

**MINUTES OF THE EASTERN HEALTH AND SOCIAL SERVICES COUNCIL  
MEETING HELD ON 21 AUGUST 2003 AT 5.30PM IN  
GROSVENOR HOUSE TRAINING & CONFERENCE CENTRE,  
GLENGALL STREET, BELFAST**

**PRESENT:** Cllr Mrs Elizabeth Campbell                      Mr Brian Coulter  
                  Cllr Dermot Curran                                      Dr Michael Harriott  
                  Ald Michael Henderson                                    Mr Brian Henning  
                  Cllr Joseph Lockhart                                        Miss Patricia McMillan  
                  Mr George Monds    Cllr Ms Marie Moore  
                  Mrs Mary Muldoon    Mrs Myrtle Neill  
                  Miss Muriel Patterson

Mr Coulter was in the Chair.

**IN ATTENDANCE:**

Mrs Jane Graham, Chief Officer  
Mrs Brenda Devine, Senior Manager  
Mrs Helen Mallen, Office Manager  
Mr Jim McCall, Chief Executive, Dr Jim McFarland, Medical Director,  
Mr Willy Barron, Directorate Manager, Ulster Hospital – for minute 64/03  
Dr Anne Wilson, Eastern Health and Social Services Board – for minute 64/03

**63/03 APOLOGIES** were received from the following members:

Mrs Eileen Askham, Cllr Alan Crowe, Cllr Gordon Dunne, Mr Cecil Graham, Mrs Elizabeth Hamilton, Mr Brendan Henry, Mr James Hutchinson, Mrs Sylvia McGarry. Apologies were also received from Dr Paula Kilbane, EHSSB.

**64/03 ULSTER HOSPITAL, EMERGENCY ADMISSIONS PROJECT**

Mr Coulter welcomed Mr Jim McCall, Dr Jim McFarland, Mr Willy Barron from the Ulster Hospital and Dr Anne Wilson from the Eastern Health and Social Services Board, who were attending to provide information on the findings and changes made as a result of the Emergency Admissions project carried out at the Ulster Hospital.

Mr McCall thanked the Council for the opportunity to provide feedback on Improving the Flow of Emergency Admissions (IFEA) Project and welcomed comments on both the project and any other concerns the Council may have relating to the Ulster Community and Hospitals Trust.

Dr Wilson outlined the background of the project which was undertaken to identify where problems occur in the patient's journey throughout their admission, from arrival in Accident and Emergency to discharge. She explained that there are a number of reasons why there is an increasing number of patients waiting for admission on trolleys in Accident and Emergency, for example:

- There is an increasing number of patients being admitted to hospital
- There is now an older population who have complex medical problems requiring a longer length of stay in hospital
- There are problems within the admission and discharge processes, which often leave both patients and staff frustrated and stressed.

In 1999/2000 the Eastern Health and Social Services Board allocated an extra £11.8 million into hospital services, providing 130 extra beds and 400 extra staff. A further

£8.3 million was allocated to supplying an additional 783 community care packages. The Emergency Admissions Co-ordination Centre was also set up to monitor the trolley wait situation and bed availability in the Eastern and Northern Health and Social Services Board areas. The centre can divert ambulances to a hospital under less pressure, and unfortunately, with the number of admissions rising the number of patients diverted is also rising. With no significant improvement in waiting times seen as a result of the extra funding, the Eastern Health and Social Services Board welcomed the opportunity to work with representatives from the Department of Health, Social Services and Public Safety, the Ulster Community Hospitals Trust and the Eastern Health and Social Services Council, to undertake a study of the emergency admission process in the Ulster Hospital.

A project team was set up in the Ulster Hospital to oversee the study of emergency admissions, with a view to identifying where the problems occur in the admission and discharge processes and to agree what changes should be made to improve this. The project involved 3 stages.

### Stage 1

This stage of the project involved gathering information on the patient's hospital stay. Members of the project team followed a sample of patients right through their journey, from the time the decision to admit was made in Accident and Emergency through to discharge. Interviews with staff and patients were also carried out.

Dr Wilson explained that on the day selected for the survey, 599 patients were in the Ulster Community and Hospitals Trust system. Of these patients, 528 were in hospital beds waiting on the following:

- confirmation of a diagnosis
- investigations being carried out or waiting for results of investigations
- surgery
- assessment for a care package or waiting on availability of a nursing home place
- discharge, often delayed by waiting for medication, a letter for the GP or transport.

On the day of the survey, 69 new patients were admitted to the Ulster Hospital. Of these patients, 26 agreed to participate in an interview following discharge, however, only 6 patients attended for interview. At interview all 6 patients referred to a previous attendance at the hospital when they had waited a long time to be seen in Accident and Emergency, but all 6 reported that their latest visit to the hospital had been a positive experience.

The project team reviewed the information gathered and results were fed back to staff.

### Stage 2

With the input of staff, the project team agreed a system for the patient journey through the admission and discharge processes, and identified key members of staff who would help introduce the changes agreed.

### Stage 3

This stage of the project involved the setting up of working groups to oversee the introduction and monitoring of the changes agreed. Some internal monitoring processes have already been put in place and others are planned.

Mr Barron explained that the staff of the Ulster Community and Hospitals Trust have embraced the project and are enthusiastic to improve working practices which will

result in improved patient care and better working conditions for staff. He went on to outline the following changes which have already been made as a result of the project.

- From the 1 August 2003, patients admitted to the Ulster Hospital are given a date of discharge within 24 hours of admission or when their diagnosis is made. It is accepted that the discharge date can be changed for medical reasons, however, information will be collected to measure how often discharges are delayed for non-medical reasons, for example, waiting on medication, GP letters, transport or transfer to a suitable place in the community.
- Notice boards will be placed on each ward to record the names of patients on the ward. When a patient is given a discharge date their name will be highlighted and the board will be used to show staff how the patient's discharge plan is progressing, with arrangements being ticked off as they are completed, for example, relative informed, medication ordered, GP letter written. It is expected that these boards will be in place within the next 3-4 weeks.
- The project Steering Group are meeting with a sub-group in Accident and Emergency at the end of September. Staff in Accident and Emergency are encouraged to see that work is being done to improve the discharge process as this will free up beds for patients requiring admission.
- Work will also be done with the bed managers to ensure improved patient flow of those patients requiring discharge or transfer to another facility.
- A group of theatre staff are looking at the use of theatre slots, with a view to ensuring that theatre time is used effectively. In order to identify problem areas, intervals will be monitored from the time a patient arrives in theatre to the time they leave theatre.

Mr Barron stressed to Council members that some changes have been made but other changes are planned and the emphasis is on improving patient care through better admission and discharge processes.

Mr Coulter thanked Dr Wilson and Mr Barron for their presentation. He explained to the representatives of the project team that the trolley wait timings are constantly kept under review by Council, and Council will welcome information in the future on how effective the changes made have been.

A number of Council members expressed their thanks to the project team for the detailed presentation and congratulated the Ulster Community and Hospitals Trust for their work on this project.

As the patient journey often contains unforeseen complications, Cllr Campbell and Mr Monds asked if built in mechanisms have been put in place to allow for these. Cllr Campbell also highlighted that the lack of nursing home beds in North Down must continuously cause problems in the discharge process and asked if the Trust has any plans to review this situation.

Dr Wilson acknowledged that trying to provide a planned discharge can be difficult, but giving the patient a discharge date makes staff aware of what they need to do to get patients through the system quicker, without compromising the quality of care. The discharge date can be reviewed on a daily basis and changed dependent on completion of treatment, investigations or appropriate placement. The monitoring of why planned discharge dates have to change will identify where the Eastern Health and Social Services Board need to target funding.

Cllr Moore welcomed the holistic view taken to patient care throughout the project. She highlighted how having to wait on medication from pharmacy can result in much needed beds being occupied by patients medically fit to leave. Mr Barron said that work is being carried out with medical staff and pharmacy to agree that if a doctor has said that a patient can go home the next day, the doctor must write the letter for pharmacy the day before discharge.

Cllr Henderson enquired as to who is responsible for introducing and monitoring the recommendations made from the project. Mr Barron explained that he will meet with four project sub-groups once a week to discuss progress and agree action. A monitoring form will be placed in the chart of every patient admitted to record information on the discharge process once a discharge date has been given to the patient.

Dr Harriott asked if basic management training skills are planned for staff as problems in the admission and discharge processes often arise from poor process management and poor communication. Dr Wilson said that the agreed changes will be clearly explained to all staff as their understanding of the benefits for patients and staff will be essential in having the changes made. It will also be important to make staff feel that they have ownership of the project and that it is not management led.

In response to a question from Mrs Muldoon, Dr Wilson confirmed that porters had been included in the staff interviews and as part of the process review because all staff play an important role in patient care. Mrs Muldoon enquired about nurses authority to discharge patients. Dr McFarland said that it is a doctor's responsibility to make the discharge decision. However, if a doctor states that the patient can go home the next day the nurse in charge can contact the doctor by telephone the next day, to confirm that the patient can go home rather than waiting on ward rounds.

In response to a question by Mrs Neill regarding how the hospital and community systems will cope with the increasing number of elderly patients, Dr McFarland said that there are concerns that the year-on-year rise of demand for medical beds does not appear to be easing, but better admission and discharge procedures and improved planning will help the situation.

Mr McCall explained that there a number of initiatives within the hospital and community settings aimed at improving the flow of the patient journey, ensuring that the right people are involved in patient care at the right time. He stressed that improved management of the patient journey throughout the hospital stay will require better working partnerships with the community in order to maintain the patient's dignity and right to choice.

Mr Coulter asked if the Ulster and Community Hospitals Trust will have any external review of the changes made as a result of this project. Dr Wilson confirmed that external review of the progress has not been agreed yet but said that this will have to be considered in order to satisfy the Department of Health, Social Services and Public Safety.

On behalf of Council, Mr Coulter thanked everyone involved in the project. He emphasised the importance of achieving a balance between the efficiency of systems and ensuring a high quality of patient care. Whilst recognising the commitment to the

changes implemented, Mr Coulter stressed that it will be important to have adequate monitoring and review to show the effect of the changes made on a long term basis.

Mr McCall said that the Ulster Community and Hospitals Trust appreciates Council's support and welcomed the opportunity to address members directly. Mr McCall explained that there are changes planned for some buildings on the Ulster Hospital site and stressed that the Trust will strive to provide patient centred services.

#### **65/03 ADDRESS TO CHAIRMAN**

On behalf of the Council, Mr Monds took this opportunity to offer sincere sympathy to Mr Coulter on his recent bereavement.

#### **66/03 CHAIRMANS BUSINESS**

Mr Coulter reported on the following:-

a) Interviews for Council Members

There are currently 4 vacancies in the Eastern Health and Social Services Council, 1 of which is a District Councillor vacancy. Interviews were held over 2 days in August and it is hoped that 3 new members will be appointed by the end of September.

b) Special thanks

Mr Coulter welcomed back Cllr Campbell who has just completed a busy term as Lord Mayor of Lisburn. During this time Cllr Campbell did not relinquish her position and interest in the Eastern Health and Social Services Council.

(c) New Premises

Mr Coulter confirmed that the Eastern Health and Social Services Council has now moved to larger premises in Wellington Place. On behalf of Council members, Mr Coulter thanked the Chief Officer and her staff for the work involved in completing this move and advised members that they can call to see the new premises at any time.

#### **67/03 MINUTES OF THE PREVIOUS COUNCIL MEETING**

Mrs Graham asked for the following change to be noted:

- Page 9 (c) should read 'Eastern Health and Social Services Board Pharmacy Practices Committee'

Miss McMillan asked for the following change to be noted:

- Page 10 (c) should read 'Trauma Advisory Panel'

Members agreed the minutes subject to the above changes.

#### **68/03 MATTERS ARISING FROM MINUTES**

(a) Minute 54/03 (b) Maternity and gynaecology services

Cllr Curran asked that his disappointment at the closure of inpatient maternity services at Downpatrick Hospital be put on record.

The Chief Officer reported that a decision on the new Belfast Maternity Hospital has now been made. The new maternity hospital will be on the Royal Victoria Hospital site. It has also been confirmed that gynaecology cancer services will remain at the Belfast City Hospital.

(b) Minute 54/03 (d) General Practitioner contracts

A ballot on the revised General Practitioner contract was held at the end of June and there was an overwhelming 'Yes' vote for the new contract. The Chief Officer explained that the implementation of the new contract could have major implications for patients. A Regional Group at the Department of Health, Social Services and Public Safety will be responsible for implementing the contract.

(c) Minute 54/03 (f) Muckamore Abbey Hospital

The Chief Officer explained that recent North and West Belfast Trust Board papers had detailed the activity for Muckamore Abbey Hospital to March 2003. This again raised the issue of patients sleeping out when beds are not available on the treatment ward. Mrs Graham has written to North and West Belfast Trust to find out what measures are being put in place to have this ongoing problem sorted out. There are currently 5 to 6 patients sleeping out, but normally there are about 11 patients, and this figure rose to 15 patients in May and June. The Eastern Health and Social Services Board has said that this problem has been sorted out, but it clearly remains a problem that there are more patients requiring treatment than there are beds.

Dr Harriott asked if information is available on the medical condition of the patients' who are sleeping out. These are patients who obviously require admission for treatment and it is important to know if they are properly assessed by medical staff to ascertain if they are suitable for sleeping out arrangements. Mrs Graham said that she will make enquiries about this and report back at the next meeting.

(d) Minute 58/03 (a) Patients waiting on trolleys

The figures for patients waiting on trolleys in July 2003 had been circulated to members. The figures clearly show that this continues to be a problem.

Mrs Graham reported the figures for community care waiting lists as follows:

<b>Trust</b>	<b>Number of people in hospital</b>	<b>Number of people in the community</b>
Down Lisburn Trust	17	31
North & West Belfast Trust	40	79
South & East Belfast Trust	42	50
Ulster North Down & Ards Trust	16	17

Mrs Graham confirmed that there continues to be delays caused by lack of funding in the Down Lisburn Trust and North and West Belfast Trust areas. Mrs Graham has raised the issue of funding at a recent Pressures Group meeting.

(e) Minute 59/03 (c) Pharmacy Practices Committee

The Chief Officer confirmed that Miss Patricia McMillan has agreed to replace Mrs Sandra Adams as the Council's representative on the Eastern Health and Social Services Board Pharmacy Practices Committee. This was agreed by members. A meeting with the Director of Pharmacy will be arranged.

(f) Minute 61/03 (a) Ambulance cover Lisburn

At the previous Council Meeting Cllr Lockhart had raised a question about ambulance cover in Lisburn. The Chief Officer had contacted Dr Anne Wilson, Eastern Health and Social Services Board, and she had confirmed that between the hours of 10pm

and 8am from Sunday to Thursday there is only 1 emergency ambulance covering the Lisburn area. However, if another emergency call comes through while the emergency ambulance is out, an ambulance is dispatched from Broadway. Dr Wilson is not aware of any problems with the ambulance service in Lisburn not meeting targets.

Cllr Lockhart had previously made some comparison with ambulance cover in the Downpatrick area. The reason why ambulance cover had been increased in Downpatrick was that there were continuous problems in meeting ambulance service targets in that area. A further ambulance has been allocated to the Downpatrick area in light of the closure of Downpatrick Maternity Hospital.

As there have been a number of changes in the Ambulance Service the Chief Officer suggested inviting a representative from the Ambulance Service to attend a Council Meeting to provide information on the changes. Members agreed.

(g) Minute 55/03 Dental Services

Mr Will Maxwell, Director of Dental Services, Eastern Health and Social Services Board, had attended the previous Council meeting to provide information on dental services in Northern Ireland. Dr Harriott asked if Council had any further figures on the number of NHS dental practices opting to private dentistry.

Mr Coulter said that accurate figures are not available at this time but agreed that this is a serious issue which needs to be kept under review. The transfer to private dentistry is causing problems in England and Wales and rural parts of Scotland and there are trends starting in Northern Ireland.

Council members agreed that the Chief Dental Officer for Northern Ireland should be invited to a future meeting in order that Council may address their concerns.

## **69/03 REPORT FROM CHIEF OFFICER**

(a) Trust Annual General Meetings 2003

The Chief Officer circulated a list of the dates for Annual General Meetings which will be held in the Trusts throughout the Eastern Health and Social Services Board area in September 2003. She asked members to let her know which meetings they could attend to ensure that the Council is represented at all the meetings.

The following members confirmed their attendance at:

- South and East Belfast Trust on 24 September 2003 – Mr George Monds
- Belfast City Hospital Trust on 24 September 2003 – Dr Michael Harriott
- Ulster Community and Hospitals Trust on 25 September 2003 – Mrs Myrtle Neill
- Mater Hospital Trust on 29 September 2003 – Mr Brian Henning
- Down Lisburn Trust on 23 September 2003 – Cllr Mrs Elizabeth Campbell

Representation at the following meetings has still to be confirmed:-

- Green Park Healthcare Trust on 29 September 2003
- NI Ambulance Service on 25 September 2003
- Royal Group of Hospitals Trust on 4 September 2003
- North and West Belfast Trust on 24 September 2003

(b) Eastern Health and Social Services Board Meeting on 14 August 2003

- **Developing Better Services**

The Minister for Health has asked the Eastern Health and Social Services Board to review and report on progress being made with the recommendations laid out in the Developing Better Services Report. The Eastern Health and Social Services Board have to provide a progress report by the end of August and a complete report by the end of December.

- **Smoking rooms**

The Department of Health, Social Services and Public Safety confirmed that 2-4 smoking rooms will be opened for patients only, in the Royal Group of Hospitals Trust. The Eastern Health and Social Services Board also confirmed that they are actively considering whether it would be possible to fund nicotine replacement therapy for inpatients in the acute sector.

- **Annual accounts**

The Eastern Health and Social Services Board confirmed that £1.9 million has been paid out on claims for clinical negligence. A further £4.6 million has been paid out on fraudulent claims for prescription charges.

- **Additional funding**

Funding problems would have had an impact on waiting list targets this year, but this will be rectified with the recent announcement from the Minister for Health, that a further £38 million will be allocated to Health and Personal Social Services in Northern Ireland. The proposed allocation will be as follows:

<b>Service</b>	<b>Total allocation</b>	<b>Allocation to Eastern Health and Social Services Board</b>
Hospital waiting lists	£8.5 million	£3.2 million
Winter pressures	£3 million	£821,000
Community services	£1.7 million	£328,000
Primary Care	£1.5 million	£616,000
Disabled access	£1.3 million	£534,000
Capital works	£3.1 million	
Emergency preparedness	£9.1 million	
Miscellaneous, including improving risk management	£1.9 million	£300,000

- **Downpatrick Maternity Services**

The Eastern Health and Social Services Board confirmed that mothers will still be offered antenatal care, a day assessment unit and post natal care in Downpatrick. All mothers will go elsewhere for the birth of their baby. There is a 24 hour midwifery service available if mothers have any concerns about their pregnancy, and transport with a local taxi service has been arranged for families without transport having to travel for admission, visiting and for discharge home.

It was expected that the majority of mothers would go to the Royal Victoria Hospital but 45% of women who had booked into Downpatrick Maternity Hospital, have opted to go to Lagan Valley Hospital for their delivery. A further 17 women have requested a home birth between December 2003 and January 2004, however, the mother's risk will be monitored closely in these cases.

(c) Feedback from Mr Hugh Connor, Director of Social Services, Eastern Health and Social Services Board

Mr Connor had attended the Council Meeting in May 2003 and the Chief Officer reported on an update Mr Connor had recently provided.

- Follow up of prisoners

There is a gap in the law in follow up of prisoners who have been convicted of serious physical assaults against children. Mr Connor has written to the Department of Health, Social Services and Public Safety seeking further guidance on this issue.

- Deregistration of residential homes

It has been confirmed that 8 voluntary schemes within the Eastern Health and Social Services Board area have deregistered to become part of the housing support scheme. These include 4 mental health facilities, 3 learning disability facilities and 1 physical disability facility.

In these schemes there is a housing support provider which will be accredited and monitored by the Northern Ireland Housing Executive. If domiciliary care is being provided, this will be monitored by Trusts. The Registration and Inspection Unit will offer to do inspections but this will be on a voluntary basis.

The new Health and Social Services Regulation and Improvement Authority will register and inspect domiciliary providers and the Northern Ireland Housing Executive are considering asking this body to register and inspect the housing support schemes.

- Single point of contact for Child Protection work

Concerns about the difficulty faced by the public in obtaining contact numbers for child protection issues had been raised by Council and a single point of contact for the public had been suggested. Mr Connor had discussed this with the four Trusts but this was not felt to be feasible. The Trusts' have agreed to work harder to develop common guidelines.

The Chief Officer confirmed that she has written to the Department of Health, Social Services and Public Safety about this issue and they have agreed to put it on their agenda for discussion.

(d) Annual Work Programme

The Chief Officer circulated a 3 month update for April to July 2003, outlining how the council is progressing towards meeting it's objectives as laid out in the Annual Work Programme for 2003/2004. A report will be provided to members on a quarterly basis.

Mr Coulter asked members to review the update and to raise any issues they may have directly with the Chief Officer or at the next Council Meeting.

(e) Red and White – No Sound No Sight

The recent experience of a patient in Wales who has difficulty with both sight and hearing was shared with a Community Health Council. They in turn have contacted this Council. The Chief Officer has agreed to raise awareness of the fact that people who use a red and white cane have difficulty with both sight and hearing.

## **70/03 FREEDOM OF INFORMATION PUBLICATION SCHEME**

The Chief Officer explained that Under Section 19 of the Freedom of Information Act 2000 every public authority must have a Publication Scheme. This Scheme will provide a reference for the public about information routinely published by the organisation.

Representatives from the Boards, Trusts, Special Agencies and Councils have worked together to develop three model publication schemes for Northern Ireland, one for the four Health Boards, one for Trusts, Agencies and Councils and one for the Ambulance Service. The three schemes developed, are similar to those used in the rest of the United Kingdom. The Freedom of Information Commissioner has now approved the three model schemes for use in Northern Ireland.

Council Members' approval was sought for submission of a declaration to the Freedom of Information Commissioner by the 31 August 2003, notifying him that the Council will use the Northern Ireland Model Publication Scheme for Trusts, Agencies and Councils. This was agreed by members.

The next stage in developing the Council's Publication Scheme will be to populate the 14 classes of information listed in the scheme. This involves listing all documents published by the Eastern Health and Social Services Council, under the relevant class heading. The Councils Freedom of Information Publication Scheme will be available to the public from 1 November 2003 both as a paper copy and on the website.

## **71/03 Quorum for Meeting**

As some members had to leave the meeting the Chairman sought approval to continue with the meeting if it became inquorate. Members agreed.

## **72/03 CORRESPONDENCE PAPER EC/16/03**

The following additional correspondence has been received:-

- A Press Release from the Northern Ireland Practice and Education Council for Nursing and Midwifery. Their public meeting will be held on the 10 September 2003.
- Correspondence from the Eastern Health and Social Services Board as follows:
  - Two letters requesting Council representation on the following groups:-  
The Eastern Area Prescribing Forum. Mr Monds agreed to represent the Council on this group.

The Eastern Health and Social Services Board SARS Planning Group. This group has been set up as the Department of Health, Social Services and Public Safety, Eastern Health and Social Services Board and Trusts must be prepared for a SARS outbreak. Dr Harriott agreed to represent Council on this group.

- Notification on the change of take-in procedures

Take-in procedures at the Belfast City Hospital Trust and Royal Group of Hospitals Trust are changing. Currently take-in alternates on a daily basis between the two Trusts but from Monday 6 October 2003 there will be a continuous admission system for emergency medical patients. In order to increase bed availability for the transition to the new system the Trusts will try to reduce the number of people waiting for discharge, non-clinical transfers and elective surgery from 1 October 2003 for a 10 day period.

- **Human Organ Enquiry Line**  
The Human Organ Enquiry Line have circulated a report on the number of enquiries they have had in the last 3 month period.

The Council have received a number of enquiries from the public as a result of the Post Mortem leaflet distributed to every household. This leaflet was produced as a result of the Human Organ Enquiry. Council members agreed that although this is a sensitive issue the leaflet is important in raising public awareness.

### **73/03 ANY OTHER BUSINESS**

- (a) Balanced Scorecard for Residential, Nursing Home and Domiciliary Services Project  
Dr Harriott highlighted to members that a summary of the Work of the Multi-Agency Steering Group for the period August 2002 to May 2003 is now available. The summary is available through the Council office.

### **74/03 DATE, TIME AND VENUE OF NEXT MEETING**

The next Council meeting will be held on Thursday 18 September 2003 at 1.30pm in Farset International, 466 Springfield Road, Belfast.