

107th Meeting of the Public Health Agency Board

Thursday 15 November 2018 at 1.30pm

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

Present

Mr Leslie Drew (Chair)	- Non-Executive Director
Mrs Valerie Watts	- Interim Chief Executive
Dr Adrian Mairs	- Acting Director of Public Health
Mrs Mary Hinds	- Director of Nursing and Allied Health Professionals
Councillor William Ashe	- Non-Executive Director
Mr John-Patrick Clayton	- Non-Executive Director
Ms Deepa Mann-Kler	- Non-Executive Director
Alderman Paul Porter	- Non-Executive Director
Professor Nichola Rooney	- Non-Executive Director
Mr Joseph Stewart	- Non-Executive Director
Miss Rosemary Taylor	- Assistant Director Planning and Operational Services (on behalf of Mr McClean)

In Attendance

Mr Paul Cummings	- Director of Finance, HSCB
Mrs Joanne McKissick	- External Relations Manager, PCC
Ms Nicola Woods	- Boardroom Apprentice
Mr Robert Graham	- Secretariat

Apologies

Mr Andrew Dougal	- Chair
Mr Edmond McClean	- Interim Deputy Chief Executive / Director of Operations
Ms Marie Roulston	- Director of Social Care and Children, HSCB

111/18 | Item 1 – Welcome and Apologies

111/18.1 | Mr Drew welcomed everyone to the meeting. Apologies were noted from Mr Andrew Dougal, Mr Edmond McClean and Ms Marie Roulston.

112/18 | Item 2 - Declaration of Interests

112/18.1 | Mr Drew asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

113/18 | Item 3 – Minutes of previous meeting held on 18 October 2018

113/18.1 | The minutes of the previous meeting, held on 18 October 2018, were

approved as an accurate record of that meeting.

114/18 Item 4 – Matters Arising

101/18.2 Waiting Lists

114/18.1 Councillor Ashe asked about a further update on waiting lists. The Interim Chief Executive advised that she would cover this as part of her Chief Executive's Report.

105/18.10 Procurement Plan

114/18.2 Miss Taylor advised that the group taking forward the work on procurement had held its first meeting yesterday.

108/18.6 Community Planning

114/18.3 In response to a query about the review of community plans, Miss Taylor advised that this is due to take place in November 2019.

115/18 Item 5 – Chair's Business

115/18.1 Mr Drew noted that the Chair's Business had been circulated via e-mail to members in advance of the meeting.

115/18.2 There was a reference in the report to homelessness and Ms Mann-Kler expressed her concern about the basic sanitary needs of homeless people being met. She suggested that the Board should receive an update on homelessness at a future meeting.

115/18.3 Alderman Porter noted that some homeless people choose to live on the street. The Interim Chief Executive advised that the number of people who are homeless is very small as there are hostel beds, but many homeless people do not avail of them. Mr Clayton said that it would be useful for the PHA Board to get a briefing on any work PHA is doing in this area. Councillor Ashe added that it would be useful to get data on the actual numbers as well as an update on what PHA is doing.

115/18.4 Mrs McKissick advised that 3 years ago the Patient Client Council undertook a literature review about the prevalence of homelessness and "sofa surfing". She said that they organised a workshop which involved the Department of Communities, Department of Health and service users. She added that there is a new Homelessness Strategy.

115/18.5 The Interim Chief Executive said that she had recently met with political representatives to discuss issues such as homelessness, street triage and de-escalation services.

115/18.6 Mr Clayton noted that there is a legal obligation on Trusts if a child is homeless and he said that he would welcome a briefing as going forward

PHA may have additional responsibilities in this area when it inherits the social care and children's functions following the closure of HSCB.

116/18 Item 6 – Chief Executive's Business

- 116/18.1 The Interim Chief Executive began with an update on the neurology call back exercise. She said that following the review of 2,500 neurology patients earlier this year, a decision was taken to recall a further 1,044 people. She explained that this further group consists of patients who had been seen by Dr Watt and discharged to the care of their GP, and that this process is being concentrated on specific groups of patients taking specific, specialised medicines.
- 116/18.2 The Interim Chief Executive said that the HSC would want to apologise for any distress and uncertainty that this process brings and it is clearly our responsibility to act on clinical advice and the emerging outcomes from the first phase of the recall. She advised that the review appointments started last weekend and are scheduled to be completed within a four month period.
- 116/18.3 The Interim Chief Executive assured members that the primary focus of this exercise is to reassure everyone who has received a letter that they are on the correct treatment; and request that they should not stop, or make adjustments to, their medication until they have been reviewed by a consultant neurologist at their appointment. She explained that anyone who does not receive a letter does not have to take any action and that there is a dedicated advice line in place for any concerns anyone may have.
- 116/18.4 The Interim Chief Executive informed members that new prototype elective care centres will undertake routine day surgery for cataracts and treatment of varicose veins from December 2018. She hoped that this development will have an impact on the number of patients treated and crucially, these centres will operate on separate sites from urgent and emergency hospital care meaning they will not be competing for operating rooms and other resources, leading to fewer cancellations of operations. She noted that while some patients may be asked to travel further for their treatment, they will be seen faster and have a better experience and it is the expectation of the Department of Health that patients who have been assessed as requiring treatment for cataracts and varicose veins will, by December 2021, be treated within 13 weeks as per Ministerial targets.
- 116/18.5 The Interim Chief Executive noted that 25th October saw the second anniversary of the launch of Delivering Together. As part of the transformation programme, she advised members that a new healthcare hub was announced on 19 October which will help transform healthcare for the homeless. She advised members that the Northern Ireland Ambulance Service recently launched a consultation regarding proposals for changing their service delivery.

- 116/18.6 The Interim Chief Executive updated members on the HSC restructuring saying that work is well under way with regard to the design groups which are co-chaired by HSCB and Department staff. She added that a second meeting of the staff side forum has also taken place, and that the Oversight Board, chaired by the Permanent Secretary, has agreed an internal communications framework to support engagement with staff. She acknowledged that in order to meet the overall timelines, there needs to be an Assembly or other legislative vehicle in place by January, but it is equally important that work must continue to ensure preparations are in place to move towards closer working, and most importantly, to give staff the certainty they want and time to prepare for the new arrangements.
- 116/18.7 The Interim Chief Executive informed members that a neonatal initiative delivered by Allied Health Professionals (AHPs) across NI neonatal units secured the overall award at the Advancing Healthcare Awards at the Le Mon hotel on 7 November. She advised that this model has been developed and led by Geraldine Teague, Lead AHP Consultant & Heather Reid, Public Health Consultant from the PHA and has been operating regionally since 2016. She added that at the awards ceremony this regional model won the DoH 'Transforming the Workforce' Award for 'Aiding Holistic Partnerships', which was awarded by the Permanent Secretary Richard Pengelly, as well as being awarded the overall winner on the night.
- 116/18.8 The Interim Chief Executive said there was more success for PHA as on Friday 9 November, the CIM Ireland Marketing Awards took place to celebrate the very best marketing innovations, interventions and campaigns crafted by organisations, businesses and agencies from across Ireland, and that PHA's #NotsorryMums breastfeeding campaign won the award for 'Best Cause related marketing'. She said that she would wish to convey her congratulations on behalf of the Board to both sets of winners.
- 116/18.9 Professor Rooney asked whether the neurology call back exercise is having an impact on current waiting lists. Dr Mairs said that this is being monitored on a weekly basis, but he assured members that there is no impact on core neurology services. He added that extra clinics are being provided by the independent sector. However, he suggested that there may be an impact in the future; hence there is an ongoing review of neurology services.
- 116/18.10 Professor Rooney asked whether PHA is involved in the design groups. The Interim Chief Executive said that PHA is involved in some of them, but she had made the point to the Department that the PHA has an important role in this work.
- 116/18.11 Professor Rooney asked about the transfer of paediatric pathology services to Alder Hey. Dr Mairs explained that HSCB is responsible for commissioning this service, but that PHA provides advice and support. The Interim Chief Executive said that the information provided by PHA is

- passed onto the Director of Commissioning. Professor Rooney asked whether the opinion of a psychologist was sought as part of the decision making process. She felt the decision was lacking psychological advice.
- 116/18.12 Mr Clayton noted that the timeline for the second neurology call back was longer than the first exercise. Dr Mairs said that this is deliberate as a risk-based approach is being adopted. He explained that it became clear that there needed to be follow up with those patients who had been discharged by Dr Watt, but were still on medication and had not been reviewed by another neurologist. He said that these patients may have been mis-diagnosed, or that they may be on medication that they do not require. He added that this cohort has been split into four groups, with each group being looked at using a risk-based approach. Furthermore, he explained that the impact on HSC staff had been taken into consideration as this work has been ongoing constantly for six months.
- 116/18.13 Councillor Ashe expressed his concern that the statement made regarding the paediatric pathology decision was a joint statement and that the PHA Board had not been informed before the decision was made public. Dr Mairs explained that although the consultant who spoke on the issue is employed by PHA, she was speaking on behalf of HSCB and PHA. The Interim Chief Executive apologised to members that they had not briefed beforehand. Mr Cummings said that Northern Ireland has been proactive in securing this service from Alder Hey because there is a UK-wide shortage of this service.
- 116/18.14 Ms Mann-Kler noted that there had been a news story regarding cervical screening in England, and asked if there were any implications for Northern Ireland. Dr Mairs assured members that there were no implications for Northern Ireland.
- 117/18 Item 7 – Finance Report (PHA/01/11/18)**
- 117/18.1 Mr Cummings advised that the Finance Report for the period up to 30 September 2018 showed a year to date surplus of £1.6m. He explained that a re-alignment of Trust budgets had taken place, but that there is a deficit in the Belfast Trust due to funds relating to the Lifeline budget not having been transferred. Within the management and administration budget, he advised that there is a surplus of £400k which continues to be a concern due to recruitment issues. He said that there is some good news for PHA as there should shortly be confirmation of PHA being authorised to run two public information campaigns this year.
- 117/18.2 Mr Stewart said that he was delighted that there is progress within regard to campaigns, but he asked whether there was any chance of the surplus within the management and administration being increased given this relates to vacant posts and there is only four months of the financial year remaining. The Interim Chief Executive informed members that the PHA is due to have its mid-year ground clearing meeting with its sponsor branch in the Department of Health next week, and that as part of that

- meeting the Department wishes to carry out its own analysis of PHA's vacant posts and to understand the risks. She assured members that there are ongoing efforts to fill vacant posts.
- 117/18.3 Mr Clayton asked for an update on transformation funding, and if there will be an underspend. Mr Cummings advised that PHA is responsible for 36 transformation projects, which are all proceeding. He explained that, in an attempt to speed up the process of getting initiatives underway, the HSCB and PHA no longer has to approve the Trust expenditure. He added that there is likely to be an underspend due to the difficulties in recruiting posts. The Interim Chief Executive expressed her concern about the change in process regarding approvals of IPTs (Investment Planning Templates) and said she has written to the Permanent Secretary in this regard.
- 117/18.4 Alderman Porter asked for reassurance that the HSC will still receive its funding from the confidence and supply arrangement in this financial year. Mr Cummings said that there is £100m earmarked for health, which is only guaranteed for this financial year, and that there are no assumptions relating to funding for 2019/20. Alderman Porter asked if he could see written confirmation regarding the funding for 2018/19.
- 117/18.5 Ms Mann-Kler asked if PHA was confident of achieving a break even position. Mr Cummings said that he was confident as PHA has achieved this every year. The Interim Chief Executive said that her only concern was that additional non-recurrent funding is offered to the Agency in January or February by the Department.
- 117/18.6 The Board noted the Finance Report.
- 118/18 Item 8 – Update on Our Future Foyle Initiative (PHA/02/11/18)**
- 118/18.1 Mr Drew welcomed Mr Brendan Bonner to the meeting. He noted that the Board had received information about the Our Future Foyle initiative at a previous meeting and welcomed the opportunity to learn more.
- 118/18.2 Mr Bonner said that his presentation would start by dealing with the issue of suicide but would lead to a discussion about issues such as technology, use of the arts, job creation and regeneration etc. He said that there is no other project in the world dealing with suicide prevention in this holistic and innovative approach. He informed members that since February 2017 there have been 14 deaths by suicide at the river, one search currently ongoing (which will bring the total to 15) and over 1,700 attempts from 3 years of data collected via CCTV monitoring. He said that the evidence based human and emotional costs of suicide equate to £1.7m per instance of suicide.
- 118/18.3 Mr Bonner pointed out this was not an issue about one bridge (Foyle Bridge) but about a 6 miles radius of the river and all its infrastructure, where vulnerable individuals had access to mean in terms of access to

- the river. He outlined on a map the high risk areas, which included the 3 bridges and the river banks.
- 118/18.4 Mr Bonner explained that a consultation, involving over 5,000 participants, was undertaken to ask what people would like to see happen to improve the perception of the river, and based on the responses a model, the “Foyle Triangle” suicide prevention tool was developed. He said that this model would look at core issues as awareness, identification of people at risk and providing support and then linking between creating physical barriers, soft barriers and increasing footfall in the area.
- 118/18.5 Mr Bonner gave members an overview of the three key social and cultural interventions being proposed: Foyle Bubbles, Foyle Experience and Foyle Reeds.
- 118/18.6 Mr Bonner said that Foyle Bubbles is an initiative whereby people can visit the river and avail of services, whether it be a local business or an advice drop-in point which are in the form of “bubble”. He added that the bubbles can be interactive, and can light up when people are nearby, thereby allowing CCTV to pick up any individuals who may be in distress and get assistance to them. He advised that 44 such spaces are being planned, and there are already up to 80 expressions of interest. He added that the bubbles would be located at the points highlighted in the map earlier, where there was ease of access to the river.
- 118/18.7 Mr Bonner explained that the Foyle Experience allows artists to make use of the space by the river to create an experience for residents and visitors. He said that during the May Day weekend many such artworks, developed by QUB, were installed at various points of high risk and over 15,000 people “engagements” with these works were recorded, and also no recorded suicide attempts that weekend. He added that the final artworks would be integrated with new technology to ensure they were inactive and easily accessible.
- 118/18.8 The third aspect is Foyle Reeds which Mr Bonner explained is the construction of 12,000 light up reeds along the Foyle Bridge which act as a physical barrier and are also impossible to climb over. He added that these reeds can change colour to mark significant events and people will be able to use an app to book their own time slot to light the reeds for their own event. He said that initial feedback on the reeds has been positive. He explained that this was an innovative barrier compared to the traditional solution of railings and it helped transform the cognitive association of the bridge for citizens and vulnerable people.
- 118/18.9 In terms of cost, Mr Bonner advised that the initiative will cost £27m over 5 years, but that there is support from the Department of Communities and the Department of Infrastructure, and that Transformation funding slippages has been earmarked as a potential source. He said that he had met with the Permanent Secretaries Group who were interested in this

- work. He explained that the business case is currently being compiled by the Strategic Investment Board and the planning aspects are being dealt with by Derry City and Strabane Council. He also hoped that local fund raising (Crowd Funding) would provide up to £500k of recurrent funding. Finally, he said that there is buy in from all political parties.
- 118/18.10 Alderman Porter thanked Mr Bonner for the presentation, but questioned whether the amounts of money being discussed would make a difference. He also suggested that people may choose to light up the bridge to mark the occasion of when they lost a loved one to suicide. He said that a similar initiative in Dublin had cost €15m, but only 1 out of 9 projects was deemed to have been successful. He asked how much evaluation has been done. Mr Bonner said that every aspect of this initiative is evidence based. He added that the lights are only to be used for celebratory events, and in terms of the cost he noted that suicide has already cost £25m over the last 16 months.
- 118/18.11 Ms Mann-Kler said that the presentation was very powerful and she felt that the innovations being described in the joining up of arts, creativity, health and wellbeing is the way public health should be going. She asked if suicide rates had decreased during periods such as the Derry City of Culture celebrations, and what indicators, apart from suicide, would be used to know whether the health and wellbeing of people is increasing. Mr Bonner advised that when there are other activities in the city, the suicide rate does decrease. He advised that the Strategic Investment Board business case has identified a broad range of indicators. He also said that the community planning group is looking at ways to measure “happiness” as a key outcome, and that this project will change people’s perceptions.
- 118/18.12 Mr Clayton noted that the presentation mentioned a lot of partners and he asked what the breakdown of the expenditure would look like. Mr Bonner advised that there is no capital cost to PHA, as funding will come from the likes of Transformation funding and statutory partners such as the Department of Infrastructure. He added that TourismNI are also interested as the bridges link the “Wild Atlantic Way” with the “Causeway Coastal Route”. In response to Mr Clayton’s follow up question, he reiterated that the only costs to PHA are management and evaluation costs.
- 118/18.13 Councillor Ashe commended the initiative saying that thought needs to be given to those individuals who are involved in retrieving the bodies of the individuals who have taken their lives, and the sickness absences that may ensue.
- 118/18.14 Professor Rooney congratulated Mr Bonner on this project and commended the work in areas such as helplessness, alienation and entrapment. She hoped that the momentum on this work can be maintained.

- 118/18.15 The Interim Chief Executive said that this is a fantastic piece of work, not only as a public health initiative, but as a tourism initiative. She noted that in her previous role she had contributed to the regeneration plan and the application for the City of Culture bid, and that the main aim was to create a place where people would want to go and would enjoy being in. She said that after 30 years of the Troubles, people wanted to see something different and they were excited when the funding for the Peace Bridge was confirmed. She added that the Police and Fire Games and the Clipper Round the World Yacht Race were two other event building on earlier initiatives.
- 118/18.16 The Interim Chief Executive said she was speaking from personal experience and is aware of the effect that suicide has on those family members that are left behind, and she commended Mr Bonner on his enthusiasm in taking this work forward. She wished to put on record her thanks to Mr Bonner for getting the project to this stage. Mrs McKissick praised the work of the project and the use of art.
- 118/18.17 Mr Drew thanked Mr Bonner for attending the meeting to deliver the presentation. He commended the joined up approach and the energy behind the initiative and he looked forward to the Board receiving more updates as this important work progresses.
- 118/18.18 The Board noted the update on the Our Future Foyle initiative.
- 119/18 Item 9 – NI Abdominal Aortic Aneurysm (AAA) Screening Programme Annual Report 2016/17 (PHA/03/11/18)**
- 119/18.1 Mr Drew welcomed Dr Stephen Bergin to the meeting and asked him to present the report on the Northern Ireland Abdominal Aortic Aneurysm (AAA) Screening Programme.
- 119/18.2 Dr Bergin said that before presenting the AAA Report, he wished to brief members on PHA's work to reduce inequalities across all its screening programmes. He advised that PHA commissions and quality assures 8 programmes which equate to almost 400,000 screening episodes **per year**. He said that PHA works with Trusts and primary care and has a direct responsibility for the delivery of these programmes. He added that this is a priority element of the PHA's work and that PHA is working hard to maintain its high performance in delivering these programmes.
- 119/18.3 Dr Bergin explained that all programmes are determined at a national level, and that there are inequalities across all 8 programmes. He said that the biggest issue is non-uptake, and that by not participating individuals increase the risk of harm. The main reasons for non-uptake, he said, include not having time, a lack of understanding, anxiety, young adults leading busy lives, rurality, ethnicity and homelessness. He said that to tackle this PHA needs to, for example, target its efforts in areas such as social media, but also to be out engaging with the population through initiatives such as Men's Sheds. Dr Bergin said that evidence

- 119/18.4 showed that people who are less well-off are less likely to avail of screening, as are foreign nationals and people with physical or learning disabilities.
- 119/18.5 Dr Bergin gave members an overview of the work of the Women's Resource and Development Agency (WRDA), an organisation which trains peer facilitators who target the bottom 20% of the population in terms of socio-economic deprivation. He added that a recent evaluation of its work has shown the programme to be worthwhile.
- 119/18.6 Mr Clayton thanked Dr Bergin for his presentation and said that he was pleased to see how much work PHA is doing to address inequalities, and added that he would be interested to learn more about the work of WRDA.
- 119/18.7 Dr Bergin moved on to present the AAA Screening Programme report. He explained that this programme is run by the Belfast Trust who have a cadre of staff who go out and deliver it across the whole of Northern Ireland. He advised that when men are screened and present with a small or medium sized aneurysm they are put under surveillance, but if they have a large aneurysm they are referred to a surgeon to explore potential need for surgery.
- 119/18.8 Dr Bergin advised that men aged 65 are invited to take up the programme and that the uptake for 2016/17 was 84%. He added that 107 aneurysms were detected that year.
- 119/18.9 Dr Bergin said that inequalities within this programme are not as wide in England than in Northern Ireland. He said that PHA recently held a service user event for those who had participated in the programme and that some of these service users are on the regional coordinating group. He added that there is ongoing work to further engage with service users.
- 119/18.10 Dr Bergin informed members that later this year the programme will be subject to an external quality assurance visit conducted in collaboration with Public Health England.
- 119/18.11 Mr Drew said that this was an excellent and easy to read report and thanked Dr Bergin for his presentation.
- 119/18.12 Professor Rooney noted that the report stated that the number of deaths from aneurysms could be halved, and asked if figures were available. Dr Bergin said that there are data but he did not have the information to hand. Dr Mairs said that a reduction in deaths from AAA due the screening programme should now begin to become apparent, as the programme prevented deaths 5 – 10 years into the future. He added that when the programme was being planned the prevalence rate was expected to be around 4%, but this has now reduced to 1.2% due to changes in lifestyle factors, such as smoking.

- 119/18.13 Ms Mann-Kler said that there is clearly a qualitative benefit from doing this work, but asked if there is a quantitative benefit for the NHS. Dr Mairs said that there are data available to show that the programme is cost-effective down to a prevalence rate of 0.9%. Dr Bergin added that no screening programme would be run, unless it met cost effectiveness criteria.
- 119/18.14 Mr Clayton said that the report was excellent, but asked about the inequality gap and if this was related to access issues, or lifestyle, or a combination of many factors. Dr Bergin said that there are many factors, but he said that knowledge also changes people's attitude.
- 119/18.15 Mrs McKissick commended the co-production element with the involvement of service users.
- 119/18.16 The Board noted the Northern Ireland Abdominal Aortic Aneurysm Annual Report for 2016/17.
- 120/18 Item 10 – Annual Immunisation Report for Northern Ireland (PHA/04/11/18)**
- 120/18.1 Mr Drew welcomed Dr Lucy Jessop to the meeting and invited her to present the Annual Immunisation Report.
- 120/18.2 Dr Jessop explained that this is the third annual immunisation report and includes vaccine coverage for all targeted childhood and adult programmes in Northern Ireland. She gave an overview of the key findings for the report. She highlighted that the uptake of HPV among girls was slightly lower than in the previous year. She noted that this was the first year that accurate data was available for uptake of the pertussis vaccine among pregnant women, and she advised that the uptake of the shingles vaccine among 70 and 78 year olds was slightly higher than the previous year.
- 120/18.3 Dr Jessop advised that the uptake of the HPV vaccine programme for men who have sex with men (MSM) was 73.3% for the first dose, but decreased for the second and third doses.
- 120/18.4 In terms of the priorities going forward, Dr Jessop will continue to work with school health and communication colleagues to improve the uptake of the HPV vaccine. Dr Jessop informed members that two studies had been undertaken using data regarding, firstly, variation in pertussis containing vaccine and seasonal influenza coverage among pregnant women and, secondly, the HPV vaccine among MSM. She said that the findings of these two studies will help to improve uptake of these programmes.
- 120/18.5 Dr Jessop informed members that the evaluation from a PPI initiative with the Roma community had highlighted that people within that community are not against immunisation, but there are practical reasons

- for not getting vaccinated, including not be able to read or having no fixed address.
- 120/18.6 Dr Jessop explained that this report does not contain information regarding uptake of the flu vaccine as this would not be available until June so is covered in a separate report.
- 120/18.7 Mr Stewart asked about the drop in rates for the second and third doses of the HPV vaccine among MSM. Dr Jessop said that this is a timing issue depending on when the men attend GUM clinics, and is not a cause for concern.
- 120/18.8 Ms Mann-Kler said that she was pleased that Northern Ireland is doing well compared to other parts of the UK. She asked whether there were any global threats that PHA should be aware of, and whether there were any issues with regard to storage of vaccines post Brexit. Dr Jessop advised that many vaccines are manufactured in the UK so there should be no impact on supply. She added that all vaccines are still very effective and that the UK is a world leader in this field and will continue to monitor trends
- 120/18.9 Mr Drew asked what more could be done to encourage people to come forward to be vaccinated, citing the use of social media as a method. Dr Jessop said that there is a lot of work being done to encourage uptake, and that PHA is constantly using social media to update people with regard to vaccines.
- 120/18.10 The Board noted the Annual Immunisation Report for 2017/18.
- 121/18 Item 11 – Annual Business Plan Mid-Year Monitoring Report (PHA/05/11/18)**
- 121/18.1 Miss Taylor said that this report was for the first six months of 2018/19, and that of the 75 actions in the Business Plan, 68 were rated as “green”, with 6 rated as “amber” and 1 rated as “red” in terms of implementation. She added that the report contained further detail regarding the mitigating actions for those targets rated “amber” or “red”.
- 121/18.2 Mr Stewart said that he was concerned that some of the targets had not been rated correctly. He felt that the target relating to campaigns should have been rated “red”, and that the target relating to procurement should have been rated “amber”. Miss Taylor noted the points, but said that within campaigns that there has been a lot of campaign work undertaken on social media and other forums. Ms Mann-Kler asked if any slippage could be utilised to help with campaigns. Miss Taylor hoped that this would be the case, and this may then allow for the target relating to campaigns to move from “amber” to “green”.
- 121/18.3 Mrs McKissick drew members’ attention to the MyNI initiative and said that this had been a major success and was an excellent example of

service user-led, evidence-based work which has effected a new way of talking and communicating with people. She added that the programme has been extended for a further 6 months. Mr Stewart said that he would like to hear more about this initiative. Dr Mairs said that it is linked to work being done on NI Direct, where there is a resource for people can find out where they can get help depending on their symptoms.

121/18.4 The Board noted the annual business plan mid-year monitoring report.

122/18 Item 12 – Any Other Business

122/18.1 The Interim Chief Executive asked that any members of the Board available to sit on an interview panel for the new Director of Quality Improvement should advise the Chair who would then contact her.

123/18 Item 13 – Details of Next Meeting

Thursday 20 December 2018 at 1.30pm

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

Signed by Chair:



Date: 20 December 2018