

100th Meeting of the Public Health Agency Board

Thursday 15 March 2018 at 1.30pm

Fifth Floor Meeting Room, 12-22 Linenhall Street, Belfast

Present

Mr Andrew Dougal	- Chair
Mrs Valerie Watts	- Interim Chief Executive
Mr Edmond McClean	Interim Deputy Chief Executive / Director of Operations
Mrs Mary Hinds	- Director of Nursing and Allied Health Professionals
Dr Adrian Mairs	- Acting Director of Public Health
Councillor William Ashe	- Non-Executive Director
Mr Brian Coulter	- Non-Executive Director
Mr Leslie Drew	- Non-Executive Director
Mr Thomas Mahaffy	- Non-Executive Director
Ms Deepa Mann-Kler	- Non-Executive Director
Alderman Paul Porter	- Non-Executive Director

In Attendance

Mr Paul Cummings	- Director of Finance, HSCB
Mr Robert Graham	- Secretariat

Apologies

Mr Cecil Worthington	- Acting Director of Social Care and Children, HSCB
Mrs Joanne McKissick	- External Relations Manager, PCC

12/18 | Item 1 – Welcome and Apologies

12/18.1 The Chair welcomed everyone to the meeting. Apologies were noted from Mr Cecil Worthington and Mrs Joanne McKissick.

13/18 | Item 2 - Declaration of Interests

13/18.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

14/18 | Item 3 – Minutes of previous meeting held on 15 February 2018

14/18.1 The minutes of the previous meeting, held on 15 February 2018, were approved as an accurate record of that meeting, subject to an amendment in paragraph 9/18.10, the word “men” is replaced with “both men and women”.

15/18 Item 4 – Matters Arising

15/18.1 There were no matters arising from the previous minutes.

16/18 Item 5 – Chair’s Business

16/18.1 The Chair presented his Report and noted the forthcoming tax that will be levied on soft drinks which have a high sugar content.

16/18.2 The Chair advised members that he had met with Dr Sloan Harper and Mr Michael Donaldson from HSCB to discuss oral health in children, and that he will be meeting with representatives of the British Dental Association on Wednesday 28 March.

16/18.3 The Chair informed members that he had been involved in the recruitment and selection process for replacement non-executive Directors for the PHA. He said that a final report will be issued to the Private Office and to the Permanent Secretary within the next week.

16/18.4 The Chair said that this meeting will be the last meeting of the Board which will be attended by Brian Coulter. He thanked Mr Coulter for his contribution to the Board of the Agency, and in particular, his chairmanship of the Governance and Audit Committee. The Chair greatly appreciated the wise counsel which Brian Coulter had provided to him. On behalf of the Board, he wished Mr Coulter well for the future.

17/18 Item 6 – Interim Chief Executive’s Business

17/18.1 The Interim Chief Executive advised that members had received an update at the last Board meeting on the report of the Inquiry into Hyponatraemia-related deaths which had been published on 31 January 2018. She said that it remained her intention to arrange a Board workshop at an appropriate point. She advised that a stocktake is currently being undertaken against the Report’s recommendations across all areas of the HSC, including by the HSCB and PHA and that this is being led by the joint PHA / HSCB Quality, Safety and Experience Group. She added that there is a particular focus on those recommendations that directly relate to the HSCB and PHA, but also those where we can provide a supportive role to our colleagues in Trusts.

17/18.2 The Interim Chief Executive said that on a related issue, Board members were previously informed of concerns raised under the Whistleblowing Policy relating to the Hyponatraemia Inquiry, and the Inquiry Chair, Mr Justice O’Hara confirmed the Inquiry will continue to look into these matters. She added that there has been ongoing correspondence between the Inquiry Chair and the HSCB, and some of this has been reported in the media as the Inquiry places all such correspondence on its website. She stated that the HSCB is continuing to co-operate fully with the Inquiry in relation to this, and that she would keep Board members updated on this.

- 17/18.3 The Interim Chief Executive advised members that following clarification from the Department of Health, the majority of the functions of the HSCB will move to the Department but through a host organisation arrangement with the Business Services Organisation. She said that work is now underway to put in place the appropriate governance arrangements, and that a risk assessment is also being undertaken.
- 17/18.4 The Interim Chief Executive moved on to give members an overview of the recent meetings of the Transformation Implementation Group. She said that issues discussed included an elective care plan progress report and a project assessment review of Pathology Modernisation.
- 17/18.5 The Interim Chief Executive advised that Board members were sent a copy of the recent Patient Client Council report, "Our Lived Experience of Waiting for Health Care". She said that the Report contains a series of case studies from people who have experienced lengthy waits for elective care assessment and treatment, and very clearly describes the impact this has on their lives. She added that the Report also reinforces that the current model of care is unsustainable.
- 17/18.6 The Chair enquired if a timetable was known for the transfer of the social care function to PHA. The Interim Chief Executive advised that there is a Project Initiation Document for the transfer of functions, and that a first meeting of the group overseeing this is due to meet shortly. Mr Coulter asked how PHA will blend existing social care strategies with its own strategic direction. The Interim Chief Executive advised that there had been discussion regarding this at the last Remuneration Committee meeting, and that she had highlighted the need for the Chair and Non-Executive Directors to receive training in terms of their statutory responsibilities. She said that this will be picked up as part of the risk assessments she had referenced previously. The Chair suggested that there might be merit in introducing changes in a phased manner.
- 17/18.7 With reference to the recommendations coming from the Hyponatraemia Review, Alderman Porter asked about the learning from all incidents and review reports and how the implementation of these is tracked. Mrs Hinds advised that the PHA and HSCB have a shared responsibility in terms of safety and quality and that learning from SAls is disseminated to Trusts, but a decision is made in terms of which areas assurances should then be sought in terms of how recommendations are being implemented. She added that there is a statutory duty of quality on Trusts.
- 17/18.8 Alderman Porter suggested that after a period of five years, PHA could return to review the implementation. Mrs Hinds said that some recommendations may take up to five years to be fully implemented. The Chair said that for the Hyponatraemia Review, it is important that the recommendations are acted upon with urgency, and that there is full engagement with the public.

18/18 Item 7 – Finance Report (PHA/01/03/18)

- 18/18.1 Mr Cummings presented the Finance Report and advised that a year-end break even position is being forecast. He said that programme expenditure is on track, with any deficits in the Lifeline spend being reallocated against other suicide prevention initiatives. He added that an appendix had been included with the Report, highlighting where the underspends in the management and administration budget had been utilised.
- 18/18.2 Mr Drew thanked Mr Cummings for his reassurance that PHA will achieve a break even position. He asked about the additional spend and how PHA can assess the impact and outcome of this funding. Mr Cummings explained that the vast majority of this funding was used to top up existing programmes where there was a cost pressure.
- 18/18.3 Alderman Porter asked why PHA's surplus was not utilised in other parts of the HSC. Mr Cummings said that as long as the PHA can demonstrate that the funding is being used appropriately, he has no issue with how it is utilised. He added that if he felt that this was not the case, he would have recommended that the funding be returned.
- 18/18.4 Mr Coulter asked about next year's financial outlook. Mr Cummings advised that the health budget is at a standstill, and that there remains a shortfall of £160m. In terms of impact for PHA, he said that he is expecting a reduction of up to £500k in the management and administration budget. The Interim Chief Executive said that once PHA is formally notified of its financial allocation, there may need to be a discussion with members.
- 18/18.5 Members noted the Finance Report.

19/18 Item 8 – Update from Chair of Governance and Audit Committee (PHA/02/03/18)

- 19/18.1 Mr Drew advised that the Governance and Audit Committee had met on 28 February and at that meeting, the Committee thanked Mr Coulter for his contribution to the work of the Committee.
- 19/18.2 Mr Drew said that the Committee considered an update on the Corporate Risk Register and agreed that there should be a workshop to look at this. He gave an overview of the latest Internal Audit report which related to newborn hearing and bloodspot screening data programmes.
- 19/18.3 Mr Drew advised that Mr Denver Lynn will be the Northern Ireland Audit Office lead for this year's audit and at the meeting, and that Mr Lynn presented the Audit Strategy. He noted that the timetable is very tight, but that some preparatory work was already underway.
- 19/18.4 Mr Drew said that the Committee received an update on the Information

- Governance Action Plan and on fraud.
- 19/18.5 Members noted the update from the Committee Chair.
- 20/18 Item 9 – Update from Chair of Remuneration and Terms of Service Committee (PHA/03/03/18)**
- 20/18.1 This item was discussed confidentially by Non-Executive Directors following the conclusion of the public meeting.
- 21/18 Item 10 – PHA Annual Business Plan 2018/19 (PHA/04/03/18)**
- 21/18.1 The Chair welcomed Miss Rosemary Taylor to the meeting for this item.
- 21/18.2 Miss Taylor explained that following the Board workshop in January, where the key themes of the Business Plan were set out for members in line with the core outcomes of the Corporate Strategy, the comments from members were reported back to the area leads within PHA and that this revised Plan prepared. She advised that some of the key changes related to references to suicide prevention, social isolation and partnership working. She said that the revised Plan will be formally submitted to the Department of Health following approval by the PHA Board, but that the Department have provided some comments on the draft which are currently being incorporated. She advised that these changes relate to references to community development and the Transformation agenda.
- 21/18.3 Miss Taylor said that this year’s Plan is a step towards a more outcomes based approach. The Chair asked about outcomes and impact. Miss Taylor explained that when developing the objectives, it was on the basis of “why are we doing this?” The Chair asked if an assessment of need had been undertaken. He added that it shouldn’t always be a “top-down” scenario, that there are individuals who are delivering the service who can help to formulate what PHA’s desired outcomes should be. Miss Taylor said that one of PHA’s objectives is to develop its outcomes-based approach which will include engaging with a range of stakeholders.
- 21/18.4 Mr McClean said that engagement was picked up at a meeting yesterday where there was an assessment of PHA’s commitment to PPI. He added that PHA does need to think more about improvement and impact on certain groups. Mr Drew suggested that “impact” could be looked at as part of a PHA Board workshop. The Chair agreed with this proposal.
- 21/18.5 The Chair thanked Miss Taylor for her work in developing this Business Plan which was **approved** by members.

- 22/18** | **Item 11 - Review of PHA Standing Orders, Standing Financial Instructions and Scheme of Delegated Authority (PHA/05/03/18)**
- 22/18.1 | Mr Cummings advised that the PHA Standing Orders, Standing Financial Instructions and Scheme of Delegated Authority had been reviewed and that the only changes related to updates in legislation and some changes in wording. He added that the Governance and Audit Committee had considered these.
- 22/18.2 | Mr Drew advised that the Governance and Audit Committee was content with the proposed changes.
- 22/18.3 | Members approved the PHA Standing Orders, Standing Financial Instructions and Scheme of Delegated Authority.
- 23/18** | **Item 12 - Sexually Transmitted Infection surveillance in Northern Ireland 2017 (PHA/06/03/18)**
- 23/18.1 | The Chair welcomed Dr Neil Irvine to the meeting and asked him to present the report.
- 23/18.2 | Dr Irvine said that the surveillance data used to provide the information for this Report comes from GUM clinics and laboratories. He said that in terms of successes, it is worth noting that the introduction of the HPV vaccine has resulted in a decrease in the instance of genital warts. However, he went on to say that there has been a rise in the numbers of cases of syphilis and gonorrhoea. He explained that there is an issue in terms of AMR as the main bug which can result in these cases is resistant to antibiotics and therefore two vaccines are administered. He finished by saying that the key age group for all STIs remains the 16-34 age group, as well as older men and men who have sex with other men (MSM).
- 23/18.3 | Ms Mann-Kler asked what can be done to target this age group, given the budget cuts. Dr Irvine noted that the PHA had developed a public information campaign, and for the most part this had been successful. Ms Mann-Kler asked about targeting the MSM group. Dr Irvine said that PHA provides funding to the Rainbow project, but that activity is not included in this data.
- 23/18.4 | Mr McClean said that for the 16-34 age group, social media are very important in terms of disseminating appropriate messages. He noted that data from OUTREACH are not contained in the Report. Dr Irvine said that that data would be included in next year's Report.
- 23/18.5 | Mr Drew said that the Report confirmed the importance of public information campaigns. Alderman Porter made a point that it may be difficult to change behaviours if people know that there are suitable treatments available, should they become infected. Dr Irvine noted the point but said that people do remain concerned about the possibility of contracting HIV.

23/18.6 Mr Coulter asked how Northern Ireland is doing compared to other regions. Dr Irvine said as there are different types of data being collected in different ways, it is difficult to make a comparison, but he was confident that Northern Ireland's rates were lower than those of other parts of the UK.

23/18.7 Ms Mann-Kler asked for more information on the AMR issue. Dr Irvine explained that two antibiotics are administered together, but that one of them has a high resistance level, which opens up the possibility that the other antibiotic could collapse. Ms Mann-Kler asked if there was any research being done in this area. Dr Irvine was not certain if this was the case and said that the older antibiotics are being continually monitored.

23/18.8 The Chair thanked Dr Irvine for what he said was a well-presented report. He commended Dr Irvine for a report which presented the data in a manner which was easily understood by lay people. He added that the pictorial approach to the presentation of the information was most helpful.

23/18.9 Members noted the Report.

24/18 Item 13 - Referral Pathway for Health Visitors and Family Nurse Partnership Nurses: Infants with an abnormal hip examination and/or risk factor for Developmental Dysplasia of Hip (DDH) (PHA/07/03/18)

24/18.1 Mrs Hinds introduced Ms Deirdre Webb to the meeting. She said that DDH is an important issue as there can be long term implications if it is not picked up and dealt with as early as possible.

24/18.2 Ms Webb advised that in Northern Ireland, there are two additional screenings for children, and that there are good clinical outcomes. However the key issue is the referral pathway. She explained that any child who has had a fracture highlighted is referred for an ultrasound, or an x-ray, and any major problems are referred to a specialist clinic at Musgrave Park Hospital. She said that before the introduction of this pathway, there were different approaches in each Trust, but now there is only one approach.

24/18.3 Members noted the referral pathway.

25/18 Item 14 – Any Other Business

25/18.1 There was no other business.

26/18 Item 15 – Date and Time of Next Meeting

Thursday 19 April 2018 at 1.30pm

Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast.

Signed by Chair:

Anna Douglas

Date: 19 April 2018