

## MINUTES

**Minutes of the 56<sup>th</sup> Meeting of the Public Health Agency board  
held on Thursday 22 August 2013 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       | - Acting Director of Nursing and Allied Health Professionals                                     |
| Dr Carolyn Harper    | - Director of Public Health/Medical Director   |
| Mr Stephen Wilson    | - Assistant Director, Communications and Knowledge Management ( <i>on behalf of Mr McClean</i> ) |
| Mrs Julie Erskine    | - Non-Executive Director   |
| Dr Jeremy Harbison   | - 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 Care and Children, HSCB |
| Mr Robert Graham       | - Secretariat                                |

**APOLOGIES:**

- |                       |  |
|-----------------------|--|
| Mr Ed McClean         | - Director of Operations                             |
| Mr Owen Harkin        | - Director of Finance, HSCB                          |
| Alderman William Ashe | - Non-Executive Director                             |
| Mrs Miriam Karp       | - Non-Executive Director                             |
| Mr Thomas Mahaffy     | - Non-Executive Director                             |
| Mrs Joanne McKissick  | - External Relations Manager, Patient Client Council |

|              |  | <b>Action</b> |
|--------------|--|---------------|
| <b>89/13</b> | <b>Item 1 – Apologies</b>  |               |
| 89/13.1      | The Chair welcomed everyone to the meeting and noted apologies from Mr Ed McClean, Mr Owen Harkin, Alderman William Ashe, Mrs Miriam Karp and Mr Thomas Mahaffy. |               |

**90/13 Item 2 - Declaration of Interests**

90/13.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. None were declared.

**91/13 Item 3 – Chair’s Business**

91/13.1 The Chair began by acknowledging the contribution in the areas of public health and social justice of former board member, Ronnie Orr, who passed away in June. The Chair said that she had attended the funeral service and had spoken to Mr Orr’s family to express her condolences on behalf of PHA.

91/13.2 The Chair advised that the new PHA board member would take up post from 2 September and that there would be a public announcement shortly.

91/13.3 The Chair updated members on the all-day workshop on 11 September and advised that the venue had been changed to the East Belfast Community Development Agency. She gave members an overview of the four key subject areas that would be covered on the day.

91/13.4 The Chair informed members about meetings she had attended since the last meeting. She met with the South Eastern Wellbeing team in Lisburn and also attended the Belfast Trust annual lecture. She advised that, with the Chief Executive, she had met with the Chair and Chief Executive of the Northern Ireland Social Care Council.

**92/13 Item 4 – Chief Executive’s Business**

92/13.1 The Chief Executive said that he had attended the Transplant Games in Sheffield but that the Treasurer of the Northern Ireland branch had passed away during the event.

92/13.2 The Chief Executive advised that he had met with the Carrickfergus Women’s Forum, a group dealing with mental health issues, and had also met with Newtownabbey Borough Council at an allotment scheme in New Mossley.

92/13.3 The Chief Executive said that he had attended a “mindfulness” event at Belfast City Council this morning which he said was a

practical programme which focused on getting people to look after themselves. He said that he had also made a presentation on culture and health and wellbeing at an event in Bristol which involved 22 countries.

**93/13 Item 5 - Minutes of the PHA board Meeting held on 20 June 2013**

93/13.1 The minutes of the previous meeting, held on 20 June 2013, were approved.

**94/13 Item 6 – Matters Arising**

94/13.1 Dr Harbison asked if there was any update on the analysis of PHA's budget to review what could be classed as service delivery and what represented administration costs. The Chief Executive advised that an initial analysis had been completed and that this would be quality assured before being brought to the board.

**95/13 Item 7 – Finance Update  
PHA Financial Performance Report (PHA/01/08/13)  
Briefing on BSTP Systems (PHA/02/08/13)**

95/13.1 Mr Christie said that the Finance Report up to 30 June 2013 showed a surplus of £115k, which he felt to be a satisfactory outcome at this stage.

95/13.2 Alderman Porter asked whether PHA secures funding from other sources in addition to DHSSPS and if so, how this is shown in the finance reports. The Chief Executive explained that there are initiatives in which PHA may help secure funding from other organisations.

95/13.3 Mr Christie advised that the non-Trust expenditure to date represented 14% of the planned expenditure but explained that this expenditure is weighted heavily towards the later part of the financial year.

95/13.4 Alderman Porter asked whether Trusts spend all of the funds allocated to them. Mr Christie indicated that funding provided to Trusts is for the provision of specific services. He added that the cost pressures on Trusts in recent years has meant that Trusts have struggled to maintain expenditure in line with the funding

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|          | received.   |                 |
| 95/13.5  | Dr Harbison asked whether PHA could be assured that the funding was reaching the areas it was intended for. Dr Harper said that this was monitored through the commissioning teams. Mr Christie added that when a service is commissioned, Trusts apply for funding and that when the funding is issued, there are monitoring arrangements in place and if there is evidence that funding is not being used appropriately, it can be withheld.  |                 |
| 95/13.6  | Mr Christie advised that the management and administration budget currently showed a small surplus due to unfilled posts but overall, he felt that the report was satisfactory.   |                 |
| 95/13.7  | Mrs Erskine said that she would like the report to contain further details on the variances. Mr Christie said that this could be done in future reports.  |                 |
| 95/13.8  | Mr Christie moved onto the update on BSTP. He explained that there were significant concerns raised by the board and the Governance and Audit Committee following the introduction of the new finance and human resource systems and that an action plan had been developed. He added that there had been audit recommendations but that PHA had received an unqualified audit opinion following the work that had been undertaken to resolve the issues. He assured the board of the commitment of HSCB finance, BSO and PHA to work through the issues and to continually improve the system. |                 |
| 95/13.9  | The Chair thanked Mr Christie for the update. Mrs Erskine told the board that following a recent Governance and Audit Committee, she had met with the Chair of the BSO Audit Committee to raise her concerns. She said that, although PHA had received an unqualified audit opinion, there was still work outstanding. The Chief Executive agreed to raise the concerns of the board with the Chief Executive of BSO.   | Chief Executive |
| 95/13.10 | Mr Christie noted the concerns expressed by the board and undertook to provide a further update in November following the introduction of the system in the HSC Trusts in September.  | Mr Christie     |
| 95/13/11 | Members noted the update.   |                 |

**96/13 Item 8 – Programme Expenditure Monitoring System (PEMS) Report (PHA/02/08/13)**

96/13.1 Mr Wilson presented the PEMS Report as at 31 July 2013 and advised members that to date 98% of total expenditure had been committed, 92% of which was through contracts. He hoped that all funding would be committed by the end of August.

96/13.2 Dr Harbison sought clarity on the non-recurrent funding for the National Institute for Health Research and queried whether this funding should have gone directly from DHSSPS to NIHR. Dr Harper agreed to check this with the Research and Development team.

96/13.3 Members noted the PEMS Report.

**97/13 Item 9 – Performance Management Report – Corporate Business Plan and Commissioning Plan Directions Targets for Period Ending 30 June 2013 (PHA/04/08/13)**

97/13.1 Mr Wilson informed the board that at 30 June 2013, PHA had 80 of its 93 corporate targets for 2013/14 rated as “green”, with 12 rated as “amber” and 1 rated as “red”.

97/13.2 Dr Harbison asked whether the target relating to tele-monitoring should be rated as “green” as the report on tele-monitoring, for discussion later in the meeting, suggested that the targets may not be met. The Chief Executive agreed with Dr Harbison. Dr Harper suggested that in future reports, there could be additional narrative explaining the position.

97/13.3 Members noted the Performance Management Report.

**98/13 Item 10 – Bamford Taskforce Mental Health and Learning Disability Progress Report (PHA/05/08/13)**

98/13.1 Mrs McAndrew introduced Mr Aidan Murray, HSCB and Dr Stephen Bergin, PHA and asked them to present the annual update to members on the Bamford Taskforce.

98/13.2 Dr Bergin began with a review of the overarching priorities from Bamford and commented that the focus of mental health services has moved from merely providing services to patient experience.

He said that within adult mental health services, primary care is a future priority. He outlined the key issues within the area of substance misuse, particularly with alcohol addiction and he said that within specialist services, there is a need for further investment in the area of autism.

98/13.3 Dr Bergin said that an audit had been carried out regarding patient experience in adult mental health services and 724 questionnaires had been completed and analysed as part of this work. He said that less than half of those who responded had been able to access the services they required and that less than half had felt stronger following their experience. He said this presented challenges and gave an outline of the 10 key challenges to be taken forward.

98/13.4 Mr Murray presented the update on learning disability and outlined resettlement as one of the key challenges in 2013/14. He explained that there are 69 individuals to be moved from hospitals into community settings. He acknowledged that the transition can be upsetting for patients and families but he explained that there is a "Lost for Words" programme to help.

98/13.5 Mr Murray told members about the Directed Enhanced Service whereby adults with a learning disability can have an annual physical and mental health check. He informed members that a new regional model for learning disability day opportunities is being brought to the HSCB September board meeting for approval, and that this model will allow for improved access to day-to-day activities for people with a learning disability. He added that this is in conjunction with other departments including DEL and DSD.

98/13.6 Mr Murray said that one of the key findings in Bamford is that Northern Ireland has the greatest percentage of learning disability patients cared for in their own home. He said that there is a need to plan for the next generation if patients are living with older parents. He said that there is a need for increased short break services for carers, but also more acceptance of people with a learning disability living in community settings.

98/13.7 Alderman Porter asked what steps are being taken to improve the patient experience given the outcomes from the survey. He commended the work being done in relation to autism but asked

about patients returning to day centres after a period of short term working. Finally he asked about advocacy services and lobbying on behalf of the patient.

98/13.8 Dr Bergin responded by saying that within the survey, there was scope for individuals to provide additional comments and that all of the comments were analysed for common themes and that there will be follow up with each of the Trusts regarding the main findings and recommendations. With regard to autism, he advised that there was an action plan in place, mainly children-focused, and that there is a group at DHSSPS level which is developing a plan. He noted that in many cases, individuals with autism want to work and live a normal life. Mr Murray picked up the issue of lifelong care and acknowledged that more should be done to support those who provide care at home for those with learning disabilities. He confirmed that independent advocacy does exist.

98/13.9 The Chair noted that mental health and learning disability is viewed as a cross-departmental issue and asked whether HSC/PHA can provide impetus if there is a lack of progress. Dr Bergin said that there are regular updates provided to the Bamford Monitoring Group and performance management meetings with Trusts. Mr Murray added that there is a Ministerial Bamford group.

98/13.10 Members noted the Bamford update.

**99/13 Item 11 – Programme Report: Health Protection (PHA/06/08/13)**

99/13.1 Dr Harper introduced Dr Lorraine Doherty and Dr Gerry Waldron who provided an update on Health Protection matters.

99/13.2 Dr Waldron began the presentation by giving members an overview of the Emergency Planning arrangements put in place during three recent major events in Northern Ireland, the G8 summit, the World Police and Fire Games and the All Ireland Fleadh Cheoil. Dr Waldron explained to members the Emergency Department Syndromic Surveillance System (EDSSS) which had been developed in England for the 2012 Olympics but had been used in Northern Ireland at the G8 summit.

99/13.3 Dr Doherty told members about the 2012/13 flu season and outlined the vaccination updates. She informed members about an emerging health protection issue around *PVL-Staph aureus*. Dr Doherty moved on to update members on C Diff and MRSA targets and gave an overview of the E-coli outbreak which took place in October 2012. She finished the presentation by outlining future health protection priorities, including pseudomonas and gonorrhoea.

99/13.4 Mrs McAndrew asked whether there were any concerns with regard to the uptake of flu vaccines in nursing homes. Dr Doherty said that there is guidance in this area and that GPs are responsible for delivering the vaccine. Dr Waldron added that there may be cases where individuals are too old to receive the vaccine. The Chair said that it is possible that the bug can transfer from nursing home workers to patients, to which Dr Doherty said that all nursing home staff are recommended to receive the vaccine.

99/13.5 The Chief Executive noted the work required on the Emergency Planning and the success of these events.

99/13.6 Dr Harbison asked whether there were plans to continue with the use of the EDSSS. Dr Doherty said that it would be beneficial for this to be maintained in Northern Ireland as a legacy from the G8 but that this was a decision for DHSSPS.

99/13.7 Members noted the update on Health Protection.

At this point Alderman Porter left the meeting.

### **100/13 Item 12 – HCAI Quarterly Report (PHA/07/08/13)**

100/13.1 Dr Harper noted that the monitoring data for C Diff and MRSA for the period ending 30 June 2013 showed both to be on track and that there had been a continual downward trend over the previous two years.

100/13.2 Dr Harbison expressed concern about the number of C Diff cases in the Northern Trust. Dr Harper noted that there has been significant improvement in the Trust but added that PHA would continue to monitor the situation across all Trusts.



**101/13 Item 13 – Serious Adverse Incidents Learning Report (PHA/08/08/13)**

- 101/13.1 Mrs Cullen introduced Ms Oriol Brown who presented the Serious Adverse Incidents Learning Report.
- 101/13.2 Ms Brown drew members' attention to the increased number of Serious Adverse Incidents (SAIs) reported compared to the previous report. She said this was due to increased reporting of SAIs following Trust visits by Mrs Mary Hinds and Mr Michael Bloomfield to review SAI criteria and encourage reporting.
- 101/13.3 Ms Brown gave an overview of two areas where SAIs had been reported, attachment of nasogastric tubes and x-ray reports. She said that following these incidents, learning letters had been issued by DHSSPS with actions and recommendations for Trusts.
- 101/13.4 The Chair asked for further information on the process for reporting and investigating an SAI. Ms Brown explained that Trusts report SAIs to the HSC Board and carry out their own investigation, however they may seek external assistance with this, and that they are required to forward their report to HSCB/PHA Designated Responsible Officer (DRO). At this point the DRO can challenge the Trust regarding the report or its recommendations. Ms Brown added that if a number of reports highlight the same issues, a decision could be made to undertake a thematic review in a particular area.
- 101/13.5 The Chair noted that if there are over 200 SAIs reported, and over 1,000 recommendations made, it would be important to group the recommendations into thematic areas. Ms Brown advised that Trusts must provide assurances to HSCB/PHA through the SQAT process. The Chair queried if this was the best use of resources, to which Ms Brown acknowledged that it is intensive work, but important work.
- 101/13/6 Dr Harper added that there is work being undertaken to attempt to bring together recommendations into thematic areas so that learning letters can contain specific, and achievable, recommendations, and therefore Trusts can provide explicit assurance. She added that Trusts have welcomed the change in approach. Ms Brown said that the overall aim of regional

standardisation is to ensure good practice and patient safety.

- 101/13.7 Dr Harbison asked whether the increase in SAIs was wholly due to the increased awareness and whether there were remained large numbers of unreported SAIs. Ms Brown said that there may be unreported SAIs and further work will be undertaken to increase the profile of SAIs.
- 101/13.8 Mrs Cullen said that the process of reporting SAIs is constantly evolving and she hoped that by working with frontline staff, it can be demonstrated that the reporting of SAIs can lead to changes in practice.
- 101/13.9 Members noted the Serious Adverse Incident Learning Report.
- 102/13 Item 14 – Local Supervising Authority (LSA) Report (PHA/09/08/13)**
- 102/13.1 Mrs Cullen introduced Ms Verena Wallace who presented the Local Supervising Authority Annual Report.
- 102/13.2 Ms Wallace highlighted a number of areas within the report. She said that quarterly monitoring now takes place with returns collected and analysed by the NMC. Ms Wallace gave an overview of the key conferences held during the past year and pointed out that although the Learning Lessons event focused on the Frances Report, there were aspects of the report pertinent to midwifery.
- 102/13.3 Ms Wallace informed members that during the year, the LSA commissioned a best practice Standard Operating Procedure from the University of Ulster. She moved on to give an overview of the key trends and learning outcomes from 2012/13. She advised members that during the year, one midwife had been struck off the NMC register.
- 102/13.4 Ms Wallace completed her report by saying that she would return to a future board meeting to give members a more detailed presentation on the statistical data contained within the report.
- 102/13.5 Dr Harbison asked about the continued viability of the midwife-led units at Downe and Lagan Valley. Ms Wallace said that in England there is a lower tolerance of midwife-led units and there

are plans to evaluate the unit at Downe.

102/13.6 Dr Harbison asked about the high rate of C-sections in Northern Ireland. Ms Wallace agreed that the rate was high and said that the Maternity Implementation Team will be reviewing this as part of the overall Maternity Strategy.

102/13.7 The Chair noted a reduction in the number of teenage pregnancies. Ms Wallace acknowledged the point but felt that there was further work to be done to reduce this further.

102/13.8 Members approved the LSA Report.

At this point Dr Harper left the meeting.

### **103/13 Item 15 – Centre for Connected Health and Social Care Update (PHA/10/08/13)**

103/13.1 Mrs Cullen introduced Ms Claire Buchner who presented the update on Connected Health and Social Care.

103/13.2 Ms Buchner advised members that for 2012/13, a target of 400,000 telehealth monitored patient days was set by DHSSPS but that by the end of March 2013, only 72% of the target was achieved. The target for 2013/14 has been set at 500,000 days, and by the end of June 2013, 19% of the target had been achieved.

103/13.3 Ms Buchner explained that for 2013/14, each Trust has been asked to complete an implementation plan, to be submitted to the Chief Executive. She noted that one of the main obstacles to completing the targets was the lack of buy-in from professionals and clinicians. She went on to say that, when telemonitoring was first devised, it was set up for monitoring of long term conditions but there has been a recent increase in its use for short term conditions.

103/13.4 Ms Bucher said that, with regard to telecare, there was a higher uptake across all Trusts, predominantly within the elderly care programme.

103/13.5 Ms Buchner advised that the DHSSPS wishes to carry out an ongoing evaluation, rather than wait until the completion of the 6-

year contract. She said that a draft specification had been prepared and that the research and development office would shortly be formalising the call for research proposals.

103/13.6 It was queried whether the number of monitored days required per person had been underestimated. Ms Buchner said that each Trust had developed a different model but she added that they had worked with PHA to develop the targets. She added that the Belfast Trust is re-launching its telemonitoring.

103/13.7 Dr Harbison said that he welcomed the evaluation.

103/13.8 The Chief Executive said that he had met with the Trust Chief Executives and had obtained insights in the main obstacles for uptake. He said that there is now an e-health strategic group which will look at tele-monitoring and he said that within PHA, the Connected Health team were now reporting directly to him.

103/13.9 The Chair commented that tele-monitoring should be patient-led, and not clinician-led and asked whether PHA was working with voluntary organisations to promote this work. Ms Buchner said that most of the promotion activity is Trust-led and within clinical teams, rather than in community care.

103/13.10 Members noted the update on Connected Health and Social Care.

#### **104/13 Item 16 – Any Other Business**

104/13.1 There was no other business and the Chair drew the meeting to a close.

#### **105/13 Item 17 – Date and Time of Next Meeting**

Date: Thursday 19 September 2013

Time: 1:30pm

Venue: Public Health Agency

Conference Rooms

2<sup>nd</sup> Floor

12-22 Linenhall Street

Belfast

BT2 8BS

Signed by Chair:

Mary Jo Mahon

Date: 19 September 2013