

MINUTES

**Minutes of the 67th Meeting of the Public Health Agency board
held on Thursday 21 August 2014 at 1:30pm,
in Public Health Agency, Conference Rooms,
12/22 Linenhall Street, Belfast, BT2 8BS**

PRESENT:

Ms Mary McMahon	- Chair
Dr Eddie Rooney	- Chief Executive
Mrs Pat Cullen	- Director of Nursing and Allied Health Professionals
Dr Carolyn Harper	- Director of Public Health/Medical Director
Mr Edmond McClean	- Director of Operations
Alderman William Ashe	- Non-Executive Director
Mr Brian Coulter	- Non-Executive Director
Mrs Julie Erskine	- Non-Executive Director
Dr Jeremy Harbison	- Non-Executive Director
Mrs Miriam Karp	- Non-Executive Director
Mr Thomas Mahaffy	- Non-Executive Director
Alderman Paul Porter	- Non-Executive Director

IN ATTENDANCE:

Mr Simon Christie	- Assistant Director of Finance, HSCB
Mrs Fionnuala McAndrew	- Director of Social Services, HSCB
Mr Robert Graham	- Secretariat

APOLOGIES:

Mr Paul Cummings	- Director of Finance, HSCB
Mrs Joanne McKissick	- External Relations Manager, Patient Client Council

		Action
98/14	Item 1 – Welcome and Apologies	
98/14.1	The Chair welcomed everyone to the meeting and noted apologies from Mr Paul Cummings and Mrs Joanne McKissick.	
99/14	Item 2 - Declaration of Interests	
99/14.1	The Chair asked if anyone had interests to declare relevant to any items on the agenda. Mrs Karp declared an interest in	

relation to Item 14 in her role as a Chair of a Fitness to Practice committee.

100/14 Item 3 – Minutes of the PHA Board Meeting held on 19 June 2014

100/14.1 The minutes of the previous meeting, held on 19 June 2014, were approved as an accurate record of the meeting. The minutes were duly signed by the Chair.

101/14 Item 4 – Matters Arising

83/14.3 Position re e-cigarettes

101/14.1 The Chair noted that, since the discussion at the last Board meeting, the Public Health Agency had published its view on the use of e-cigarettes. Alderman Ashe said that he welcome the Agency's view and was pleased to note this development.

83/14.2 Inter-sectoral Programme Boards

101/14.2 The Chair advised that there had been difficulties in agreeing a date for the first meeting of the Older People's Group, but that this would take place on 6 November. However, an earlier meeting would be convened in the next week to sign off the terms of reference and agree the membership and schedule of future dates.

102/14 Item 5 – Chair's Business

102/14.1 The Chair advised that she had attended a mental health capacity legislation workshop and said that there were lessons to be learnt for the implementation of the new mental health capacity legislation in Northern Ireland, given the experience in England. Mrs McAndrew said that there was currently a public consultation on the new legislation and that HSCB and PHA were submitting a joint response. At the suggestion of the Chair, she agreed to facilitate a presentation for members at a future meeting.

102/14.2 The Chair said that she had attended a risk and resilience workshop organised by NICON. She also attended the launch of the Royal Paediatrics and Child Health NI branch and the

opening of the new Ballymena One Stop Shop.

102/14.3 The Chair informed members that she had met with the new Permanent Secretary, Richard Pengelly.

102/14.4 The Chair said that she attended the annual Belfast Trust lecture as part of the West Belfast festival which was on the theme of alcohol and drugs.

103/14 Item 6 – Chief Executive’s Business

103/14.1 The Chief Executive informed members that he had been invited by the Northern Ireland Human Rights Commission to appear at the public enquiry on emergency department to discuss 10,000 voices.

103/14.2 The Chief Executive advised that he has been asked by the Chief Medical Officer to establish the Regional Board to take forward the implementation of Making Life Better.

103/14.3 The Chief Executive said that he, and the Director of Operations, had held a series of introductory meetings with the Chief Executives of the new Councils.

103/14.4 The Chief Executive noted that he had attended the Transplant Games in England, which had proved to be very successful for the Northern Ireland team.

104/14 Item 7 – Finance Update

- **PHA Financial Performance Report (PHA/01/08/14)**

104/14.1 Mr Christie presented the Financial Performance Report for the period up to 30 June 2014. He said that the report indicated a surplus to date of £140k from expenditure of £18m. He noted that £600k of expenditure had yet to be deployed.

104/14.2 Mr Christie advised members that the Lifeline contract was showing an overspend to date of £123k due to the increased demand on the service and that it was anticipated that this situation would remain during the course of the financial year.

104/14.3 Mr Christie informed members that PHA was continuing to struggle to meet its prompt pay targets due to ongoing issues

with the financial system. However, he did note an improvement in relation to the 10-day target.

104/14.4 Mrs Erskine asked if there had been any improvement during July in relation to the prompt pay statistics. Mr Christie said that he was not aware of any evidence to suggest any improvement.

104/14.5 Mr Coulter asked about Lifeline and queried if there are any demand-led measures in place. Mr Christie said that PHA is obliged to pay for all appropriate activity against the Lifeline contract but acknowledged that it is difficult to project activity levels. He went on to say that PHA ensures that it is provided with the appropriate evidence before making payments. Dr Harper added that there are six specific requirements in the area of demand management that have been agreed with Contact.

104/14.6 Members noted the Financial Performance Report.

105/14 Item 8 – Remuneration Committee Update (PHA/02/08/14)

- **Minutes of 4 December 2013 meeting**
- **Verbal briefing from Chair**

105/14.1 The Chair advised members that the minutes of the meeting of December 2013 were available for noting.

105/14.2 The Chair advised that the Committee had recommended a fully acceptable pay award for Executive members for 2013/14. The Board endorsed the decision.

106/14 Item 9 – Update from Corporate Strategy Project Board

106/14.1 Dr Harbison gave an overview to members of the three meetings that had taken place of the Corporate Strategy Project Board.

106/14.2 At its first meeting in July, Dr Harbison advised that a PID, terms of reference and membership had been agreed. It was decided that an external member should join the Project Board and that an invitation had been extended to, and accepted by, Dr Liz Mitchell from the Institute for Public Health.

106/14.3 Dr Harbison went on to say that the terms of reference had been agreed and a draft timetable considered. He added that a Project Team, consisting of PHA Assistant Directors, has also

been established. He went on to say that PHA would be appointing a Project Support Officer to take forward this work.

- 106/14.4 Dr Harbison outlined the Project Team's approach to engagement. He said that the first stage would be an internal event arranged with PHA staff in November which would be followed by an external event in early 2015.
- 106/14.5 Dr Harbison advised that the Project Board will continue to meet monthly over the next few months.
- 106/14.6 The Chair thanked Dr Harbison for the update and was pleased to note the progress that has been made to date.
- 106/14.7 Members noted the update from Dr Harbison.
- 107/14 Item 10 – Performance Management Report – Corporate Business Plan and Commissioning Plan Directions Targets for Period Ending 30 June (PHA/03/08/14)**
- 107/14.1 Mr McClean presented the first quarterly Performance Management Report and said that of the 85 targets, 69 were rated as "green", 15 as "amber" and 1 as "red".
- 107/14.2 The Chair expressed concern about the target rated "red" and said that the Board would give support to the Executive Team in its discussions with DHSSPS regarding this. Mrs Cullen said that PHA is working closely with HSCB to ensure that workforce planning is fit for purpose as it is essential that a universal health visiting service is delivered and that there had been discussions with the HSCB Director of Commissioning regarding this. In response to a query from Dr Harbison, she said she was not aware of any proposed cuts in this area and added that there remain plans to recruit up to 38 new registrants in September 2014.
- 107/14.3 Mr Coulter queried whether the target regarding Safety Forum initiatives was moving towards a "red" rating. Mrs Cullen acknowledged that there are continuing demands being placed onto the Safety Forum and that there is a need for additional investment. The Chief Executive said that this situation will be closely monitored.

- 107/14.4 Members noted the Corporate Performance Report.
- 108/14 Item 11 – HCAI Target Monitoring Report and Death Data (PHA/04/08/14)**
- 108/14.1 Dr Harper presented the quarterly HCAI report, together with the death data. She noted that there has been a continuing downward trend since 2008 and that recently some Trusts had reported zero cases of MRSA. She commended the work of the Trusts in achieving this outcome.
- 108/14.2 Members noted the HCAI target monitoring report.
- 109/14 Item 12 – Northern Ireland Breast Screening Programme Annual Report 2012/13 (PHA/05/08/14)**
- 109/14.1 Dr Harper introduced Dr Adrian Mairs to the meeting and invited him to present the Breast Screening Programme Annual Report for 2012/13.
- 109/14.2 Dr Mairs said that this was the fourth Annual Report of the Northern Ireland Breast Screening Programme undertaken by the Quality Assurance Reference Centre (QARC). He explained that the role of QARC is to ensure that with each screening programme, minimum standards are met, and that there is a programme of continuous improvement.
- 109/14.3 Dr Mairs informed members of two key developments which had taken place during 2012/13. Firstly, the old analogue mammography equipment was being replaced with new digital equipment and that the fleet of five mobile screening trailers was being replaced by seven new trailers. Secondly, a new set of information leaflets regarding the programme had been published.
- 109/14.4 Dr Mairs said that just under 75% of women who were invited to breast screening had attended. He said that this rate compared favourably with other parts of the UK, where a comparison could be made. He added that the Northern Trust had the highest take-up rate of any Trust in the UK.
- 109/14.5 Dr Mairs advised that 97.1% of women receive a result of their screening within two weeks, and for those women who receive

- an abnormal result, 90% receive an appointment for an assessment within three weeks. He said that this represented a slight decrease, but he added that all letters issued state that women should attend this assessment.
- 109/14.6 Dr Mairs explained that ductal carcinomas in situ (DCIS) cases and advised that every one woman who has her life saved as a result of breast screening, three women receive treatment for a condition that would not have harmed them.
- 109/14.7 Dr Mairs advised that the round length (where woman should be invited back to screening within 36 months of their first appointment) was below the national standard, but that it had been improving over recent years.
- 109/14.8 Mrs Erskine asked if a customer satisfaction survey undertaken. Dr Mairs said that surveys are undertaken, but that they are not included in the report as there is no standard to be measured against. However, he said that the outcome of these was largely positive.
- 109/14.9 Dr Harbison thanked Dr Mairs for the report and noted that the additional comparative information requested by members had been made the report much more comprehensive. He expressed concern about the 20,000 women who did not attend for appointment and queried whether initiatives, such as sending text message reminders, or working with GP practices would help. Dr Mairs said that there was no evidence that sending text messages had helped with the uptake, but that Trust staff had found it useful. With regard to working with GP practices, Dr Mairs said that this work had only commenced, but he gave an example of how staff had attended a local shopping centre distributing information about the programme, and that this had helped increase take-up.
- 109/14.10 Alderman Porter asked whether PHA had considered using evidence that attending for screening can save lives as a method of increasing take-up. Dr Mairs that it would be difficult to present such evidence, and he pointed out that there are instances where women who attend get treated for a condition which may not have harmed them.
- 109/14.11 Mrs Karp asked if there was a link between non-attendance and

those living in areas of low deprivation. Dr Mairs said that PHA did do some work with QUB on this, but there was no apparent link. Mrs Karp asked about improving the round length statistics. Dr Mairs said that measures were being put in place, and that there was now a key performance indicator for Trusts.

109/14.12 Mr Coulter noted that the report places an emphasis on age-related risk, and asked how confident this approach is. Dr Mairs said that the lowest attenders were those who had never previously attended, and that once an individual attended, there were more likely to attend future sessions. Mr Coulter asked about the role of the community and voluntary sector. Dr Mairs said that PHA has a contract with the Women's Resource and Development Agency who help train facilitators who work in the community to engage with those groups who may be deemed less likely to attend for screening.

109/14.13 Members noted the Northern Ireland Breast Screening Programme report for 2012/13.

110/14 Item 13 – e-Health and Care Strategy for Northern Ireland (PHA/06/08/14)

110/14.1 The Chief Executive introduced the eHealth and Care Strategy and welcomed Claire Buchner to the meeting to present the Strategy to members.

110/14.2 Ms Buchner thanked members for the opportunity to present this draft Strategy. She explained that the Strategy was not an entity in its own right, but a culmination of current driving forces to bring the health and social care system into the 21st Century. She outlined examples of how technology can benefit patients by having their information more readily available, and therefore reducing duplication. She added that the infrastructure was already in place and that this Strategy would be taken forward by medical professionals, and not solely IT professionals.

110/14.3 Ms Buchner advised members that an eHealth Strategy Group and Steering Group have been established to develop this Strategy with professional input from across the HSC and across the UK. She explained that there had been an initial engagement process, but that following approval of the Strategy, a full public consultation would take place between September

and December 2014. She added that an EQIA had also been carried out and this had highlighted issues with regard to some of the Section 75 groups and that these issues would be picked up as part of the implementation plan.

- 110/14.4 Ms Buchner gave members an overview of the vision and principles as well as the six key objectives of the Strategy. She reiterated that the Strategy does not seek to replace existing work, but rather to build on work already been carried out.
- 110/14.5 Mr Coulter said that he found the Strategy to be exciting, but he asked whether additional funding would be made available to enable its implementation. He asked about the potential for patient safety and what impact the Strategy could have on social care.
- 110/14.6 Ms Buchner said that she would be confident that additional funding would be made available given the long term benefits. With regard to patient safety, she acknowledged that information being inputted into systems was only as reliable as those who were inputting it, but she welcomed the recent developments in terms of the Northern Ireland Electronic Care Record (NIECR). She said that systems need to be updated daily and that a cultural change is needed. Ms Buchner conceded that there is some way to go in terms of integrating social care and much of this work has been aimed at the acute sector. Mrs McAndrew said that it was important that this work is extended into secondary and community care.
- 110/14.7 The Chief Executive noted that 20 years ago, technology would have been cited as the reason for not being able to take this type of work forward, but now that technology has advanced, it is up to the HSC to maximise its potential. He added that it would also have been a perception that IT was only used by IT professionals, but now all staff have the skills to use it.
- 110/14.8 Mr Mahaffy welcomed the Strategy but noted that there is always public scepticism around the use of new IT systems. Ms Buchner said that this is one of the reasons why public consultation will be important and she added that during the initial engagement, there had been enthusiasm for this project. Mr Mahaffy noted that he felt the use of the word "citizens" may not feel inclusive.

110/14.9 Dr Harbison said that the Strategy offered huge opportunities, and that even PHA should review its own use of technology, for example reducing the use of papers at meeting and being more laptop compliant. Alderman Ashe agreed and said that the technology is there, it is now up to organisations to use it.

110/14.10 Members approved the eHealth and Care Strategy.

111/14 Item 14 – Local Supervising Authority (LSA) Report (PHA/07/08/14)

111/14.1 Mrs Cullen introduced Verena Wallace and invited Ms Wallace to give members an overview of the Local Supervising Authority (LSA) Report.

111/14.2 Ms Wallace advised members that there had been a different audit process undertaken and that instead of 50 standards, PHA was measured against 8 standards. Of these 8 standards, she said that PHA had no failures, but 2 standards where improvements were required.

111/14.3 Ms Wallace explained that this year's review had been carried out by Mott McDonald during January to March 2014, and that the focus of the audit was on quality assurance. She said that the two areas highlighted for improvement were around service user engagement and the interface with statutory supervision following adverse incidents. Ms Wallace said that training had been undertaken with Bond Salon, and she said that all midwives now receive an annual supervision review.

111/14.4 Ms Wallace gave an overview of other key findings from the review. She drew members' attention to issues regarding the transfer of records from self-employed midwives to LSAs, but noted that this was not a major issue in Northern Ireland.

111/14.5 Mrs Wallace said that there had been discussions regarding the recruitment of lay reviewers, but that formal training would be required which should be clearly linked to PHA's PPI work. Overall, she said that the review found the LSA's framework to be satisfactory and she highlighted that meetings had been held with the Chief Executive and Director of Nursing.

- 111/14.6 Mrs Wallace moved onto the second report and advised that in Northern Ireland the ratio of supervisors to midwives is 1:13. She said that overall, the NMC had found that the LSA ensured that adequate measures are taken to control risks.
- 111/14.7 Mrs Karp asked about the two areas highlighted for improvement and how these would be followed up in terms of future reporting. Ms Wallace said that Mott MacDonald would carry out quarterly monitoring but that she could prepare a bi-annual update for the PHA Board.
- 111/14.8 Mrs Karp asked about the LSA's Midwifery Officer role. Ms Wallace acknowledged that there is only one person carrying out the role, but she felt that she has adequate support to undertake this, however there are issues about succession planning which should be considered. Mrs Cullen said that some conversations had already taken place regarding this.
- 111/14.9 Members APPROVED the Local Supervising Authority Report.
- 112/14 Item 15 – Serious Adverse Incidents Learning Report (PHA/08/08/14)**
- 112/14.1 Mrs Cullen introduced Mary McElroy to the meeting to present the next two reports.
- 112/14.2 Ms McElroy presented the Serious Adverse Incidents Learning Report for the period October 2013 to March 2014. She advised that during 2012/13 a review of the SAI procedure had taken place with the revised guidelines taking effect from 1 April 2014. The two main amendments to the guidelines were a requirement to report all child deaths up to the age of 18, and a reduction from 24 months to 12 months for SAIs relating to service users known to mental health services.
- 112/14.3 Ms McElroy gave an overview of the SAI process and outlined the various methods for disseminating learning. She highlighted specific initiatives to demonstrate how learning had been disseminated and outlined some of the thematic reviews that had been undertaken during the period of the report.
- 112/14.4 Mrs Erskine expressed concern about the low numbers of SAIs regarding children and children's homes, and asked how these

incidents were being reported. Mrs McAndrew explained that they would be categorised under Family and Childcare but added that there are notifiable incidents under the Children's Order which are reported via a different reporting mechanism.

112/14.5 Mr Coulter noted that there had been a significant increase in the number of incidents reported in the Northern Trust. Mrs Cullen explained that there had been a culture change in the Trust following the appointment of the turnaround team, and this had seen an increase in reporting, but that the situation would be kept under review.

112/14.6 The Chair and Chief Executive both queried the requirement to report all child deaths. Dr Harper explained that it only related to those in receipt of HSC services and she explained that there is also a requirement for the Safeguarding Board to set up overview panels to look at child deaths, following the recent hyponatraemia inquiry.

112/14.7 Members noted the report on Serious Adverse Incidents.

113/14 Item 16 – Quality Improvement Annual Report (PHA/09/08/14)

113/14.1 Ms McElroy informed members that the Quality Improvement Annual Report emanates from a requirement within the Commissioning Plan for Trusts to identify safety and quality priorities and report on a range of indicators. She said that Trusts have Quality Improvement Plans in place and the data obtained from monitoring these is reported to the Quality, Safety and Experience (QSE) team in PHA.

113/14.2 Ms McElroy gave members an overview of the six key areas featured in the report and outlined Trusts' performance against the indicators.

113/14.3 Ms McElroy advised that, with regard to pressure ulcer skin bundle compliance, the performance of the South Eastern Trust appeared lower as it was using a different set of data to report on. However, she said that by focusing on the data it was required to report in, its performance would be closer to compliance.

113/14.4 Ms McElroy said that Trusts' performance in relation to

compliance with the WHO Surgical checklist had improved following dissemination of a learning letter. She advised that all Trusts had met their targets with regard to reductions in cardiac arrest rates.

113/14.5 Ms McElroy noted that Trusts had not met their targets in relation to VTE (Venothromboembolism), but that the gap was closing. She finished her report by advising that the Health Protection team are working to help Trusts address issues with regard to infections.

113/14.6 The Chair said that the report showed a good performance across all of the Trusts. The Chief Executive added that while compliance is acceptable, there should be always be improvement and it was encouraging to see the improvements over recent years.

113/14.7 Members APPROVED the Quality Improvement Plan Annual Report.

114/14 Item 17 – Review of Respiratory Services Framework (PHA/10/08/14)

114/14.1 Dr Harper advised that the first Respiratory Services Framework had been published in 2007 and this amended framework was being presented for approval.

114/14.2 Dr Harper explained that RQIA had undertaken a review of Service Frameworks and that framework is subject to a formal review process. She said that following Board approval, this amended Framework would be taken to the Service Framework Programme Board and then be issued for public consultation.

114/14.3 Dr Harper said that the amended Framework contains a range of standards across a range of respiratory conditions. She added that there is a quarterly audit process in place. In terms of the costs of implementation, Dr Harper explained that any proposals for additional investments are put alongside other financial demands. She suggested that investment in some areas, for example community support, could see a reduction in episodes of care and admissions to emergency departments.

114/14.4 Mr Coulter was pleased to note that some of the proposals in the

frameworks were part of the "shift left" agenda.

114/14.5 Members approved the review of the Respiratory Services Framework.

115/14 Item 18 – Any Other Business

115/14.1 There was no other business.

116/14 Item 19 – Date and Time of Next Meeting

Date: Thursday 18 September 2014

Time: 1:30pm

Venue: Public Health Agency

Conference Rooms

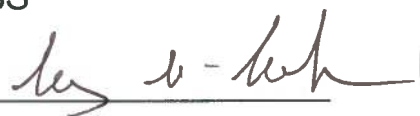
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Signed by Chair:



Date:

18/09/14