

102nd Meeting of the Public Health Agency Board

Thursday 17 May 2018 at 1.30pm

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

Present

Mr Andrew Dougal	- Chair
Mrs Valerie Watts	- Interim Chief Executive
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
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
Mr Robert Graham	- Secretariat

Apologies

Mr Edmond McClean	- Interim Deputy Chief Executive / Director of Operations
Dr Adrian Mairs	- Acting Director of Public Health
Ms Deepa Mann-Kler	- Non-Executive Director
Mr Cecil Worthington	- Acting Director of Social Care and Children, HSCB
Mrs Joanne McKissick	- External Relations Manager, PCC

41/18 | Item 1 – Welcome and Apologies

41/18.1 The Chair welcomed everyone to the meeting. Apologies were noted from Mr Edmond McClean, Dr Adrian Mairs, Ms Deepa Mann-Kler, Mr Cecil Worthington and Mrs Joanne McKissick.

42/18 | Item 2 - Declaration of Interests

42/18.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

43/18 | Item 3 – Minutes of previous meeting held on 19 April 2018

43/18.1 The minutes of the previous meeting, held on 19 April 2018, were approved as an accurate record of that meeting.

44/18 Item 4 – Matters Arising

44/18.1 There were no matters arising.

45/18 Item 5 – Chair’s Business

45/18.1 The Chair advised that he had issued his Report in advance to members, and said that he wished to ensure that the issue of child dental health is kept on the agenda.

45/18.2 The Chair said that he had attended the sixth annual meeting of service users of those at increased risk of an aortic aneurysm, and at the meeting emphasised how valuable it was to have input from service users into the design and improvement of the service. He added that it is also important to convey to those members of the public who may have missed out on AAA screening that it is still available to those men over 65 years of age.

45/18.3 The Chair noted that for the first time in its history the annual congress of the Royal College of Nursing, UK was held in Belfast. He said that he was invited to attend an interfaith service held in Saint Malachy’s Church, Alfred Street on Saturday 12 May, at which the Reverend Andrew Black gave a most powerful address on the values, qualities and character of Florence Nightingale and how these related to the professional nursing of today.

46/18 Item 6 –Chief Executive’s Business

46/18.1 The Interim Chief Executive advised members that the Belfast Trust had recalled 2,500 patients following an independent review of patient notes relating to the work of a single consultant neurologist, Dr Michael Watt. She said that patient recalls must always be evidence-based and founded on expert guidance with no decision ever being taken lightly or prematurely. She said that in this instance, it was necessary to undertake a recall following a review of patient notes by both the Trust and the Royal College of Physicians.

46/18.2 The Interim Chief Executive said that PHA and HSCB staff have been working closely with the Trust to ensure that all patients could be seen in a timely way, with necessary support mechanisms being put in place, including an advice line. She added that this is undoubtedly an extremely stressful time for many patients and their families and that our thoughts go out to them at this time.

46/18.3 The Interim Chief Executive explained that every patient who is recalled will have their care reviewed to ensure that their diagnosis is secure, that appropriate investigations are completed, and that their ongoing care is appropriate.

46/18.4 In relation to the wider issues, the Interim Chief Executive informed the Board that the Department of Health has asked RQIA to undertake a

- review of governance of outpatient services in the Belfast Trust, with a particular focus on neurology services, and to undertake a parallel piece of work to ensure that the records of all patients or former patients of Dr Watt who have died over the past ten years are subject to expert review.
- 46/18.5 Moving onto the Transformation agenda, the Interim Chief Executive noted the announcement which had been made last week regarding funding. She said that in addition to the £30m previously announced to target hospital waiting times, there will be £5m to build capacities in communities and prevention, £15m of transformation funding to enhance primary care, including rollout of multi-disciplinary teams, £15m investment in HSC workforce development, and £30m in reforming community and hospital services, including mental health.
- 46/18.6 The Interim Chief Executive advised that work on elective care centres is continuing with the establishment of task and finish groups for the two specialities, vascular and cataract surgery, with the aim of having prototype models in place by December.
- 46/18.7 The Interim Chief Executive advised that the Oversight Board, responsible for the arrangements for the closure of HSCB, had held its second meeting in April with a third meeting due to take place at the end of May.
- 46/18.8 The Interim Chief Executive informed members that at the end of April, Barnardo's NI launched the new regional Independent Guardian Service, funded by HCSB, to support children in Northern Ireland who are victims of human trafficking and also children who are separated from their families and their home countries.
- 46/18.9 The Interim Chief Executive said that she had attended a celebratory event with Marie Curie to make the conclusion of the project management arrangements associated with the Palliative Care Programme for Northern Ireland. She said that it was a privilege to have the Chief Executive of Marie Curie, Dr Jane Collins, in attendance.
- 46/18.10 The Interim Chief Executive advised that she was present at the first meeting of the Making Life Better (MLB) HSC Partnership. She explained that this Partnership has recently been established as part of the refresh of the regional MLB implementation arrangements and comprises Chief Executives and nominated Directors from HSC Trusts, NIAS, BSO, HSCB and PHA. She added that as this was the inaugural meeting of this group, it focussed on the purpose of the group, its terms of reference and operating arrangements as well as looking to the future for how HSC can realise MLB and its outcomes. The Chair asked that the minutes of the MLB meeting on 27 May be made available to Non-Executive Directors to ensure that they are kept up to speed.
- 46/18.11 The Interim Chief Executive said that the hope is that this group will provide a space for HSC leaders to come together, share ideas, learn and

provide an opportunity to reflect on how to support and scale up successful programmes within the MLB ethos. Finally, she said that the next meeting of the group is in June.

46/18.12 The Interim Chief Executive informed members that she had attended a photo call at Lisburn Library to celebrate the announcement of all 96 public libraries in Northern Ireland signing up to the PHA's Breastfeeding Welcome Here scheme.

46/18.13 The Interim Chief advised that earlier this week, PHA received a visit from Professor Rod Thomson, the Director of Public Health for Shropshire who is also the Vice President of the Royal College of Nursing. She added that he met with PHA staff and got an understanding of the many significant projects undertaken here in the area of public health nursing.

46/18.14 Professor Rooney asked about the role of TIG, and whether prevention features on its agenda. The Interim Chief Executive said that prevention features strongly within Delivering Together and Making Life Better, but that at TIG it is not discussed as much as, for example, reducing waiting lists. She undertook to ensure that this issue is brought to the TIG table for discussion.

46/18.15 The Chair asked when the social care function will transfer to PHA as members will need to be trained on their new responsibilities. The Interim Chief Executive said that she did not know when the function would transfer, but that there was no reason why members could not receive briefings now.

46/18.16 Mr Clayton asked if there is representation from other bodies, outside health, on the Making Life Better groups. The Interim Chief Executive said that there is an All Departmental Officials Group (ADOG) and another Board which has wider representation.

46/18.17 Mr Stewart asked if there was a date fixed for the closure of the Health and Social Care Board. The Interim Chief Executive explained that the Department is in the process of recruiting a senior official whose role it will be to manage this process. She advised that a tentative date of 31 March 2020 has been suggested, subject to the necessary legislation being passed. She added that there are issues to be resolved in terms of BSO's responsibilities. The Chair noted that March 2020 would be 4½ years after the closure announcement in November 2015.

47/18 Item 7 – Finance Report (PHA/01/05/18)

47/18.1 Mr Cummings presented the Finance Report for the end of the 2017/18 year and said that the draft accounts showed a surplus of £138k which is within the tolerance level. He said that there was an underspend in the management and administration budget due to staff vacancies, but that these monies were then utilised in the programme budget. He advised that PHA's prompt payment performance was excellent, with 99% of

invoices by volume, and 92.3% by value paid within 30 days.

47/18.2 Mr Drew commended Mr Cummings and his team, as well as the senior management team of the Agency for the innovative ways in which they were able to utilise the additional funds.

47/18.3 The Chair also thanked Mr Cummings and this staff for their work. He expressed the hope that three year budget cycles would be allowed since this would lead to better outcomes.

47/18.4 Members noted the Finance Report.

48/18 Item 8 – Update on General Data Protection Regulations

48/18.1 The Chair welcomed Miss Rosemary Taylor to the meeting and invited her to present the update on the new General Data Protection Regulations (GDPR).

48/18.2 Miss Taylor gave members an overview of what GDPR is, and what it means for PHA. She outlined the principles under Article 5 of the Act and the rights of individuals under GDPR.

48/18.3 Miss Taylor advised that PHA has been providing regular updates on the work it is doing in this area to the Information Governance Steering Group, Agency Management Team, Governance and Audit Committee and the PHA Board. She said that PHA policies are being reviewed to ensure compliance and that regional training is also being updated.

48/18.4 Miss Taylor explained that under the Regulations, there are six lawful bases for holding information, and four of these are applicable to PHA. She said that PHA will be required to undertake Privacy Impact Assessments, and to nominate a dedicated Data Protection Officer. She added that she will undertake this role. In conclusion, she said that PHA has done a lot of work, but there remains a lot of work still to be done.

48/18.5 Alderman Porter asked about information that PHA holds on screening programmes and that if individuals do not respond, are they removed from the list. Miss Taylor said that under its Health Protection functions, PHA would have a legal basis for retaining information about people, but that each case would need to be reviewed on an individual basis.

48/18.6 Mr Clayton asked about the role of NEDs. Miss Taylor said that through the Governance and Audit Committee, the PHA Board will have a scrutiny role to ensure that PHA has the correct governance processes in place.

48/18.7 The Chair asked about research, and whether the new legislation will impact on information held in databanks and biobanks. Miss Taylor said that every area will need reviewed on a case by case basis, and it will depend on how long PHA can keep the information.

48/18.8 Mr Drew thanked Miss Taylor and her team for the work undertaken to date in this area. He said that the amount of work required to implement the new Regulations should not be underestimated.

48/18.9 Members noted the update on the General Data Protection Regulations.

49/18 Item 9 – Update on the Rural Needs Act

49/18.1 Miss Taylor informed Board members that the Rural Needs Act (Northern Ireland) 2016 will come into effect for public authorities, like the Public Health Agency, from 1 June 2018. She explained that under the Act, PHA will have to take due regard to rural needs when developing, adopting, implementing or revising a policy, strategy or plan, and when designing or delivery a public service. She added that PHA will also have to compile information on this for its Annual Report and for submission to DAERA.

49/18.2 Miss Taylor outlined the process for undertaking a Rural Needs Assessment and said that PHA has attended training organised by the Rural Development Council, which has also developed an e-learning package. She added that PHA's Rural Needs Policy will be presented to the PHA Board in June.

49/18.3 Mr Stewart asked if all existing PHA policies would be required to be updated immediately. Miss Taylor said that all policies are reviewed regularly so can be amended, as appropriate, as part of any review.

49/18.4 Mr Clayton noted the similarity between this type of assessment and Equality Screening under Section 75. He asked if there will be guidance for staff. Miss Taylor said that there will be no additional support from BSO in this area so PHA will get a better understanding as it starts to embed this work. Mr Clayton asked if DAERA can provide support. Miss Taylor said that the Rural Development Council may be able to assist.

49/18.5 Alderman Porter said that Rural Needs Assessments are important as rural isolation is an issue.

49/18.6 Members noted the update on Rural Screening.

50/18 Item 10 – Service Development and Screening Update

(1) Neurology

50/18.1 The Chair welcomed Dr Brid Farrell to the meeting and invited her to give members an update on the issues regarding neurology.

50/18.2 Dr Farrell began with the background and advised that the Belfast Trust had first become aware of issues in 2016 and following completion of its own internal review, asked the Royal College of Physicians to carry out a

- review of a range of areas. She said that following this review of Dr Watt's practice it was agreed that a "look back" exercise should be undertaken. She added that this exercise involved over 2,500 patients being asked to make an appointment to have their case reviewed, letters being issued to GPs and an advice line being set up.
- 50/18.3 Dr Farrell said that all patients will be seen within the next three months, and that there will be no reduction in existing services as patients will be reviewed either through the provision of additional clinics by the BHSCT or via the independent sector in BHSCT sites. She went on to say that in addition to the "look back" exercise, an independent enquiry will be established and the RQIA have been asked to undertake two reviews, one regarding governance arrangements in outpatients, and a review of the deaths of any patients in the last 10 years. She added that there will also be a regional oversight co-ordination group jointly chaired by HSCB and PHA.
- 50/18.4 Mr Drew sought clarity on the timelines of the patients being reviewed. Dr Farrell said that it is for any patient of Dr Watt who was on the active caseload (i.e. not discharged) in the last 7 years. The Chair asked if all of the patients are Belfast Trust patients. Dr Farrell said patients from all parts of N Ireland attended Dr Watt. She added that there will also be patients in the independent sector who were seen by Dr Watt. The Independent sector will adopt a similar approach to the HSC.
- 50/18.5 Professor Rooney asked how many cases had been reviewed by the Royal College of Physicians. Following Dr Farrell's response that the number was 48, the Chair asked why the sample was so small, since there is a number of distinct diseases within neurology. Dr Farrell explained that the external review followed the internal Trust review of Dr Watts care and it was a reasonable sample of patients. Neurology has a number of subspeciality areas, and is a speciality that is very different now compared to 20 years ago, as new treatments become available.
- 50/18.6 Mr Clayton asked if the HSCB/PHA group has oversight of the independent sector. Dr Farrell said that the group is working with that sector but they would be undertaking any necessary reviews of patients who attended their services.
- 50/18.7 Professor Rooney noted that Dr Watt would have been working as part of a team and asked what support mechanisms there are in place for him, and members of his teams. Dr Farrell said that there are established procedures in place for these types of incidents.
- 50/18.8 Mr Clayton asked whether 12 weeks is a reasonable timeframe for the "look back" exercise. Dr Farrell said that it is an appropriate timeframe, given the challenge for the Trusts to secure additional capacity to review all of the lookback patients and to ensure that current services are maintained.

- 50/18.9 | The Chair thanked Dr Farrell for this update.
- (2) *Breast Screening*
- 50/18.10 | The Chair welcomed Dr Stephen Bergin to the meeting and invited him to give an overview to members on recent issues regarding breast screening.
- 50/18.11 | Dr Bergin began by explaining to members that screening tests are not diagnostic tests, and that screening is an indicator of the potential presence of a disease. He said that following a screening test, patients with a positive test then undergo a diagnostic test.
- 50/18.12 | Dr Bergin advised that PHA's screening programme operates within UK standards and that there are rigorous quality assurance processes, both internally and externally. He said that around 80,000 women are invited for breast screening annually, with an uptake rate of around 75%. Of those screened, he advised that, on average, around 96% are informed that their mammogram is normal and that they do not require a follow up at an assessment clinic.
- 50/18.13 | Dr Bergin said in England it had been noted that there were insufficient numbers of women being invited at the upper age limit. There were a number of issues, including within the IT system for a trial currently underway, where the age parameters of the programme in some areas were extended to 47-73 (from 50-70). It was noted that there were insufficient numbers of patients being called at the upper age limit. He advised that an error had been discovered within the IT system, but he clarified that this error is specific to the system used in England. He said that once PHA was made aware of this issue, a review was undertaken of PHA's databases, and this showed that there were no glitches in the Northern Ireland system, and that all women who should have been called for screening had been called.
- 50/18.14 | The Chair thanked Dr Bergin and his team for responding to the issue so promptly and for being able to provide this reassurance.
- (3) *Cervical Screening*
- 50/18.15 | Dr Bergin gave members an update on cervical screening in Northern Ireland following the recent issues in the Republic of Ireland.
- 50/18.16 | Dr Bergin explained that for cervical screening, women are called every 3 years between the ages of 25-49, and every 5 years between the ages of 50-65. He said that this is a much larger scale programme with over 400,000 women being called for screening over a five year period. He added that following screening, there is an average of 90 cases per year where cancer is found.
- 50/18.17 | Dr Bergin said that in the Republic of Ireland, it has been discovered that

there are 208 cases where there has been a potential discrepancy in the results of the test, and that 17 people have since died. He advised that a national enquiry is being undertaken. Dr Bergin advised members that in the Republic of Ireland, some samples are analysed in a laboratory in the United States. However, in Northern Ireland all results are analysed within HSC laboratories, and are double checked. He said that following events in the Republic of Ireland, the HSE is undertaking a review of their overall system.

50/18.18 Alderman Porter expressed his concern about the apparently withholding of information from patients, particularly in cases where patients may have received a false negative result, but may not have been informed of this, or may have been informed at a later stage which resulted in a delay in their treatment. He asked if PHA could provide assurances that these types of situation would not arise within the screening programmes in Northern Ireland.

50/18.19 The Interim Chief Executive noted the points being made by Alderman Porter and suggested that once PHA has completed its own review, a comprehensive update could be brought back to the Board.

50/18.20 The Chair thanked Dr Bergin for his updates on these matters.

51/18 Item 11 – Any Other Business

51/18.1 There was no other business.

52/18 Item 12 – Date and Time of Next Meeting

Monday 11 June 2018 at 1.30pm

Conference Rooms, Linum Chambers, Bedford Street, BT2 7ES

Signed by Chair:



Date: 11 June 2018