

## **NORTHERN HEALTH AND SOCIAL SERVICES COUNCIL**

Minutes of a meeting of the Northern Health and Social Services Council held at 1.30pm in Cookstown Enterprise Centre on Wednesday 1 September 2004.

### **PRESENT:**

**In the Chair:** Mr T Creighton

**Members:**

Mrs B Adger	Professor G Kernohan
Mrs M Anderson	Mr J Millar
Mrs M Baker	Mrs J Montgomery
Mrs M Beattie	Mr R Montgomery
Mr P Boyle	Mr S Nicholl
Mr N Hamilton	Mr M Nolan
Mrs L Johnston	Mr I Stevenson

**In Attendance:** Mr N Graham  
Mrs J Erwin

Mrs Baker welcomed members to the meeting on behalf of Cookstown District Council.

### 74/04 **APOLOGIES**

Apologies were received from Ms Armstrong, Mrs Drummond, Mrs I Johnston, Mrs Morrison, Mrs McCambridge and Mr T Nicholl.

### 75/04 **CHAIRMAN'S BUSINESS**

Mr Creighton commented upon his attendance at meetings of United Hospitals Trust Board and the Northern Health and Social Services Board. At the NHSSB meeting he took the opportunity to raise the withdrawal of a minor injury service at a GP practice in the East Antrim area and to call for the 24 new beds at Antrim Hospital to be designated protected beds.

Members noted that Ms Norma Evans, current Chief Executive of Causeway Trust had been appointed Chief Executive of Homefirst Community Trust.

Mr Creighton invited feedback from those members who had attended one of the Northern Board Out-of-Hours information sessions in Moneymore, Coleraine or Ballymena. Particularly

highlighted was the low attendance and members felt the sessions could have been more widely promoted.

Mr Creighton congratulated Mr Stevenson on his election as Deputy Mayor of Ballymoney Borough Council.

76/04 **MINUTES OF THE MEETING HELD ON 2 JUNE 2004**

The minutes were agreed and signed.

77/04 **MATTERS ARISING FROM MEETING OF 2 JUNE 2004**

**66/04 Joint Health and Social Services Councils' Conference 17 and 18 June 2004**

Hailed as a success, Mr Graham indicated that the work accomplished during the Conference had given the Council Chief Officers a clear direction for the future.

Members had welcomed the useful insight into the English, Welsh and Scottish experiences provided by representatives from the Commission for Patient and Public Involvement in Health, the Association of Community Health Councils and Fife Community Health Council. Simon Bridge's evaluation of the Councils had pointed to the need for an aim or mission to achieve rather than a list of functions to perform, the benefits of a single regional organisation with a local presence and the need to re-look at the name. The workshops had reinforced this with members seeking a move towards a strong, independent organisation with local links, greater community involvement and joint working. With this in mind Chief Officers have been working on a joint work programme for the next 3 years.

Those in attendance welcomed the opportunity to meet members from the other Councils and to share ideas about the future role of Councils. Feedback would be shared with Mr Gowdy, Permanent Secretary, Department of Health, Social Services and Public Safety.

**66/04 Homefirst Community Trust Estates Strategy**

Members met with Trust representatives on 3 June 2004 to hear details of the Trust's Estate Strategy. Following the meeting a letter was received which provided specific information in relation to the Trust's position regarding the George Sloane

Centre, Ballymena. A follow-up visit would be arranged in due course.

### **72/04 Lagan Valley Hospital**

Mr Graham updated members on the events that followed the identification of the incomplete disinfecting of an endoscope at Lagan Valley Hospital, Lisburn. The Chief Medical Officer, Dr Henrietta Campbell, requested an investigation into the use of endoscopes for all hospitals in Northern Ireland. It was found that some hospitals were not fully compliant with required cleaning and disinfecting procedures. In the northern area between Antrim and Whiteabbey Hospitals there were a total of nine endoscopes which gave cause for concern. Over 800 patients were recalled at Whiteabbey for a blood test, approximately 700 availed of the offer. Over 1000 patients at Antrim received a letter telling them that the risk to their health was extremely low and offering reassurance and advice. A blood test was also offered and 50 patients requested this.

United Hospitals Trust informed the Council that the evidence suggested that no-one retested contracted a blood-borne virus as a result of the incomplete disinfecting of endoscopes.

Mr Hamilton enquired if, in the course of testing anyone was identified with hepatitis C. Mr Graham said he understood that a few people had produced a positive test result but did not have further details.

Mrs Adger voiced concern about the distress this whole issue had caused to patients and Professor Kernohan sought details on what local ongoing support is being offered.

The Trust reported that all procedures for the cleaning and disinfecting of endoscopes have been reviewed. The endoscopes in Antrim Hospital are now in use again while three have been withdrawn from Whiteabbey Hospital pending further advice.

Mr Graham informed the meeting that on 19 August 2004 the DHSSPS had formally commissioned an independent review of endoscopes. The review team will be examining the information and data already assembled by the HPSS and supplied to the Department. The group aim to report to the Minister by the end of November 2004.

## **72/04 Twilight Nursing Service**

In response to a concern raised by a Council member, Homefirst Community Trust had provided reassurance that there would be no interruption to nursing services currently received. As part of the Trust's modernisation plan to improve care provided to patients, the nursing service would be enhanced and extended to include patients with acute health needs to enable them to be cared for in their own homes.

The current twilight service will be incorporated into a newly developed Acute Care at Home Team that will provide care from 9.00am to 11.00pm everyday.

## 78/04 **VISITING**

### **Visiting Programme – September**

Arrangements were made for visits to the Elderly Care Unit, Mid-Ulster Hospital, Magherafelt and Carrick One In-patient Addictions Unit, Holywell Hospital, Antrim.

### **Visiting Reports**

#### **Child and Adolescent Mental Health Unit, Antrim**

This report would be considered at the October Council Meeting.

#### **Robinson Hospital, Ballymoney**

The Robinson Hospital, Ballymoney was opened in 1932 and for many years it provided a range of acute hospital services. Over the past 60 years, however, it has evolved from an acute hospital to a community hospital managed by Causeway Trust. It now provides a range of services for patients, children with special needs and adults with learning disabilities. It also provides accommodation for the Hospice Home Care Team and Cruse Bereavement Care.

Mr Stevenson reported that among those areas commended by the visiting team were the computer link from the nurses station to the Health Centre which allowed nursing staff to access blood results quickly, the establishment of a training programme with university students and the use of art therapy for social and diversional therapy. Problems highlighted included a shortage of nursing beds locally causing delays for patients ready for

discharge. This situation could potentially worsen due to the ageing population in the area. There is difficulty in recruiting trained staff and more storage space is required. These problems would be shared with Causeway Trust.

### **Visiting Responses**

#### **Ard Rath House, Magherafelt**

Members were advised that the Head of the Unit is considering carpet for the ground floor which would hopefully reduce the level of noise throughout the house. Homefirst Community Trust would be asked to keep the Council updated.

#### **Inver House, Larne**

Specific points raised by the visiting team related to parking, signage and patient shower facilities. In its response United Hospitals Trust pointed out that availability of car parking spaces varies on a daily basis depending on time and activity. The options for expansion of capacity are very limited on the site and would have to be prioritised within the Trust's overall capital programme. Members welcomed the Trust's commitment to review the parking situation on a regular basis.

The Trust had asked the Department of Environment to review signage to the hospital and was pleased to advise that additional signs would be erected from the A8 Ballymena Road at Pound Street and the A2 Glenarm Road at Victoria Road.

A request to have showers installed had been fully considered by the Trust following a previous Council visit. However, this scheme was only one of many requests for minor capital works, which because of restrictions on capital funding, have to be prioritised annually. Since patient safety was not an issue in this instance the proposal to install showers was accorded a low priority. Members noted that the Trust would assess the situation when funds permit.

## **79/04 TO CONSIDER BUSINESS OF COMMITTEE MEETING**

### **Administration Committee – 19 August 2004**

Commenting on the position in relation to the NHSSC offices Mr Graham had reported that a Business Case had been submitted to the Department and clarification sought on a number of areas.

Receipt of the revised Business Case had been acknowledged, however, a decision was still awaited.

Mr Creighton had advised that he had again raised the issue of mileage allowance rates for members with Mr Gowdy, the Permanent Secretary, DHSSPS. In a response, just received, Mr Gowdy offered his apologies and said he shared the concern about the apparent lack of progress on this issue but the review had proved more complex than expected. Initially it had seemed feasible that guidance could be issued in early 2004, however, when approval of the proposals had been sought from the Department of Finance and Personnel they asked that the Inland Revenue be consulted to ensure that the proposed rates of allowances would meet with current taxation and national insurance regulations. They had also emphasised the importance of establishing that any additional costs resulting from proposed increases could be managed from within existing resources.

The advice given by the Inland Revenue and the need to establish the financial consequences, made it necessary to consult with Directors of Finance of all DHSSPS sponsored bodies about the current situation. Analysis of the returns, currently in progress, will indicate the extent of guidance which needs to be issued and its implications. These will be considered and a submission made along with firm proposals for new rates of allowances. Consultations permitting, Mr Gowdy expected this to be completed by the end of September 2004 and a circular issued at that point. This would be followed up if nothing received.

Noting various rates of mileage allowances for MLAs, MPs and local government, members agreed with Mr Hamilton's sentiments that it was wrong to discriminate and that there should be a flat rate for all.

Mr Graham advised members that he had been approached by Mr Boyd, Director, Primary Care Services, NHSSB, in relation to the identification of external assessors for the patients surveys which GP Practices can now carry out under the new GMS Contract. Following discussion about the role of an assessor and potential conflict of interest if undertaken by a Council member it was agreed that anyone interested could discuss this directly with the NHSSB's Family Practitioner Unit.

Members asked that their good wishes be passed to Ms McElhinney, the Council's Research Officer who would be leaving in October to take up a position within the NHSSB's Social Services Directorate.

80/04 **DRAFT ANNUAL WORK PROGRAMME 2004/2007**

In outlining the key objectives within the Draft Annual Work Programme, Mr Graham referred to the need to increase visibility and accessibility to members of the public, to monitor the health and personal social services provided, to advise on health and personal social services policies, strategies and operation, to provide complaints assistance, to develop a medium/long term strategy/plan for HSS Councils, to fulfil organisational requirements and to respond to local issues in the provision of health and personal social services to the public.

The development of the core areas of the Annual Work Programme will bring about more involvement with the communities, an awareness campaign, joint annual working, the establishment of a joint Councils' working group to prepare for the future, an annual joint meeting and the sharing of good practice across HSS Councils.

The Chairman, Vice-Chairman and Mr Millar would represent the Council on the working group. Mr Nolan or Mrs Adger would deputise for Mr Millar in the event of his unavailability.

81/04 **DHSSPS CONSULTATION FOR PEOPLE BEYOND TOMORROW: A STRATEGIC FRAMEWORK FOR THE DEVELOPMENT OF PRIMARY HEALTH AND SOCIAL CARE FOR INDIVIDUALS, FAMILIES AND COMMUNITIES IN NORTHERN IRELAND**

The Strategic Framework sets out a vision and policy framework that is designed to shape primary care policy and services over the next twenty years, in order to ensure these services best meet the needs of individuals, families and communities. As part of the consultation process which is scheduled to end on 8 October 2004, a series of public meetings to facilitate discussion on the proposals, as well as meeting with various professional groups in the services, are being organised. Details of the public meetings in the Northern area which would be facilitated by the four Local Health and Social Care Groups were shared with members.

82/04 **REPORT FROM:**

**Regional Workshop to develop a broad range of performance measures for Ambulance Services**

Mr Millar gave a detailed report on his attendance at the workshop set up to provide advice to the DHSSPS, Northern Ireland Ambulance Service and Boards on key objectives and indicators for the Ambulance Service over the next 5 years.

Mrs Beattie drew attention to the ambulance situation in Carrickfergus where the issues were not just about the siting of the station but about the need for an improved service with another ambulance and crew.

83/04 **CORRESPONDENCE**

The Chairman referred to the correspondence list circulated with the agenda.

Mr Graham referred to additional items of correspondence:

- NHSSB Minutes of 30 June 2004
- DHSSPS Consultation on Obesity in Children and Young People

84/04 **OTHER BUSINESS**

**Hospital Acquired Infection**

Mrs Baker referred to a recent Report by the Comptroller and Auditor General entitled 'Improving patient care by reducing the risk of hospital acquired infection: A progress report' and called for a co-ordinated approach in dealing with hospital acquired infections.

Speaking from personal experience of dealing with MRSA patients Mrs Montgomery also called for a co-ordinated approach.

Mr Graham referred to a briefing on MRSA, prepared by Ms McElhinney, the Council's Research Officer and distributed to members.

It was agreed to seek a presentation from the Board's Consultant in Communicable Disease for the next Council meeting.

**Pain Relief Clinic, Antrim Hospital**

Mrs Baker cited a case where a patient referred last October to Antrim Hospital's Pain Relief Clinic had still not received an appointment. She understood the waiting time for an appointment to be one year and felt this was totally unacceptable. The Council would raise the issue with United Hospitals Trust.

**Domiciliary Meals and Home Help Service**

Mr Montgomery highlighted several local issues and requested an update from Mrs Simpson, Director Social Care and Disability, Homefirst Community Trust on the situation with domiciliary meals and the home help service. The issues would be raised with Mrs Simpson and an invitation extended to her to update the Council.

85/04 **DATE OF NEXT MEETING**

The next meeting will be held on Wednesday 6 October 2004 in the Ballymoney Borough Council area.

The meeting closed at 3.45pm.

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Chairman

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Secretary

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Date