

## Bill McConnell

**From:** Bill McConnell [bmcconnell@hsc.gov.au]  
**Sent:** 21 October 2004 11:27  
**To:** Kelly Margaret; Lindsay Steven  
**Subject:** FW: Notes of meeting

**Importance:** High  
**Sensitivity:** Confidential

Steven, Anne, Margaret

I have been going over recent conversations and events re S/L in the last couple of weeks and Anne's note re yesterday's meeting you and she had with Hugh. It seems to me that there are a few things which need to be tied down more clearly with DHSSPS and with Hugh.

1. Some timescales for the work which Hugh seems to have agreed yesterday and also who is to be responsible for each of the components. I think the responsibility for these need to lie with the Trust and DHSSPS between them altho' obviously there may be areas where we need to contribute, facilitate etc. but I think we need to be very careful not to allow either the Trust or DHSSPS to shift their responsibility or accountability which I am concerned they might try to do. A key issue here is for the Trust and Hugh in particular to resolve the issue of what the responsibilities of Eugene Fee and Dr. Diana Cody are, respectively, as any lack of clarity or confusion re this will have harmful and delaying effects. This may not be easy for Hugh but cannot be ducked.
  2. The DHSSPS also need to deliver on the change in attitude about the pace at which things need to happen and a change in approach to "sustaining things as they are". I found Dean Sullivan's approach in the teleconference which we had with Andrew, Ian and Dean to be unhelpful. The Minister needs to be briefed on the reality of things in S/L and she and the P.Sec. Clive Gowdy need to appreciate the urgency and the potential implications of inactivity and resultant service breakdown for all concerned including them.
  3. I know what we are doing is difficult but it is very important that we do keep pushing to get things moving and stress to all involved the urgency which we see and which is much greater than other parties seem to see.
  4. I think that we need to get some urgent feedback from Andrew about next Tuesday's meeting and any clear outcomes from it as, if they are not sufficient in our view, then we need to look at conversations which Karen, you, Margaret and I need to have with counterparts at DHSSPS level.
- Bill

-----Original Message-----

**From:** Dr Anne Kilgallen [mailto:akilgallen@hsc.gov.au]  
**Sent:** 20 October 2004 17:45  
**To:** Ming Carmel  
**Cc:** Kelly Margaret; McConnell Bill  
**Subject:** Notes of meeting  
**Importance:** High  
**Sensitivity:** Confidential

Steven

While it is fresh I just want to summarise what I learned from today.

1. Acceptance of need for change  
Hugh is very much in agreement with us that 'no change in services' (the Minister's current position) is no longer appropriate. He supports our reasons for putting forward the 'Critical Issues' paper informally to the Department i.e. as a lever for change. However, he uses the 'diggers on the site' as a yardstick for introduction of change i.e. 3 years from now. We believe change needs to happen much faster. Also, he uses the phrase 'sustaining services' in a way which he acknowledges isn't easy to communicate to the wider audience.

2. Managed Change process

Planning for the future of Critical Care services will be dealt with through

the Ventilatory Services follow-up workshop, which Hugh will lead. Board, Altnagelvin and DHSSPSNI will be invited (as before).

The onus is on us to ensure that the implications of these changes for other services, particularly surgical, are addressed in the workshop and a vehicle for managing the change in these services is also identified.

3. Risk Assessment (lead Hugh?)

The Risk Assessment work is also a vehicle for establishing the managed change process. The work of Sept. 24th (and subsequent) must be fed into this as will the Ventilatory Workshop outcomes/process and the A+E workshops (below). The risk assessment work, on this basis, will address anaesthetic, surgery and A+E risk.

4. The A+E service redesign process must continue under DBS (so is Margaret the lead person?). This should build on the work of October 4th workshop. Garret Martin and Sam McBride will be crucial players.

5. Communication strategy - we just acknowledged the need.

6. Drivers for Change paper: Hugh didn't voice any disagreement with the content although felt the paper implied that there is a crisis in SLT. We discussed the anaesthetic staffing issue and the reality that, in the absence of a locum being recruited, then we would have had no cover and therefore a crisis. He agreed to take the paper away and feedback to us if he disagreed with our perception/understanding of the key issues outlined.

What are your views?

Anne