Northern Ireland
Assembly

COMMITTEE FOR
HEALTH, SOCIAL SERVICES AND
PUBLIC SAFETY

OFFICIAL REPORT
(Hansard)

Evidence Session with Mr Gerald Bond on Hygiene and Infection Control at the Royal Victoria Hospital

26 November 2009

NORTHERN IRELAND ASSEMBLY

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Members present for all or part of the proceedings:
Mr Jim Wells (Chairperson)
Mrs Michelle O'Neill (Deputy Chairperson)
Dr Kieran Deeny
Mr Alex Easton
Mr Sam Gardiner
Mr John McCallister
Mrs Claire McGill
Ms Sue Ramsey
Mrs Iris Robinson

Witnesses:
Mr Gerald Bond
Dr John Burton

The Chairperson (Mr Wells):

I welcome Mr Gerry Bond and Dr John Burton to the meeting. As you will have noticed from the earlier witness session, gentlemen, you have 10 minutes in which to make your presentation. After 10 minutes, I will inform you that it is time to finish. Following that, members will ask questions. The normal protocol is that the Deputy Chairperson will ask the first question, but I will invite Samuel Gardiner to speak first, because he has to leave at 4.00 pm, and he has a

question that was not answered during the previous session.

Mr Gardiner:

My question might not be relevant to this session.

The Chairperson:

It may be more relevant to the final session.

Mr Gardiner:

In that case, I will not ask the question.

Mr Gerald Bond:

In March 2008, my grandson was admitted to the Royal Victoria Hospital (RVH). Within a few hours, his condition was stabilised, and, three days later, a tumour was removed from his brain in a major operation. That rapid, effective response by Nigel Suttner and his supporting staff of the nurses, technicians and ancillary staff of ward 4F undoubtedly saved his life.

We took much comfort from the fact that the neurosurgical unit on ward 4F is, reputedly, one of the best in the world — a reputation that it gained during the Troubles. That is a fact. All that changed dramatically only two days after Michael's operation. He started to go downhill, and, after six days, he could not speak and could move only one foot. He was lying in the high-dependency unit, fighting for his life. That was not caused by a clinical problem, it was not some tragic surgical error, and it was not even MRSA. His condition was caused by common everyday bacteria deep inside the surgical site.

I spent a very stressful year fighting through a wall of silence, evasion, pathetic excuses, harassment, intimidation and public humiliation from the Royal's wonderful administrative service. I have tried to uncover how this could possibly have happened in the most prestigious unit in the Province's premier hospital. I have managed to uncover a disgraceful failure to comply with almost all articles of governance. A once proud hospital has been turned into a death trap: what a terrible waste of the expertise of those who gave so much to help Michael. That is an insult to the dedicated staff at the Royal Victoria Hospital, the real healthcare workers — and, God knows, there are many of them. This is no longer about Michael; my findings affect every person in the Province. It is our hospital, Mr McKee, not yours. It is ours.

I started to examine the legislation in which the statutory duties of responsibility are laid down and defined. In the 2003 and 2006 Orders, those duties are very clear, and I have submitted a summary of those to the Committee. Straight away, they raise three questions. Does the Belfast Health and Social Care Trust conform to those requirements? Does the trust have in place policies, protocols and managerial policies listed, as required by that legislation? The answer is: yes it does. It is listed in my submission: a dress code; a sisters' charter; a no-smoking policy; proper linen handling, and so on. It is all there, so what went wrong? Somebody seems to think that writing a policy makes it work. However, nobody takes any notice of the policies. Look at the photographs that I sent you. The evidence is all there; nobody takes any notice. There are surgeons walking down the Grosvenor Road in their operating gowns.

The next question is: does the trust have in place the procedures and protocols to make sure that those policies are being implemented? The answer is: yes it does. There is the Safer Patients initiative, but no one operates it. There is a serious adverse incident reporting scheme, the guts of which is that we learn by our mistakes. However, I am not being flippant when I say that the Royal prefers to bury its mistakes. It is useless. Michael almost died from his infection, which was not even reported let alone investigated. The Royal is not prepared to learn anything.

The trust has an environmental cleanliness policy that involves seven layers of committees. Not one of those committees picked up on the fact that essential hygiene audits were not being done. That brings us to the very guts of the drive against infection — the Cleanliness Matters programme and its associated toolkit. Under that scheme, there are supposed to be regular hygiene audits. An operating theatre, for example, is supposed to have an audit once a week. I asked for copies of the hygiene audits for neurosurgical theatre 1, where Michael was operated on, and, after four months, I finally received them. I discovered that, prior to the day of Michael's operation, that theatre had not been audited for 23 consecutive weeks. I am quite sure that the Royal's administration will claim that that was all down to a systems failure. It is not a systems failure; the systems are all there. It is a governance failure.

When one asks who is responsible, the answer has already been heard today: everyone is responsible. When an administrator says that, what he or she really means is that nobody is responsible. It is everybody's responsibility, but try finding the person who is really responsible. How did the Royal respond? I will not take up the Committee's valuable time by going into the

details, because members have my written submission. However, the issues raise matters of important public concern, so I have included an account of them at appendix 6. When the Royal finally began to release requested hygiene data, the results were so bad that I contacted the Regulation and Quality Improvement Authority (RQIA), which said that it had no prior knowledge of the issue. I had sent the RQIA five e-mails over an eight-month period that started in October 2008, and I had attached copies of the appalling hygiene results that I had been given. I do not know how RQIA representatives can sit here and say that they did not know.

I pointed out that the incidents were potentially lethal and asked for RQIA personnel to go into the Royal and check that my findings were correct. They sat on their backsides for eight months and did nothing. When they finally did go in — I suspect after being approached by the BBC — the audit of ward 4F was so bad that it had to be closed: a top neurosurgical ward in a premier hospital had to be closed after a hygiene inspection.

I am sure that the Royal will say that it was a planned refurbishment. A patient toilet seat covered in faeces; a faeces-stained mattress stored in the patients' bath; medicine in a fridge contaminated inside and out by pink liquid; out-of-date antibiotics in a fridge; dried blood on a resuscitation trolley; and cardboard boxes in a trolley drawer — those are not refurbishment problems; they are dirty nursing problems. If one reads the report in detail, the vast majority of the 115 faults that were found by the RQIA come down to nursing and cleanliness.

The findings stated that there had been a widespread and consistent failure by staff at all levels to comply with almost all procedures, protocols, codes of practice and written managerial policies that were designed to ensure compliance with statutory healthcare law. There has been an almost total failure to observe all the procedures and protocols to ensure that those rules have been obeyed. Even when external agencies were provided with numerous warnings, they failed to exercise their statutory powers, which is why I am here today. I am appealing to the Chairman, Mr Wells, as a last resort, because no one else is interested.

When the Belfast Trust was faced with evidence of serious lapses, it used large numbers of staff to try to evade, avoid and negate any criticisms. The trust is more concerned with protecting its own skin than the patients.

I come now to allegations. I do not want to sit in judgement. Each of these refers to their peer

groups. I will start with the ward sister. I formally accused the ward sister, or managers of that ward, of a gross breach of their contractual and legal requirements of duty of care. I invite the Committee for Health, Social Services and Public Safety to call for their immediate suspension and for the referral of the case to the Nursing and Midwifery Council's disciplinary committee. A hospital in England referred one of its nurses to the disciplinary committee because she offered to pray for a patient, and she was struck off three months ago. That should be put in context.

I come to the man in the middle. I accuse William McKee, the chief executive of the Belfast Trust, of a reckless disregard for the patients in his care, of culpability and multiple breaches of his statutory and contractual duty of care as clearly defined in the 2003 and 2006 health Orders. Those are statutory breaches.

The Chairperson:
Mr Bond, you are liberty to make those accusations. The Committee can prove or disprove them. However, it cannot accept them until is has heard the trust's point of view.

Mr Bond:
I am requesting that the Committee listens. I am not telling, or even attempting to tell, the Committee what it should or should not do. I am simply laying the allegations before it. What the Committee decides to do is its business, not mine.

The failures are culpable. That man knew what was going on; he had been given documents by me and by George Robinson MLA, and he was repeatedly asked questions. Therefore, I am calling for a full criminal inquiry by appropriately trained police officers. Resignation should not be an option.

As a corporate body, the Belfast Health and Social Care Trust failed to comply with its statutory duty of care as defined in legislation. I respectfully suggest that the chairman and individual members of the board of trustees be advised to consider their positions on that board, which is empowered and required to protect and enhance the safety of patients in our — not, as I was originally going to say, their — hospital. That is what they were appointed to do.

I am accusing the Minister of Health, Social Services and Public Safety, Michael McGimpsey, of gross incompetence. He knew what was going on. He has had report after report. He has had

50 questions for written answer from George Robinson. He cannot say that he does not know. What has he done? Everything after the event. I met him, and he is a very nice man. He is a gentleman. I could sit down and have a meal with him, but he is not the man to be leading an 80,000-strong workforce. I urge Committee members to table a cross-party motion of censure on the Minister. Let his peers decide rather than me.

Even when presented with irrefutable evidence over an eight-month period, the RQIA failed to respond.

The Chairperson:

Mr Bond, will you please make your winding-up remarks?

Mr Bond:

I am almost finished. Two questions have already been asked of the RQIA. Has the RQIA carried out a follow-up inspection? We are talking about people's lives. A ward was closed. Did the RQIA look at the ward before it reopened? Did it bother to go back to have a look? In light of the appalling conditions that were found in the hospital's premier ward, would it not have been sensible for the RQIA to look in detail at all the other wards?

That is all that I wish to say, apart from thanking the Committee for listening to me and George Robinson for the support that he has given me. I thank Dr Burton and Maggie Reilly, who is sitting behind me in the Public Gallery, for being here. To show that I am not a Victor Meldrew, I pay tribute to the dedicated staff at the Royal Victoria Hospital for what they did for Michael and to the staff at Belfast City Hospital and the Royal for what they continue to do for him. In particular, I pay tribute to the ward staff and the behind-the-scenes staff at the Causeway Hospital, where Michael spent several weeks gaining his strength. If the administrators at the Royal want to see how to run a hospital and how to deal with client problems, in my experience, they could not do better than going to the Causeway Hospital, which does things the way that they should be done.

The Chairperson:

Thank you, Mr Bond. We are pleased that Michael is making a recovery, and we are glad to see him here today. Will you clarify whether you have taken legal action against the trust or the Department?

Mr Bond:

No, I have not. This is not about Michael. My sole aim is to get a safe and healthy healing environment in our hospitals. If there is any legal action, it will come from Michael not me.

The Chairperson:

I was not making a judgement on the matter. It is just so that the Committee knows whether it is dealing with the matter in the context of a judicial process or of a formal complaint. In addition, in your covering letter, you said that you want the Committee to see the unabridged report on the inspection of 29 May. I understand that you feel that the first draft of the report is rather different.

Mr Bond:

No; that was a misunderstanding by someone from the media. I was misled. The copy that that person was given did not seem to match the one that I received. It was a misreading on that person's part. In fact, it is the same report.

The Chairperson:

Therefore, are you content that the report is accurate?

Mr Bond:

I am content. I assume that you have the same draft as I have.

The Chairperson:

That is fine. As you know, there was an earlier draft of the report into the Royal Victoria Hospital.

Mr Bond:

I raised the matter because, in August, when I first asked for a copy of the report, the RQIA used the Freedom of Information Act 2000 to stop me from getting it. Fortunately, other people did get it, so I have been sitting on it since August.

The Chairperson:

Are you content that that document is the same as the one that we have?

Mr Bond:

Yes, it is.

Mrs O'Neill:

I thank you for bringing this issue to the Committee, and I convey my best wishes to Michael and to your whole family.

It is unfortunate, to say the least, that, in every avenue that you have tried to go down, you have faced a blockage. You do not seem to have found the help that you desired. The Committee is concerned about maintaining public confidence in our hospitals and access to services.

The RQIA inspection of the Royal was in May. Have you had reason to be back in the hospital since that time, perhaps to attend at appointments? Have you noticed any changes or improvements?

Mr Bond:

I was given a tour of the hospital on 16 November. Structurally, there has been a vast improvement to ward 4F. For a start, the fridge temperature is being monitored. Much of that is down to Ian Jamison. He is one of the officers whom I met in whom I have confidence, and I believe that he will try to help. Unfortunately, however, I have serious doubts as to whether that man will be allowed to do what is necessary.

As to my family, Michael was up for an appointment about two months ago. His mother phoned me early in the morning and told me that she was standing beside a trolley that was splattered in blood on the corridor on floor 2 in the Royal Victoria Hospital. I mentioned that to Ian when I met him later that day. The trolley was still there when he got back. That is how much notice they take. Cigarette ends that had been left on the floor of the second floor were still there. Therefore, I do not know how long the improvements will last.

Mrs O'Neill:

Who is Ian Jamison?

Mr Bond:

He is the co-director for client services. He will appear before the Committee later this afternoon.

Mrs O'Neill:

Is he the officer who organised the tour to show you improvements?

Mr Bond:

Yes, he is. I must say that it was a very useful day.

Mrs I Robinson:

It is nice to see you, Mr Bond and John. I am delighted to see Michael today. We all wish him well in his ongoing recovery.

Will you tell me how bad the hygiene audits of ward 4F were? How many of the required audits of neurosurgical theatre 1 were not done?

Mr Bond:

Do you want to know how those audits are done?

Mrs I Robinson:

That would be helpful.

Mr Bond:

A hospital is divided into what are known as functional areas, according to the toolkit, which is the bible for hygiene audits. We could be dealing with a ward, an operating theatre or an outpatients department. The functional area is classified according to risk or groups: low risk, medium, high or very high. An operating theatre is a very high-risk area, whereas a ward is normally a high-risk area. I believe that ward 4F has now been upgraded to a very high-risk area. That determines the frequency with which the audit must be carried out. If it is a very high-risk area, it must be done very week. In the 52 weeks prior to Michael's operation, neurosurgical theatre 1 had two audits. You may judge from that how good the hygiene was. Ward 4F received only three of the required 12 audits. Minimum compliance is 75%, but none of the areas achieved that. The audit in July scored 40%, during which the registrars' room on ward 4F scored 17%. That room is used by the doctors who are in closest contact with the patients, but it

scored only 17%. According to the toolkit, those pathetic audits should have set off an automatic alarm system. The audit frequency should have been increased until such time as compliance was reached. However, the next audit after 7 July 2007 took place in October 2007, and it scored 74%. It nearly, but did not quite, make it. The next audit was in June 2008, when a score of 51% was achieved. Then I started complaining, and three audits were carried out in August 2008, one of which achieved a score of 80%.

After that, they must have thought that I had gone away, because no further audit was carried out until November 2008. The RQIA report does not state that the inspection of November 2008 was carried out by managers rather than by ward staff, and it scored 39%. It was centred on the kitchen, which was closed as a result of the inspection. The kitchen at the top neurosurgical ward in the premier hospital was closed for hygiene reasons, and it is still closed. Ward 4F has to bring in its food from somewhere else, which must, in itself, bring a risk of cross-contamination. The nurses cannot make themselves a bit of toast because the ward does not have a kitchen.

A score of 48% was achieved in November 2008 and of 74% in December 2008. The Committee can judge how good that is. It is pathetic. If I were a manager, a member of my staff who achieved those sorts of scores would be kicked out. As far as I know, no disciplinary action has been taken, and we cannot discuss it.

Mrs I Robinson:

That has been helpful, Mr Bond. The Belfast Trust will give its views later in the meeting, and we will put some of your points to its representatives. It is terribly sad to have come to this position, but I will leave it for other members to tease out.

Dr Deeny:

Gerry, John and Michael, you are welcome. As an MLA, my focus is on health. This week, I thought of the many complaints and discontent among the public. For example, a family in another part of the Province has no answers three years after their mother died with fractures. Is the situation severe enough that there are grounds for appointing a health ombudsman?

Gerry, I admire you because people have to stand up. In far too many cases, people do not stand up, and it is assumed that issues will fizzle out after two or three complaints. That is the way that is has been. I have worked in the Health Service for almost 30 years, and not only are

you a patient and a carer but you are a caring, passionate and emotional man, so you have to be admired. If you could take one measure to improve the Health Service here, what would it be?

Mr Bond:

I could answer that in three words, but I will make my answer a wee bit longer. About three months ago, the Minister of Health, Social Services and Public Safety, Mr McGimpsey, said that the importance of the role of nurses cannot be overstated, but that nurses cannot run a hospital on their own. He has a very short memory; for hundreds of years, until about 30 years ago, hospitals were run by nurses, usually ladies with many years' experience.

One such lady was Mother Eugene at the Mater Hospital. Her name has come up in conversation, but I have never met her. It seems that Mother Eugene did not require an army of administrators, clipboard carriers, tick-box fillers, hygiene audits and a pile of paperwork to tell her whether her hospital was clean. She knew that by walking round the hospital twice daily, which is what Mr McGimpsey has finally got round to requesting. Either Mother Eugene or one of her assistants walked round the hospital to see what was wrong. I worked in a hospital with one such lady, who would walk onto a ward followed by a sister and say, "Good afternoon, Mr Smith. How is the broken leg today? Sister, get that cleaned." She did not mean to set up a review body, report to a standards committee, get permission from a finance group and appoint another cleaner for 10 minutes a day. She meant, "Get that cleaned now." That is what we need. Those ladies were known as matrons. The quick answer to Dr Deeny's question is simple: bring back matrons.

When you go home, have a walk around your constituencies, talk to 100 middle-aged people and ask them the same question. What would you do to bring back matrons? When your administrators tell you that bringing them back will not work, do not let them off the hook. Ask them why. Those are the people who plotted the demise of matrons. When Mother Eugene left the Mater Hospital, it eventually took 30 administrators to replace her, all of whom were on salaries that she could never have dreamed of and would never have wanted.

Ms S Ramsey:

All of them were men.

The Chairperson:

Remember section 75.

Ms S Ramsey:

Women can multitask.

Mr Bond:

There is also a desperate need in Northern Ireland for a patients' advocate. There was no one for me to turn to. We need the equivalent of the Patients Association, which is a cross-channel organisation. That is the quick answer.

Mr McCallister:

I accept the points that you made. I am delighted that you have come to the Committee, and I join my colleagues in wishing Michael well.

You spoke about all the policies and all the processes that were down in writing but were not being practised. We seem to have all the right systems but nothing is happening, and nobody is taking responsibility. You have obviously been round the mill, even in trying to get an answer. How can we condense the policies and processes and start to make people responsible and accountable?

Mr Bond:

There is a mindset in administration that producing the policy will solve the problem, which, of course, it will not. A 30 mph sign does not stop a driver from speeding. Only being pulled in by a policeman will stop that driver from speeding. Nobody is pulling these guys in. Discipline has not even been mentioned.

Mr Gardiner:

It will come up later.

Mr Bond:

I will take the hygiene control line management as an example. There is a service group assurance committee and an environmental cleanliness standards group, which report to a super-group. In turn, they report, along with an infection prevention and control committee and a

controls assurance committee, to an assurance group and an executive team. The executive team reports to the chief executive, who reports to the trust. Not one of the people on those groups noticed that the hygiene reports were not being done. Why did it take a member of the public to find that out? What are we paying those people for? If you think that that is bad, the people on those groups have accomplices. There is an infection prevention and control accountability chart. None of the people on the chart spotted that hygiene reports were not being done. Nobody seems to care. That is what is wrong.

I could provide specific examples from Michael's case, but I prefer not to. Michael is not here as an exhibit; he is here because he is interested in politics and wants to meet some of the people who were supposed to look after him.

Mr McCallister:

You have been quite critical of the RQIA. I assume that you would have liked a much quicker and proactive response from the RQIA. When you highlighted the length of time since there had been an audit on an operating theatre, you would have liked to have seen action within days instead of eight months.

Mr Bond:

Exactly. This shocking audit, which is a shame on the Province, was carried out on 29 May. It is now almost the end of November before you folks are even talking about it. In the meantime, people are dying and becoming infected. Does anyone care? It seems to me that no one cares.

The Chairperson:

You presented the Committee with a series of photographs, which is pretty damning stuff. The RQIA has also provided us with quite shocking photographs. Would you at least accept that, when the RQIA did an inspection, albeit, in your opinion, too late, it discovered many of the things that you were alleging and gave official confirmation to what you were saying. On that level, at least, there seems to be a correlation between the two versions of what is going on in ward 4F.

Mr Bond:

I took much comfort from that, because, believe you me, there have been several occasions in the past 18 months when I wondered whether I was going over the top and being over-critical. When

I then received the RQIA report, it was a total vindication of my concerns and anger. So yes, I would agree with you.

Ms S Ramsey:

I welcome all the witnesses. I do not think that you are going over the top. You can understand why we keep talking about efficiency savings, and you highlighted some of the issues about the executive team, the assurance group, the A team and the B team. I believe that there can be efficiency in the health sector, which will free up much-needed money for front-line patient care and services, including cleanliness, hygiene and proactive behaviour. The RQIA carried out its inspection on 29 May 2009. When did you first report this matter to the Belfast Trust or to the Royal?

Mr Bond:

I was taking issue with the Royal 18 months ago.

Ms S Ramsey:

Which is, roughly, what date?

Mr Bond:

That would be April 2008.

Ms S Ramsey:

Therefore, it was almost a year later that the RQIA carried out its inspection on 29 May 2009 and found similar issues.

Mr Bond:

I am sorry, there might have been some confusion about the dates. I contacted the RQIA only in October 2008, but the inspection was still eight months later.

Ms S Ramsey:

However, in the year after you first raised the matter with the Belfast Trust and the RQIA's inspection, some of the issues that you raised were similar.

Mr Bond:

They were the same issues.

Ms S Ramsey:

That leads me to believe that the Royal totally ignored the issues that you raised.

Mrs I Robinson:

Meanwhile, there was the whole issue of clostridium difficile.

Ms S Ramsey:

Accountability is central to the issue, and, when public money is involved, there seems to be no accountability on how it is spent or who spends it. I commend you for your paper to the Committee. It is thorough and detailed, and even contains photographs. I am a resident of Belfast, so I am familiar with some of the issues that you raised, and I believe that they have been in existence for a number of years.

Your paper states that the chief executive:

"was rewarded for his efforts with a £2500 performance bonus on top of his 6 figure salary."

Mr Bond:

That is correct.

Ms S Ramsey:

When did that happen?

Mr Bond:

It happened last year.

Ms S Ramsey:

Was that performance-related pay?

Mr Bond:

Yes, it was. He was given £2,500 in performance pay.

Ms S Ramsey:

You said that the kitchen in ward 4F is still closed.

Mr Bond:

I know that it is still closed because I was there last week. There is a hot drinks area, but there is no kitchen as such.

Mrs I Robinson:

It costs extra money to bring food in.

Mr Bond:

I do not know how that works. I was more concerned about the clinical aspects.

The Chairperson:

Are there any other questions from members? I notice that Mrs McGill has not had a chance to ask a question. Are you happy enough?

Mrs McGill:

As you have given me the opportunity, Chairperson, I welcome Mr Bond and wish him and his family well.

Mrs I Robinson:

It is also important to hear from John, so that we get the medical side.

Dr John Burton:

I am sure that members will breathe a sigh of relief to hear that I will not make any substantive submission to the Committee. I am really here as a spear carrier, or, perhaps, a pike carrier, in support of this formidable gentleman and his family. I am here to make sure that Gerry did not drop the ball. Clearly, he did not.

Ms S Ramsey:

Gerry scored the best goal of the day.

Dr Burton:

If the Committee is capable of hearing auricular confessions, I must confess that I am a doctor. That probably condemns me in this Room today, and I feel a great cringe factor.

Mr Gardiner:

We could just pray for you.

Dr Burton:

On most occasions, the Committee will listen to doctors who present themselves as experts. I do not present myself as an expert; Gerry is the expert on this matter. I want to note that reference was made to Mother Eugene, who was the matron in the Mater Hospital when I graduated. She was a formidable lady who tried to put the fear of God into me, but I am not sure whether she succeeded.

In the earlier evidence session with the RQIA, remarks were also made about wards 1 and 2 in the Mid-Ulster Hospital. If any of you have driven through Magherafelt, you will know that the Mid-Ulster Hospital was formerly the workhouse. If those premises can achieve high levels of cleanliness, the arguments about the fabric of buildings lose their effect.

Ms Ramsey commended Gerry on his work. Although I would like to be associated with it, all of it is his work. You remarked particularly on the photographs that he took. I also come from a legal studies academic background, and the production of the diagrams struck me. They are all Gerry's work; they are not plotted from somebody else's work or plagiarised. They are formidable pieces of work in their own right. I am loath to describe Gerry as an ordinary person: he is a formidable person. His work demonstrates the capacity of some people, if they are faced with distress in their family, to generate this sort of analysis. It is of a high academic standard, and, more importantly, it has practical implications on the street.

Mr Bond:

I have made several visits to hospitals in the Chernobyl area. I have seen hospitals in appalling states of disrepair. I have been to hospitals in which operations were cancelled because the surgeon had only five sutures left. I did not see infections in those places. I saw doctors and nurses on their hands and knees scrubbing floors, so do not talk to me about stress; I have seen it. Some people talk about stuff that they have no idea about.

If any officials want to use civil and human rights as an excuse for doing nothing — God knows, I have come across that this year — let them buy and read a copy of article 2 of the European Convention on Human Rights, which concerns the right to life. That is sacrosanct. It cannot be shoved aside by any other human right. Those people need to remember that before it is too late.

Dr Deeny:

I have one quick question for Gerry, and John can contribute also if he wishes. Problems with the hygiene of staff, the public and patients could have very serious impacts on people's lives. Time and again, members of the public have said that their complaints go no further than a complaints manager in a trust. What do you think that we should have in Northern Ireland that would allow people, in confidence if necessary, to highlight a serious concern that they think could jeopardise people's health in a particular health establishment. Where can they go when they feel that their concern will not go any further, no matter what they do?

Mr Bond:

My experience of the Royal's complaints procedure is that where it says "client liaison office" read "management protection unit", because an immediate defence is given to the hospital. We need a completely independent patients' advocate, along the lines of the Patients Association in England, who will eventually — this is not going to happen tomorrow morning — have the powers to carry out the types of inspection that the RQIA carries out, but more frequently and in more areas. However, there will be a problem with finance. How will that be financed and still keep its independence from the Government and government agencies?

Mrs I Robinson:

We could save much money by putting the right structures and cleaning regimes in place, thereby reducing the likelihood of families having to take litigation against trusts because of the lack of those structures and regimes.

Mr Bond:

Of course we could.

Mrs I Robinson:

That could save millions of pounds.

Dr Burton:

From my legal studies perspective, I know that litigation is the last resort in many cases. Families do not want to take up that option, but, when they have been stonewalled time and time again, they feel that they have no other choice. I wish that lawyers had less of that business.

Mrs I Robinson:

Absolutely; it is a sad indictment.

The Chairperson:

Gentlemen, thank you very much for a fascinating evidence session. You are both very articulate and are, therefore, able to put forward a strong and compulsive case. I wish to discuss one issue that was raised. During your presentation, Mr Bond, you asked for the immediate suspension of the responsible ward managers, for the Committee to call for a full criminal inquiry by the police into the culpability of Mr McKee, who is the chief executive of the Belfast Health and Social Care Trust, and for a cross-party motion of censure on the Minister of Health, Social Services and Public Safety.

I am sure that you accept that those are very serious issues and that the Committee will need to consider them in detail. We certainly cannot give you a response today, because we do not rush into such decisions or take them lightly. You are perfectly within your rights to ask for those demands and censures. However, the Committee will have to consider them first.

Mr Bond:

Chairperson, I wish to make it clear to the Committee that those were requests not demands.

The Chairperson:

I accept that. You also asked that members of the board consider their positions, and I think that that is a perfectly legitimate request. However, you did not request that the Committee ask them to do that. Your attendance today is much appreciated. Again, on behalf of the Committee, I wish Michael all the best in his recovery.