

development of a training programme for the medical profession in order to disseminate the information in this policy to ensure that everyone is aware of these standards. This will be enhanced by the useful online training system already in place.

Recent blood audits have shown that there is evidence of inappropriate use of blood transfusion. Traditionally haemoglobin levels dictate the need for blood transfusion but there is a concern that sometimes patients are transfused inappropriately. There is a tracking system for blood and as people who are transfused cannot donate blood there are concerns that young, fit donors who may be transfused inappropriately, are then removed from the donor list having been transfused unnecessarily.

(d) Chronic Obstructive Pulmonary Seminar, 9 February 2006

The Chair said this had been an excellent seminar and that a further conference is planned in the Belfast City Hospital (BCH) in March called 'Breathless in Belfast'. In Lincolnshire a new service is in place that is more community based. This includes expert patients and a patient forum and tries to manage chronic diseases such as COPD in a home or community setting rather than a hospital admission. The conference highlighted the need for more flexible models, committed people to work the systems and to obtain funding and a need for a vision and focus to deliver.

In part of Lincolnshire they now have an asthma assessment as part of the COPD service and they are bringing on board with this template for chronic disease management, heart failure and diabetes management.

(e) Future of Public Administration Seminar, 7 February 2006

This was an intense all day seminar. This included a review of the future structure and how proposals will be turned into reality. In relation to transforming public services the emphasis was on putting the citizen first and making public services more efficient and more accountable.

One of the speakers had outlined a project undertaken by Liverpool City Council to implement a Customer Contact Strategy. The Chair felt this could be relevant to the new Patient Client Council (PCC). Customer, consumer or patient contact was the main driver for change and they have set up a network of one stop shops/contact centres to make the customers first point of contact as rich as possible. The Chair said she and Ms Maggie Reilly, CO, WHSSC, have been invited to visit Liverpool to view how this system is working.

04/06 MINUTES OF THE PREVIOUS MEETING

The Minutes of the previous meeting held on Thursday 15 December 2005 were agreed as a true and accurate record and were signed by the Chair and witnessed by the Chief Officer.

05/06 MATTERS ARISING

The Chief Officer provided an update on the following:

(a) Minute 107/05 (d) New Consultant contract

At the last meeting Mr Hutchinson had raised concerns about the Ulster Community and Hospitals Trust (UCHT) financial situation. There had been a report that the Trust

had expressed concern about its financial management between now and the end of the current financial year. One of the factors contributing to this was the implementation of the consultants contract

The Chair and Chief Officer met with Mr Jim McCall, Chief Executive of the UCHT just before Christmas. Mr Dixon has drafted a letter outlining the factual points discussed at the meeting. When Mr McCall has agreed this, the letter will be copied to members for information.

Mr Dixon explained that early in the financial year the UCHT had identified that it was going to have a deficit in its funding. Immediate steps were taken to address this with early notice that the Trust was going to go under contingency arrangements. The Trust devised a package of measures to recover this funding in year and on the instruction of the Department of Health, Social Services and Public Safety (DHSSPS), none of these measures were to have any direct impact on patient care. The type of measures therefore implemented included suspension of training, minimising recruitment where possible and not having an on-call IT response team.

Mr McCall has confirmed that these measures will mean that the Trust will balance its books at the end of the financial year without an adverse or direct impact on patient care.

Mr McCall had expressed concern that the budget deficit resulted from regional policy, particularly for Consultant Contracts. This contract was not fully funded in all Trusts and this has created difficulties in managing financial allocations. The changes to consultant contracts were on top of the various other quality improvement and resource efficiency initiatives that have been running for a number of years.

Mr McCall had asked for Council's support in raising concerns with the DHSSPS about the continued pressure on Trusts with the initiatives being put in place, for example, another initiative currently being implemented is Agenda for Change. This applies to all non-medical staff and could create additional pressures for Trusts.

Mr Dixon said he will circulate the letter to members and at a later Council meeting a decision can be taken on how Council can take this matter forward.

Mr Graham highlighted that at a previous Council Meeting Cllr Henderson had informed Council that the number of cardiology clinics held each week in the UCHT were being reduced. If the UCHT are reporting that the measures taken to reduce their deficit are not having any affect on patients why are clinics being cancelled?

Mr Dixon confirmed that the discussions with Mr McCall were specifically about measures taken to ensure that they balance their budget within this financial year. However, it was agreed that Council should keep this matter on its agenda and identify why clinics are being cancelled.

06/06 NEW PATIENT CLIENT COUNCIL (PCC), PRIORITIES AND ACTIONS

Under the Review of Public Administration (RPA), Councils will need to balance their continuing work plan whilst undertaking the work required to move to the new Patient

Client Council in 2008. The Joint Council Conference held in Limavady in January provided members with the opportunity to discuss how this would be achieved.

The message repeatedly highlighted is that the new PCC:-

- must have more power
- be totally independent
- be thoroughly representative of the people it speaks for
- be directly involved with the communities that it seeks to serve
- be better resourced.

Mr Dixon provided a presentation summarising the Joint conference and the conclusions made as follows:

- An outline of the DHSSPS PCC Project team that will have four Council representation. Mr Noel McCann, Director of Planning and Performance Management, DHSSPS will Chair this.
- An outline of the three models for the PCC as proposed at the joint conference. At the conference the model that was favoured would have a Regional base as well as a local presence in each of the seven planned commissioning areas.
- The key issues for the PCC that will involve identifying its function, mission, membership and public profile.
- A summary of the next steps in the move towards the PCC. Key areas will be discussed at five main forums, Council Meetings, Joint Council events, Health and Social Services Council (HSSC) Executive Committee Meetings, the DHSSPS PCC Project Team, and public consultation.

At the conference, Mr David Finegan, Deputy Chief Operating Officer, RPA Executive, provided a summary of the consultation on RPA. Mr Noel McCann also provided a presentation outlining the next steps for implementing the recommendations under RPA. Mr Dixon confirmed that the five new Trusts must be in place twelve months from now and one year after that the Strategic Health Authority commissioning body and the PCC must be in place.

Mr Dixon explained Councils' proposals on how work will progress towards this deadline over the next five months:-

- The Report of the Joint Conference that was agreed by the HSS Executive on 15 February 2006 will be circulated to members.
- Establishment of regular HSSC Executive Committee meetings, comprising the four Chairs and four Chief Officers. The purpose of this group is to co-ordinate the work of the four Councils as they move towards the PCC. This Committee will continue to meet until a PCC Regional Chair or designate Chair and Regional Chief Executive or designate Chief Executive are appointed.
- Public consultation on what the PCC should do for patients and how it should fulfil its function.
- There will have to be suspension of standing orders at some Council meetings, which will be replaced, by workshops at which members can discuss key issues.
- There will be at least one and possibly two joint Council meetings before July 2006. This will enable all four Councils to review and agree the legislation, which must be ready by the end of June 2006. It is essential that the PCC Working Group ensure that the legislation includes the PCC's mission and functions, outlines the

supporting rights in law, key HPSS relationships and membership appointment. The four Councils will seek legal support on the drafting and content of legislation.

- The Council meetings in March and April will be replaced with workshops with suspension of standing orders. It is proposed that the workshop in March will take place in the Ramada Hotel and will focus on making recommendations for the function and mission of the PCC. The workshop proposed for April 2006 will focus on making recommendations for the representation and structure of the PCC.
- The current plan would be to have Council meetings in May and June in the standard format. These will be used to feedback on the 2005/2006 work plan and outline the themes for 2006/2007. However, the Council meeting in May could be replaced with a Joint Council Meeting to agree draft legislation.

In response to questions from Mr Graham and Cllr Leslie Mr Dixon confirmed that the PCC's legislation will be a sub-section of a larger piece of legislation that covers the changes taking place in the whole of the HPSS. This will be primary legislation which will mean that the existing HSSCs' will cease to exist and the PCC will be the replacement organisation.

Cllr Leslie stressed that Council should discuss further how best to undertake public consultation as open meetings inviting members of the public are often poorly attended. The input from community and voluntary groups, who can speak on behalf of the communities they represent, are invaluable to public consultation.

Cllr Campbell said that the issue of remuneration for Council members must be a key issue in discussions about the new PCC. Mr Dixon confirmed that during numerous discussions with the DHSSPS, Councils have consistently stressed that the Chair and members of the PCC must be remunerated in the same way that a Chair or member of a Trust or agency is remunerated.

As the plan would be to suspend standing orders for a number of meetings, Mr O'Neill asked if an opportunity would be allowed at the beginning of workshops for members to raise any urgent issues of concern. Mr Dixon confirmed that the plan would be to suspend standing orders for the next two Council meetings. As this will mean that these meetings are not public meetings normal Council business could not be discussed. Mr Dixon said that any immediate issues of concern could be raised with him through the office directly during this period and that these issues will be fed back at the next Council Meeting. If a significant issue arises during this time an ad hoc meeting may need to be called to discuss this.

Mr Graham asked if the term 'Executive Committee' is the correct term for the HSSC group who co-ordinate Council business on a joint Council basis. He asked if the term 'Co-ordinating Group' would be better as he wondered to what extent Council members have delegated authority and power to this Committee.

The Chair said that the term 'Executive Committee' has been used for many years to describe the Committee of Chairs and Chief Officers. Mr Dixon said that the draft terms of reference for the Executive Committee were agreed on the 15 February 2006 and these will be circulated for members' information. He stressed that decisions taken by the Executive Committee will have significant input from local Council

members through future discussions at workshops. This is why it is important to change the remit of some of the future Council meetings.

Mr Graham suggested that the HSSC Executive give consideration to engaging a person to inject new thoughts on the development of the new PCC organisation. This person could research and advise on the patient representative models being used not only in the rest of the UK but in Europe, America and Australia.

Mr Dixon said that the membership of the Project Team at the DHSSPS will bring a variety of views on how the PCC should function, as representation includes the Chairs and Chief Officers of the Councils, a patient advocate and representatives from the Quality and Improvement Authority, a Trust, a Board and the DHSSPS.

Mr Dixon concluded with a brief outline of some of the work undertaken by Council in the 2005/2006 Workplan.

- Meeting with Permanent Secretary regarding patients waiting on trolleys and continued monitoring of this
- Bugwatch was the four Council infection control initiative carried out. Some of the suggestions made by Council have been incorporated in the Infection Control Strategy and there is interest and discussion about Council members being lay representatives on specific ongoing inspection panels
- Complaints Process has involved identifying key issues from what complainants have been highlighting to Council. Mr Raymond Newman, Senior Manager, EHSSC, accompanied Mr Dixon, Mr Compston and Mr Graham to a useful meeting with Mr Tom Frawley, Ombudsman Northern Ireland on the 13 February 2006. The four Councils aim to strongly influence the future HPSS complaints process. Council continues to offer varying levels of assistance to approximately 200-220 complainants each year.
- Chronic Disease Management has involved a number of meetings with General Practice and a number of meetings facilitated by Diabetes UK, will be held with groups of people with diabetes.
- Mental Health and Suicide Prevention. Council has held meetings in the communities most affected by this, meeting families that have been affected and community leaders. Councils' maintain a high interest in the work being done on the Mental Health Strategy and the work of the Task Force, and are committed to the argument that more sustained attention be given to the needs of people with mental health problems in Northern Ireland.
- A visit to the Cardiac Nurses at the Belfast City Hospital Trust is planned. This is follow up to a presentation in November 2005 by Dr Jackie McCall, Specialist Registrar, Public Health Medicine, EHSSB. Mr John Hamill, Chairman, NI Cardiac Patients Forum is also arranging for Council representatives to meet patients who are using this service.
- A meeting will also be arranged with the Community Response Team at the Mater Hospital Trust. This team based within North and West Belfast Trust respond when people are threatening or attempting suicide in this area.
- The Chief Officer hopes to attend an inaugural meeting of the NI Forum for Chinese Patients.

- A Joint Council Seminar on the recommendations from the Shipman Reports will be held on 13 April 2006. Dr Ian Carson, Deputy Chief Medical Officer will provide feedback to the HSSCs' as patient representatives.

There will be a lot of work for Council members over the coming months and Mr Dixon reiterated that members can seek support through the Council office. Mr Sean Brown, Senior Manager, will be circulating a one page weekly communication sheet to update members on key issues and meetings which have taken place or are planned for the future.

07/06 REPORT FROM CHIEF OFFICER

A Chief Officer's Activity Report from 15th December 2005 to 7 February 2006 had been circulated with Members papers and Mr Dixon asked if there were any questions or comments on this.

Cllr Mullaghan, who is involved with the Mental Health Task Force Reference Group, recommended that Council include self harm issues as an area to focus on as part of the mental health work being undertaken by Council. Mr Dixon confirmed that the issues examined under mental health include suicide and self harm but said that he welcomed members highlighting any specific issues to him at Council meetings or directly through the office.

08/06 CORRESPONDENCE PAPER EC 02/06

Paper EC02/06 was taken as read and no additional items were highlighted. The Chair reminded members that if they are interested in seeing any papers listed on the correspondence paper they can request these through the Council office.

09/06 PAPERS SUBMITTED FOR INFORMATION

A number of papers had been circulated prior to the meeting for information and the Chair asked if members had any comments on the following:

- Briefing on meeting with Emergency Pressures Co-ordination Centre
- Briefing on Trust Standing Orders Speaking Rights.
- Trolley Wait Overview EHSSB area January 2006.

The Chair said it was alarming to see how the number of patients waiting on trolleys for admission had increased in January. Cllr Leslie said that the figures for the UCHT were consistently the worse figures and he asked if Council knows why this trend is continuing there. The Chair said that this is continually raised and unfortunately the Trust does not seem to be able to address this and said she hoped that some of the good practice implemented at the Mater Hospital Trust can be transferred to other Trusts soon.

Mr Graham pointed out that the January 2006 figures are the third highest in the five years that these figures have been monitored. He said that Council continually

raises this matter but the practice continues without any improvement despite the additional resources that have been injected into services.

Mr Dixon said that he would speak to Dr Janet Little, Consultant in Public Health Medicine and Nursing, EHSSB. Dr Little Chairs the Pressures Group in the EHSSB and he will ask her for an explanation on why these figures have dramatically increased in January 2006. Mr Dixon will feed back her response in the weekly Communication which is being introduced.

Mr Dixon had met with some of the management of the UCHT yesterday with a view to organising a Council visit to the one-stop assessment clinic for older people. This is one of the initiatives designed to reduce admissions through Accident and Emergency by easing pressure and reducing trolley waits through improved provision of community services. It is anticipated that the reduction of trolley waits can be achieved with the development of community services.

Mr Dixon reported that the UCHT, BCH and RGHT are all going to close one ward for mainly care of the elderly patients by the end of March. The effects of this will need to be monitored. This will primarily be done through the EHSSB and through their feedback on their management of this transitional process.

Mr O'Neill raised concerns about the authenticity of the trolley wait figures. It is his understanding that only people who have had a decision to admit are recorded as a trolley wait, but people who are in overnight for observation or awaiting results are not recorded. The Chair confirmed that an issue about the time of recording figures and the inclusion of other trolley wait figures has been raised on many occasions. Council would still have concerns about the time patients are waiting to see a doctor prior to the decision to admit being made as this interval is not included in the overall patient waiting time.

The Chair said that this will need to be investigated further. Mr Dixon said that he will speak to Dr Little about these matters. He reiterated that Mr Clive Gowdy, Permanent Secretary, DHSSPS, has said that improved community services should reduce the number of patients attending Accident and Emergency. Council will need to know how new community initiatives, due to be put in place April 2006, impact on trolley waits. Council will also encourage the EHSSB to monitor any new community initiatives in this way, in order to identify if these are making any difference to the trolley wait situation.

- d) Primary Dental Care Strategy consultation document summary
The Chair confirmed that consultation closes at the end of March and asked members to submit any comments they have to the office.
- e) Complaints Report 2004-2005
- f) EHSSB Annual Work Programme Update
- g) Copy letter regarding circulation of EHSSB Board papers
EHSSB Board papers are now being made available on-line.

10/06 INPUT FROM COUNCIL MEMBERS

For the benefit of new members Miss McMillan explained that members who attend meetings on behalf of Council should complete a Report form, provide a brief summary of this at the Council meeting and submit their Report form to the office. This can be used for reference and to identify any issues that Council need to take forward.

(a) Belfast City Hospital Trust Board Meeting

Mr Marshall attended this meeting on the 27 January 2006. The issues discussed included:

- Disability Procedure for doctors and dentists was approved and this document is available on the Trusts website.
- Response to complaints report. The BCH had quite a few follow up enquiries as a result of the recent review of the breast radiology services. Several meetings have been arranged between clinical staff and patients in order to resolve their concerns.
- Parking. The planning application for the multi-storey carpark has been approved and construction will take 12 months to complete. This will be a phased operation with the first 340 spaces available in July, 340 spaces in September and the remaining spaces available in December 2006.
- Accident and Emergency information leaflet – This is being translated into seven languages.

Mr Marshall had noticed from the Board minutes that a number of buildings, including the Cardiac Rehabilitation Unit, will be demolished for a new medical school that is being built by Queens University. Mr Marshall had enquired as to where the Cardiac Rehabilitation Unit will be relocated and after a telephone call he was advised that this will be situated in the Wakehurst building.

(b) Ulster Community and Hospitals Trust Board Meeting

Mr Hutchinson had attended this meeting 26 January 2006

(c) South and East Belfast Trust Fund Meeting

Mr Hutchinson attended this meeting in January. This group is currently developing a written history of Purdysburn. Mr Hutchinson confirmed that funding remaining in the Shadow Trust will be used to open a coffee shop on the Lisburn Road.

(d) Meeting with Northern Ireland Ombudsman

Mr Graham and Mr Compston had attended this meeting with the Chief Officer and Mr Raymond Newman on the 13 February 2006. Figures were presented and discussed and Mr Graham said that he was surprised that RGHT figures were not included. As a Council advocating for patients in the complaints process all Trusts should be providing figures on complaints.

Mr Dixon confirmed that the RGHT is the only Trust in the EHSSB area that does not provide Council with speaking rights at their Trust Board meeting and which does not have a Complaints Monitoring Group. Information about the number of complaints received by the RGHT are available to the public but Mr Dixon explained that the figures discussed with Mr Tom Frawley, Ombudsman, were obtained solely from the Complaints Monitoring Groups.

Council have encouraged the Complaints Manager at the RGHT to set up a Complaints Monitoring Group and have offered assistance and Council's representation on this.

Mr Graham said that these are issues to be addressed as Councils move towards the new Patient Client Council, as the new organisation must have the right to attend certain meetings and to obtain specific information if it is to fulfil its role.

11/06 ANY OTHER BUSINESS

(a) Press coverage

Members discussed a number of issues regarding recent press coverage. Mr Hutchinson said that he had some concerns about recent publicity which the UCHT have received relating to staff in their Family and Childcare Social Work Team. This matter needs to be dealt with quickly for the sake of everyone involved in this.

(a) The role of carers

Cllr Leslie referred to the extensive coverage given to carers on television recently which highlighted the difficult roles carers have on a daily basis. He said it is important to keep this high on the agenda as carers save the government millions each year. Increasing pressure is being put on carers and this is compounded by the complicated social security benefit system and the current drive to reduce the number of benefits being provided.

Miss McMillan agreed that the pressure on carers is increasing. She said that whilst it is desirable to keep people in their own home, the drive towards managing illnesses in the community and reducing the need for admission to hospital will be an increased burden on carers and families.

(c) Carparking

In response to an issue about carparking raised by Cllr Drysdale, Mr Dixon confirmed that he had previously written to all the Trusts in the EHSSB area requesting details on their carparking charges. Mr Dixon said that all Trusts have a carparking policy and assured Council that local arrangements are in place for special circumstances such as patients having long term cancer care, long-term visiting, disabled parking and parking for the elderly.

(d) Council Press Release

Mr Compston suggested that in view of Council suspending standing orders for the next two months Council should make a Press Release advising the public that standing orders are being suspended but highlighting some of the issues which Members have raised and which Council will address. Members agreed that the Chief Officer should prepare a Press Release.

(e) Update on tackling prescription fraud

Mrs McGrotty referred to the minutes of the EHSSB Board meeting held on the 11 August 2005 which said that the Central Services Agency, Counter fraud Unit were slowly reducing the cost of prescription fraud. Last year the loss to the EHSSB was

about £3.75 million and Mrs McGrotty asked if Council could get an update on the measures being taken to reduce this and the effectiveness of these measures.

12/06 INPUT FROM MEMBERS OF THE PUBLIC

(a) Press Releases

Mr Martin Mawhinney, Spectator Newspapers, advised Council that if they are issuing Press Releases these need to be up to date. He said that if Council was to send drafts out to members for approval the delay this would cause will make the news old and reduce the chance of it being given priority.

Miss McMillan thanked Mr Mawhinney and confirmed it has previously been agreed that issues which need to be acted upon urgently can be undertaken by the Chair and Chief Officer on behalf of Members.

13/06 DATE, TIME AND VENUE OF NEXT MEETING

Standing orders at the next two Council meetings are to be suspended and replaced with workshops. The first workshop will be held on Thursday 23 March 2006 at 1.00pm in the Ramada Hotel. The next Council Meeting will be held on Thursday 18 May 2006 and the venue will be confirmed.

Signed

Chair

Date

Signed

Chief Officer

Date