and high occupancy levels particularly in Altnagelvin they often end up in the wrong ward. She said it is much better for patients if they are in the right ward where they can get access to the right treatment more quickly and this she said also improves the working environment for staff. Mrs Kelly said the proposals that are identified are in line with and support the Department's Priorities for Action and again this is about focussing on better quality, better care and better value.

In addition she said there have been a number of reviews including the Pharmaceutical Clinical Effectiveness programme which is about ensuring that patients have access to new drugs. Through the modernisation of services and service improvements the Trust is using evidence of best practice and putting in place patient safety programmes to improve the quality of care and outcomes for patients and saving lives.

Mrs Kelly explained that the first proposal is about efficiencies that can be achieved by virtue of the merger of the former three legacy Trusts. She said it is about reviewing maintenance contracts and having just one contract for safer maintenance across the new Trust. The second proposal she said is about standardisation of theatre stock and reviewing procurement procedures. Currently across the three acute sites there are different ways of managing and procuring the stock and there are a range of suppliers. She said they would be streamlining these and achieving efficiencies through having one procurement route. The third proposal is to agree a single supplier for the provision of theatre equipment that will bring efficiencies across the three sites. Mrs Kelly said these first three proposals are about making the procurement of theatre equipment and the management of stock much more efficient because there are significant outgoings in terms of theatre provision.

Mrs Kelly outlined two further proposals which are about skill mix and re-arranging rotas in terms of staffing and this in particular affects nursing staff in the Tyrone County Hospital. The first proposal is about the staffing shifts to avoid unnecessary overlap. She said the Trust had found that there was a difference in terms of how the shifts are organised on the three sites and there was a significantly long overlap in the Tyrone County. The Trust intends to

introduce the same standard on the other two sites and in line with what happens across Northern Ireland.

The second proposal Mrs Kelly said was around staffing and the reconfiguring of the Day Procedure unit in the Tyrone County Hospital with regard to on call. The day procedures happen throughout the day and are completed at 6.00pm and the Trust will realign the staffing in line with that.

Mrs Kelly said in terms of the other proposals they are very much in line with the strategic direction of modernising the services and looking to the future. One is about redesigning surgical services and looking at bringing patients into hospital on the day of their surgery. Currently patients are often brought in two or three days beforehand or maybe the day before. By putting in place effective pre-assessment services they will be able to admit patients on the day of surgery. This would be better for the patient and allow the Trust to make more efficient use of their resources. Mrs Kelly said this was about ensuring they are providing surgery on a day case basis rather than on an in patient basis.

The second proposal within this area is to implement one stop dispensing using patients' own drugs and that again is in line with policy direction and is something that has already been started in the Trust. This is now continuing to be rolled out to every ward and is about patients bringing in their own drugs when they are admitted to hospital. Mrs Kelly said this a much safer way of managing the drugs, increasing the safety aspect of the patient and it is also significantly more cost effective. The Trust is also planning to reduce expenditure on specified pharmaceuticals and this is part of the regional work that is ongoing. She said it is about streamlining pharmaceutical procurement and the supply process and minimising waste. An example would be using generic drugs rather than brand name drugs where the generic drug does the same thing and is more cost effective.

Mrs Kelly said another proposal the trust has is to redesign dermatology services at Altnagelvin which provides services right across the Western Trust with outreach clinics and day procedures in the Erne Hospital and Tyrone County Hospital. She said the majority of dermatology services can be provided on a daycase basis. Staff are now moving towards reducing the number of inpatient beds. She stressed that some inpatient beds will still be available to meet requirements.

Another proposal is about implementing the recommendations of the review of emergency care medicine. The review looked at the patient pathway in terms of the emergency flow through the hospital. The Trust is looking at the portal of entry where patients who are referred by their GP will now be admitted to an acute assessment unit. There they will have a full assessment and all their diagnostics completed. A decision will be made as to whether they need to be admitted and where the most appropriate place will be or if they are able to be

discharged and have further treatment provided in the community. Mrs Kelly said this should have a significant impact on admissions because currently a number of patients who are admitted may be just there for 24 or 48 hours to have certain tests done. These tests could have been carried out in the acute medical unit and the patient discharged home or they could be given an appointment to come back the next day. Also in the other medical specialities the staff have been engaged in looking at what is the best pathway for a patient with a stroke, respiratory condition or a cardiac condition and how their length of stay can be shortened by ensuring they get their tests at the appropriate time.

Mrs Kelly described the proposal for the redesign of outpatient services. She said this was about looking at what the service is and what skills staff need to have to provide a new outpatient service. The Trust found that they have a number of very highly skilled staff and that there is a mismatch between the skills and what the service requires. In reviewing the skill mix the Trust will be reducing and rebalancing the level of qualified and unqualified staff.

Mrs Kelly said the Trust is working with the Health Service Executive (HSE) through the Co-operation and Working Together (CAWT) initiative. Together they have jointly developed three new proposals that will attract European funding and they are currently checking to find out if that money will be mainstreamed by the HSE. If it is she said it will bring significant new income to the Trust. They will develop new services and expand local services which will bring benefit to patients; not just in the border regions but across the Western Trust area.

Mrs Kelly said the final proposal was about developing a Thrombolysis service in conjunction with the NI Ambulance Service. This is a regional proposal which the Trust will be working on to take forward during year 3.

Ms Reilly thanked Mrs Kelly for her presentation but said there was an expectation that the Trust would have provided more detail on the proposals to the Council. She cited the example of the proposed closure of residential homes which was now in the public domain and causing concern to residents and families. Ms Reilly said the Council was not given any information or detail on these proposals which is a matter of disappointment to them.

Mrs Way said from December to March there will be a formal consultation on the proposals and that is where the Trust will provide the sort of detail the WHSS Council are looking for.

Mrs Way said with regard to the issue of residential homes the Western Trust at this point in time have more statutory residential homes than any other Trust in Northern Ireland. She said some years ago many of the other Trusts moved to say they were not going to provide statutory residential homes. A consultation

was carried out, led by the Western Health and Social Services Board in conjunction with the former Foyle and Sperrin Lakeland Trust with regard to how best the needs of older people could be met locally. Out of that consultation exercise there was a strategic document that says the majority of older people had stated that into the future they did not want to spend their last days in residential homes. Their preference was for supported housing or staying in their own homes with support.

Mrs Way said the Homes are subject to very high standards from the Regulation, Quality and Improvement Authority (RQIA). She said if you look at the infrastructure and the actual buildings of the Trust's Homes they do not meet modern standards. Many older people in the Trust's Homes are having to share bathrooms, share toilets, communal eating area and these will not be in line with the RQIA's standards. Mrs Way explained that it will require millions of pounds to try to bring the Trust's Homes up to the required standard. She said they would be spending money to bring the Homes up to the required standard in the knowledge that older people who will need support are saying that is not where they want to be. Mrs Way said any potential closure is always going to be controversial and they were fully aware that as soon as the proposals were announced there would be a backlash from all sorts of representatives and groups.

Mrs Way asked Mr McGarvey Assistant Director of Intermediate Care & Community Care to clarify what savings would be made.

Mr McGarvey said the Trust would be saving just over £1.5 million and that covers the four homes.

Ms Reilly said the WHSS Council members support having the highest standards in any Home. The Council is also aware that no one would want to argue against the right of older people to stay in their own home should they so wish. However she said there were two separate issues being talked about. One is about future arrangements for older people not yet receiving care and the second is about the older people currently receiving residential care. The Council wanted the details of what arrangements were being proposed for these residents in Homes; what would happen to these people and where were they going to go.

Furthermore the members would want to know in more detail about the types of care packages which would be put in place to support any alternative arrangements.

Ms Reilly said there are a lot of problems around domiciliary care including lack of access and the variation of standards across the different providers. Domiciliary care as it currently exists is poor in some areas and non-existent in other areas. She said there will have to be a huge investment to bring it up to

the capacity and quality that will be needed for the new generation of older people who might have gone into residential care but who will now be cared for in their home. She said it was this kind of detail that the Council was looking for. Ms Reilly said the WHSS Council had an expectation that they would have been involved in such discussions even if they for a period had to be held in confidence. She said the Council do not have a sense that there was any involvement from either the service users, carers, the public or members in this part of the decision making process.

Mrs Way stressed no decisions had been made but the Trust are required to deliver £36 million worth of savings and they have not got £36 million worth of proposals. She said the Trust believes four of the proposals will require them to engage with all of their stakeholders and have the sort of process that the WHSS Council are suggesting. This will happen between December and March. Mrs Way said there are 48 proposals of which they believe 4 should have full consultation. She said the Trust is willing to consider any suggestions if people think there are more than these 4 needing full consultation. Mrs Way said the Trust would probably have taken longer to carry out consultation but as she pointed out earlier the Minister had stated that all five Trusts must carry out the consultation simultaneously.

WHSS Council Members' questions:

Comprehensive Spending Review:

Mr Hussey:

Mr Hussey said he was disappointed in relation to the proposals for older people particularly as these places were their homes. He acknowledged that the Trust has to achieve £36 million savings and therefore what is on the table will have to be cut regardless; even though it has ruffled quite a lot of feathers. He said the WHSC Trust is still going to have to go further to get to that figure because not making the savings is not an option. Mr Hussey said he felt these proposals are set in concrete and he would rather see an element of honesty as he has doubts in relation to public consultations.

Mrs Way said she was in agreement with Mr Hussey that the Trust has to save £36 million and it is not negotiable. She said how the Trust saves the £36 million is negotiable. She referred to a previous proposal that had been put forward in relation to the withdrawal of Learning Disability rewards. She said they were told that it was not acceptable and they needed to come up with an alternative proposal. Mrs Way said she was not being dishonest; the Trust is entering into this consultation and they will listen carefully to what is being said.

Mrs Way said she had attended a meeting with the Trade Unions and their biggest concern is about the reduction in the number of jobs in the West and

the actual impact of managing some of the change. She said the Unions were also concerned about the impact of some of these proposals on the residents of the Homes. She said if anybody can partner with the Trust to produce a better alternative they will look at that. She said Unison had said to her that they had done some fantastic work with people in America who are now providing state of the art residential care and they will share that sort of information with her to see if the Trust can look at this issue differently.

Mr McGowan:

Mr McGowan said he had a concern around the whole process and lack of communication. He said there had been a huge problem with communication with predecessors in the old Trusts and in some ways it is starting to emerge again. He referred to Ms Reilly's comments around decisions being taken before care packages can be put in place and said it is totally unacceptable to think about closing homes without putting processes in place that are going to support the people within these homes. He said people were moved from the old general type hospitals into care homes and everyone knew then that their preference was to be treated in the community and stay within their own home. The services are not there in the community otherwise we would not have these Homes he said. Mr McGowan said since the announcement was made he has had 14 people, families phoning, calling at his house panicking about what's going to happen and where are their relatives going to go. This he said is down to lack of communication; only a certain few seem to know anything. The service users and community have a right to know what the plans are before they are implemented. He said the Council should be part of the process but he feels the Trust will make decisions first of all and then involve people in consultation. There is a general feeling that the proposals will be implemented anyway, he said.

Mrs Way said there have been no decisions made at this stage; these are proposals. She said everyone in our society has now reached a stage where if there is a proposal at all and we say we are going to consult on it they maintain the decision has already been made. She said she could not do anything other than reiterate that decisions have not been made.

Mr McGarvey said the point is highlighted in relation to the strategic review on care and accommodation that was produced. Older people themselves have said that they would rather stay in their own homes. The Trust has to think in terms of the demographic changes in our local population that are projected over the next ten years where we are going to see a 44% increase in the over 65s. The Trust needs to consider the overall model of service provision for older people and what is appropriate. He said no-one is saying that in the future there will be no residential care, there will still be a need for residential care within our local range of service provision but ultimately we will need to support and maintain people with a range of services including domiciliary care and

rehabilitation services in their own home. He said they are now seeing a reducing level of demand for residential care because people are staying at home and the Trust will support them in their own homes to a point where if their needs are such that the type of care they need is nursing home care. Mr McGarvey said at the same time the Trust is being challenged by Priorities for Action to hit targets to retain 44% of their caseloads outside institutional care settings, so this agenda is being driven from the centre.

Mr McGowan said he had no problem with what Mr McGarvey was saying but the problem he has is around the process. He said they talk about models, what are these models - describe them to us.

Mr McGarvey referred to programmes Mr Millar covers in terms of supported living arrangements where people are supported in a more domestic type style of environment. They have their own privacy, their own dignity and appropriate levels of housing and care support which are accessible on an individual basis and people are supported to maintain their independence in these settings. He said what happens when people come in to residential care is that they stop doing the small bits that they did for themselves when they were at home, they no longer cook for themselves, they don't do any domestic or small cleaning chores and they lose their self worth and esteem. There is a lot there in terms of people's sense of well being. He said the model in terms of residential care is outdated, it is institutional in terms of the way it is delivered and the Trust needs to move to a new model.

Mr Millar said mental health services have been widely consulted on. He said there has got to be a range of services and agreed with Mr McGowan that those links are needed and that has got to be whether it is residential, delivered in the community or supported through different community services. He said the WHSC Trust is proactive and clear about spelling out what it thinks the future residential provision will be. The documents are consulted on widely, they are out there and they are on the internet.

Mr Millar said he had savings of £3.1 million to find in Mental Health and Learning Disabilities services through CSR. He said he only has five service areas to find the savings in. These are Hospitals, Day Care centres, respite, domiciliary care and residential care. Mr Millar said if anyone can say to him take the money from somewhere else other than those areas he will be happy to do so. Mr Millar referred to the issue of rewards within Learning Disability and said he had looked at it from the point of view that the Trust were providing £1 or £2 to individuals at a cost of £250,000. He said the Trust does not provide this within physical disability services and felt it is an inequity. Therefore his proposal to remove the rewards would have saved £250,000 without affecting services. The Trust was told it was unacceptable and he now has to look towards services and that £250,000 equates to six staff posts. Mr Millar said he would rather have those six posts and provide a service than give £1 or

£2 to someone at the end of every week and say there's a reward; that he said is not a reward. He said Bamford was all about inclusion and to hand somebody £1 or £2 and say that we are being inclusive is not he felt the right way forward.

Ms Reilly said the Council supports the notion of de-institutionalisation whether it is to do with older people, children or people with mental health needs.

The WHSS Council's continuing concern is that if there are proposals on the table but we do not have any details about them; we want to see the alternative care. The Council wants more information about the number of domiciliary care packages that are going to be required to keep older people at home. Where is the money going to be found for these? Ms Reilly said the only way the WHSS Council would support the notion of these closures would be if there was evidence that alternative care packages would be in place and these were acceptable to the residents and their families.

Mrs Way referred to the closure of a residential home in Downpatrick in the South Eastern Trust recently and said the Health Minister had made it absolutely clear to the Trust Chief Executive that the home should not close until everyone was properly dealt with and with dignity and that the alternative that was in place was better than what was currently delivered. This she said is the context within which the WHSC Trust are trying to take this forward. Mrs Way said she was happy to share with the WHSS Council as they move through the consultation all the detail of what is being proposed around the homes and other issues also.

Mrs Way informed the WHSS Council that the Trust is proposing to close two children's homes in the West. She said the Trust has nine children's homes and because of the occupancy levels in the homes at the moment she believes that these could be reduced to seven. She said the Trust has not yet identified which two homes they propose to close.

Announcement of proposed loss of nursing jobs:

Mrs Brown:

In view of the announcement of the proposed loss of nursing jobs, how many of these will be lost from the WHSSB area?

What is the full complement of nursing staff in the Trust – permanent/temporary/agency/unfilled posts?

Ms Sheerin said the Trust anticipates releasing 350 nurses over the CSR period. She said as had been mentioned earlier the Trust are getting some considerable investment back in again so they anticipate putting in 216 nursing

posts over that same period. This will result in a net loss of 134 nursing posts. In relation to the complement of nursing staff across the Trust there are 3026 currently employed. These posts are described as whole time equivalents (wte) so there would be a higher number of actual people in post. Of the 3026 nursing posts 655 are classified as unqualified and 2371 classed as qualified. Ms Sheerin said up to Band 4 are considered to be unqualified and Band 5 and above are considered to be qualified. The Trust has currently 704 wte unqualified staff in post, 622 of those are permanent and 82 are temporary. There are 2402 wte qualified staff in post, 2257 of those are permanent and 145 are currently temporary.

Overall she said the Trust has a funded establishment of nursing staff of 3026 and 2879 are permanent. Of the 147 wte vacancies the Trust are currently covering these with 227 temporary staff. Ms Sheerin said the reason that figure is greater is because they actually have more temporary staff in post than they have vacancies. This is because quite often they would have people on maternity leave, people on career breaks and people on secondment and these are covered with additional temporaries. She said the Trust does actually have some services on the ground which are funded on a non recurring basis and on those occasions they will also use temporary posts to fill these positions. Regarding the number of agency nurses Ms Sheerin said she was unable to give figures; she could give the cost for agency nursing but not the number of nurses. Up to the 30th September (6 months) she said the Trust spent £92,890 on trained staff and just over £270,000 on untrained staff through agencies.

Mrs Kelly said there was a concern for everybody that nursing posts were being lost. She said services are changing and there are a lot more services being delivered in the community and she believes investment will continue to be made in the community and the acute services also. The issue for the Trust is how efficiently resources are used. One of the things that is currently happening in the Trust is looking at the productive ward which is about how to make the ward work better and improve the quality of care for the patient. Mrs Kelly said using this sort of model actually doubles the amount of time that nurses spend with the patient. The Trust has found there is evidence from elsewhere that the amount of time a nurse spends directly with a patient ranges between 25% and 35%; which is a very small amount of their time. She said when you put in this new way of working that time doubles and she believes there is a huge improvement in the quality of care. Mrs Kelly said the Trust does need to focus on quality and how it is being delivered and unfortunately quality and numbers don't always equate. She said the Trust also needs to look at staff training. Mrs Kelly said she believes the Trust needs to prepare more nurses for community roles and to re-profile training programmes and the numbers of nurses who are being trained so that that is appropriate to the service need as well.

Maternity services:

Ms Trimble:

Ms Trimble asked in view of concerns about the proposed reduction from 25 to 15 beds in maternity services in the area:

How many births were there in the Erne Hospital in the year 2008 and the previous 2 years and also asked if they could maybe give a projected birth rate for the next 2 years?

The Royal Colleges have voiced their concern about the continued sustainability of Erne's Maternity Service. Have these proposals been discussed with the Royal Colleges and what were their comments?

How many midwifery staff will remain after the proposed reduction?

Are there any concerns about putting mothers and babies at risk with these proposed reductions in staffing and beds?

Mrs Way said she may not have all of the detail requested but will share what she has.

She said the proposals to move from 25 beds to 15 beds over the next 3 years was actually in line with the Developing Better Services model. The new hospital being built in Enniskillen has the model of 15 maternity beds so that is what has been planned into the future. The proposal is that in year 1 there will be a reduction of 3 beds, year 2 a reduction of 3 beds and year 3 a reduction of 4 beds. The proposals that are being made in respect of maternity are in line with a Northern Ireland value for money audit carried out by the Northern Ireland Audit office on maternity services. The Royal College of Midwives has been involved in the audit and recommendations for the future. Mrs Way said one of the things that came out of the audit was that in Northern Ireland the average length of stay for women who have just had babies was longer than elsewhere in the UK. She said the demand for inpatient beds now is lower than average within maternity. In 06/07 the occupancy in the Erne maternity ward was 59% and in 07/08 it was 61%. This supports the view that beds could be reduced.

Mrs Way said there is a new development of a foetal and maternity assessment unit in the Erne Hospital which has been welcomed by prospective mothers. Under the old system she said if the mother had concerns about the baby, pregnancy etc. they might have been admitted and have tests over a number of days and now they have immediate access to an Obstetrician and a midwife and are generally discharged home. This again has reduced demand for beds. In terms of how many midwives are needed a model for planning the midwifery workforce on the basis of births is used. It is a national tool called 'birth rate

plus' which is an evidence based tool that helps to plan the workforce.

Mrs Way said for comparison purposes in Altnagelvin there are 2800 births per annum and in the Erne there are 1280 births per annum and that is 45% of Altnagelvin's total. At the moment there are 32 beds in Altnagelvin and the proposal of 15 beds for the new hospital in Enniskillen is 45% of the Altnagelvin complement so it is the same pro rata bed levels for both areas in the Trust. Mrs Way said she was aware that the Royal Colleges say there has to be so many births in order for it to be sustainable into the future. She said at this point in time the posts that the Trust have in the Erne are approved by the Royal College.

Ms Trimble asked if the approval is for the current position or when the reduction is implemented?

Mrs Way said the number of beds wouldn't worry the Royal College; that it is the number of births.

Ms Trimble queried that with the reduction in beds was there not a fear that women will take themselves to some other hospital and there will be a reduction of births? She said she believes this is inevitable.

Mrs Way said as long as women can get a bed when they need it they are not going to be worried about the overall number of beds within the unit. She said occupancy levels are low at 59% and 61% and if there are planned Caesarean sections and women turn up unexpectedly who are in labour you could put back the planned Caesarean until the following day. She said as long as women can have access to the bed when they need it she did not believe they will say that 15 is not enough and go to another hospital.

Ms Trimble said she was from the area and she goes to Craigavon for all her births because of things like reading in the media that maternity services are being reduced and there is not enough staff. She referred to a recent documentary on TV about an Antrim Hospital and the lack of staff and said if this is going to happen in the Erne women will be concerned. Ms Trimble said she would really be concerned that if on a particular day there were more women than beds would the Trust have the staff to support these women?

Mrs Kelly said the standard occupancy level that the Trust is expected to work to is 83%. She said the average occupancy level is around 60%. She agreed that occasionally there are busy days but on those days where there is a sudden increase the staff are flexible and they can bring in extra staff. She said the needs of the patients are always met first and we have not been in a situation in maternity services where they have had to send a lady elsewhere except if they needed specialist care that wasn't available in Altnagelvin or the Erne.

Ms Trimble commented that possibly not yet but with a reduction in beds it could happen.

Mrs Kelly said she believed they have the capacity to manage that. She said it is about managing the flow and being prepared to manage for sudden increases.

Mr McGowan said if we look back at the numbers the Tyrone County Hospital and the Erne Hospital had together and look at what they are at today there has to be a lot of analytical evidence that there are people moving across to either Altnagelvin or Craigavon. He said that was part of the argument about taking maternity services away from Tyrone County Hospital. He said we now find ourselves in the position of being committed to this brand new hospital and now we are going to lose beds.

Mrs Way said it was always planned for 15 maternity beds and that was what was said in Developing Better Services.

Mr McGowan said this was the first time he had heard a figure of 15 maternity beds for the new hospital in Enniskillen.

Mrs Way said that in relation to Craigavon the Western Board is currently engaged with the Southern Board because Craigavon is expected to take up additional beds due to the changes in Lagan Valley. She said the Western Board will be expected to deal with the births that have gone to Craigavon so there will be some changes around that. Her own view she said is that women will vote with their feet.

Mrs Way said when she became Chief Executive of the Western Trust she had met a range of people including Omagh people who said they would not go to the Erne for other reasons rather than numbers of beds and midwives. They said they would go to Altnagelvin or Craigavon and she accepted that is their choice and that it has nothing to do with beds.

Mr McGowan said that also applies to women from within Fermanagh who are now voting to go elsewhere.

Mrs Kelly said the number of births in the Erne has increased over the last 3 years. Mrs Way reported that there are now 1280 births; three years ago the number of births was 1100. The number of people choosing to go to Craigavon has now decreased and part of that is understood to be the fact that Craigavon has had a huge increase in numbers due to migrant workers etc. That hasn't the same impact in the Western Trust and particularly in the Erne so more people are choosing to go to the Erne over the last 3 years.

Alternative proposals re Learning Disability services:

Mr Campbell:

Mr Campbell asked in light of the Trust's decision to remove the reward scheme from the Disability Service what alternative proposals does the Trust now have to make its efficiency savings?

Mr Millar said as he explained earlier he has to find £3.1 million of savings. He said he had to try to ensure that he provided a service to everyone rather than now having to look around and see where services can be stopped. Mr Millar said the Trust does have proposals on the table in relation to the closure of a ward in the assessment treatment facility and are also looking at day services.

Regarding previous comments on consultation Mr Millar said he did go out and consult with people. He went out 5 nights in a row and explained what was being proposed. He said he did not like having to do it as he endeavours to provide high quality services to people with disabilities and being a professional he does not want to take away these services from people. He said he was very devoted to doing that but he has to find the money somewhere and if someone can tell him an easier way to find the savings he will do it.

Mr Millar said because 70-80% of his budget is salaries and wages the £250,000 referred to earlier equates to 6 posts. He said he will have to look at other areas to find the money and it is likely to be from within day services.

Mr Campbell asked if there were proposals to close any of the day centres?

Mr Millar said that is something he is now going to have to look at. He said the savings will have to come out of either a facility or staffing as he doesn't have anywhere else to take it from.

Mr Campbell said what the Trust is doing is going to affect the most vulnerable people in our society and it is unacceptable. He said for him there is absolutely no way that the Trust can justify this and he believes there should not be any savings at all in this area.

Mr Millar said he agreed with Mr Campbell and would gladly not have to make savings in his Directorate.

Mr Campbell said the Trust should go and visit people on the ground. He said we are talking here about real people, real problems.

Mr Millar said he couldn't agree more and he was out with families on a daily basis and assured Mr Campbell that he sees the stress that they are under and he is the first to try and get something in to help them.

Mr McKelvey and Mr Page agreed with Mr Campbell that this issue was about the most vulnerable people in society.

Mr Page said he believed the Trust should stand firm and say to the Minister that they cannot find the savings in disability and older people's services.

Mrs Way said she would speak to the Chief Executives of the other Trusts about what they can do to demonstrate that there is not enough money in the system because she believed that was important.

Ms Reilly said she had worked with Mr Millar over a number of years on a number of issues and had no doubt of his personal commitment to vulnerable groups of patients but that it is scandalous that he is expected to make £3.1 million of savings in this area.

Mr Durkan said there is frustration on both sides and this all goes back to what was basically a flawed budget. He said we could go to the Minister for Health, and the Minister for Finance but these problems were highlighted in the budget when it was being negotiated. They were ignored and it is not just for 1 year; it is for 3 years and the problems are coming home to roost now.

Mr Campbell said he wished to make it clear that his comments were not an attack on any individual but rather an attack on the system.

Autistic Spectrum Disorder (ASD) Services:

Mr Campbell asked the Trust to provide a breakdown of the current waiting times for ASD Services in the Northern and Southern sector of the Trust.

Mr Millar said they do not have a commissioned ASD services for adults. The Trust provides certain services for those who meet the Learning Disability criteria. He said he welcomed the strategy which was out to consultation at the minute on Autism services. Mr Millar said he would get the information for waiting times for children sent to the WHSS Council.

Tyrone County Hospital (TCH) – current service provision:

Mr Hussey:

Mr Hussey said it would appear that the Midwife Led Maternity Unit in Omagh is not going to get the go ahead because of the cut backs in Maternity services. He said although the Minister has not made an announcement yet he believed it is not going to happen.

Mr Hussey asked if the current services in Tyrone County Hospital are likely to

stay until the new hospital is built?

Mrs Way said she did not believe that she could give a short answer to an issue as sensitive, complex and difficult as this is. She said there are big issues about where the Trust is, about what they try to provide, what the future is going to be like and there are discussions happening beyond here.

Mrs Way said the Trust was having huge difficulties trying to maintain the model that is currently in place. They have tried to provide the right medical staff for the hospital and despite many recruitment efforts over the past 15 months the Trust has never been able to staff the model that was described in May 2007. She said that this was of significant concern to her.

Mr Hussey said he believed it is back to the 'hand on heart' consultations. Promises have been made to the people of Omagh for years by politicians and by the Trust and they have not been delivered on. He said he feared for the future of the Tyrone County Hospital as it currently stands and feared once one more service is removed the Trust will then be able to save £36 million because they will close the Tyrone County Hospital.

Community Stores:

Ms Reilly asked if there has been a Trust wide review of Community Stores including where they are located and opening times?

Mr McGarvey said there has been a review in terms of the provision of community equipment across the Trust and the recommendations and the options available will be presented to the Trust Board in December. He said for the options to go through it will require a Business Case. He said to provide a service which is responsive and supports a range of services to people coming out of hospital and responding to people's needs within the community there is a need within the proposal for additional investment. He said the Trust needs to develop the Business Case to seek financial support for the preferred option.

Mr McGarvey said the opening times for the community equipment stores were as follows:

Gransha:

Monday to Thursday 8.00am to 4.30pm

Friday 8.00am to 3.30pm

Tyrone and Fermanagh Hospital Site:

Monday to Friday 9.00am to 1.00pm and 1.30 pm to 4.30pm

Enniskillen – Lackaboy Industrial Estate:

Monday to Friday 9.00am to 1.00pm and 1.30 pm to 4.30pm

Ms Reilly said she did not think that was the information the WHSS Council had for the southern sector opening times. She referred to a number of recent complaints from service users and carers about access to community stores.

Mr McGarvey said he would check the times and get back to the WHSS Council to clarify this.

Mr McKelvey asked why there was a need for all these regional stores?

Mr McGarvey said the Trust is moving towards looking at best practice and the best model of provision ensuring that they are able to meet the demands of patients and clients in a timely manner. He said they may well look at the number of stores the Trust operates in the future. The Trust also needs to consider issues in relation to infection control and environmental cleanliness in terms of the servicing and maintenance of equipment.

Ms Reilly said there are already concerns about access to community stores and the Council would not want to see access reduced any further.

Pain Clinic Enniskillen:

Ms Reilly said the Council's understanding was that the Pain Clinic in Enniskillen closed due to retirement of a Consultant and asked when will the service be resumed at the Erne including access to epidural pain management?

Given the suspension of the service, how many patients are waiting (a) new referrals (b) for on-going treatment?

Mrs Kelly said the Trust had gone out to recruit two Anaesthetists and have only recruited one. That person does not have the skills required for the pain clinic so the patients are now being seen by Dr Robinson and Dr Smyington.

Ms Reilly said that was not the WHSS Council's information. She said Dr Robinson has her Omagh clinic and Omagh patients but asked what about the Fermanagh patients where were they being seen?

Mrs Kelly said they are outreaching and they are now seeing the review patients and are seeing new patients for chronic pain.

Mrs Kelly said new patients are now referred to Dr Robinson and Dr Symington. Dr Symington is based in the Erne and works between the Erne and Tyrone

County Hospital.

Mrs Kelly said there are 447 patients who are waiting for review.

Ms Reilly said the other problem was that in Enniskillen the previous consultant provided epidural pain relief and her understanding is that Dr Robinson does not offer this therapy. This means that people who had been getting this care are no longer able to avail of it.

Mrs Kelly said the Trust are looking at what other alternative arrangements can be put in place and nurses are being trained up as well. The reality she said is that the Trust has gone out to recruit and the first recruitment process was only successful in getting one anaesthetist. She said the Trust is going out again and are considering looking overseas for an anaesthetist.

Mrs Way said if the Trust cannot recruit a consultant with this specialist interest they will have to say to the Western Board that patients will need to be referred elsewhere and that could be Belfast. She said they could not be referred to Altnagelvin because there is a very limited pain management resource there. With some complex cases the Trust do refer patients elsewhere so there are big challenges within the whole pain management area. Mrs Way felt this was the sort of area that actually would benefit from a regional review.

Ms Reilly agreed with Mrs Way because the need for this service has grown. She said one of the problems was that Fermanagh patients were not communicated with about these changes and reduction in service. Some of the staff in the Erne Hospital do not know what the situation is either.

Mrs Kelly said there has been communication sent to GPs and others and she will follow that up.

Hospital cleanliness - Altnagelvin:

Mrs Hamilton:

Mrs Hamilton said members had been concerned about the fact that although Altnagelvin is a 'No smoking' hospital the area outside the exit doors is littered with cigarette butts. She asked how the Trust proposes to address this?

Mrs Way said Trust staff checked this last week and could not find a single cigarette butt. She said that is not always the case and it is hard to deal with because some members of the public react very aggressively when asked not to throw down cigarette butts. She said the Trust was absolutely committed to no smoking in Altnagelvin in the hospital and on the grounds also. She said they were really trying hard to work with members of the public and there had

been an improvement but it is about sustaining this. She said she did not want to say to the Council that you will never see cigarette butts out there again because that may well not be the case.

Patients' comforts funds – governance arrangements:

Ms Reilly said there was an issue about the lack of understanding and transparency around the Patients Comfort Funds. She asked what the Trust's governance arrangements are for Patients Comforts Funds? She added that the WHSS Council were not suggesting that there were any irregularities about the use of the funds.

Mrs Way said a question had been asked if it was true that the Western Trust had bought two very specialist mattresses for Larch Villa in the Tyrone and Fermanagh Hospital. She said this had been approved by the previous Sperrin Lakeland Trust but it never actually got through so it was brought to the new Trust Board for re-approval and it got picked up there. She said there are very strict rules about approval which has to go through at Trust Board level.

Mrs Way said the Western Trust has now got significant funds of over £3 million in patients and endowment gifts. The Trust does not always have the money to buy the equipment that they would like to. If they are able to demonstrate that a piece of equipment that they are not able to buy in year but out of public funding would actually be of benefit to patients then it can be approved. At the last Trust Board meeting for example the purchase of two heart monitors from the cardiac fund in the Tyrone County Hospital was approved.

Mrs Way said the funds are restricted for the purposes for which they are donated and they are tightly controlled and accounted for separately by the Trust. The accounts are externally audited by the NI Audit Office and at the Audit Committee meeting they look at all purchases over the year. She said the Trust received a clean bill of health in terms of how they spent money at their most recent meeting in October. The Trust also publishes an endowments and gifts annual report which can be made available to the Council and they do have a very tightly controlled schedule of delegated authority – anything over £10,000 has to come to Trust Board for approval. Mrs Way said the two mattresses that were purchased were not as much as that but it was felt because they had gone through the previous Sperrin Lakeland Trust Board they should come through the WHSC Trust Board. She said the Audit Committee in the Western Trust is currently considering a role for the Trust Board as Trustees and are actually looking at establishing an endowment and gifts committee and that is partly because the Trust are anxious to make sure the money is spent.

Mental health Reviews – update on implementation:

Provide members with an update on the Trust's implementation of the Mental Health Reviews carried out in the former Foyle and Sperrin Trust areas and any other areas addressed in the Bamford Review.

Mr Millar will provide the WHSS Council with a written update on the implementation of the Mental Health Reviews.

Domiciliary care:

Ms Reilly said the WHSS Council was aware that the Trust contracts with a number of domiciliary care agencies. However clients and carers are reporting regular breaches of agreed care provision e.g. agency staff not turning up, being late, leaving early, off on sick and/or holiday without alternative arrangements being put in place.

When did the Trust last do an audit of the number of breaches of contractual care between the Trust and Domiciliary Care Agencies and how do they propose to manage this issue?

Mr McGarvey said the Trust commissions approximately £10 million worth of domiciliary care from the independent sector on an annual basis - from 16 or 17 agencies right across the whole of the West. In terms of where care breaks down, where there are breaches or whether there are issues in relation to quality they would expect the client/carer/relative would make contact with the key worker to highlight where the care is not of the standard and quality expected. He said the Trust has a mechanism at weekends in relation to ensuring the client has support. There is also a mechanism for reporting on domiciliary care quality and that is monitored on an ongoing basis. Quality incident reports can be raised again by the client or key worker involved in the case. As part of the routine contract review process the Trust will raise any quality issues with the contract provider. The Trust has two contract monitoring support officers.

Mr McGarvey said the Trust is currently looking at their own in-house domiciliary care services and changing the way they deliver services. They are developing teams of carers within defined geographical localities so those teams work on a rostered basis. He said the Trust wants to move in that direction in terms of the care they commission. He said the Trust was also in the process of initiating a re-commissioning process with the independent sector. They will be moving the model of commissioning to the type of approach he outlined earlier. He said it will provide consistency in terms of the carers supporting the client in their own homes and also provides for continuity. Domiciliary care he said is now regulated under RQIA and the issues that are being raised regarding consistency and continuity will be monitored by RQIA. The Trust does have measures in place to address quality issues where they arise.

Ms Reilly said the Council is hearing that the client or most likely a relative tries to contact their key worker and they are not available which means they have to go back to the agency which should not be the case. She said the WHSS Council does not have confidence that these kind of breaches are being recorded. She said she believes there ought to be one point of contact for clients or relatives. Ms Reilly said she believes that the number of breaches is far higher than the Trust realises because she believes they may be under reported. RQIA's involvement is welcome however the reporting system at the minute is not robust.

Mr McGarvey said when we looked at the systems in England many local authorities have introduced telephone monitoring as a mechanism to quality assure that carers are calling with clients. Carers have to dial in to a number to demonstrate that they are in the client's home. Systems such as that cost money but it is an area that the Trust could look towards in the future.

Ms Reilly said this is one of the issues that the Health Councils would like to pass on to the new Patient Client Council to continue monitoring when it comes into being at 1st April 2009.

Neurology Services Southern sector:

Trust's response on article which appeared in the Impartial Reporter ref statement made by Dr Patterson.

The Council is raising this issue with the WHSS Board which provided the initial Press Release.

Inquest into deaths of babies at Altnagelvin:

The Council would want to have an understanding of the outcome of the Trust's internal inquiry, action plan and communication with the Department regarding these issues.

Ms Reilly said she had spoken to Ms Therese Brown, Head of Clinical Quality and Safety and will update members at a future meeting when she has more detail.

Mrs Robson thanked Mrs Way and her Trust Officers for attending the meeting.

WHSSC BUSINESS CONTINUED

Date, Time and Venue for Next meeting:

The next meeting will be on Friday 5th December 2008 in the City Hotel, Derry and will include Liaison with WHSS Board. It will be followed by Christmas Lunch.

The meeting ended at 1.30pm