

## Foreword

Over the last few years there has been an unprecedented growth in the demand for health and social care. The precise reasons for this are unclear but the outcomes have been increasing waiting lists for routine operations, waiting lists for community care and patients being transferred to hospitals outside Northern Ireland for some treatments. In the Southern Board's area alone almost 10,000 people are waiting for treatment.

This year has seen the removal from South Tyrone Hospital of the majority of its inpatient services which has been greatly regretted by the local population. We cannot commend the manner in which this came about and again assert the right of consultation on any proposed closures or removal of services.

There continues to be insufficient funding for community care which means that those who could be cared for in the community are forced to lie in hospital beds needed for other patients. This has resulted in the cancellation of elective surgery and closure of beds to GP admissions. More money will have to be provided to deal effectively with this situation.

There has been real and significant developments in cancer care in response to the Campbell Report which we heartily applaud. Sadly however other services such as cardiac surgery and fracture services provided on a regional basis have not delivered the volume of work needed to deal with the demand from local patients. Concerns raised about radiological services point to a failure to renew out of date equipment. It is vital that such problems are addressed in the immediate future.

In response to the demands of our Council among many others, Minister Bairbre de Brún has set up an Acute Hospital Services Review Group on which I have been asked to serve. We hope to produce a Report which will assist the Minister in delivering first class acute healthcare to all the citizens of Northern

Ireland and optimum use of those facilities which lie in border areas.

Articulating the need for improved and more high quality services for patients and the public is our role. In doing so we

fully acknowledge the dedication and work of all health and social care staff in providing services in difficult circumstances and with ever decreasing resources. We also recognise the high standards of clinical performance and care which we have witnessed over the years and commend the efforts of those striving to reach and maintain those standards.

It is our hope that the unique role and functions provided by the Health and Social Services Council will be recognised and enhanced in any future structures devised for health and social care by the new Assembly. Independent consumer representation must continue to be a key part of health and social services in Northern Ireland.

I would like to take this opportunity of thanking the members of the Council who give so readily of their time and experience in representing the user viewpoint in the Southern Board's area. We are all grateful to the hardworking and efficient staff of the Council for their skill and expertise and for keeping the views of the public to the fore in everything we do.



*Fionnuala Cook*

Fionnuala Cook  
Chairwoman

## About the Southern Health and Social Services Council

### Our Role

We were established in 1991 as an independent consumer organisation. We have a duty to represent the public's views and interests, to review the work of health and social services and to recommend any improvements needed. We are one of four Health and Social Services Councils in Northern Ireland.

### We have a legal right to:

- ◆ Be consulted by the Southern Health and Social Services Board on any major development in or changes to the service.
- ◆ Receive information from the Board about the planning and running of services.
- ◆ Visit health and social services facilities in the public sector.

### Our main activities are:

- ◆ To represent the public's views when decisions are being made about services.
- ◆ To influence the Board's activities which relate to introducing services.
- ◆ To respond to proposals or plans put forward by the Board.
- ◆ To offer support and guidance to patients or members of the public who want to complain about any part of the services.
- ◆ To carry out research into how patients view the services and their experiences of them.
- ◆ To monitor the performance of particular services against the standards set out in their charters.

- ◆ To give the public a range of information about the services.
- ◆ To visit health and social services facilities run by the Board or a health and social services Trust.

### Our Structure

We have 24 members who are appointed by the Department of Health, Social Services and Public Safety (DHSSPS). Ten of our members are representatives from the five local Councils covering the Southern Board's area. There are two representatives from Armagh City and District Council, one from Banbridge District Council, three from Craigavon Borough Council, one from Dungannon and South Tyrone Borough Council and three from Newry and Mourne District Council.

The remaining representatives come from voluntary organisations with an interest in the services in our area or are independent representatives with an interest in health and social care issues.

### Our Membership

10 (40%) local Council representatives  
7 (30%) voluntary sector representatives  
7 (30%) independent representatives.

Representatives, except those from local Councils, are appointed under the Nolan principles - public appointments on merit through advertising. Representatives are usually appointed for four years, but this can be extended to eight years.

We have five full-time staff and our Chief Officer is the senior full-time official.

### Our Responsibility to the Public

Every month (except July and August) we meet in public. The meetings are normally held on the third Tuesday of the month at 10.00 am and two meetings per year are held in the evening. We give the details of coming meetings by issue of a press release to all local newspapers. Meetings tend to be held in our offices but we have plans to hold 3 meetings per year in alternative venues across the Southern Board's area and all will be advertised through voluntary and community groups.

If a member of the public wishes to speak on any agenda item this can be arranged by contacting the Council's offices directly. Normally two days notice is required and every effort is made to facilitate the contributor. We can also make arrangements for people with sight or hearing problems if we are asked to do so and given enough notice.

By law we must publish and distribute an annual report which gives details of our performance during the previous year. Copies of our annual report are issued to the voluntary and public sectors, and to community organisations. Copies are available from public libraries and can be provided in large print, Braille, on disk and on audio tape. Our annual report and all other publications are available free of charge.

We must keep to a Code of Practice on Openness in the HPSS (issued in October 1996). Our members must also keep to a Code of Conduct for Health and Social Services Council Members (issued December 1996). This code covers matters such as impartiality, financial accountability, confidentiality, discrimination, casual gifts, hospitality and declaring of interests. We keep an up-to-date list of our members' interests and the public may inspect that list.

We have a procedure which allows members of the public to complain about us. A copy of our leaflet 'How to make a Complaint about the Southern Health and Social Services Council' is available from the Council's offices. The Chief

Officer is the named person who deals with complaints and details of how to make contact are included in the leaflet. If you are not satisfied with how your complaint was handled you can refer the matter to the Department of Health, Social Services and Public Safety (DHSSPS) and ultimately to the Ombudsman (Mr T Frawley, Northern Ireland Commissioner for Complaints, 33 Wellington Place, Belfast BT1 6HN).

### Our Obligations Under Section 75 of the Northern Ireland Act 1998

When carrying out all our functions, duties and powers we must, under Section 75 of the Northern Ireland Act 1998, promote equal opportunities to all regardless of age, sex, disability, religious belief, political opinion, racial group, age, marital status, sexual orientation or any other personal or social circumstance.

We must also promote good relations between people with different religious beliefs, political opinions or from different racial groups when carrying out all our functions, duties and powers relating to Northern Ireland.

We are committed to meeting our obligations under Section 75. Overall, responsibility lies with the Chief Officer who is responsible for introducing arrangements for making sure we meet our obligations when carrying out our duties. He is also our point of contact for the Equality Commission and he has a responsibility to liaise with the Commission to ensure progress is made in implementing the commitments given in our Equality Scheme.

### Funding

We are funded by the DHSSPS. For the 1999/2000 tax year we had a total budget of £175,000. Over 80% of our budget is spent on salaries and premises costs. Any increase in our budget must be negotiated with the DHSSPS.

## Location

Our offices are located in a central position in Lurgan. Car parking is available at the front of the building which has access for wheelchairs. We encourage people to contact us for advice, information or support. We also have a library of information which organisations, groups or individuals have access to on request. The Council's offices are open to the public 9.30 am to 4.30 am – Monday to Friday.

Our address is:

**Quaker Buildings  
High Street  
Lurgan  
Co Armagh  
BT66 8BB**

**Tel: (028) 3834 9900**

**Fax: (028) 3834 9858**

**Minicom: (028) 3834 6488**

**E-mail: [admin.shssc@dnet.co.uk](mailto:admin.shssc@dnet.co.uk)**

## Members



**Back Row - Left to right:** Joan Baird, Jim McCammick, Samuel Gardiner, Mary McNally, Gordon Frazer, Margaret Campbell, Robert Cummings, Charles Smyth, Jim Cavanagh.

**Seated – Left to right:** Fionnuala Cook, Chairwoman; Angela Gray.

**Members Missing from Photograph:** June Allister, Pat Brannigan, Sue Cunningham, Roisin Foster, Isaac Hanna, David Hyland, Joseph Loughran.

## Issues and Concerns Raised with us



**Colette Hart**  
Complaints Adviser

### Complaints

The number of people approaching us for assistance with complaints decreased last year. In the year under review 113 complainants asked us for help. This represents a fall of 15% on the previous year. We have been unable to determine why there was a drop. This drop is not reflected in the Trusts' figures which show an increase in complaints this year.

We do not investigate complaints but provide support and advice to those wishing to make a complaint. We can:

- ◆ Provide advice / information
- ◆ Contact an organisation on a complainant's behalf
- ◆ Draft letters of complaint for complainants
- ◆ Prepare an application for independent review
- ◆ Attend meetings / independent review panels with a complainant
- ◆ Draft applications for investigation by the Ombudsman.

The type of assistance we offer depends on the nature of the complaint and the level of support required by an individual complainant.

### Outcomes Achieved

The outcome achieved in respect of the 113 complaints referred to us last year was as follows:

- ◆ 90 complaints did not proceed beyond local resolution.
- ◆ 3 complainants sought our assistance in drafting an application for independent review but did not advise us of the outcome or seek further assistance.
- ◆ 1 complainant indicated dissatisfaction with the outcome at local resolution and intends applying for an independent review.
- ◆ At the year end 20 complaints were ongoing.
- ◆ Only a percentage of complainants approach us for assistance. Our figures should not, therefore, be regarded as an accurate reflection of the number of complaints about services in the Southern Board's area. They do, however, give an indication of what is giving cause for concern.
- ◆ It is our view that the complaint is owned by the complainant. We will take no steps that have not been agreed with the complainant. The responsibility is on the complainant to come back to us if they require further assistance.
- ◆ Complainants can contact the Council at any stage of their complaint. The advice and assistance we provide is independent, confidential and free.

### Nature of Complaints

As in previous years the largest number of complaints concerned treatment and care (38).

There were also a significant number of complaints about staff attitude and behaviour (15) and clinical diagnosis (9).

Poor communication and the manner in which information is communicated to patients or relatives continues to play a significant part in many complaints.

Members of the public approach us with a wide range of complaints. Issues range from

having to wait too long in A & E to serious concerns surrounding the death of a family member.

Over the years we have noticed an increase in the number of complex complaints. These can involve a number of issues and may relate to more than one health care professional or service provider.

### Summary of Complaints

Reason for Complaint	Total 1999/00	Total 1998/99
Access to Premises	2	-
Access to Records	4	2
Admissions/delays/cancellations (inpatients)	-	4
Aids, Adaptations & Appliances	2	2
Appointments/delays/cancellations (outpatients)	1	1
Board Purchasing -	-	1
Communication to patients/relatives	6	7
Children Order	2	-
Clinical Diagnosis	9	-
Complaints handling	1	2
Confidentiality	1	-
Consent to Treatment	1	-
Discharge & transfer arrangements	4	4
Hotel/Support services	1	-
Independent sector purchasing by Trust	3	-
Patients' privacy/dignity	2	-
Patients' property	-	1
Policy and commercial decisions	-	3
Professional assessment	2	5
Staff attitude/behaviour	15	14
Transport, late/non-arrival	6	5
Treatment and care	38	56
Waiting lists community service	-	2
Waiting times, outpatients	1	1
Others	12	23
<b>Total</b>	<b>113</b>	<b>133</b>

### Staff Groups Complained About

General management (23) was the staff group most complained about followed by general practitioners (21) and medical staff (20). These were also the top categories last year. In 1998/99 there were 36 complaints about general practitioners, 27 about medical staff and 13 about general management.

### Complaints made to Trusts in the Southern Board's Area

The number of people seeking our support and assistance in making a complaint decreased this year, however all the Trusts in the Southern Board's area, except Craigavon and Banbridge Community HSS Trust, recorded an increase in complaints.

### Summary of Complaints made to Trusts in the Southern Board's Area

Trust	1999/00	1998/99	1997/98
Armagh & Dungannon HSS Trust	105	55	84
Craigavon Area Hospital Group Trust	99	74	115
Craigavon & Banbridge Community HSS Trust	84	93	84
Newry & Mourne HSS Trust	102	60	148
<b>TOTAL</b>	<b>390</b>	<b>282</b>	<b>431</b>

This may point to a drop in standards but it could also mean that more people are aware of the complaints procedure and are more willing to complain. While this would be a positive development we are aware that some members of the public are very reluctant to complain. Most frequently these are vulnerable members of society in ongoing care situations. The reason they give for not complaining is a fear of negative repercussions. Trusts need to do more work to allay such concerns.

### Working with Others

In the year under review we worked with the Public Law Project, London, the Department of Health, Social Services and Public Safety, and the York Health Economics Consortium/Public Attitude Surveys. This work related specifically to the effectiveness of the NHS complaints procedures. We also commented on revised guidance on complaints handling for residential and nursing homes drafted by the Southern Board's Registration and Inspection Unit - and on the revised Children Order Representation and Complaints Procedure now in operation in the Board's area.

### Enquiries/Advice/Information

We also handled 385 individual requests for information, an increase of 64 on the previous year. Information was requested about;

- ◆ community care
- ◆ care management
- ◆ how to complain
- ◆ home help services
- ◆ social security benefits
- ◆ general information on health and social care
- ◆ access to medical records.

Community care	35
How to complain	11
Home help services	3
Social security benefits	40
General information	293
Access to medical records	3
<b>TOTAL</b>	<b>385</b>

In all cases information was made available or the individual was advised of a more appropriate source of help.

All staff are trained to deal with requests for information. These can include information on referrals, waiting times, access to medical notes, patient charters and changing doctor.

We also produce a series of leaflets which provide the public with information on hospital services, family health service practitioners, community care, complaints, seeing medical records etc. We update these regularly.

We know that not enough people know about the services we offer and we are working hard to raise awareness particularly amongst disadvantaged groups.

We have produced a new poster and leaflet giving details of how to contact the Council for information. These have been distributed widely. We hope they will increase awareness of our unique role in health and social care.



Left to Right: Joan Baird, Margaret Campbell, Fionnuala Cook (Chairwoman)

### Complaints about the Southern Health and Social Services Council

During the year one complaint was made about the services provided by the Council. This was resolved satisfactorily at local resolution.

## What you said about Health and Social Services



**Karen McCoy**  
Research Officer

### Research

Research into the views and opinions of users and potential users of health and social services continues to be a key element of our work. Finding out what service users and carers think about particular services and where they perceive deficiencies assists us in making recommendations for improvement.

We initiated research into a number of different topics this year. We set up reference groups for the projects undertaken. They consisted of representatives from different organisations / backgrounds who were able to lend their own expertise to the particular issue. They included representatives from the Board, Trusts and / or other health and social services providers and users and carers. We appreciate the support, advice and assistance given by these organisations / individuals in facilitating us with our programme of research.

### Relatives' Experiences And Perceptions Of Care Provided In Nursing And Residential Homes

In 1999 we published a report examining the accommodation needs of adults (18 – 64 years) with physical and/or sensory disabilities. One aspect of this research looked at the quality of life for adults with physical and/or sensory disabilities who were living in nursing or residential homes which mainly catered for people over the age of 65 years. One of the issues which emerged

was the lack of activities within the homes. Over half of those interviewed described their typical day as passive, defined only by their mealtimes. On the basis of this we initiated further research to explore the quality of care provided to older residents (aged 65+ years) in nursing and residential homes in the Southern Board's area.

A survey was undertaken to examine relatives' views of the quality of care provided in nursing and residential homes. Previous research suggested that residents of nursing and residential homes are often reluctant to complain about the care they receive.

The objectives of our research were:-

- ◆ To examine relatives' experiences and perceptions of the care provided to residents (over 65 years) of nursing and residential homes.
- ◆ To make recommendations for improvement.

Our final report will be published later this year but some of the preliminary findings to emerge include the following:-

- ◆ Private nursing homes were least likely to have facilitated the research by identifying names and addresses of relatives of residents. Just under half (43%) co-operated compared to all statutory and voluntary homes and 92% of private residential homes.
- ◆ The majority of respondents (90%) visited their relative at least once a week. Over half stayed an hour or more each visit. They wanted to be involved in the care of their relative. The majority considered it important to be consulted (93%) and encouraged to be involved in the care of their relative (88%).
- ◆ 88% had been encouraged to be involved as much as they would have liked and 82% had been consulted about decisions enough.

- ◆ 93% were ‘always’ or ‘usually’ made to feel welcome by staff when visiting and 92% said their relative was ‘always’ or ‘usually’ treated with respect and dignity.
- ◆ 38% said their relative ‘sometimes’, ‘usually’ or ‘always’ had to wait for long periods of time for assistance from staff and 35% said staff were ‘sometimes’, ‘usually’ or ‘always’ too busy to talk to their relative.
- ◆ Most respondents (72%) said activities were organised within the home. However, this was more likely to have been the case in statutory residential homes (86%) than in private residential homes (70%). Overall one in 10 did not consider the activities to have been suitable for their relative.
- ◆ Approximately one in ten said their relative ‘never’ had access to physiotherapy (12%), occupational therapy (9%) and speech therapy (8%) when needed.
- ◆ Most (82%) said their relative had access to religious services however 14% did not think the frequency with which this occurred was adequate.
- ◆ 48% said their relative had expressed satisfaction with the quality of care provided in the home at some stage and 12% dissatisfaction. The proportion of those who expressed satisfaction was highest in statutory residential homes (65%) and lowest in private nursing homes (37%).
- ◆ 21% had been given a copy of the complaints procedure for the home and 20% said they would know how to make a complaint.
- ◆ 73% did not know anything about the Registration and Inspection Unit and 86% did not know anything about the role and function of the Health and Social Services Council.

### Women’s Experiences Of Maternity Services At Craigavon Area Hospital

In February 1999, inpatient maternity and gynaecological services were temporarily withdrawn from South Tyrone Hospital. This meant that the vast majority of women from the South Tyrone area could no longer have their baby delivered at South Tyrone Hospital and instead had to travel to Craigavon Area Hospital.



*Launch of Report: ‘Women’s Voices’ – Women’s Experiences of Maternity Services at Craigavon Area Hospital following transfer from South Tyrone Hospital*

*Karen McCoy, Research Officer; Seamus Magee, Chief Officer and Caroline McKenna, Research Assistant*

There was considerable concern amongst the local community about the transfer of maternity services especially in relation to the additional journey which women would have to make. We raised a number of questions in relation to these changes and recommended the impact be independently monitored. As a result we decided to conduct a survey to examine women’s experiences of maternity services – from antenatal care through to postnatal care.

We invited all women who had a baby delivered at Craigavon Area Hospital between 1 June and 7 September 1999 (n = 808) to complete a questionnaire detailing

their experiences of the care they received. The sample included 216 women who would normally have given birth at South Tyrone Hospital if the maternity services had not been transferred. The questionnaire was posted to the home of all mothers 3-8 weeks after the birth of their baby.

### Key findings

The vast majority of women (94%) tended, overall, to be satisfied with the care they received at Craigavon Area Hospital and 90% said they would use the hospital's maternity services again. However within this picture of overall satisfaction we have highlighted areas which require improvement.

### Decision Making

- ◆ One in ten women (10%) said they did not feel involved in making decisions about their antenatal care.
- ◆ 21% of young mothers aged between 15-20 years did not feel at all involved in the decision making process.

### Information

- ◆ A large proportion of women would have liked more information about ultrasound scanning before (19%), during (25%) and after (27%) their scan. Younger mothers in particular would have liked much more information.
- ◆ Younger women would have liked to have spent more time talking to doctors and midwives at check-ups about what might happen during labour and delivery.
- ◆ Some women would have liked more information about either the possibility of needing a caesarean section or other complications and interventions which may have been necessary.
- ◆ A sizeable proportion of women would have liked more information about the various forms of pain relief available to them.

### Antenatal classes

- ◆ Overall, 30% of women attended antenatal classes.
- ◆ 38% of women educated to degree level attended antenatal classes whereas only 19% of women with no educational qualifications did so.
- ◆ 74% of first time mothers attended antenatal classes compared to 8% of women expecting their second baby.

### Private versus NHS care

- ◆ Overall, 14% of women paid privately for their antenatal care.
- ◆ 25% of women educated to degree level paid privately.
- ◆ Only 1% of women with no educational qualifications paid for private care.

### Transport

- ◆ 23% of expectant mothers from the South Tyrone area experienced difficulties in travelling to Craigavon Hospital for the birth of their baby.
- ◆ 38% of women from the South Tyrone area said their family and friends had difficulties travelling to visit them in Craigavon Hospital.
- ◆ The main problem was the distance they had to travel.

### Caesarean section rates

- ◆ Caesarean section rates at Craigavon Area Hospital were on average higher than those elsewhere in the UK and above the rate recommended by the World Health Organisation.
- ◆ 27% of women who gave birth at Craigavon had a caesarean.

- ◆ 13% were emergency caesareans and 14% were planned.
- ◆ Overall, 46% of women who paid for their antenatal care privately had a caesarean section compared to 23% of their NHS counterparts.
- ◆ Caesarean sections for private patients were more likely to have been planned. (30% compared to 11%).

### Other interventions

- ◆ 48% of women had their labour induced (labour started artificially).
- ◆ Women who paid privately were more likely to have been induced (55% compared to 34%).
- ◆ Overall, 42% of women had an episiotomy (woman is cut to aid delivery).
- ◆ 71% of first time mothers had an episiotomy.

Overall, 11% of women had their delivery assisted by forceps or vacuum extraction.

### Pain Relief

- ◆ 41% of women had an epidural.
- ◆ 68% of first time mothers had an epidural.
- ◆ Gas and air were used for pain relief by the vast majority (89%) of women.
- ◆ The most effective form of pain relief identified by women was an epidural. (78% said it helped “a lot”).
- ◆ Pethidine was the pain relief which caused most unpleasant side effects. (24%).

### Breastfeeding

- ◆ Overall, 44% of women fed their baby breast milk as a first feed.
- ◆ On leaving hospital this figure reduced to 36%.
- ◆ 67% of women educated to degree level breast fed compared to 15% of those with no educational qualifications.

### Attitudes to care

- ◆ 84% of women said they felt perfectly safe being looked after by midwives.
- ◆ 25% of women thought that midwives should be totally responsible for running the maternity unit, but
- ◆ 83% were of the opinion that midwives should be allowed to run the maternity unit with backup from a consultant if necessary.
- ◆ 62% of women who paid privately said they would prefer to have a doctor deliver their baby than a midwife. This figure was 9% for women under NHS care.

Altogether we made a total of 38 recommendations for improvements to maternity services. We have addressed these to the Department of Health, Social Services and Public Safety, the Southern Health and Social Services Board, the Trusts and Translink. We look forward to seeing an action plan developed and implemented by Craigavon Area’s Hospital Group Trust and real improvements brought about for women and their babies.

### Access To Primary Health Care Services For Single Homeless People In Northern Ireland

We, along with the other three Health and Social Services Councils and Simon Community (NI), worked together to investigate access to primary healthcare

services for single homeless people in Northern Ireland. The study consisted of focus groups with single homeless hostel residents, in-depth interviews with a range of health professionals and a snapshot survey of single homeless hostel residents.

The specific objective of the research were:-

- ◆ To examine the healthcare needs of single homeless people in Northern Ireland
- ◆ To assess their access to health and social services.

The results will be published later this year but preliminary findings reveal:-

- ◆ 58% of single homeless people resident in hostel accommodation perceived themselves to be in good health. Only 10% said they were not suffering physical or mental health problems at that time. Health problems included depression (59%), chronic chest/breathing problems (30%), alcohol related problems (27%) and painful joints (23%).
- ◆ Although the majority of single homeless people surveyed were registered with a GP, difficulties were encountered in gaining registration when moving from one area to another.
- ◆ In some cases single homeless people lived in a different area to their GP practice. 21% lived 4 or more miles away.
- ◆ 23% thought GPs did not take their problems seriously enough.
- ◆ 51% had used A & E services since becoming homeless.
- ◆ 26% thought GPs were reluctant to prescribe them medication.
- ◆ 60% were registered with a dentist but 16% of these had not been at the dentist within the previous 15 months thus allowing their registration to expire.

### Monitoring Accident and Emergency Services at Craigavon Area Hospital

During November and December 1999, we conducted eight visits to the A & E department at Craigavon Area Hospital (following the transfer of accident and emergency services from South Tyrone Hospital to Craigavon Area Hospital). We carried out the visits at various times including evenings and week-ends. During the eight visits a total of 99 patients were attending the A & E department. The number of patients at any one time ranged from 3 to 24.

The majority of patients in the A & E department during the eight visits were from the Craigavon area and 14 were from the South Tyrone area.

The patients from the South Tyrone area were not only present in A & E at Craigavon Hospital when the Minor Injuries Unit at South Tyrone Hospital was closed (that is outside 9 am – 5 pm – Mon - Fri) but also whenever it was in operation (Mon – Fri 9 am – 5 pm).

Most patients were assessed within 15 minutes (charter standard) of their arrival in the A & E department but 17 (17%) were not. The time taken for those not assessed within 15 minutes ranged from 16 – 49 minutes.

Out of the 99 patients – most were assessed as priority 3 or 4 in terms of their need for treatment. Seventeen patients (17%) were not seen by the doctor within charter standard time.

### Casualty Watch

During the year, we took part in 4 Casualty Watch exercises along with the other Health and Social Services Councils. These were held in April, July and October 1999 and January 2000. This proved to be a very useful mechanism for obtaining a snapshot picture of pressures in A & E departments and how charter standards were being met.

In September 1999 the A & E department at South Tyrone Hospital was 'temporarily' closed and replaced with a Minor Injuries Unit. The Casualty Watch in October allowed us to monitor how these changes were impacting on A & E services at Craigavon Area Hospital. The October results revealed that charter standards for triage (which state that all patients should be assessed for treatment within 15 minutes of their arrival at an Accident and Emergency department) were met by both A & E departments in Craigavon Area Hospital and Daisy Hill Hospital. No patient had waited longer for treatment than that specified by the charter categories.

In January we took part in the UK-wide Casualty Watch exercise which involved all A & E departments throughout the UK being

visited simultaneously. The results in the Southern Board's area revealed that 16 patients were waiting in the A & E departments of Craigavon and Daisy Hill Hospitals. Charter standards for triage were met by Craigavon Hospital but one patient at Daisy Hill waited for 25 minutes before being assessed. Charter standards for treatment were met by Daisy Hill Hospital but one patient at Craigavon Hospital waited longer for treatment than that specified by the charter standards. This patient was assessed as Category 3 and should have been seen by the doctor within one hour of arrival but waited 1 hour and 39 minutes.

We will continue to undertake a quarterly casualty watch and may increase its frequency if problems are identified in the A & E departments.



## Responding to Change



**Seamus Magee**  
Chief Officer

A significant proportion of our time and effort is spent responding to developments at a local or regional level. Often changes to services are initiated by the Board or the DHSSPS. Many come about as a result of service reviews or because a major weakness has been identified in how services are organised or because patients have no access to particular services. In all cases we make every effort to represent the interests of patients and the public. Responding to change has a detrimental impact on our planned work because resources often have to be diverted at short notice.

### Service Transfers from South Tyrone Hospital, Dungannon

Over the last number of years a range of services have been transferred from South Tyrone Hospital to Craigavon. Amongst these have been paediatrics, maternity, gynaecology, accident and emergency and surgical services. All the transfers have been described as 'temporary' even though some occurred over 5 years ago. It is understood the word 'temporary' is used until such times as the Minister responsible for health makes a permanent decision. The use of the word 'temporary' in such circumstances is questionable and has led to significant confusion amongst health service professionals and the public alike.

In July 1999 the then Minister responsible for Health and Social Services, Mr John McFall MP announced that the A & E department at South Tyrone Hospital would close from 31

August 1999. (The facility eventually closed on 13 September 1999 and was replaced by a minor injuries unit).



We challenged this decision and sought a judicial review of the Southern Board's failure to consult us about the immediate closure of the A & E department and the consequent decision to relocate part of the psychiatric unit at Craigavon Area Hospital. We also sought an order of certiorari to quash the Board's decision to relocate part of the psychiatric unit in order to accommodate the transferred A & E department from the South Tyrone Hospital.

The case we made centred on the failure of the Board to consult us in fulfilment of its obligation to do so under Regulation 17 (1) of the Health and Personal Social Services Regulations (Northern Ireland) 1991.

In respect of the Board's failure to consult us about the proposal to move the psychiatric unit the Judge ruled that the Board was in default of its obligation to consult the Council. With regard to the proposed closure of the A & E department the Judge ruled that we had not proved our case. However, he said he had some reservations and that it would have been prudent for the Board to have consulted.

On the issue of quashing the decision to transfer part of the psychiatric unit the Judge refused an order of *certiorari*. Copies of judgement are available from our offices.

Since the judicial review further service changes have taken place at South Tyrone Hospital. We have been much happier with the process adopted by the DHSSPS and the Board and hopefully lessons have been learnt by all on the need to engage in open and genuine dialogue particularly with those who have a remit to represent the interests of patients and the public.

### Fracture Services

A major issue giving us cause for concern is the lack of a local fracture service at Craigavon Area Hospital. As a consequence the majority of patients with fractures are treated at the Royal Victoria Hospital, Belfast.

In November 1999 fracture services at the Belfast City Hospital and the Royal Victoria Hospital were amalgamated and a new 90 bedded unit opened at the Royal dedicated to fracture patients. At the time the Royal stated that a number of benefits would flow from these changes including:

- ◆ Fewer delays for patients awaiting surgery.
- ◆ Increased access to rehabilitation for elderly fracture patients.
- ◆ An increased number of specialist staff including medical, nursing and clinical professions.
- ◆ Equity of access.
- ◆ An increased number of fracture outreach services.

The Southern Board invested in this new service which for a period of time appeared to work quite effectively. However, it appears these improvements were only short lived and patients are once again having to wait in other hospitals or at home before being admitted to the Royal. In some cases elderly

patients have had to wait in excess of 7 days despite a recommendation that serious fractures should be treated within 24 hours.

While we recognise there is a shortage of trained staff it is our view that a large general hospital like Craigavon, serving the needs of over 300,000 people, must have the ability to treat those who attend accident and emergency with fractures. We would like to see this matter effectively resolved in the short and long term.

### Strategic Review of the Northern Ireland Ambulance Service

We welcomed the opportunity to comment on the strategic review of the Northern Ireland Ambulance Service. In our response we said that the recommendations contained in the report 'Mapping the Road to Change' were unlikely to be realised unless the Ambulance Service was properly funded by Government. We also expressed concern that an additional £15m announced for the Ambulance Service in 1998 failed to materialise and that the service had not developed as envisaged.

We also highlighted the fact that a whole range of benefits promised as a result of the formation of a Northern Ireland wide service in 1994 failed to be delivered.

In our response we supported;

- ◆ the establishment of a priority despatch system;
- ◆ the separation of emergency and routine patient care services;
- ◆ a greater emphasis on skills development, training and clinical effectiveness;
- ◆ the potential for co-operation with other emergency services;
- ◆ new arrangements for funding the service; and
- ◆ the need for an air ambulance.

In conclusion, we said the recommendations had the potential to bring about an integrated, high quality service but there needed to be a determination and willingness on the part of senior ambulance service management if this was to be realised.

### Better Health for All – Tackling Health and Social Inequalities

We worked in partnership with the Southern Board and Community Development and Health Network to organise a major conference examining the link between poverty and ill health.



The Conference was centred around the Board's 'Your Life- Your Health' report which revealed that people in deprived areas were:

- ◆ Ten times more likely to have poor health than those who are better off.
- ◆ Twice as likely to be admitted to hospital or take prescribed medicine.
- ◆ Four times more likely to report rates of long standing illness leading to limited activity.
- ◆ Twice as likely to be obese or to smoke.

Speakers at the conference included Professor Brice Dickson, Human Rights

Commission; Professor Jean Orr, Queen's University and Miss Sharon Friel, National University of Ireland, Galway.



*Better health For All - Tackling Health and Social Inequalities*

*Left to right: Anne-Marie Telford, Director of Public Health Medicine, SHSSB; Seamus Magee, Chief Officer, SHSSC and Noel Thompson, BBC Northern Ireland.*

### Consultation Documents

During the year we responded to a large number of consultation documents issued locally, regionally and on a UK wide basis. These included:

- ◆ Comprehensive Review of the Northern Ireland Ambulance Service (preliminary consultations).
- ◆ Clinical waste in the community.
- ◆ Regional Advisory Committee on Cancer - First Annual Report.
- ◆ Review of Mental Health (Scotland) Act 1984.
- ◆ Accreditation for Domiciliary Care Providers - Proposals for a Voluntary Scheme.
- ◆ Co-operating to protect children.
- ◆ The Medical Act 1983 (Amendment) Order 2000 - Changes to the GMC's Statutory Rules.

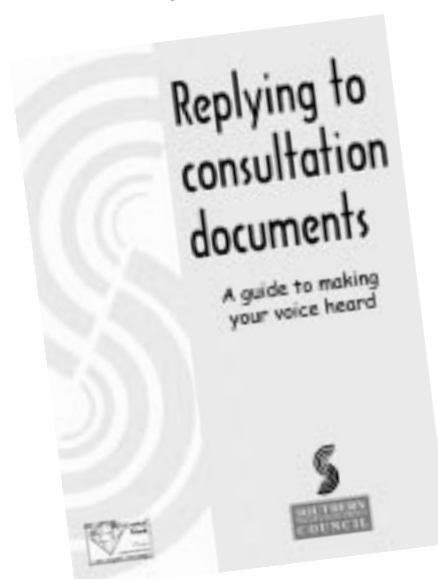
- ◆ Research for Health and Wellbeing - A Strategy for Research Development to lead Northern Ireland into the 21st Century.
- ◆ Review of the General Consumer Council for Northern Ireland.
- ◆ Draft Guidelines for staff in residential and nursing homes - investigating complaints.
- ◆ Maternity Services at the Jubilee and Royal Maternity Hospitals.
- ◆ Road Traffic (NHS Charges) Act 1999 - Proposals for Northern Ireland.
- ◆ Proposal relating to the treatment of Androgenetic Alopecia in the Health Service.
- ◆ GMC - Proposals for changes to the 'Fitness to Practice' Procedures.
- ◆ Regional Review of Ophthalmology Services.
- ◆ Modernising Medical Regulation - Interim Strengthening of the GMC's 'Fitness to Practice' Procedures.
- ◆ Strategic Review of Services for People with a learning disability - SHSSB.
- ◆ Proposals for the future provision of residential care for persons with learning disability - Craigavon.
- ◆ Consultation on the strategy for reducing alcohol related harm in Northern Ireland.
- ◆ Southern Health and Social Services Board - Draft Equality Scheme.
- ◆ Northern Ireland Ambulance Service - Draft Equality Scheme.
- ◆ Craigavon and Banbridge Community HSS Trust - Draft Equality Scheme.
- ◆ Armagh and Dungannon HSS Trust - Draft Equality Scheme.

- ◆ Craigavon Area Hospital Group Trust - Draft Equality Scheme.

Written copies of all responses are available from our offices.

### Help at Hand in Responding to Consultative Documents

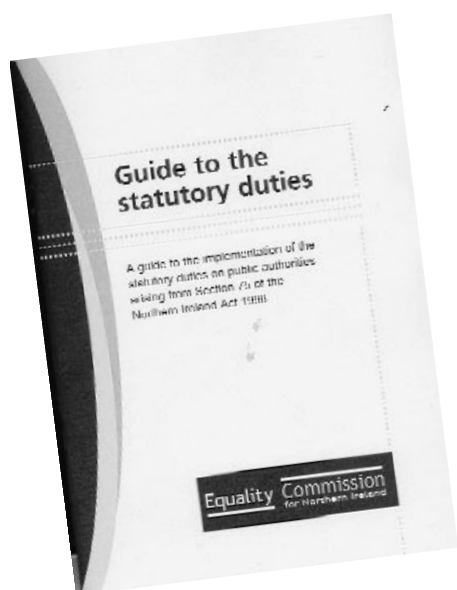
We published a practical and user friendly guide to assist the hundreds of voluntary and community groups being asked to respond to a huge number of consultative documents. The guide entitled 'Replying to Consultative Documents - A Guide to making your voice heard' was approved by the Plain English Campaign and was widely circulated. It offers a step by step guide on how best to respond to consultative documents and deals with key questions such as, what are consultative documents, why respond and what should be included in a response.



### Developing an Equality Scheme

In accordance with Section 75 of the Northern Ireland Act 1998 we, like all other public bodies, have a statutory duty to promote equality of opportunity between persons of different religious belief, political opinion, racial group, age, marital status, sexual orientation, between men and women generally, between persons with a disability and persons without. We are also required to promote good relations between persons of

different religious belief, political opinion or racial group.



We are fully committed to ensuring that equality of opportunity and the provision of good relations is mainstreamed into our work. Our draft scheme was issued for consultation in May and 51 responses were received. The time and effort put in by many small voluntary, community and charitable organisations in responding to our scheme was greatly appreciated.

Prior to drafting our scheme we embarked on a number of specific pre-consultation exercises. The four Health and Social Services Councils also organised a joint seminar in Dungannon to discuss our proposed scheme and received important feedback on how to proceed. The Equality Commission is expected to approve the Council's scheme later this year.



*Equality Scheme Seminar in the Oaklin House Hotel, Dungannon.*

*Workshop being conducted by Seamus Magee, Chief Officer*

## Other Activities

### Visiting Facilities

In the year under review we visited a number of facilities within the Southern Board's area and a visit was made to Belfast City Hospital. Members prepared a written report on their findings. Copies of all visit reports are available from us on request.

- ◆ Longstone Hospital
- ◆ Cedar Grove Children's Home
- ◆ Seapatrick Private Nursing Home
- ◆ Craigavon Area Hospital
- ◆ Mullinure Hospital
- ◆ Belfast City Hospital.
- ◆ Portadown Health Centre

### Publicity

During the year we issued a large number of press releases. We received widespread coverage of our activities at local and regional level and are grateful to the broadcast and print media for their assistance in helping us highlight particular issues from the patients and public's perspective.

### Speaking Engagements

We participated in a large number of seminars, conferences and public meetings. We also invited a number of key speakers to address the Council on specific policy areas. We are grateful to the following people who offered us their time and expertise during the last year.

**Mr D Preston**, Chief Executive, Craigavon & Banbridge Comm HSS Trust.

**Miss H Clarke**, Director of Dental Services, SHSSB.

**Dr B Gaffney**, Chief Executive, Health Promotion Agency.

**Ms D Tunney**, Pharmaceutical Adviser, SHSSB.

**Miss P Stanley**, Chief Executive, Armagh & Dungannon HSS Trust.

**Mr S McKeever**, Director of Resources & Contracting, SHSSB.

**Mrs R Moore**, Director of Mental Health, Learning Disability, Craigavon & Banbridge Comm HSS Trust.

**Mr C Donaghy**, Director of Planning, Craigavon & Banbridge Comm HSS Trust.

**Mrs S Reid**, Director of Commissioning & Planning, SHSSB.

**Mr B Cunningham**, Chief Executive, SHSSB.

**Ms J Synnott**, Manager, GP Out of Hours Centre, Moylinn.

**Mrs F McAndrew**, Manager, Registration & Inspection Unit, SHSSB.

**Mrs E Gill**, Project Manager, HAZ.

**Dr S Bergin**, Public Health Consultant, SHSSB.

**Mr P McIlkerny**, Donor Recruitment Officer, Blood Transfusion Service.

**Mr W McKee**, Chief Executive, Royal Group of Hospitals Trust.

**Dr O Morris**, Consultant in Palliative Care.

### Promoting the Consumer Interest

We are represented on a large number of local, regional and UK wide working groups and committees including:

CSA Medical Committee  
 NI General Practice Liaison Committee  
 Ambulance Liaison Committee  
 Registration & Inspection Unit – Advisory Committee  
 Regional Advisory Committee on Cancer  
 Northern Ireland Cancer Forum  
 General Medical Council – Patients’ Representative Group  
 Craigavon Health Information Project  
 Patients Advocacy Service – Carstairs State Hospital, Scotland  
 University of Ulster Research Ethics Committee  
 Armagh GP Commissioning Pilot  
 Area Complaints Forum  
 Armagh and Dungannon Health Action Zone  
 Cancer Services – Armagh & Dungannon HSS Trust  
 Green Park Healthcare Trust – Complaints Monitoring Group  
 Southern Area Audit Committee  
 Community Development and Health Network  
 MacMillan Cancer Relief Information Group  
 Managing Acute/Winter Pressures Group  
 Public Law Project, London  
 Cancer Services Steering Group  
 South Tyrone Hospital Contingency Planning Group  
 Research Group on GP Out of Hours, Newry and Moy  
 Health and Wellbeing Improvement Development Group  
 Community Development Strategy Group  
 Armagh City and District Health Forum  
 Review of Geriatric Hospital Services

### Craigavon Health Information Project

We continued to support the Craigavon Health Information Project (CHIP) in partnership with representatives from local statutory, community and voluntary sector agencies. The CHIP project, which takes a community development approach to health promotion, aims to support individuals and communities to overcome inequalities in health, to access and use health information to support their health and wellbeing.

Current activities of the project include supporting community health volunteers to develop ‘Adapt’ – a self help group for people affected by eating disorders and facilitating an Ethnic Minorities Access to Health group, campaigning for an interpreting service for the Chinese and Asian communities within the Craigavon area.

The project is involved in the Healthy Living Centre initiative and is a member of a multi-agency steering group which has developed a proposal for a Healthy Living Centre in Craigavon and Banbridge.

CHIP is located in our offices and receives support from us in pursuit of its activities.

Community Health Volunteers are central to the work of CHIP. The project provides training and support for volunteers to undertake a range of health related activities. Other volunteers have produced information

on the accessibility of local services for people with a disability.



Robert Verner - Volunteer with CHIP

## The Year Ahead 2000/01

### Research

We intend commencing or completing the following projects in the 2000/01 financial year

- ◆ The attitudes and experiences of women in the Newry and Mourne area to breast screening.
- ◆ Older people's experiences of services at Daisy Hill Hospital.
- ◆ Users and carers experiences of mental health services.
- ◆ The experiences and aspirations of children in care in the Southern Board's area.
- ◆ Users' satisfaction with the provision of community care services.
- ◆ The experiences of users of the prosthetics services in Northern Ireland – joint project between 4 Councils and 4 Boards.
- ◆ As part of the Armagh Primary Care Commissioning Pilot to undertake consultation at local level to identify the primary care service issues.
- ◆ Complainants views on the services provided by the Southern Health and Social Services Council.
- ◆ Quarterly Casualty Watch.

## List of Publications

### REPORTS

Health and Social Care in Killeel  
(November 1992)

Caring for Children in Hospital  
(September 1993)

Mental Handicap/Learning Disability  
Craigavon and Banbridge  
(December 1993)

Women's Experience of Maternity Services (Ante and  
Postnatal) - Qualitative and Quantitative  
(January 1994)

Disabled People's Perceptions of Services in Newry and  
Mourne Area. Qualitative and Quantitative  
(August 1994)

Patients' Perceptions and Experiences of Services  
Provided by The Family Doctor  
(March 1995)

Perceptions and Experiences of Services Provided by  
Health Centres  
(September 1995)

\*From Policy into Practice' - User and Carer Perceptions  
of Care Management in the Southern Health and Social  
Services Board's Area.  
(February 1996)

\*Perceptions and Experiences of Services Provided by  
Dentists in the Southern Board's Area  
(June 1996)

\*Directory of Respite Services in the Southern Board's  
Area (July 1996)

\*Measuring Up' - Awareness and Perceptions of Health  
and Public Services  
(October 1996)

\*Implementing Choice' - Women's perceptions of the Acceptability of  
Midwife-led Care at Craigavon Area Hospital  
(February 1997)

Patient Satisfaction - Daisy Hill Hospital, Newry, Co Down  
(April 1997)

Carers' Perceptions and Experiences of Palliative Care Services  
(June 1997)

Influencing the Future Pattern of Acute Hospital Services - The Views of  
Southern Board Residents  
(February 1998)

Planning, Building and Living in the New Millennium - Accommodation Needs of  
Adults with Physical or Sensory Disabilities in the Southern Board's Area  
(December 1998)

The Wheelchair Service – Experiences and Perceptions of Users  
(February 1999)

Northern Ireland's Health & Social Services Councils' Three-Year Strategy  
1999 – 2002  
(April 1999)

GP Out of Hours Service at Moylinn Medical Centre – Experiences and  
Perceptions of Patients  
(September 1999)

Patients' and Relatives' Experiences of Services Provided at Craigavon Area  
Hospital  
(September 1999)

Replying to Consultation Documents - a guide to making your voice heard  
(March 2000)

'Women's Voices' – Women's Experiences of Maternity Services at Craigavon  
Area Hospital following Transfer from South Tyrone Hospital  
(June 2000)

The Council also publishes an annual report.

**\* Out of print but available from our library. A number of leaflets are also available.**

## Members of the Southern Health & Social Services Council 1999/2000

Name	Possible attendance for the Year	Meetings attended
Mrs Fionnuala Cook, Gilford - Chairwoman	11	11
Mr Joseph Loughran, Lurgan	11	9
Mr Robert Cummings, Killylea	11	10
Mr Harry Averley, Waringstown (Retired May 99)	2	2
Mrs Sue Cunningham, Newry	11	6
Mrs June Allister, Portadown	11	9
Mrs Margaret Campbell, Banbridge	11	8
Mrs Roisin Foster, Scarva,	11	8
Mrs Angela Gray, Newry	11	8
Cllr Joan Baird, Banbridge District Council	11	6
Cllr Jim Cavanagh, Dungannon District Council	11	4
Cllr Gordon Frazer, Armagh City & District Council	6	5
Cllr Samuel Gardiner, Craigavon Borough Council	11	3
District Council	11	3
Cllr Jim McCammick, Craigavon Borough Council	11	8
Cllr Mary McNally, Craigavon Borough Council	11	4
Cllr Pat Brannigan, Armagh City and District Council	11	5
Cllr David Hyland, Newry & Mourne District Council	5	0
Cllr Charles Smyth, Newry and Mourne District Council	11	7
Cllr Patrick Toner, Newry and Mourne District Council (Retired June 1999)	3	1
Cllr Olive Whitten, Armagh City and District Council (Retired July 1999)	3	0



### Staff

**From Left to Right:** Karen McCoy, Research Officer, Nancy Downard, Office Manager; Colette Hart, Complaints Adviser; Caroline McKenna, Research Assistant – Student Placement; Elizabeth O’Hagan, Clerical Officer; Seated: Seamus Magee, Chief Officer

## **SOUTHERN HEALTH & SOCIAL SERVICES COUNCIL STATEMENT OF EXPENDITURE TO 31 MARCH 2000**

	£	
<b>Salaries</b>		<b>115,816</b>
<b>Members Expenses</b>	3,439	<b>3,439</b>
<b>Premises</b>		
Rent	18,795	
Rates	5,602	
Electricity	1,999	
Insurance	579	<b>26,975</b>
<b>General Administration</b>		
Cleaning	1,380	
Telephone	3,712	
Postage	3,916	
Printing & Stationery	3,625	
Reprographics	1,440	
Advertising (recruitment) & Training	1,163	
Hospitality	564	
Furniture and Capital	920	
Staff Travel & Expenses	8,449	
Miscellaneous	63	<b>25,232</b>
<b>Other Expenses</b>		
Research	16,925	
Education and Promotion	5,045	
		<b>21,970</b>
<b>OVERALL TOTAL</b>		<b>193,432</b>

## FEEDBACK

We would like to know what you think about this annual report. It will help us to ensure we present the information you want, in the way you want, in our future annual reports. It would be appreciated if you would answer the questions on this page and return it to us.

1. How interesting did you find the information in this report?

Not at all                       A little                       Very

2. Which areas did you find interesting and which ones did you not?

3. How understandable was the information contained in this report?

Too simple                       About right                       Too detailed

4. Is there any other information which you would like us to present in our future annual reports?

5. Are there any issues or concerns which you think the Council should address in its future work programme?

Please return to: Southern Health and Social Services Council  
Quaker Buildings  
High Street  
Lurgan  
BT66 8BB



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Fax: 028 3834 9858  
E.mail [admin.shssc@dnet.co.uk](mailto:admin.shssc@dnet.co.uk)

