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THESE MINUTES ARE EMBARGOED UNTIL
FRIDAY 6 JUNE 2008 AT 9.00PM

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WESTERN HEALTH AND SOCIAL SERVICES COUNCIL

Minutes of One Hundred and Sixty-first meeting of the Western Health and Social Services Council held on Thursday 8th May 2008 in the Faughanvale Community Centre, Clooney Road, Greysteel, L'Derry at 6.00pm

Present:	**Mr J Campbell**	**Mr V McKelvey**
	Councillor M H Durkan	**Councillor J McKeever**
	Councillor M Hamilton	**Councillor B Page**
	Mrs S Hogg	**Mrs F Robson (Vice-Chair)**
	Mr M McIvor	**Ms M Trimble**
	Mr I Maguire	
Apologies:	**Mrs V Brown**	**Councillor B Johnston**
	Councillor M Carten	**Mr P McGowan (Chairman)**
	Councillor R Hussey	**Mr R McIntyre**
	Mr E McGrade	**Mrs M McKeague**
In Attendance:	**Ms M Reilly**	**Mrs M Gormley**
	Mrs K Loughran	**Miss S Forbes**

2 members of the Public were in attendance for the Presentation by Dr Bronagh Byrne.

Chairman's Business:

Mrs Robson welcomed everyone to the 161st meeting of the WHSS Council. She said she would be chairing the meeting in the absence of Mr McGowan.

Mrs Robson introduced and welcomed Dr Bronagh Byrne who works for Disability Action and is currently working on a Campaign called My Life, My Right, My Choice!

Dr Byrne thanked the Chair and members for inviting her to present to the Council. She said she was the Research and Policy Officer with the Centre on Human Rights for people with disabilities which is a part of Disability

Action and has its headquarters in Belfast.

Presentation by Dr Byrne:

We were established in 2006 to secure the rights of people with disabilities across Northern Ireland. We do this by highlighting key issues that impact on the rights of disabled people, and campaign and lobby for change. We also train and empower people with disabilities to become human rights advocates by making them aware of their rights and providing them with support to stand up for their rights.

The Centre has started a second training programme in the North West area and next year plan to move to the Fermanagh area and then on to the Southern area of Northern Ireland.

The My Life, My Right, My Choice campaign has a dual focus. Firstly to inform, support and empower people with disabilities to effectively engage with health and social care. To achieve this we have developed what are called 'Choice Cards'. The second focus of the campaign is to support and inform health and social care services and health and social care staff to effectively engage with people with disabilities. The Centre on Human Rights for Disabled People is keen to work in close co-operation with health and social care organisations.

The Key Message

Over 1 in 5 (21%) of the population in Northern Ireland has a disability. People with disabilities often rely more heavily on health and social care than the population as a whole, yet continue to experience extensive barriers in accessing these services and making their views known. It is also clear that despite the right of everyone to give, withhold or withdraw their consent to health and social care, people with disabilities are unequally involved in making these decisions.

The Centre on Human Rights for Disabled People is calling for people with disabilities to have more choice and control over the treatment and care that they receive. This is because it is their life, their right, and their choice.

We want to work, in partnership with everyone, to ensure that people with disabilities are empowered to effectively engage with health and social care, to participate in decisions that affect their day to day lives in the same way as everyone else, and to be treated with the respect and dignity that they are entitled to. We all have a role to play in achieving this and we all have a responsibility to ensure that steps are taken to address existing human rights abuses against people with disabilities and to prevent future abuses.
The Campaign is ultimately about working to ensure that people with

disabilities are enabled to access health and social care services that are inclusive and responsive to their needs and which protect and promote their human rights. It is also about making sure that people with disabilities are no longer invisible but have a voice.

A Right to Health?

Everyone has human rights. We too often forget the inspiring statement set out in the Universal Declaration of Human Rights (1948) - 60 years ago - that “all human beings are born free and equal in dignity and rights”. The most important part of that sentence she said is the very first work ‘all’ i.e. that means every single one of us in and outside of this room today without exception.

Promoting and protecting health and promoting and protecting human rights are inextricably linked. Many situations involve human rights issues and the field of health and social care is no exception.

Both the UK and Ireland have committed themselves to respecting, protecting and promoting the right of everyone to the highest attainable standard of physical and mental health.

The right to health is not a right to be healthy or an unbounded right to medical treatment. It is a right to facilities, goods, services and conditions that are conducive to the realisation of the highest attainable standard of physical and mental health.

The right to health includes the right to be free from non-consensual medical treatment, the right to participate in decision making processes and the right to a system of health that is accessible, culturally acceptable, of good quality, and available to all.

This right to health, and human rights more generally, extends to people with disabilities. People with disabilities have the same human rights as other people. This means that health and social care providers must think about the specific impact of their actions on the human rights of people with disabilities in Northern Ireland. Nevertheless the reality is that disability issues, and the rights of people with disabilities, have often been an overlooked or forgotten aspect of human rights. It is time for all of us to challenge this and redress the imbalance.

Choice

The overarching theme of the campaign is My Life, My Right, My Choice. For people with disabilities choice is about much more than simply choosing which hospital to go to or when to see a GP. Choice is about enabling

effective and meaningful access and participation in health and social care on disabled people’s own terms.

Choice is about:

- The right of people with disabilities to participate and make informed decisions about their treatment and care, and to choose between alternatives on the same basis as everyone else;

- The right of people with disabilities to accept, decline, or withdraw from, interventions;

- The right of people with disabilities to give and receive information about the range of options available to them and to use this information in making a decision;

- The right of people with disabilities to be free from inhuman and degrading treatment;

- The right of people with disabilities to access appropriate infrastructure.

Reframing health and social care issues on the basis of rights offers an empowering strategy to people with disabilities. It is about designing, implementing and evaluating health policies and a dynamic health and social care network, not just for people with disabilities but for everyone.

The Toolkit:

The Centre on Human Rights has developed a toolkit to assist and inform health and social care staff. The toolkit which is called ‘We have rights too – Developing a Disability and Human Rights Approach to Health and Social Care’ aims to protect and promote disabled people’s human rights in health and social care by:

- Raising awareness to the relationship between disability, human rights and health and social care;

- Providing information and guidance on what constitutes a rights based approach;

- Demonstrating the benefits of a rights based approach;

- Providing examples of good practice across a range of policies and programmes.

The toolkit does not use legal jargon. This is to ensure that it can be used by as many people as possible, particularly those who have no prior or

extensive human rights knowledge. We decided to develop a toolkit to make people aware that people with disabilities have the same human rights as everyone else.

The toolkit covers a wide range of topics including:

- What are human rights;
- Advocacy;
- Consent;
- Accessible Information and Communication;
- Consultation;
- Physical Accessibility;
- Disability and Human Rights Assessment tool;
- Examples and Case Studies;
- Useful websites.

A CD-Rom is included in the pack. The CD includes a copy of the toolkit as well as links to other resources.

A disability and human rights-based approach:

So what is a disability and human rights-based approach? The toolkit talks about this in more detail.

A human rights-based approach to health and social care draws on the principles of human rights to guide policy and practice and service delivery. Application of human rights principles can help improve both patient experience and quality of care, ultimately leading to improved outcomes.

The World Health Organisation (WHO) defines a rights-based approach to health as:

"Integrating human rights norms and principles in the design, implementation, monitoring and evaluation of health-related policies and programme. Integrating human rights also means empowering people, ensuring their participation in decision-making processes which concern them and incorporating accountability mechanisms which they can access".

The key principles of a disability and human rights-based approach are similar to the principles set out in the new United Nations Convention on the Rights of Disabled Persons:

Respect and Dignity:

A rights-based approach ensures that people with disabilities are treated with respect and dignity and recognised as rights holders.

Choice:

As previously mentioned.

Empowerment:

People with disabilities are empowered and provided with information they can use to make their own choices.

Advocacy:

People with disabilities have access to appropriate advocacy as and when required.

Participation:

Free, meaningful and effective participation by people with disabilities is actively encouraged and facilitated.

Consultation and Engagement:

People with disabilities are actively consulted and engaged with.

Access:

People with disabilities are enabled to effectively access the full range of health and social care services including information, communication, facilities, services and the physical environment.

Equality and Non-discrimination:

People with disabilities are not discriminated against.

What are the benefits of a rights-based approach:

A human rights-based approach provides a framework of core values and principles upon which services can be based. This framework supports health and social care staff in meeting their professional ethical obligations.

Respecting and promoting human rights improves both the quality and effectiveness of health and social care, improves decision-making processes and enhances the health and well-being of all service users.

In addition, the Department of Health in Britain has recently stated that “The use of a human rights-based approach can significantly improve people’s health outcomes by directly supporting the delivery of more effective, better quality, ‘person centred’ health care”.

Ultimately, getting it right for people with disabilities is about getting it right for everyone!

Choice Cards

Part of the Campaign's aims is to empower people with disabilities to effectively engage with and participate in health and social care. To do this, the Centre on Human Rights has also developed a Choice Card. The Choice Card is one way for people with disabilities to let people know what they want. The card is a tangible reminder to people with disabilities of their right to participate in and make decisions affecting them. The Choice Card can be used by people with disabilities to communicate with doctors, nurses, dentists or social workers to name but a few. It is up to people with disabilities what they want to say on the card. For example:

'My choice is to make my own decisions about my care or treatment';

'My choice is to use an independent advocate to help me make decisions';

'My choice is to have information in easy read';

'My choice is to use a sign language interpreter when visiting my doctor'.

What Next?

The Centre on Human Rights for Disabled People is rolling out this Campaign across Northern Ireland. We are distributing toolkits, posters, Choice Cards and CDs across the Health and Social Care sector, at events and conferences. Feel free to request copies of our materials.

We are also available for briefing sessions and to provide training and to give presentations on the Campaign and the toolkit.

Conclusion:

Central to the success of this Campaign is the recognition that promoting and protecting the rights of people with disabilities is not the responsibility of a select few but everyone's responsibility.

These are challenges for us all here today. The Centre is keen to work in close co-operation with you all to make this Campaign a success and improve Health and Social Care for people with disabilities.

Spread the word, make a difference and remember – My Life, My Right, My Choice.

Members were provided with posters, choice cards and a CD ROM version of

the Toolkit.

Members Questions:

Mrs Hogg:

Mrs Hogg thanked Dr Byrne for her presentation. She said she was aware that Disability Action works with a number of organisations. She enquired what work Disability Action does with schools and in particular special schools especially final year groups? Mrs Hogg also enquired if they work with younger people?

Dr Byrne said they work with a whole range of people with disabilities and do not just work with adults. She said Disability Action are also part of a Strategic Alliance Group for Children in Northern Ireland and work closely with them specifically regarding children and young people. An education campaign is the next big topic in the pipeline for Disability Action to make younger people with disabilities aware also.

Mr Page:

Mr Page thanked Dr Byrne for her presentation. He asked Dr Byrne if Disability Action were involved and fighting a case on behalf of people with disabilities on the issue of discrimination and inequalities in the business community? He said the issue was around equality and proper pay for people with disabilities. Some people he said within the business community have people with disabilities working for them but they do not pay them; because they get Disability Living Allowance they do not get a proper pay structure.

Dr Byrne said this was another very current issue Disability Action were working on. She said she thought the problem was that people with disabilities who are in receipt of benefits do not find it worthwhile to get a job with low pay. She said they are better off on benefits and Disability Action are continuing to challenge to find ways in which people with disabilities can be offered equal pay to do the same job. Disability Action has an Employment section working very closely on this issue.

Dr Byrne said employers are under the misconception that it is expensive to employ a person with a disability but that is not always the case.

Ms Reilly said she was looking forward to doing some more work with Disability Action directly in relation to the issue around the Choice Cards.

The WHSS Council she said often works with families with children or young adults with a disability and would be quite happy to promote the Choice Card

to individual service users as well as some of the service providers.

Mrs Robson thanked Dr Byrne for her very comprehensive and informative presentation and wished her well in her work.

Western Health and Social Care Trust Business:

Mrs Robson welcomed Mr Alan Finn Director of Primary and Older People's Services and Ms Fiona Hughes, Head of Infection Control. She said Mr Finn and Ms Hughes would be discussing Infection Control priorities and hospital hygiene in response to the WHSS Council's Bugwatch Survey.

Mr Finn outlined the arrangements the Trust has in place for hospital hygiene and infection control.

He said hospital hygiene is a controls assurance standard that the Trust is required to comply with. Two committees have been set up within the Trust: (1) the Northern Sector covering Altnagelvin and (2) the Southern Sector covering the Erne and Tyrone County Hospitals. The committees are chaired by Senior staff from within the Directorates. Mr Finn said the Chairs of these committees were not infection control people because he felt this issue is the responsibility of operational managers on the ground. The committees are up and running and have drawn membership from support services, cleaning staff and people who have a monitoring role. Their agenda is to improve hospital hygiene. The Trust he said was very conscious of wanting to provide services within a clean environment and improve public confidence. A lot of work is already ongoing in terms of improving the general appearance and hygiene within the hospital.

Mr Finn said he wished to point out that the Trust has two hospitals in the South-west which are due for replacement in the next few years and also Altnagelvin in the Northern sector which is over 40 years old. He said they are challenged by the environments they have and there is a limited amount of money within health and social care for refurbishment. There is considerable investment in the West for the two new hospitals and his understanding is that compared to other Trusts in Northern Ireland the Western Trust is doing quite well in terms of capital spend on health service premises.

Mr Finn said that sometimes whenever anybody visits a facility and they see something that looks tired, perhaps needs painting and the flooring is worn, it may not appear clean but it may well be clean. He said the Trust has monitoring staff employed by support services who monitor the compliance with the standards across the hospitals. He said they are quite tough on themselves in terms of scoring, adding that the Trust has recently had a KPMG audit on hospital hygiene and their scoring was much higher than the

Trust had scored themselves. In the meantime he said it is about cleaning and trying to do the small pieces of work that can be done with the limited amount of money available.

Ms Hughes said while hospital cleanliness is important from a public perception her main aim was from an infection control point of view and working to the 'Changing the Culture' document which was published by the Department of Health approximately 2½ years ago. It focuses on what is called evidence based care with specific actions that can be taken which are known to reduce infection. Infection Control staff are not involved to any great extent in the actual building cleanliness because this is not evidence based. Instead their focus is on quite intimate patient care initiatives that are known to make a difference to the eventual infection control rate. General hospital cleanliness would normally be the responsibility of support staff with the ward managers having an 'overseeing' role.

Ms Hughes said she wished to clarify a number of issues raised in the WHSS Council's Bugwatch report.

She said the issue of not having an Infection Control nurse on duty in a ward on every shift needed clarification. The Trust has 9 Infection Control nurses across the entire Trust and they cover the 3 acute hospitals and all the community facilities. Infection Control staff are not based on wards; they go into wards to monitor practice and to look at the actual nursing care that is delivered as it relates to infection control. Ms Hughes said the Trust has Link nurses assigned to each ward but as a rule there is not one on every shift. Infection control she said is such an important element of nursing care that every single nurse questioned should know what the basic infection control requirements are. It should not require any extra expertise. The Link nurse is there to introduce new policies - if there is a change in a guideline or a policy the Link nurse would be updated immediately and receive extra education sessions. They would then pass that information on via shift changes or at regular ward meetings. Every single member of medical and nursing staff would be expected to know the basic policies and to read the guidelines. If they don't understand them they are required to contact the Infection Control staff for clarification. Ms Hughes said she had just wanted to clarify what perhaps was a misunderstanding of the role of an Infection Control nurse who is specially trained and she added very often to Masters level.

Referring to the issue of staff not knowing the name of the Infection Control nurse Ms Hughes said two of the Trust's very experienced nurses had left recently. She said they have two new nurses on the Altnagelvin site and the same for Enniskillen and Omagh and therefore she would not necessarily expect that every single nurse in the hospital would know their names yet. She said had the question been asked a year ago she would have expected the staff to be able to name the nurses as they had been there for quite a

long time.
In relation to Ward 15 where the staff could not name their link nurse Ms Hughes said the link nurse is in fact the ward manager. She went on to say that this particular manager is a very involved and active link but may not be recognised for that role because she is the ward manager.

Mr Finn explained how infection prevention and control is managed. He said the Trust has a prevention and infection control committee facilitated by Ms Hughes and chaired by a senior Consultant in Respiratory Medicine. He said as the Director responsible for infection control he also attends committee meetings. Ms Hughes and the committee have developed an Annual Report that was recently shared with the Trust Board. Mr Finn said Ms Hughes has also presented for approval a three year prevention and infection control plan that will be subject to annual review and updated accordingly. Mr Finn said he would provide copies of the Annual Report and Action Plan to the WHSS Council.

Mr Finn said since he has been in the Trust just over a year there has been an infection control issue discussed at probably every Trust Board meeting. It is now a standard item on the Trust Board agenda and relevant items are discussed including the targets the Government has set for Clostridium difficile and MRSA. He said the Trust has a target for bi-annual training of staff on infection control set at 95% and they are currently at approximately 75%. He said this was a challenge and he appreciates that the media have picked up on that and felt it was inadequate. He said the Western Trust has probably one of the best achievements within the Province in terms of training attendance. The difficulty within health and social care is the pressure on the wards and getting staff out to be able to undertake training. The Trust is looking at other ways of providing the necessary training.

Action Point: AP a/05/08

WHSC Trust to forward a copy of the Annual Report and Three year Action Plan to WHSS Council.

Member's Questions:

Mr McKelvey said he was a little disappointed when Ms Hughes said she did not expect every single nurse would know the name of the Infection Control nurse or that a Link nurse would not always be on duty. He said he was one of the surveyors who asked that question and although disappointed because the nurse didn't know who the individual was he said she very quickly found it out. He said he was not sure much training was needed to know who the Link person is and he expected that staff should be informed of that at their induction.

Mr McKelvey said a cleaner and the nurse in charge of the ward said to him that they felt that absentee cleaners were being replaced by relief staff, some of whom did not know what was expected of them and that this was leading to inconsistencies in standards. Mr McKelvey said he felt that patients using the service would want to be assured that anyone who was cleaning knew exactly what they had to do on the ward.

Ms Hughes said the subject of cleaners was a separate issue and she agreed totally with Mr McKelvey that whenever a cleaner is coming on to the ward they should know what the standard is and should be working to that standard.

Mr Finn said the Trust's expectation is that all staff before they ever come in to a clinical area should have a period of induction. He said it may only be a few hours or working with another experienced member of staff but that they must know the fundamentals of infection control. He said he was quite sure this was the case.

Mr Campbell said he was confused because again what he was hearing was excuses about the age of the hospitals and the fabric of the buildings. He said he appreciated the hospitals are old but it did not take away from the fact that during the survey there was evidence of dirt on the floors in the wards. He questioned why Council members as lay people should have to go into hospitals and discover this. He questioned why it could not be kept clean as a matter of course. He said that is the least patients and the general public would expect.

Mr Finn said he agreed with Mr Campbell and was disappointed that anyone would come in from outside the hospital and identify something that had not been identified by Trust staff. In these circumstance he said the Trust's monitoring arrangements had not been up to scratch. He said he was not giving excuses but stating facts. Mr Finn said he is on public record as saying he welcomed the WHSS Council's visit to Altnagelvin. He said the Council provides a very important role representing the public in making sure that standards are being met. He welcomed that involvement and said the Trust has taken seriously the Council's findings as they did following the visits to the Erne and Tyrone County Hospitals.

Mr Finn said there was an element of ambiguity in some of the findings in the report, for example the report referred to something 'looking dirty' and he said it was either dirty or it wasn't. He said where the report referred to 'dirt' it would be useful to know exactly what this meant, for example was it dust or smears? He said it would also be useful to know exactly which ward/location was being referred to so the Trust would then be able to deal with it. He said the Trust accepts the report for what it is and they have developed an Action Plan as they did following the Erne survey. Mr Finn said he had an Assistant

Director, Ms Anne Witherow, who works with him on the nursing side and she on his behalf oversees the work of the Environmental Cleanliness groups. Ms Witherow has been instrumental in developing the Action Plan along with the staff on the wards. Mr Finn mentioned the media's reporting of the survey and said it had been distorted, for example they referred to 'buckets' of urine whilst the report said 'specimen' of urine. Mr Finn said the problem of overflowing bins was clearly not acceptable.

He went on to say that there are issues around the age of the hospital and what it was originally built for. Nowadays there are greater challenges as patients require equipment such as hoists, wheelchairs and walking aids. He said the Council had noted whilst visiting some wards that there were shower rooms being used for storage. Mr Finn said clearly if there are any items that are obsolete and broken these needed to be removed and they have been doing this. However he said there is an issue about storage overall within the hospital. He said he was not offering any excuses about age but merely stating the fact that it is an old hospital and most of it needs to be replaced. In the meantime if a sink needs replacing and the opportunity arises to do so elbow taps will be put on. Mr Finn said in relation to the toilet not being flushed they were dealing with older people who are sometimes confused. The staff he said have to be vigilant about flushing when the patient moves on but sometimes this is not done.

Ms Reilly said she and Mr Finn had three meetings where they discussed the issues in more detail. Following the findings from the Erne hospital survey the Council particularly wanted to focus on older people's wards in Altnagelvin. Ms Reilly said she accepted that the ward is about to be decamped to a new ward, however it was still quite shocking to see the kind of conditions older people were being nursed in.

In relation to the particular toilet mentioned in the report, members were concerned that there was only one toilet available to the patients on the ward. She said they were aware that the bowl was broken on the other toilet but the fact that these patients did not have an area for personal hygiene as this was being used for storage and being limited to one toilet had compounded their general concerns.

Ms Reilly said the members were very careful to commend the nursing staff who were working under quite difficult conditions and yet managing to practice very good nursing care. She said the surveyors were not there to inspect nursing practice, as this is not the Council's remit or expertise, however it was clear to anyone coming into the ward that there was a high standard of care being given to the patients. On the issue of the report providing clarity about the use of the word 'dirt', Ms Reilly said she could confirm that when the word dirt was used it meant dirt not smears or dust. She went on to describe an area in the sluice room which she had visited that

gave evidence of this.

Mr Campbell said the WHSS Council was not responsible for the media reports. He suggested if the Trust has problems with the way the media is reporting the survey then they need to take this up with them. The WHSS Council factually reported what they saw and how the media interpret that is up to them he said.

Mr Finn said he was not suggesting the Council was responsible for the media report and added that he stood by his earlier comment that the Trust welcomed the report. He said the Council has a right to be there and the Trust values their feedback. He said with regard to the media we all have a responsibility in terms of reporting facts but also in making sure that the public are reassured about what is being done about it. There were a few words used like the word 'appalling' which was the one that went on the front of the Derry Journal.

Mr Finn said he acknowledged that the Chief Officer had given an explanation of what was meant. It was not, he understood, that the ward was appalling but rather that it was cramped and the staff were working with difficult to manage patients in a difficult environment. He said unfortunately the media picked up on the word appalling and used it. He said we all have to be careful about the language that is used and added that he was not saying the Council should depart from the facts but to be aware of the impact the language used might have. He said his concern was that it might result in a patient either postponing or deciding not to take up treatment because they are frightened.

Ms Reilly said Council members are very mindful and conscious of their responsibility not to arouse people's fears. She said their role was to report their observations and to lobby for improvements and Members would not be put off doing their job. Ms Reilly said the Council's experience of repeating the Erne hospital survey was very satisfying because a considerable number of improvements had taken place. She said she had every confidence in the Trust, from the feedback she had received so far, that members will find similar changes in Altnagelvin when they carry out their repeat survey.

Action Point: AP b/05/08

WHSS Council to arrange a repeat Bugwatch Survey at Altnagelvin Hospital.

Mr Finn said he had also spoken to the Chief Officer about the potential for Trust staff to provide more information or training to Council members if they wanted this before doing further visits. Mr Finn said he had visited the older people's wards shortly after the Council had carried out their survey and had

noticed areas around the sinks that needed re-painted and tiles were cracked and needed to be replaced. He said the Trust has identified a small amount of money in-year to address these issues. It will not be a total revamp but it will address the areas most in need. He said they would like to be able to shut wards down and revamp them completely but the hospital is under considerable pressure bed wise and as well as that they do not have the funding to do so. He said they are focusing their efforts on the areas that need it most and will continue to do so and he will be lobbying the senior management team in the Trust to try and identify additional funding in the future to address those areas.

Ms Reilly asked when the elderly ward would be moving to the new build?

Mr Finn said it would be moving in early 2009. Ms Hughes added that it will be one of the first wards to move.

Ms Reilly said the Council appreciated Mr Finn and Ms Hughes coming to the meeting to discuss infection control and the survey. She said the Councils are currently reviewing the Bugwatch survey questionnaire. She said they will be looking into best evidence and what constitutes a ‘clean’ and safe ward in terms of minimising risk to patients.

Mr Finn said he was sure Council members have all had training in preparation for the visits but the offer was there to interface with any of the Trust staff.

Ms Reilly asked Ms Hughes if it would be possible to get a copy of a role description for the Link nurses?

Ms Hughes said she would provide a copy and also provide the Council with a job description for an Infection Control nurse to show the difference in the roles. She said Infection Control nurses are expected to have very specific expertise which doesn’t come from working on a ward. When they come to the Trust it takes about a year before they do their specialist training. It takes about another three years she said before they have got a fully competent Infection Control nurse. A Link nurse she said could be someone fresh out of university who is enthusiastic about infection control. The only thing that the Trust is looking from them is that they are enthusiastic and that they have got a particular interest. They are not being asked for any particular qualifications.

Action Point: AP c/05/08

WHSC Trust to forward a copy of a description of the role of a Link nurse and Job description for an Infection Control nurse.

Ms Reilly asked if the Link nurse has any accountability for this part of their work?

Ms Hughes said since the ‘Changing the Culture’ document was published Link nurses are getting more involved in the infection reduction plans. This would be to do with hand hygiene practice and compliance and it may also be to do with for example IV line placements. Different wards have got different emphasis depending on what their speciality is but it is very much focused on actual clinical patient care as opposed to environmental cleanliness.

Mr Finn said Link nurses are staff nurses on the ward and this is an additional role that they take on. They are basically the prevention and infection control champion and the link in terms of communication of new policies and different approaches.

Ms Reilly said she assumed they are also a link if there was a potential breach of an infection control measure.

Ms Hughes said the Trust has other ways of measuring this. She said they would not depend on the Link nurse for this because for example there is not one on every shift. She said they use laboratory results and audits and what they call high impact interventions. The results from all of those things would indicate to them if there was a particular problem in a specific clinical area so the Link nurses are an element of the different parameters that are used but they are a relatively small element of this.

Mr Finn said in relation to accountability the ward manager ultimately is the accountable person for the practice within their area.

Ms Hughes said if a Link nurse was a junior member of staff they would not have the influence that the ward manager has; therefore it is the ward manager who is accountable.

Mr Finn said the Trust is investing more time in Link nurse development including having an away day for them.

Mr McKelvey asked on a comparative basis and when looking at the international situation if the levels of infection were similar or worse than for example the United States or some of the Western European countries?

Ms Hughes said America has had problems and asked Mr McKelvey if he was being specific about C difficile or MRSA.

Mr McKelvey said the Council is concerned about any disease that potentially could cause death. He said if a person goes into hospital they expect to come out hopefully on the road to recovery. He referred to the discussion about capital spend and said all the money in the world will make a place look good but the question remains is it clean? He said Antrim is a relatively new hospital with more modern facilities than Altnagelvin but recently have had a

number of deaths there related to C difficile. He said every hospital no matter where it is and no matter what age it is must be clean.

Mr Finn said the thing to remember is that cleanliness only has a small part to play in the actual infection. It is more about the practice and the things that professionals can do best to protect patients from infections, for example that they all wash their hands as that is the most important thing.

Mr McKelvey said it was appreciated that everybody is doing their best but there must be a need for some people to do better and if we find dirt or dust then that should not be there.

Mr Finn said he could not say it would not happen again but the Trust will be doing their level best to improve things. He repeated that it would be useful for the Trust to know exactly which ward had dirt in it and to be very specific whether it was dirt, dust or smears. This would allow them to address this particular issue.

Mr Finn said a member of the public rang into a local radio station a few days after the report was made public and said that one of the alcohol gel dispensers in Altnagelvin was not working. He said that was not helpful and he would have preferred if they had drawn it to the attention of a member of staff at the time. He said he would like to get to the stage where the Trust moves to more patient and public involvement over the next year and would be very keen to get a member of the public in to help identify these things. He said he would like any member of the public to feel comfortable about raising a concern with the Trust. Mr Finn said the Minister is launching a hand hygiene campaign next month with involvement from all hospitals. He said there is going to be enhanced signage at the entrances to hospitals with corporate signage right across Northern Ireland which people will be able to identify with. There will be posters that will change every six months so that people don't get used to what is there but it will act as a reminder to the public. He added that hand gel is only effective against some organisms.

Mr McKelvey said the WHSS Council's Chief Officer appeared on BBC television following the Bugwatch report and her statement was entirely supportive of the Trust having acted very promptly following the Erne hospital visit. He said the Council members are there to highlight to the Trust what they have found and will go no further than that. He said the Council are in the business of working with the Trust to make sure there is a better service for everybody. Members he said must defend her against any degree of complaint about how she has projected the survey findings to the media.

Mr Finn agreed and said he was very happy with the facts and that is what both the Trust and the Council want to abide by.

Mr Page said he felt the media were looking for a story and they had heightened the findings.

Mr Finn gave an example of this. He said following the repeat visit to the Erne hospital when the Trust presented the improved situation he was filmed outside the MDEC building by the BBC about the good news story but it was not shown.

Mr Page said he wished to point out that there are six to eight hundred staff in Altnagelvin and as many patients, and as many visitors to the hospital. He said the Trust are practically working on a building site whilst upgrading Altnagelvin for the last six or seven years and there will be dirt and that is a fact of life. He questioned what type of working relationship the Trust is going to have with visitors coming in to Altnagelvin. He said he has witnessed visitors discarding rubbish on stairways. He added that he was in Altnagelvin a few weeks ago and the public toilets down the stairs were an absolute disgrace. He said he would like to see what type of connection the Trust is going to make with visitors because very often they bring the dirt in.

Mr Finn said the Trust Board has just agreed a new visiting policy which covers a range of things. He said patients get tired in hospital and sometimes want a break away from everybody including visitors. The Trust has already introduced the policy in some areas and will be introducing it across all wards. There will be protected periods of time when there will not be visitors in the hospital unless in special circumstances e.g. where there is an ill child or where someone is very ill in intensive care. These will be exceptions to the rule but generally speaking there will be an hour for visiting in the afternoon and an hour in the evening. This he said will allow clinical staff to get to patients and give them the care and treatment they require. It will also allow the cleaning staff to clean in and around the beds. Mr Finn said the Trust is also giving advice to visitors in terms of what they should or should not bring into hospital. He said they will be encouraging visitors not to bring clutter into the hospital and not to sit on the beds. They will also receive advice about protecting themselves and the patient they are visiting. He added they will be discouraging people from going on ward to ward visiting. Mr Finn said the Trust is conscious the new policy cannot be introduced overnight. The Trust has agreed with the Board to have a media campaign for a few months to allow for a lead in period so that people are aware of the changes.

Ms Reilly said the Council would want to support that policy with the proviso that there are always exceptions to the rule.

Mr Finn said it will not be easy to implement and will require a culture change for staff and the general public. He said other hospitals will probably be going the same way.

Mrs Robson remarked that following a recent experience of being in hospital too many visitors can be extremely unpleasant for other patients particularly with regard to their privacy.

Mr Finn said the Minister has announced a move towards single rooms and that the new hospitals in the Southwest will be 100% single rooms with Altnagelvin moving to 70% single rooms over a period of time.

Mrs Robson thanked Mr Finn and Ms Hughes for their attendance at the meeting and said the discussion had been very useful and no doubt the issue around infection control will be ongoing.

Mr Finn thanked the WHSS Council and said he was happy to come back at any time for a further discussion.

WHSSC Business continued:

Mrs Robson said on behalf of the members she wished to congratulate Mr Michael McIvor who had been honoured by the Health Minister at the Northern Ireland Dementia Care Awards 2008 the previous evening.

Minutes of Previous WHSS Council Meeting:

The Minutes of the previous WHSS Council meeting held on 4 April 2008 were adopted on the proposal of Mr Joe Campbell and seconded by Mr Jim McKeever.

Matters Arising from Previous Meetings:

Ms Reilly apologised to Mr Victor McKelvey for the omission in the minutes of 14 March 2008 on the issue he had raised with the WHSS Board about the failure of the Surestart programme in England.

She said Professor Burke had contacted Ms Maura Mason who is the co-ordinator for the Surestart partnership in the West. Ms Reilly said she had spoken to Ms Mason earlier today and gave her the context for Mr McKelvey's concern. Ms Mason provided Ms Reilly with a general overview of Surestart in the West confirming that there had been no full evaluation of Surestart in Northern Ireland. However following a broader review in 2005 Surestart had been moved from the Department of Health to the Department of Education. Ms Mason said the reports that they are getting back from various projects are suggesting to them that Surestart is working very well. Ms Reilly said that apparently quite a lot of communities are looking for a Surestart programme to start up in their area. Ms Mason pointed out that there was a significant policy difference between Surestart in Nothern Ireland and England. Ms Reilly said that she had invited Ms Mason to speak to

Council members about the Surestart programme in the Western area. She has been booked to speak at the November Council meeting and the Chief Officer will contact her to confirm arrangements.

Action Point: AP d/05/08

Chief Officer to write to Ms Mason to confirm arrangements for presentation to WHSS Council at November meeting.

Mrs Hamilton asked if there was a difference between Surestart and Lifestart?

Mr Page said they were both the same.

Surestart covers children from conception through to age 14, and up to age 16 for those with special educational needs and disabilities. Lifestart covers children from birth to 5 years of age.

Mr Page said in the Ballymagroarty area there were concerns when Surestart came into being that there would be a duplication of services with Lifestart. There were arguments he said about loss of jobs in the community especially with Lifestart which had been in Ballymagroarty for 19 years.

Mrs Hamilton said she knew someone who worked with Lifestart and there were fears about funding. They were worried programmes were being left unfinished and families were depending on them.

Mr McKelvey said he had contacted a former colleague in the DHSSPS and spoke to the person responsible for Surestart. He said he was assured that the Minister was 100% behind it and the funding for 08/09 was secured. He was told there would be no diminution of the money available and in fact the programme is to be extended because up to now it has been based in areas of deprivation. Mr McKelvey said he had also raised it in an education forum and a member there was concerned that he had not heard about the failure of Surestart in England. Mr McKelvey said the reason the DHSSPS did not do an evaluation here was because the evaluation carried out in England was so costly. The research was extended to Wales and the result was completely different from England. In Wales Surestart was an undoubted success in every measurement whereas in England he said it was regarded as a waste of money. Mr McKelvey said an evaluation is to be undertaken by the Education Department in the current financial year but he would not want the message to get out that there is no funding.
Ms Reilly said when Surestart was established in Northern Ireland the focus was on health e.g. getting the best start in life for children living in areas of high deprivation and for example increasing the number of mothers who were breast feeding. She said she understands the focus will now be on "softer

education" such as learning through play.

Action Points previous Council meetings:

Members were provided with a written update on Action Points carried forward from previous Council meetings.

Action Point AP: a/03/08 - Strategic Change and Efficiency Programme: Ms McReynolds to provide WHSS Council with details of the Gwent Healthcare Trust model and keep WHSS Council informed about progress of the Trust's SCEP project.

Information has been received from the Trust by WHSS Council and copies are available to members on request.

Ms Reilly reminded members that the WHSS Council's library is a resource for members and anyone who would like a copy of any of the material held there should contact the Council offices and it will be e-mailed or posted to them.

Action Point AP: b/03/08 & a/04/08 - Capital funding for new Hospitals (Southwest and Omagh): Subgroup of WHSS Council members to meet with WHSC Trust officers re services in new hospitals and SCEP project.

A meeting between the WHSS Council Subgroup and WHSC Trust officers has been scheduled for 15 May 2008 at WHSC Trust Headquarters.

Ms Reilly added that any printed material received at the meeting will be forwarded to all members.

Action Point: AP e/05/08

Information available from Subgroup meeting with WHSC Trust to be forwarded to all members.

Action Point AP: c/03/08 - Implementation of Mental Health Reviews (SLT & Foyle): WHSC Trust to provide details to WHSS Council of forthcoming workshop on Mental Health.

The WHSC Trust reported to the WHSS Council that they are currently interviewing for the 4th Tier of Mental Health Managers. As the majority of Senior Managers for the Southern Sector have now retired the Trust is keen that the new managers have ownership of the changes. Therefore a date for the workshop will be arranged when the new managers are appointed and time is allowed for orientation.

Action Point AP: d/03/08 - Fertility services: Chief Officer to contact Ms Brown to find out how many women completed their treatment in Altnagelvin, how many had declined further treatment and how many were referred to the Regional Fertility service.

Ms Reilly said she had a happy conclusion to report to members on the issue of Fertility Services.

Ms Reilly thanked Mrs Gormley for the work she had done in pursuing this issue.

Ms Reilly gave members the breakdown of the figures received from Ms Brown as follows:

Originally there were 146 patients involved. 63 patients who had not commenced treatment were referred on to the Regional Fertility Centre leaving 83 patients on the waiting list on 13 March 2006.

By the 9 March 2006 (when the service was discontinued in Altnagelvin) a further 19 patients had come off the waiting list.

This left 64 patients.

When these patients were reviewed re referral to the Regional Fertility Centre:

6 were pregnant or post natal;

1 was awaiting surgery following 2 cycles;

1 did not want to continue;

5 were from the Donegal area;

1 had moved out of the area;

5 had 4 cycles completed and

8 had 3 cycles completed.

This left 37 patients.

Letters were sent to the remaining 37 patients asking if they wished to continue with IUI treatment:

30 responded;
12 declined treatment and
18 requested referral.

Telephone calls were made in an effort to contact the 7 patients who did not

respond. 5 had already started IVF treatment but some numbers were unattainable.

When reassessed 5 of the 18 patients who requested referral did not need referral for IUI. The remaining 13 patients were referred to the Regional Fertility Centre and all these patients had been contacted by December 2007.

Action Point AP: e/03/08: Chief Officer to contact people who had been in touch with WHSS Council re fertility services at Altnagelvin.

Ms Reilly said there was a support group for women requiring this service and Mrs Gormley had spoken to one of their members informally and they are not reporting any problems about access. She said the Council was pleased to be able to finally report a conclusion to this long running issue but will continue to monitor access to fertility services.

Action Point AP: f/03/08 - Residential respite Unit in Omagh and proposed Unit at Coolnagard: WHSS Board to provide details to WHSS Council re new Beltany development and proposed unit at Coolnagard.

The following is the response received from the WHSS Board. Additional information obtained from the WHSC Trust has been included in Members' packs.

Beltany Replacement:

- The Beltany Unit is to be located at the site of the former Omagh District Hospital which is situated on the Gortin Road. It is close to the town centre and near to all amenities. This is subject to Board agreement.

- It will provide respite care for children with a learning disability with a broad range of needs, from those with a moderate disability to those with more complex needs. It will be broadly similar to the unit at Shepherd's Way (Derry).

- It will operate and be managed as a Children's Home in line with the Children's Order.

Response below received from WHSS Board. Additional information obtained from the WHSC Trust is included below.

Coolnagard:

- This is a learning disability facility. The Coolnagard development will be a tailor made community living facility in the form of two 'bungalow' type homes for people who have learning disabilities and whose behaviour is significantly challenging.

- The WHSS Board/WHSC Trust has commissioned 8 beds. The Housing Association are seeking to attract DSD funding to build a 12 bed unit. Discussions are taking place in relation to this proposal but 8 beds will be delivered as per specification by Trust.

- Those who will be placed in the new unit currently live in Lakeview Hospital (the old Stradreagh); Longstone Hospital (Armagh) and Muckamore (Co Antrim).

- The Trust expects the results of final planning permission in June and, if successful, work will be due to begin in September 2008 with an approximate 12-month turnaround, i.e. to be in residence by 2009/2010.

Action Point AP: b/04/08 - Ballykelly Branch Surgery: WHSS Council to confirm with WHSS Board that they have stopped paying for premises and whether any refund has been made for the period since the Branch Surgery closed.

A letter has been sent to Mr E Gallagher WHSS Board and has been acknowledged. Mr Gallagher is on leave and will respond to the Council on his return.

Action Point AP: c/04/08 - New Hospitals Southern sector: WHSS Council to write to Roads Services to support the need for a better roads infrastructure with the building of the new hospitals in Enniskillen and Omagh.

A letter was sent on 15 April 2008 to Mr Pat Doherty, Divisional Manager, Roads Service. A response was received on 29 April 2008 and a copy is included in Members' packs.

Ms Reilly acknowledged Mr Doherty's very prompt reply to her letter.

Action Point AP: d/04/08 - Carers allowance: WHSS Council to check the position for pensioners and carers allowance. Bill going through Assembly – WHSS Council to write in support of the case for pensioners to retain carers allowance.

A letter was sent on 21 April 2008 to Mr David McNarry MLA. A copy of the letter and Mr McNarry's reply thanking members for their support on the Private Member's Bill is included in members' packs.
Also included in the pack:

- information from Carer's Northern Ireland website;
- information regarding Private Members Bill.

Mrs Hogg said she wished to thank Ms Reilly for writing to Mr McNarry on this issue.

She said carers struggle to do the work that they have to do. She added that a value cannot be put on what carers do and that they are saving the Government millions of pounds.

Action Point AP: e/04/08 - ICU Facilities in Gransha: WHSS Council to ask the Trust for an update on psychiatric ICU facilities for patients in Gransha.

Ms Reilly said there are intensive care beds for Mental Health patients in Gransha's admission ward. She said she had met with Mr Bernard McAnaney, Assistant Director of Mental Health WHSC Trust, and he had confirmed to her that there are three intensive care beds both in the male and female wards. The admission unit including intensive care beds is currently under review by the Trust and the WHSS Council expects to be kept informed about any developments. This issue will feature in the Council's 2008/09 work plan.

Action Point AP: f/04/08 - O'Neill Inquiry report: Add to future meeting as an Agenda item.

Agenda item.

Hydrotherapy Service:

Ms Reilly said she had received a letter from Mrs Rosaleen Harkin the new Assistant Director for Adult Disability Services with the Western Trust. Mrs Harkin said as she was new to this issue she would discuss it with her colleagues and will come back to the Council at a later date.

Action Point: f/05/08

Rosaleen Harkin to report back to WHSS Council on the hydrotherapy pool issue.

Dispensing of continence products – Eglinton Medical Practice

Ms Reilly said a number of people in the Derry area including elected representatives had raised concerns about this issue. There had been an intention to transfer the dispensing of continence products to the old Waterside Health Centre from the beginning of May. This would have meant some patients having to travel up to 7-8 miles to collect continence pads and consequently some would not be able to access the service.

A letter was sent from the WHSS Council raising the concerns about the adverse effect this decision would have on patients who are elderly, vulnerable and disadvantaged.

A response was received from Mrs Geraldine Hillick, Assistant Director for Primary and Community Care with the Trust. She advised that following receipt of comments from clients/patients and MLAs the Trust will revisit the appraisal of options and give consideration to the views/issues raised. Meanwhile following discussion with Eglinton Medical Practice agreement has been reached to facilitate dispensing of continence products for a further 3 months at the Practice until the options appraisal has been completed.

Mr Jim McKeever said it was a sad situation that everyone had to go through all this in order for the Trust to see common sense.

Action Point: AP g/05/08

WHSSC to continue to monitor this situation and the outcome of the Trust's reappraisal of options.

Ms Reilly said the Council has received several complaints about access to community stores in the Southern sector of the WHSC Trust and in particular about limited opening times. She gave the example where one Community Store opens on a Monday only and as bank holidays tend to occur on a Monday this further reduces access and was proving very difficult for clients.

<u>Dental Services</u>:

Ms Reilly drew members' attention to a copy of a dental survey carried out by WHSS Council (copy included in members' packs). She thanked staff member Ms Sorcha Forbes for her work in carrying out the survey.

Ms Reilly said the report makes for very concerning reading. The Council did a telephone survey of the dental practices using the 'mystery shopper' technique asking the following questions:

1. Are you registering Adult NHS patients?
2. Are you registering Children 0-18 years NHS?

if not

3. Are you registering Children 0-18 years, if their parents are patients at the practice?

Ms Reilly said the Council was very aware of the lack of access for adults to NHS dental services but that this survey had revealed the dire situation faced

by children. They had discovered that children living in the Western Board area were now in the same position as adults. At the time of the survey in April of the 50 practices surveyed only 6 were still open to registering children under the NHS. She said this was indeed a very worrying development not least given the very poor dental health of Western children coupled with some of the highest levels of deprivation in Northern Ireland.

Mr Page said when the Director of Dental Health at the WHSS Board is interviewed by the media she has nothing to say. If someone is looking for a dentist in the Derry area they are asked if they would be willing to travel to Enniskillen. This he said includes children with severe toothache.

He said the WHSS Board have re-advertised for six dentists to carry out work for the NHS and they still haven't recruited any.

Ms Reilly said she had asked her colleagues in the other 3 Councils if they would carry out a similar survey so that they could compare access across the 4 Board areas, adding that she fears the West might be the worst off area.

Ms Reilly said the Chief Officers of the four Health Councils are meeting with senior officers from the Department on this issue and would raise a number of issues including:

- Why the Department's negotiation of the Dental contract is taking so long.

- Why it appears that the Board's dental professional leads are not involved in the negotiations given their expertise and local knowledge of the oral health of their respective communities. She said they will ask what the rationale is for not involving them.

Ms Reilly said she was quite concerned that bit by bit patients are being forced into paying for dental care through this creeping privatisation of dentistry. Those who cannot afford to pay will have to put up with pain and poor oral health.

Mrs Hogg said this was also an issue for older people whose dentists are also getting older and then retire. She queried what then happens to the older people? She said if there is going to be no National Health Service dentistry for older people then they are going to be forced to spend money that they do not have.

Ms Reilly said it seems extraordinary in this new world of advances in health care and modern technologies that dental health is actually taking a retrograde step. There needs to be a policy decision around dental care and oral health which recognises that there is a responsibility within the NHS to

provide for the oral health needs of the people of Northern Ireland. If people want to get their teeth whitened or have other cosmetic interventions they can pay for it she said but oral and dental care has to remain a health issue. Ms Reilly said the Chief Officers will be pressing home this message to the Department's officials.

Mrs Hamilton said she was aware of a child having to have a tooth removed and it cost £90.

Mr Page said he was aware of a senior citizen having started treatment on the NHS and during the course of treatment the dentist went private and subsequently wanted the patient to pay for the remainder of the treatment.

Ms Reilly said there was a duty on the dentist to give the patient the relevant information and costs before treatment was started.

Mr McKelvey said there was a dentist in Ballymena advertising in the Belfast Telegraph to come to him for private treatment and that he would subsidise bed and breakfast for an overnight stay in Ballymena. Ms Reilly said she believed this was being targeted mostly to cross border clients. Mr McKelvey said people here are crying out for a service.

Mr Page raised the issue of a patient moving from one dental practice to another and that their dental records are not being passed to the new practice.

Ms Reilly said this raises the question about who 'owns' an NHS patient's record. She said she understands that dentists, including those who have retired, are allowed to retain the records in order to provide evidence of financial probity. Apparently, she said, the record is linked to information about the quantity of treatments and may be used to cross check against the number claimed for. Ms Reilly said she intends to raise this issue also with the Department as a number of patients have complained that they are being forced to have for example repeat x-rays done, which are expensive, in order to commence treatment with their new dentist. She said she would be surprised if this was the only way of tracking NHS treatments and payment for claims made by dentists.

Ms Reilly said the Minister has announced that he is now going to put some money into bringing in private dentists from the UK in the same way as they did for hip replacements, eyes etc. Ms Reilly said she was surprised to hear a local representative from the British Dental Association saying he was quite sure there would be local dentists interested in taking up that offer.

ASD Services:

Ms Reilly said she had quite a detailed conversation with Mr Kieran Downey, Assistant Director of Children's Mental Health and Disability WHSC Trust, on the issue of the Autistic Spectrum Disorder waiting times. She said there are children who have waited many years, particularly in the Southern sector of the Trust, for assessment and treatment. Mr Downey informed the Council that the Trust has now appointed a Clinical Psychologist who will take the lead in the Southern sector but it is going to be at least September before the rest of the multi-disciplinary team are in place.

Ms Reilly said she had arranged an urgent meeting for the 14 May 2008 with Mr Downey to discuss the issue further. She said the WHSS Council will want an assurance that the longest waiters, and in particular the 6 children who have been waiting for more than 29 months, will be targeted first.

Mrs Hogg said she had attended a seminar on 17 April 2008 on a training strategy for ASD in Northern Ireland. She said the topic was basically a rationale for a regional training strategy, the importance of co-ordination at all levels but particularly co-ordination of partnership between education and health. Ms Jean McClelland, the Scottish Government's lead on ASD, shared her experience on how best to serve people with autism at every level. She referred to the fact that there was good practice on the ground in this part of the world but it was very patchy and it wasn't being shared. General collaboration is needed and support and understanding from the top down. Mrs Hogg said there is a review of autism services due out for public consultation but she thinks the most important thing is that autism is on the Government's agenda which she didn't think it had been up to now. She said it was very interesting to see health and education coming together to discuss ASD issues which were of common interest and that this was the way forward.

O'Neill Inquiry Report:

Ms Reilly stated that the deaths of Madeleine and Lauren O'Neill was a terrible and preventable tragedy. She reminded members that she had sat on an Independent Inquiry approximately 2 years ago and when reading the O'Neill Inquiry report she said she was struck by the fact that many of the same issues were re-appearing in this report.

She said she had made arrangements to meet with the 3 parties concerned i.e. the Department, the WHSC Trust and the WHSS Board to see how they are planning to implement the Inquiry recommendations. Ms Reilly said she had met with a Department official on 28 April 2008 and with Trust officers earlier today.

She said all of the bodies concerned have decided to bring all the recent Inquiries together because they also realise the many similarities in the

issues and subsequent recommendations. There will be a global set of recommendations and all three parties have drawn up detailed and time bound implementation plans. She said that the Trust had already begun to implement some of the more urgent recommendations and were reporting on their progress to the Department. Ms Reilly said she would give a full report to the members after she has met with the Board officer on 14 May 2008.

Mr Page said some of the issues were down to lack of consultation and sharing of information.

Ms Reilly suggested to members it might be useful in the near future for the Council to consider hearing directly from the WHSS Board on progress in implementing the Inquiry recommendations.

<u>Annual Accountability Review</u>:

The Chief Officer informed members that the Annual Accountability Review meeting will be held with Department Officers on 12 June 2008.

<u>Members' Issues</u>:

Mr McIvor:

Mr McIvor said he had received an invitation to a workshop in relation to the replacement of the Ballycann 1 and 2 units on the Gransha site. The workshop is to be held on Friday 16 May 2008 in the Denis Desmond room at Altnagelvin. The aim of the workshop is to provide an opportunity to explore the future role and remit of the new facility and to achieve the best possible design for the new building. Mr McIvor said he planned to attend the workshop.

Ms Reilly acknowledged Mr McIvor's particular interest in these services through his community involvement and work for people with Altzeimers but said she was disappointed that the WHSS Council had not been informed of the workshop. She said she would contact the Trust officer concerned and remind him of the Trust's obligation to keep the Council informed of any proposed service changes taking place.

Action Point: AP h/05/08

Chief Officer to contact WHSC Trust in relation to workshop being held re Ballycann replacement.

Mr Page:

Mr Page said he wished to inform the Council that the Out Of Hours service in Derry is being moved to the Outpatients Department at Altnagelvin in June.

Mr Page also raised a concern regarding the phone system at Riverview House (the former Foyle Trust HQ). He said there is now a touchtone phone service in place with nine options to choose from. He said older people in particular are reporting to him that they find the system confusing.

Ms Reilly said she would contact the Trust on this issue.

Action Point: AP i/05/08

WHSS Council to contact WHSC Trust regarding the phone system at Riverview.

Mrs Hogg:

Mrs Hogg said she chairs the Children and Young People's Committee for the Western Education and Library Board. She said they had a presentation from Mr Kieran Downey, Assistant Director of Children's Mental Health & Disability WHSC Trust, about the transition of young people from special schools to Further Education colleges and other facilities. She said the presentation was excellent and she was pleased to see that there is joined up thinking between health and education. She said she just wanted to make members aware of this because as time goes on there is an increasing need to have these links in order to make better use of resources.

Mrs Hogg asked if members were aware of the ICE (In Case of Emergency) Campaign where you store in your mobile phone using the letters ICE the number of the person you would like to be contacted in an emergency.

Ms Reilly thanked Mrs Hogg and said the WHSS Council had informed members of the ICE Campaign previously. However, she said she would be happy to re-issue the information to all members as a reminder.

Action Point: AP j/05/08

Chief Officer to re-issue information to members regarding the ICE Campaign.

<u>Any Other Business</u>:

Proposal for October Joint Council Event:

Ms Reilly proposed that instead of having one of the monthly Council meetings members might be interested in going on a formal visit to the Assembly at Stormont. She said it might be possible that such a visit could include

meeting with the Chair and members of the Health Committee.

Ms Reilly said she had mentioned this to her Chief Officer colleagues in the other Councils and they were interested in making the visit a Joint Councils member event.

Mr Page proposed that he contact his party colleague Ms Michelle O'Neill who is the Vice-Chair of the Health Committee regarding the visit.

Ms Reilly said if members were in favour then a Joint Councils event might be able to be scheduled for October 2008. Members were in agreement and Ms Reilly said she would discuss the proposal further with the other Chief Officers.

Speaker for June Meeting:

Ms Reilly informed members that Ms Sandra Campbell, Development Officer (Northern Ireland) with The PSP (Progressive Supranuclear Palsy) Association would give a presentation to the June Council meeting.

Members' Declaration of Interests:

Ms Reilly said members have recently been sent a copy of the information the Council currently holds on each member's Declaration of Interests. She asked members to provide an update on their interests and return to the WHSS Council office as soon as possible. She informed members that the Declaration of Interests will be published on the Council's Website (www.whssc.org) and it is important to ensure that the information is accurate and up to date.

Update of Members representing WHSS Council on Groups/Committees:

Ms Reilly said members have recently been sent a copy of the information currently held regarding representation on Groups/Committees. She asked members to check the information and to contact the office with any amendments or updates. This information will also be published on the Council's website.

Resignation of Mr McGowan as Council Chairperson:

Ms Reilly said she wished to inform members that Mr Paddy McGowan had indicated his intention to resign as Chairperson of the WHSS Council effective after the June 2008 meeting. She reminded members that Mr McGowan has in the last year taken up a new lecturing post at University College Dublin and he feels he is unable to give the level of time commitment necessary for the role of Chairperson. She added that he has confirmed he will remain on the Council as a member.

Consequently there will be an election for a new Chairperson at the June 2008 meeting.

Ms Reilly said she will write to all members with a brief description of what the role of the Chairperson involves and the time commitment that is required. She also agreed to send out a nomination form to all members.

Action Point: AP k/05/08

Send out nomination forms to members for the election of chairperson at the June meeting.

Minister's Vision for Health and Social Care:

Ms Reilly informed members of an event taking place where the Health Minister will present his vision for Health and Social Care. The event will take place in the Drummond Hotel, Ballykelly on Thursday 15 May 2008 from 4.30pm - 6.00pm.

Ms Reilly asked if any member is able to attend that they would provide feedback to the Council at the June meeting.

Further information can be found by visiting the Website www.uup.org or by telephoning 028 71341333.

Date, Time and Venue for Next Council Meeting:

Date: 6th June 2008

Time: 6.00pm

Venue: Omagh Library Complex,
1 Spillars Place, Irishtown Road, Omagh

The meeting ended at 8.50pm