

## **SOUTHERN HEALTH & SOCIAL SERVICES COUNCIL**

**Minutes of the One Hundred and Sixty-Fourth Meeting held in  
Quaker Buildings, Lurgan on Tuesday 16 September 2008  
at 10.00 am**

**164/1 PRESENT:** Mrs Eileen Wright, Chairman  
Mrs Annie Burrell  
Mr Lawrence Donaghey  
Mr Clive Henning  
Mr Peter Kearns  
Mr Peter Murray  
Mr Jim McCart  
Mr Wilfred McFadden  
Mrs Florence McMahan  
Mr George Savage  
Mr Kenneth Twyble

**IN ATTENDANCE:** Mrs Stella Cunningham, Chief Officer  
Mrs Nancy Downard, Office Manager  
Ms Colette Hart, Complaints Officer [for  
part of the meeting]  
Mrs Eleanor Doherty, Project Officer,  
[Agenda Item 7]  
Mr Sheelin McKeagney, Chairman,  
Local Commissioning Group [throughout  
the meeting and Agenda Item 6]  
Mr Seamus O'Reilly, A&E Consultant,  
SHSCT [Agenda Item 5]

**APOLOGIES:** Mr Norman Badger  
Mrs Mary Ferris  
Ms Sharon Haughey  
Mrs Nazy Harris

The Chairman welcomed Mr Sheelin McKeagney, Chair of the Local Commissioning Group to the meeting and said she looked forward to his update later in the meeting.

On behalf of the Council, she extended good wishes to Mrs Harris who was unable to attend the meeting due to recent surgery.

**164/2 MINUTES OF THE PREVIOUS MEETING**

Minutes of the previous meeting, which were circulated, were agreed and signed.

**164/3 MATTERS ARISING**

1 Free Car Parking

The Chairman read a letter from Mr Colm Donaghy, Chief Executive of the Southern Trust in response to the Council's letter regarding free car parking for cancer patients and patients with other serious illnesses.

The response indicated that the matter had been discussed at the Trust's Car Parking Committee but no decision regarding charging had been made. If, in the future, charging for car parking is introduced the Trust will adopt the Regional Exemptions Guidance outlined in the HSC Hospital Car Parking Provision and Management June 2008 but would also be mindful of individual cases.

2 Kilkeel Out of Hours

In response to Mr McCart's question regarding the Kilkeel Out of Hours service, the Chief Officer informed him that she had a contacted community representative in the area and the new service seemed to be bedding down reasonably well. She added that the SHSSC should continue to monitor the situation.

3 Newry SEC

Mr McCart, Mr Kearns, and Mr Murray expressed their disappointment that an invite was not extended to the SHSSC when the Minister visited Newry to announce that a new SEC would be built in the area. Neither was the Council given any credit in the press coverage, even though it was the most consistent lobbyist for the new building. However, they were delighted that the new building was going ahead.

4 Tada Rural Support Network

Mr Savage reported that he had attended TADA Rural Support Network's 10 Year Anniversary, AGM and gala evening in Chesnutt Lodge, Moira on 26 June 2008.

## **164/4 CHAIRMAN'S BUSINESS**

### **1 Accountability Meeting**

The Chairman reported that the Chief Officers and Chairs had met with the DHSSPS Representatives. The four Chief Officers were asked to outline the work they had carried out in the year past and the present work.

The Chief Officer brought members up to date with the progress and said that the Chair and Chief Officers were advised that legislation was moving ahead. In order that Councils are in a position to hand over by April 2009 events post October will be going ahead with a gradual wind down on current commitments. By November Bugwatch will have been completed, monthly meetings will cease by December, representatives will be withdrawn from groups they sit on, and in the New Year events will take place to acknowledge the work of members and staff. Members will be kept informed as things progress.

The Chairman said it was important to keep focused as we were here to represent the people and patients.

### **2 Joint SHSSB/SHSSC Meeting**

The Chairman informed members that the joint SHSSB/SHSSC meeting would take place on Tuesday 21 October in Tower Hill, Armagh at 11.15 am to 12.30 pm. Coffee would be served from 11.00 am and lunch would be available in the canteen following the meeting.

Members were invited to put forward agenda items.

### **3 October Forum**

Members were reminded that the 4 Councils would visit Stormont on Wednesday 22 October from 9.30 am to 2.00 pm. This would be an educational visit and a briefing on the work of the Assembly. It was agreed that, where possible, members would travel together.

### **4 Update on PCC**

The Chairman explained that as part of the PCC Project Board, Stella and herself were heading up Workstream A,

one of 3 Workstreams which was dealing with the structures, membership, location and staffing of the Regional and Local PCC offices. Costings for the PCC, and job descriptions have to be provided. The other 2 Workstreams - one was working on finance and governance, and the other was working on business plans and operations.

The Chairman said that although there would be less members on the new bodies, she encouraged those interested to apply for membership.

Members congratulated the Chairman and Chief Officer on being part of the PCC Project Board.

It was agreed to keep members updated on developments.

5 Correspondence

Members were provided with a list of events/invitations and asked to confirm with the office if they wished to attend any of them.

6 New Chair of WHSSC

The Chairman informed members that Mrs Francis Robson had been appointed as Chair of the Western Health & Social Services Council. A letter of congratulations would be sent to her.

**164/5 SHSCT – A&E SERVICES (presented at 10.30 am)**

The Chairman welcomed Mr Seamus O'Reilly, Consultant in Emergency Medicine, Craigavon Area Hospital, to update the Council on developments.

Mr O'Reilly referred to the successes and challenges in achieving the 4 and 12 hour standard in the Emergency department. However, there were some issues around dignity and privacy. Major problems included trolley waits in CAH, problem with outliers in both CAH and DHH, and patients waiting transfer from CAH for rehabilitation.

The main drivers for change were improving the quality for patients accessing the services, improving staff morale, and PFA targets for elective and non-elective admissions.

In order to improve waiting times in A&E, a programme of reform has been implemented. This involves a whole system approach to patient flow management from admission to discharge. There is a daily focus on patient flow issues in the acute hospital – twice daily meetings, thus resolving delays as quickly as possible. Close links are also kept with staff in non-acute sites and in the community.

Other new initiatives outlined by Mr O'Reilly included a Clinical Decision Unit, Admission avoidance, extended medical cover, Emergency Nurse Practitioners, and A&E Nurse Expeditor.

**Clinical Decision Unit (CDU)** - has space for 6 short stay patients, 3 ambulatory patients/1 treatment room. The Unit has contributed to a significant reduction in acute admissions and has improved patient flow in the department. Although the ambulatory service area operates Monday to Friday 9 – 5 pm, it is proposed that the service is extended to 10 pm.

**Admission Avoidance** - The CDU has contributed to a 7% reduction in admissions in 2006/07. The Deep Vein Thrombosis (DVT) service deals with 40-50 referrals per month. From June 07 to February 08, 26 patients from CAH A&E have been given IV at home, and carers of patients who require enteral feeding / catheterisation are being trained how to manage them. This is linked with Unscheduled Care Management Clinical Network.

**Extended Medical Cover** - Since August 2007 enhanced medical cover has been in place with senior cover now in place to 12 midnight on weekdays. There is significant improvement in waiting times late evening and during the night, resulting in a better quality of care.

**Emergency Nurse Practitioners** – A 7 day ENP service operates in CAH and DHH A&E departments and STH Minor Injuries Unit, managing on average 30 patients per shift.

**A&E Nurse Expeditor** - In order to improve waiting times in the emergency department, a Pilot was introduced in January 2008. An additional senior nurse expeditor was appointed to work at peak times and this has delivered a significant improvement in

waiting times. Mr O'Reilly said he believed that if a quality service is provided to patients then the target will happen.

He said the key objective was to ensure patients were seen by a senior doctor or and Emergency Nurse Practitioner as quickly as possible. The Trust is working with patient representatives and other organisations such as Picker Institute to ensure it continues to have the patient perspective.

In relation to the challenges facing the Emergency department, Mr O'Reilly said the Southern Trust had the highest target and was the busiest department in Northern Ireland. Staff work very hard and a lot is expected of them but retaining them is a big issue for the Trust.

In concluding, Mr O'Reilly said the Southern Trust was now delivering against A&E access targets and although significant improvement had been made in recent years, more needs to be done to improve further the quality of care, particularly with vulnerable groups.

Mr O'Reilly responded to a number of questions from members regarding the increase in attendance at the A&E department, staff vacancies, difficulties in filling posts, IV feeding, cover by senior doctors, and community services.

Mr Donaghey thanked him on behalf of the Council and said it was extremely useful to discuss some of the issues with him. Mr O'Reilly left the meeting.

**164/6 LOCAL COMMISSIONING GROUP UPDATE (presented at 11.30 am)**

The Chairman invited Mr Sheelin McKeagney, Chairman of the South Local Commissioning Group to update members on the current position of the group.

Mr McKeagney provided an overview of the LCG under the headings, Who, What, Why, Where and When. He said the Group was awaiting the decision of the Minister of Health outlining a clear way forward. Substantive changes were expected.

He explained that the Local Commissioning Group would be one of five committees of the Regional Health and Social Care Board (RHSCB) with delegated power to commission services. It will be primary care led with 17 members, 1 lay person and 4 locally elected representatives. It will be the decision maker for commissioning health and social services and will be accountable to the RHSCB Board.

The LCG functions will include:

- engaging and involving local people in the promotion and planning of services
- Redesign and improve services
- Secure safe and responsive services
- Commission public health programmes with partners to reduce health inequalities
- Deliver local, national and Ministerial health and social care targets.

The South LCG currently comprises 4 General Medical Practitioners, 1 Dentist, 1 Optometrist, 1 community pharmacist, 1 public health doctor, 1 representative from Allied Health Practitioners, A nursing representative, two social care representatives for children & adults, and two lay representatives.

He explained the proposed flow of funds and the commissioning cycle. He explained that as the new Trusts had been fully operational from the beginning of the RPA process they had become very powerful and, in the absence of clarity about the traditional commissioning side, become service commissioners with a largely secondary care based approach. Mr McKeagney anticipated that the LCG would have a more primary care focus on commissioning. He explained that the patients and public are central to the commissioning cycle for health services and that any process on planning and implementation would build upon the good work which had gone before with the Board and the Council.

Mr McKeagney listed some locally commissioned services that had worked in Great Britain, for example, podiatry, dermatology, sexual health, prescribing mobile ultrasound service, GPs with special interests, and heart failure.

Currently the LCG has been in shadow form since April 2007 and is working closely with the Southern Board and the Southern Council and is awaiting legislation to be endorsed.

Workstreams for the LCG for 2008/09 are to finish the design of devolved commissioning system, develop HWIP 2008/09 with the SHSSB, develop the expertise of the LCG, proposals for primary care practitioner engagement, and start to engage with elected representatives.

In concluding, Mr McKeagney said he looked forward in the future to working with the PCC and the RAPHSW as well as engagement with practitioners and service users.

He responded to questions from members in relation to recruitment, the LCG's influence on funding, whether or not the public would notice any real change at 1 April, the Trusts' power over funding, and the capitation formula.

The Chairman thanked him for his presentation and he remained for the rest of the meeting.

**164/7 SHSSC – 'WHAT'S ON THE MENU?' – HOSPITAL FOOD SURVEY**

Mrs Eleanor Doherty, Project Officer presented the findings of the report entitled, 'What's on the Menu?' – A survey of patient satisfaction with food at Craigavon Area Hospital and Daisy Hill Hospital.

She said the survey was undertaken to ascertain whether the food being served in the local hospitals was meeting the standards set by the DHSSPS.

Questionnaires were designed and a total of 102 interviews were conducted with patients – 61 at CAH and 41 at DHH. The interviews were carried out in 6 wards at CAH and 4 at DHH.

The majority of patients at both CAH and DHH said the hospitals provided the kind of meals they like to eat. 54% of patients at CAH and 68% at DHH said they did not require help with eating. However, 7% of patients at CAH who needed help felt that it was not forthcoming.

At CAH, a significant number of people (33%) indicated they did not always get the meal they ordered, whilst at DHH this was only 10%.

Patients commended the staff serving the meals for their friendly and helpful manner.

Overall, the results of the survey showed that satisfaction with catering services was higher at DHH. However, Craigavon being a larger hospital the delivery of warm, fresh food to the patient is more difficult.

Mrs Doherty concluded by saying that the report highlighted a number of areas for improvement including the need to review the menu to provide foods that do not deteriorate with being kept warm for long periods.

The report would be circulated to the Trust and all interested parties.

## **164/8 CHIEF OFFICER'S REPORT**

### **1 Trust Business**

**SECs.** The following responses have been received to the letters written after the meeting with the Trusts:

- i. The Minister does not feel that a visit to Newry SEC would be of value at this stage and refers to the review of investment priorities that is being undertaken across the Service. He confirms that SHSCT is involved in this and that it will inform availability of funding for specific projects.

- ii. The Permanent Secretary assures us that the Southern Area receives a comparable and equitable share of the capital funding from the Department. He also comments that the Department has not received the level of funding it had hoped and that only contractually committed projects can be taken forward.
- iii. Mr Galway reported that the DHSSPS is discussing with the Trust acquiring a property with an 'option to purchase' that will allow a site to be secured but only purchased once planning permission has been received. He also refers to the review of investment priorities across the HSC sector. A report is due in September and this should permit them to confirm availability for specific projects.

Copies of the letters are available from the office for any members who wished to see them.

However, the events seem to have overtaken us with press coverage announcing that funding for Newry SEC looks likely to be forthcoming. I understand from the Trust that some money will be made available in year to appoint a contractor and that the project will proceed on a staged basis.

## **2. Review of Access to Domiciliary Care**

The Trust has begun its review and its aim is to ensure equitable access to services across the new Trust area. This will begin by reviewing every service user's current need and level of service they receive. The review will also examine Trust's in-house capacity to deliver the service required and identify the need for contracts with the independent sector. I have agreed to join the steering group of this review.

## **3 Progress Against SHSSC Action Plan**

- (a) The DHSSPS, as part of performance monitoring, has asked each HSSC to identify 10 key objectives. Attached is the summary based on the Action Plan we agreed in April. The 4 HSSCs have been asked to produce an Action Plan of joint priorities. This is also attached.
- (b) Media coverage has included:
  - 8 July interview with BBC Evening Extra on ambulance services and the CSR proposals to replace

a number of emergency ambulances with emergency response vehicles.

- 10 July briefing of BBC journalist on recall of gynae patients at DHH.
- 24 July interview with Tyrone Times re review of bus service between CAH and Dungannon.

#### **4 DHSSPS**

The DHSSPS is preparing Northern Ireland's first Service Framework that will set out standards of care and targets for key health services. The first Framework will relate to cardiovascular disease and there will be a consultation period prior to the Framework being finalised. The HSSCs have agreed to work with the DHSSPS to encourage the engagement of communities and the public in the consultation. HSSCs facilitated a workshop in Tullylagan House Hotel, Cookstown on 15 September. It was well attended and there was good debate.

#### **5 SHSSB BUSINESS**

The SHSSB is reviewing its procedures for monitoring performance against the GMS contract as part of their transfer to the proposed Regional Board. This review will include arrangement for the GP QOF lay visits. The current proposal is that these will not be taking place this year. After discussion with the Chair, I have written to say that we would like to feed our experience into future discussions about the process and that there needs to be some lay input to the process this year. I suggest that the Waiting List Sub Group take this matter forward on behalf of the SHSSC but welcome any comments from members.

#### **164/9 PRESS RELEASE TOPIC**

It was agreed to issue a press release on the launch of the 'What's on the Menu?' - Hospital food survey report.

#### **164/10 REPORT BACK FROM MEETINGS**

There were no reports.

#### **164/11 FOR INFORMATION**

- 1 SHSSB – Minutes of Board Meetings held on 30 May and 1 July 2008
- 2 SHSCT – Minutes of Board Meeting held on 29 May 2008
- 3 Roslyn Avenue - Brochure

**164/12 ANY OTHER BUSINESS**

1 Banbridge SEC

The Chairman reported that she was involved in the Trust's Audit Team which had visited the Banbridge SEC based at Ballydown Old Primary School. She said she was really impressed, as the school had been kept in its original form ie classrooms etc but had been adapted in such a way that meets their needs. She said she would be quite happy to see the facility stay for as long as is necessary.

2 BIH Housing

Mr Murray referred to a BIH Social Housing Unit in Bessbrook which had been built but because funding from the Southern Trust was not forthcoming the unit could not be opened. He asked if the Council could expedite this in any way. In order for Mrs Cunningham to contact the Trust, she asked that Mr Murray provide her with more detail on the project.

**164/13 DATE OF NEXT MEETING**

Tuesday 18 November 2008 at 10.00 am in Quaker Buildings

**Mr Savage left the meeting at 11.10 am**

**Mr McFadden left the meeting at 11.30 am**

**Mr McCart left the meeting at 12.00 noon**

**Mrs Burrell left the meeting at 12.15 pm**

Signed: ..... Date: .....