

104th Meeting of the Public Health Agency Board

Thursday 16 August 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
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
Mr Leslie Drew	- 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

In Attendance

Mr Paul Cummings	- Director of Finance, HSCB
Ms Marie Roulston	- Director of Social Care and Children, HSCB
Mr Robert Graham	- Secretariat

Apologies

Mrs Joanne McKissick	- External Relations Manager, PCC
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70/18 | Item 1 – Welcome and Apologies

70/18.1 | The Chair welcomed everyone to the meeting. Apologies were noted from Mrs Joanne McKissick.

71/18 | Item 2 - Declaration of Interests

71/18.1 | The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

72/18 | Item 3 – Minutes of previous meeting held on 11 June 2018

72/18.1 | The minutes of the previous meeting, held on 11 June 2018, were approved as an accurate record of that meeting, subject to two amendments.

72/18.2 Paragraph 57/18.6 should be updated to remove the words in brackets, “and had not subsequently been screened in NI” and the following added to the end of that sentence, “...if they had not been invited for screening since registering with a Northern Ireland GP. This applies to 6 women.” In the next sentence, the words “She advised that” and the number “9” should be removed.

72/18.3 In paragraph 60/18.10 the words “in social prescribing.” should be added to the end of the paragraph.

72/18.4 Mr Stewart said that at the previous meeting, the Board had expressed a concern regarding the allocation of Transformation funding and how the PHA Board would have no input into any decisions on how this is allocated, and that this should be formally recorded. Mr McClean said that this discussion had taken place in the workshop part of the meeting. Mr Cummings added that he would cover Transformation funding as part of the Finance Report.

73/18 Item 4 – Matters Arising

73/18.1 There were no matters arising.

74/18 Item 5 – Chair’s Business

74/18.1 The Chair presented his Report to the Board and began by giving an overview of the year-end Accountability Review meeting that had taken place. He said that he had asked that media campaigns was placed on the agenda, and that he would return to this under Item 8.

74/18.2 The Chair highlighted his concern about the dearth of trainees for consultants in public health and asked whether consideration had been given to the appointment of non-medical public health consultants. Mrs Hinds said that this is being considered as part of the development of a public health nursing framework. “Dr Mairs said that public health consultant posts were open to both medical and non-medical public health specialists, but that the real issue is the lack of a local multi-disciplinary public health training programmes. Work is on-going with DoH to address this issue.”

74/18.3 The Chair said that, in his opinion, there needs to be a more proactive communications strategy to deliver positive news stories and highlight the excellent work of the Agency.

74/18.4 The Chair advised that he had attended the latest Board meeting of Public Health England.

74/18.5 Ms Mann-Kler noted that non-executive Directors receive copies of press releases and asked about PHA’s communications strategy. Mr McClean explained that within the Health Improvement team, each key area of business will have a communications plan. He explained that every two

weeks there is a teleconference between the Department's Head of Information and his counterparts in HSCB, PHA and the Trusts which looks at current issues and lines to take.

74/18.6 Alderman Porter asked if, in the absence of a Minister, there were delays in key messages coming out, but the Interim Chief Executive did not feel that this was the case and she added that since the appointment of David Gordon at the Department of Health, there is now a more proactive approach to communications.

75/18 Item 6 –Chief Executive's Business

75/18.1 The Interim Chief Executive began her Report with an update on the neurology review. She advised that the first phase has been completed which involved identifying and recalling, for neurological review, all active patients of Dr Michael Watt within a 12 week period up to 25 July 18. She added that the next phase, which is underway, involves seeing a small number of patients who were not seen within the 12 week time period (due to patient choice or because they had previously DNAd); undertaking reviews of those already seen (e.g. following investigations) and seeing previously discharged patients who have been re-referred into the neurology service by their GPs. She finished by saying that consideration is being given to the appropriate actions regarding other patients of Dr Watt who were previously discharged back to the care of their GP.

75/18.2 The Interim Chief Executive wished to put on record her thanks to Dr Adrian Mairs and Dr Miriam McCarthy for their contribution to dealing with this situation.

75/18.3 The Interim Chief Executive updated members on the recent recall incident relating to cervical screening which led to 150 women from 2 GP practices being recalled for cervical screening tests in June 2018 as a precautionary measure, due to concerns about the technique used to take their previous sample. She advised that the majority of these women have now attended for their repeat tests and the outcomes of these are being collated, but those who haven't attended have been individually followed up by the practices.

75/18.4 The Interim Chief Executive said that following a recent IT interface incident, a full investigation into the root causes of a number of screening results not transferring to call/recall system has been completed and mitigating solutions put in place. She advised that all affected patients have been reviewed and confirmed that no patient has come to harm as a result. She added that missing results have been manually inputted and all recall timescales have been reset accordingly and that two patients with a small delay in invitation for screening (less than 6 months) have been advised in writing and invited to attend for their next test. The Interim Chief Executive said that workshops have been held with the voluntary sector and clinical staff in June 2018 to explore audit processes, information provided to women and disclosure of audit outcomes.

- Following the workshop, she advised that key principles were agreed and are informing the development of a comprehensive audit toolkit for Trusts and a patient information resource. She added that it is anticipated that these will be finalised and made available to Trusts by October, to be incorporated into local Trust protocols.
- 75/18.5 The Interim Chief Executive said that the Chair had already referenced the PHA's year-end Accountability Review, but she wished to thank PHA officers for their work as it was due to their efforts and preparation for the ground clearing meeting in advance of the Accountability Review meeting that ensured there were no major issues.
- 75/18.6 The Interim Chief Executive advised members that since the last Board meeting the Department of Health, through Dr Paddy Woods, has formally commissioned the PHA to take forward the initial preparatory work associated with the implementation of the model for a Regional Improvement and Innovation system for Health and Social Care - HSCQI. She said that this work will build on the existing HSC Safety Forum resources to fully deliver the necessary support for quality improvement across the health and social care system, supported by a new HSCQI Alliance. She explained that the membership of the Alliance includes Chief Executives of HSC Trusts, Board/PHA, Chief professional officers from the DoH, GPs and service users. She added that funding has been allocated to the PHA and a draft organisational structure developed by the Alliance and that the team is currently in the process of drafting job descriptions and ensuring the appropriate allocation of funding for projects identified in 2018/19. She finished by saying that a fuller paper will be brought to the PHA Board in September.
- 75/18.7 The Chair asked whether the post of Director of Improvement will be a member of the Agency Management Team. The Interim Chief Executive advised that this was the case.
- 75/18.8 Mr Clayton asked whether patients in the independent sector had been recalled as part of the neurology review. Dr Mairs confirmed that any patients treated in both the Hillsborough Clinic and Ulster Independent Clinic had been written to.
- 75/18.9 Professor Rooney returned to the Director of Improvement post and asked whether the decision to bring this into the PHA had been brought to the PHA Board. The Interim Chief Executive explained that the decision not to host the post within the PHA had been taken by the Department of Health, but it had since reversed that decision. Mr McClean said that it will be important in the next period for the PHA Board to get an understanding of its future governance responsibilities.

76/18 Item 7 – Finance Report (PHA/01/08/18)

- 76/18.1 Mr Cummings presented the Finance Report for the first quarter of 2018/19 and said that there was a surplus of £316k within programme expenditure and £177k within management and administration. In terms of the programme budget, he said that this is due to a timing issue and is not a concern, but within the management and administration budget, there are vacant posts and recruitment challenges. However, he added that if the recruitment challenges continue, surplus funds from management and administration will be utilised in the programme budget.
- 76/18.2 The Chair asked if potentially funding could be used on media campaigns. Mr McClean said that AMT will continue to monitor this. Mr Stewart suggested that the PHA Board would also have an input into any decisions made.
- 76/18.3 Mr Cummings gave members an overview of the Transformation funding. He advised that PHA had been given £4.2m under the confidence and supply agreement, but that most of this money is currently unallocated. He explained that most of the money will be allocated to HSC Trusts once IPTs (Investment Planning Templates) have been developed and approved. He added that the PHA Board has no remit in this area as the Department of Health is the project lead, and that the funding is ring-fenced, with any unspent funding having to be returned to HM Treasury.
- 76/18.4 The Chair asked when the funds will be allocated. Mr Cummings said that this would occur once the IPTs are approved. The Chair asked if the projects are PHA projects. Mr Cummings advised that the Lead Director for an initiative may be a PHA Director, but the Department is the project lead. The Interim Chief Executive added that the Permanent Secretary had made it clear that she, and other Directors in both HSCB and PHA, will be held accountable if the funds are not spent. In response to a question from the Chair, Mr Cummings confirmed that the funds are non-recurrent. The Interim Chief Executive said that this is a detailed area of work, as over 1,200 jobs are required to be recruited, and that she is expected to report at TIG (Transformation Implementation Group) meetings of any delays. The Chair asked that, since only six months of the financial year remained, if it would be possible to undertake the programme with a doubled level of activity. The response was negative.
- 76/18.5 Mr Drew asked about the number of vacant posts. Mr McClean said that it is currently around 10% of the workforce. Mr Drew also asked whether the Board would be kept informed about how any surplus funds may be reallocated. Mr McClean said that an update on this will be brought to the Board in October.
- 76/18.6 Ms Mann-Kler asked if there would be any future updates on the allocation of the Transformation money. Mr Cummings said that the money is for Trusts to allocate, but it must be done in compliance with the “green book”, and it can therefore take up to six months before a

satisfactory business case is completed. He added that he would bring to the next meeting a breakdown of the individual schemes.

- 76/18.7 Professor Rooney returned to the subject of vacant posts, and asked whether there is a perception that PHA is a place that people want to work. Mr Cummings said that one of the key issues is that there is a skills shortage, and that some posts are hard to fill. Dr Mairs advised that within public health, there are not enough people coming through to fill the vacant posts. Mr McClean added that in some cases, there is the perception that posts in the PHA are at lower grades than equivalent posts in other HSC organisations. The Interim Chief Executive said that there is always work PHA could do to raise its profile as an organisation where people want to come and work.
- 76/18.8 Mr Clayton asked if there is a contingency plan if funding is not spent or if the Trusts are reluctant to spend. The Interim Chief Executive said that this is an issue that the Department is addressing.
- 76/18.9 Mr Stewart complimented officers in scaling the procurement requirements to match the scale of the project.
- 76/18.10 The Board noted the Finance Report.

77/18 Item 8 – Public Health Social Marketing Campaigns – Evidence of Effectiveness (PHA/02/08/18)

- 77/18.1 The Chair said that following the Accountability Review meeting, he was hopeful PHA would have received the go-ahead to run some campaign using surplus funds, but this was now looking unlikely. The Chair said that if, by the end of September, it is apparent that there will be surplus Transformation funding, PHA should ask the Department for the use of this so as not to rely solely on slippage.
- 77/18.2 Alderman Porter asked about the evaluation and whether it was undertaken by an unbiased source. Mr McClean said that it was, and he added that PHA measures success if a campaign reaches those people for whom it was designed to reach. Professor Rooney felt that the way the data were presented was not impressive. The Chair said that there should be reference to NICE (National Institute for Health and Clinical Excellence), because if it commends a campaign then this has greater impact.
- 77/18.3 Ms Mann-Kler said that while the paper was a good starting point, it should have been brought to the PHA Board before being submitted to the Department and could have been improved. She felt that there could have been more on the financial situation and the impact of this on campaigns. The Chair explained that he had asked, through the Director of Public Health, that a public health medical trainee undertake this work so that it could be shared with the Department in advance of the Accountability Review meeting, and that it was only completed the day

before the meeting. Ms Mann-Kler felt that a stronger case could have been made and it would have been useful to have personal testimonials. Councillor Ashe suggested that perhaps PHA should measure the impact of not running campaigns.

77/18.4 Mr Clayton said that all of this Transformation work can take place, but if the public health aspect is not right then there is no point, and he felt that there should be a piece of work about communication. He asked whether health inequalities were looked at when doing campaigns. Mr McClean explained that before any campaign is done, there is extensive research undertaken in terms of who the campaign is trying to reach, and what is the most effective way of reaching those people.

77/18.5 Alderman Porter said that PHA needed to be realistic and should only attempt to undertake one campaign at a time. Mr Cummings said that under the current financial climate, the scenario is unlikely to change so if PHA wishes to undertake a campaign it should do so from within its own financial allocation. Mr Drew said that going forward, if PHA can find the funding, it is fundamental that it demonstrates that every £1 invested results in £x being saved.

77/18.6 Ms Mann-Kler asked what has been agreed. The Chair asked whether it was worthwhile enhancing and re-submitting the report. Mr Drew said that the report contained a lot of information, but it was hard to substantiate the savings. Mr McClean said that areas for potential campaigns have been submitted to the Department. He agreed to share this list with Board members.

78/18 Item 9 – Annual Report for the Northern Ireland Diabetic Eye Screening Programme 2016/17 (PHA/03/08/18)

78/18.1 Dr Mairs introduced Dr Stephen Bergin, Assistant Director of Screening, who was presenting this Report. Dr Mairs explained that diabetic eye screening is open to anyone over the age of 12 and that the programme has expanded considerably since 2008 with the number of people eligible to attend almost doubling.

78/18.2 Dr Bergin began his overview of the report by explaining that the object of screening is to obtain an early diagnosis, and that screening programmes are dictated by the UK National Screening Committee. He said that in Northern Ireland there are 8 programmes and PHA is responsible for these programmes. He added that over the coming months he would be returning to the Board with reports of other screening programmes.

78/18.3 Dr Bergin advised that Report is for 2016/17. He explained that diabetes is becoming a major health issue that 6% of the population has diabetes, but many are not aware. He said that it is a significant disease and can affect the eyes with its effects being either slow or rapid and catastrophic. He advised that this programme is run by PHA in conjunction with the Belfast Trust, and then when an individual is invited to attend, the test

takes 15 minutes and that 2 photographs are taken with a specialised camera. Following the test, he outlined the three possible results – the individual may have no issues; there may be evidence of damage and a return follow up will be arranged; or a referral to hospital may be required and this can be fast tracked if necessary.

- 78/18.4 Dr Bergin said that, of those eligible for screening, the attendance for Northern Ireland as a whole was 69.2%, but he would like this to be higher. In terms of going forward, he said the biggest issue for PHA was looking at the uptake among the different socio-economic groups.
- 78/18.5 Mr Drew noted that one of the hindrances in the Report is the absence of suitable accommodation to undertake the tests and he asked about the use of wellbeing centres. Dr Bergin said that this is a critical issue which PHA is trying to address. He said that various options are being scoped and will be put into a public consultation document. Dr Mairs said that there is a need to provide the programme in a different way.
- 78/18.6 Alderman Porter noted that PHA is relying on a partnership approach and asked what it can do to improve the uptake. Dr Bergin said that GPs are under pressure in the availability of their accommodation, and that is why there is a need to look at a different model. Dr Mairs added that PHA is not in control in terms of getting access to rooms, but relies on collective working and good will.
- 78/18.7 Ms Mann-Kler said that diabetes is a public health issue, and that it is a significant issue to merit a public health campaign. Dr Bergin agreed that diabetes can affect every part of the body, and he said that there is a regional network looking at this.
- 78/18.8 The Board **APPROVED** the Diabetic Eye Screening Report.

79/18 Item 10 – Annual Quality Report (PHA/04/08/18)

- 79/18.1 Mrs Hinds introduced Ms Grainne Cushley, Project Lead, Safety Quality and Patient Experience to the Board and asked her to present the Report to members.
- 79/18.2 Ms Cushley advised that this is the fifth Annual Quality Report produced jointly by HSCB and PHA and that the development of the Report is overseen by the Quality Safety Experience group. She said that the Report is currently at the design stage and that it is hoped to bring the final Report to the next Board meeting.
- 79/18.3 Ms Cushley said that the five sections within the Report following the five strategic goals of Quality 2020, namely Transforming the Culture, Strengthening the Workforce, Measuring Improvements, Raising the Standards and Integrating the Care. Within each section, she said that there are links to where additional information can be found.

- 79/18.4 Ms Cushley drew members' attention to the infographic which gives a summary of some of the key findings within each section. She explained that the choice of colour for each section has been specifically to tie in with that theme.
- 79/18.5 Ms Cushley said that following approval by both the HSCB and PHA boards, it is anticipated that the Report will be launched on World Quality Day in November. In the lead up to the publication, she advised that each of the infographics will appear on social media and that feedback will be sought from the public to help inform the structure of next year's report.
- 79/18.6 The Chair asked if the Dementia Together initiative had ended. Mrs Hinds explained that although the implementation of the Strategy had reached its natural end, some additional funding has been sought from Transformation monies to continue some of the elements.
- 79/18.7 Ms Mann-Kler commended the work in producing the infographics, but she asked what follow up there will be to Quality 2020. Mrs Hinds said that the Department of Health does not have any specific plans, but these will link in with the work of HSCQI.
- 79/18.8 Mr Drew said that there is a lot of information in the Report and it comes across very well. He said that it is the type of Report that should be available in GP surgeries as a way of helping to increase the profile of PHA.
- 79/18.9 Mr Clayton said that the Report contained a lot of useful information and asked if there were any perspectives on workforce issues. Mrs Hinds advised that there are workforce issues, e.g. staff numbers and also morale. She cited the example of Project Retain which is focused on nursing in older people's services. In terms of this year, she added that there is a Commissioning Plan Direction which sets out the priorities for the year.
- 79/18.10 Mrs Hinds commended the work of Ms Cushley in producing this Report.
- 79/18.11 The Board **APPROVED** the Annual Quality Report.
- 80/18 Item 11 – ALB Self-Assessment Tool (PHA/05/08/18)**
- 80/18.1 The Chair presented the ALB Self-Assessment tool and began by apologising for the slight delay in forwarding this paper. He said that in previous years there had been an opportunity for Non-Executives to comment on this in advance, but this had not happened on this occasion, although he had reviewed it. Mr Cummings said that in HSCB, the Governance Committee would normally complete this before it is brought to the Board.
- 80/18.2 Mr Drew felt that there needed to some degree of involvement from an external facilitator to help pull this document together. The Chair agreed

that for the completion of next year's questionnaire he would like more people to be involved. Mr Cummings said that the document is a checklist and he asked where the Board sees its weaknesses.

80/18.3 Mr Drew expressed concern that there had not been the opportunity for members to review this in advance. Mr Stewart said this exercise could be a useful exercise in terms of self-assessment, or a box-ticking exercise, and it was his view that a number of members should come together to complete it in advance of it being brought to the Board. The Chair thought it would be helpful to have an external facilitator, but the Interim Chief Executive did not feel that this was necessary.

80/18.4 Ms Mann-Kler agreed that it would be beneficial to have facilitated input, as it would also be useful to see how far the Board has progressed since the Board Effectiveness exercise was undertaken in March 2017, given that PHA now has a full Board membership. The Interim Chief Executive said that she is not against having a facilitated session, but explained that there are difficulties in securing external facilitation due to restrictions on the use of consultants.

80/18.5 It was agreed that there would be an early workshop to look at the self-assessment tool and Board effectiveness and it could be facilitated by an associate of the Leadership Centre.

80/18.6 The Board **APPROVED** the self-assessment tool.

81/18 Item 12 – PHA Procurement Plan (PHA/06/08/18)

81/18.1 Mr McClean explained that this paper was an update in advance of a further paper being brought to the Board which outlines the challenges PHA is currently facing with regard to procurement. He said that PHA is now reaching a stage where the re-procurement has to take place of some of the contracts which were procured in the last few years.

81/18.2 Mr McClean advised that approximately 190 contracts have been evaluated this year, and then there are the Transformation initiatives; however every effort will be made to ensure the procurement process is undertaken as efficiently as possible. With regard to Transformation funding, he noted that some of these exercises will take longer than 4/6 weeks as PHA could be open to challenge on its processes.

81/18.3 Alderman Porter asked how organisations can protect themselves and if contracts are time limited. Mr McClean said that all contracts are clear in terms of time, but he added that if contracts are moved then TUPE regulations may apply and he cited the example of the Lifeline contract.

81/18.4 The Board noted the update on the PHA Procurement Plan.

82/18 | **Item 13 – Any Other Business**

82/18.1 | There was no other business.

83/18 | **Item 14 – Details of Next Meeting**

Thursday 20 September 2018 at 1.30pm

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

Signed by Chair:

A handwritten signature in cursive script, appearing to read "Annan Douglas".

Date: 20 September 2018