

## AGENDA

**71<sup>st</sup> Meeting of the Public Health Agency board to be held on  
Thursday 18 December 2014, at 1.30pm,  
5<sup>th</sup> Floor Meeting Room, 12/22 Linenhall Street,  
Belfast, BT2 8BS**

No	Time	Item	Paper	Sponsor
1.	1.30	Welcome and Apologies		Chair
2.	1.30	Declaration of Interests		Chair
3.	1.30	Minutes of the PHA board Meeting held on 20 November 2014		Chair
4.	1.35	Matters Arising		Chair
5.	1.35	Chair's Business		Chair
6.	1.40	Chief Executive's Business		Chief Executive
7.	1.45	Personal and Public Involvement Update	<b>PHA/01/12/14 (for Noting)</b>	Mrs Cullen
8.	2.10	Finance Update <ul style="list-style-type: none"> <li>• PHA Financial Performance Report</li> </ul>	<b>PHA/02/12/14 (for Noting)</b>	Mr Cummings
9.	2.20	Winter Preparedness		Dr C Harper
10.	2.35	Presentation on Integrated Care Partnerships		Dr S Harper
11.	2.55	Governance & Audit Committee Update <ul style="list-style-type: none"> <li>• Minutes of 8 October 2014 meeting</li> <li>• Verbal briefing from Chair</li> </ul>	<b>PHA/03/12/14 (for Noting)</b>	Mr Coulter

12. 3.10 Remuneration Committee Update **PHA/04/12/14** Chair  
• Minutes of 11 June 2014 meeting **(for Noting)**  
• Verbal briefing from Chair
13. 3.20 Research and Health Intelligence Committee Update **PHA/05/12/14** Dr Harbison  
**(for Noting)**
- To include:
- PHA Response to “Research for Better Health and Social Care: A Strategy for Health and Social Care Research and Development in Northern Ireland”
14. 3.40 Serious Adverse Incidents Learning Report **PHA/06/12/14** Mrs Cullen  
**(for Noting)**
15. 3.55 Any Other Business
16. **Date, Time and Venue of Next Meeting**  
Thursday 22 January 2015  
1:30pm  
Conference Rooms  
18 Ormeau Avenue  
Belfast  
BT2 8HS

**MINUTES**

**Minutes of the 70<sup>th</sup> Meeting of the Public Health Agency board  
held on Thursday 20 November 2014 at 1:30pm,  
in 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 Paul Cummings       | - Director of Finance, HSCB         |
| Mrs Fionnuala McAndrew | - Director of Social Services, HSCB |
| Mr Robert Graham       | - Secretariat                       |

**APOLOGIES:**

- |                      |  |
|----------------------|--|
| Mrs Joanne McKissick | - External Relations Manager, Patient Client Council |
|----------------------|--|

		<b>Action</b>
<b>144/14</b>	<b>Item 1 – Welcome and Apologies</b>	
144/14.1	The Chair welcomed everyone to the meeting and noted apologies from Mrs Joanne McKissick.	
<b>145/14</b>	<b>Item 2 - Declaration of Interests</b>	
145/14.1	The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.	

**146/14 Item 3 – Minutes of the PHA Board Meeting held on 18 September 2014**

146/14.1 The minutes of the previous meeting, held on 16 October 2014, were approved as an accurate record of the meeting.

**147/14 Item 4 – Matters Arising**

147/14.1 There were no matters arising.

**148/14 Item 5 – Chair’s Business**

148/14.1 The Chair informed members that she had attended the Northern Ireland Awards for AHPs and that the event had been uplifting as it showcased staff who enjoyed their work. Mrs Cullen echoed this and said that it had been a pleasure to attend the event.

148/14.2 The Chair said that she had attended an event organised by Belfast Healthy Cities and said there should be more focus on health and planning working together to allow greater focus on planning for people and their well-being, not an exclusive focus on land use.

**149/14 Item 6 – Chief Executive’s Business**

149/14.1 The Chief Executive said that he had attended the first meeting of the Making Life Better regional project board in advance of the first meeting of the All Department Officials Group on 3 December. He advised that he had also attended a meeting with the Commissioner for Children and Young People.

149/14.2 The Chief Executive informed members that the PHA had facilitated a visit from Professor Sir Liam Donaldson as part of his review into arrangements for quality and safety. He thanked staff for their input in preparing for the visit.

149/14.3 The Chief Executive advised that he had attended the Resurgam Trust AGM, and the launch of the Belfast Active Travel Plan.

## **150/14 Item 7 – Presentation on CLARE Project**

- 150/14.1 The Chair welcomed Caroline Bloomfield and Laura Feeney to the meeting and invited them to give their presentation on the CLARE Project.
- 150/14.2 Ms Bloomfield began with an overview of the initiative, Creative Local Action, Response and Engagement. She said that this programme, based in the Mount Vernon area, was an example of how statutory agencies can work together in the framework of Making Life Better.
- 150/14.3 Ms Feeney, Project Manager, gave members an outline of CLARE's strategic vision and objectives and the achievements of the programme so far. She finished with some case studies and provided members with feedback from participants on the programme.
- 150/14.4 Alderman Porter asked how much funding had been provided by PHA for the programme. Ms Feeney said that £175k had been provided by PHA with additional funding from Big Society. Alderman Porter asked if the programme was sustainable if there was no funding from PHA. Ms Feeney said that people are volunteering who wish to become active within their communities and that is building skills and capacity within communities. However, she acknowledged that there is a challenge in terms of evidencing savings to the Trust and what proportion of these can be reinvested into the programme.
- 150/14.5 Mrs McAndrew said that she welcomed this type of programme and she encouraged Ms Feeney to meet with LCGs to show them the benefits of this type of scheme.
- 150/14.6 Mrs Cullen asked if referrals can be made from primary care. Ms Feeney said that she would welcome a discussion with GPs to facilitate this.
- 150/14.7 Mr Mahaffy asked if it would be envisaged that cuts in domiciliary care packages would see more people volunteering to undertake personal care. Ms Feeney said that this was not something she would intend to undertake, but she would welcome the creation of more social enterprises.

150/14.8 Mr Coulter said that this type of programme was an interesting experiment in terms of PPI. He asked if any gaps had been identified. Ms Feeney said that she hadn't undertaken an analysis to date, but there were gaps in terms of individuals accessing their personal finances, and the length of time it was take for individuals to obtain support. Ms Bloomfield added that the Trusts tend to look at people's physical needs, rather than their emotional and social needs.

150/14.9 Members thanked Ms Bloomfield and Ms Feeney for the presentation.

**151/14 Item 8 – Finance Update  
PHA Financial Performance Report (PHA/01/11/14)**

151/14.1 Mr Cummings explained to members that the Finance Report being presented today was prepared in advance of PHA receiving an amended allocation letter with a retraction of £1.5m.

151/14.2 Mr Cummings said that the current financial situation shows that PHA had a surplus of £500k in management and administration. Alderman Porter asked if it was normal to operate with this type of surplus. Mr Cummings explained that the surplus is due to having vacant posts and that this was a reasonable surplus. The Chief Executive said that any surpluses in management and administration are recycled into programme expenditure. He went on to say that a meeting of all budget holders is taking place within the next week to review all budget lines for 2014/15.

151/14.3 Mr Coulter asked about the underspend in Health Improvement in the South Eastern LCG area. Mr Cummings noted that it may be a timing issue in terms of projected expenditure being spent.

151/14.4 Members noted the Finance Report.

**152/14 Item 9 – Performance Management Report – Corporate  
Business Plan and Commissioning Plan Directions Targets  
for Period Ending 30 September 2014 (PHA/02/11/14)**

152/14.1 Mr McClean presented the Performance Management Report for the period up to 30 September 2014. He said that of 85 targets listed within the Report, 66 were rated as "green", 16 as "amber" and 3 as "red".

152/14.2 Mrs Karp asked about the work of the Safety Forum. Mrs Cullen said that the Safety Forum is struggling due its limited capacity and given that its workload has quadrupled in the last 18 months but she added that PHA has funded some additional resource. She advised that Dr Harper and she would meet with the Clinical Director of the Safety Forum on a regular basis. Mrs Karp queried whether these issues should be put onto the PHA Corporate Risk Register.

152/14.3 Dr Harbison expressed concern regarding the guidance to be sent by DHSSPS regarding the development of skills and capacity within communities with regards to procurement. Mr McClean said that there is skills and expertise within local Councils and that PHA is providing support to these organisations.

152/14.4 Mr Coulter asked about the challenge from pharmacies about retail merchandising. Dr Harper said that there have been ongoing discussions with pharmacists.

152/14.5 The Chair asked whether progress was being made in regard to health visitors. Mrs Cullen said that progress was being made but that there remained a challenge in terms of finding the investment to employ these staff over the next few years.

152/14.6 Members noted the Performance Management Report.

**153/14 Item 10 – Northern Ireland Bowel Cancer Screening Programme: Inaugural Report April 2010 – March 2013 (PHA/03/11/14)**

153/14.1 Dr Harper welcomed Dr Tracy Owen to the meeting. She noted that members had received the Bowel Screening Report and invited them to address any queries to Dr Owen.

153/14.2 Mr Coulter noted that the report indicated a lower uptake among men, but higher rates of bowel cancer among men, and asked what could be done to improve this. Dr Owen said that as part of the forthcoming public information campaign, there will be more emphasis on getting men to attend. She said that as part of focus groups undertaken before the campaign was prepared, it was noted that there is a stigma among men in terms of talking about health problems, and particularly cancer.

- 153/14.3 Mr Coulter asked about visually impaired people conducting the test themselves. Dr Owen said that there had been meetings with RNIB to discuss these issues. She added that there is currently no alternative test.
- 153/14.4 Alderman Porter suggested that a more positive message should be portrayed about talking about cancer. Dr Owen agreed and said that as part of any press release or written information, it is highlighted that early detection can increase survival rates. She added that as part of the AAA Screening Programme, the men attending that programme are encouraged to attend the Bowel Screening programme.
- 153/14.5 Mrs Karp asked about alternative testing methods. Dr Owen advised that a new test is being piloted in England, and that further information on this “fit test” may be available over the coming months.
- 153/14.6 Dr Haribson noted the reference in the report to a positive predictive value, and queried whether this should be high or low, and how this compared to other parts of the UK. Dr Owen said that the numbers are small, which is encouraging, but said that comparable data for the rest of the UK was not available, apart from Wales where the figures were largely similar. Dr Haribson said that the report should contain an Executive Summary.
- 153/14.7 The Chair asked about the role of GPs in terms of encouraging people to attend. Dr Owen said that GPs were keen to get feedback from their patients following their test and would try to encourage attendance.
- 153/14.8 The Chair asked about the target of 55% uptake. Dr Owen said that this was an arbitrary figure based on when the programme was started, and that over the years the uptake has improved to close to this target.
- 153/14.9 The Chief Executive said that, in terms of public awareness, the final steps in preparing a campaign which will look at different types of cancers are being undertaken.
- 153/14.10 Members noted the Bowel Screening Report.



**154/14** | **Item 11 – Update on Work of Centre for Connected Health and Social Care**

- 154/14.1 | Eddie Ritson and Soo Hun joined the meeting and gave members an update on the work of the Centre for Connected Health and Social Care. He showed members how the uptake of telemonitoring and telehealth has increased in recent years and he outlined the advantages and disadvantages of each. As part of the presentation, Mr Ritson showed members a video featuring interviews with service users. He finished the presentation with an update on the planned research evaluation.
- 154/14.2 | Dr Harbison asked about the research evaluation and whether there were any control or comparison groups included. Mr Ritson said that the evaluation was not an RCT (Randomised Controlled Trial). In terms of measuring impact, he said that an analysis could be done before and after a service user availed of telemonitoring. However, he pointed out that the service is used for different purposes in each Trust area, for example, it is more used for diabetes in the Western and Northern area, but more used for COPD in the South Eastern area.
- 154/14.3 | Dr Harbison asked if there was an estimate for unplanned dropouts. Mr Ritson said that this would be looked at as part of the evaluation. He added that professionals only refer staff for whom they feel the programme is appropriate.
- 154/14.4 | Dr Harbison asked about smartphone technology. Mr Ritson agreed that this was an area that merited further review, but there were issues in terms of how this could be linked with the Electronic Care Record.
- 154/14.5 | Alderman Porter asked whether there is the risk of over medication. Mr Ritson supported this saying that there is an argument as to whether telemonitoring can increase or reduce service users' anxiety. However, he added that having supplies of medication at home is not bespoke to telemonitoring. In response to concerns about power outages affecting people's ability to submit results, Ms Hun said that if a result is not sent when anticipated, this is followed up by a triage nurse.
- 154/14.6 | Mrs McAndrew asked whether the research will include telecare. Mr Ritson said that there will be an element of telecare, but it will

focus more on telehealth.

154/14.7 Mr Coulter said that the research should note the benefit to carers and the community of telemonitoring and telehealth. Mr Ritson agreed with this point.

154/14.8 The Chief Executive noted that following the recent presentation on the eHealth Strategy, a lot of work has been undertaken but more work is required. However, he said that there is a link with the re-enablement model which is part of Transforming Your Care. He added that the research will be important in capturing the advantages and disadvantages of telehealth in helping to inform future decisions.

154/14.9 Members noted the update on the work of the centre for connected health and social care.

**155/14 Item 12 – “Supporting the best start in life” Infant Mental Health Framework and Action Plan 2014-2017 (PHA/04/11/14)**

155/14.1 Dr Harper advised members that this framework and action plan had emanated from work undertaken by the Child Development Project Board. She outlined the three key themes and explained that the plan would be issued for public consultation once approved by the PHA Board.

155/14.2 Members approved the framework and action plan to go out to public consultation.

**156/14 Item 13 – Corporate Strategy Project Board Report**

156/14.1 Dr Harbison informed members that the Corporate Strategy Project Board had held its most recent meeting on Tuesday and at that meeting, consideration had been given to the feedback which came from the PHA Board workshop in September. He shared with members a summary of the key objectives, as prioritised by members at that workshop.

156/14.2 Dr Harbison outlined the format of the staff engagement event which is taking place on 9 December and he encouraged all members to attend. He said that it would be an interactive session and following this, there would be a further workshop, this time with external stakeholders.

156/14.3 Dr Harbison said that the Project Board had considered whether to take forward any of objectives of the current Corporate Strategy into the new Strategy, particularly in areas such as PPI. He added that the Project Board were looking at how key data could be used as indicators for monitoring and target setting. He said that it was also important that the Strategy aligned to the new public health framework, Making Life Better.

156/14.4 Alderman Porter commended the work that had been undertaken, but noted the challenges ahead in terms of the overall financial situation. Dr Harbison agreed that this would also have to be taken into consideration.

156/14.5 Members noted the update of the Corporate Strategy Project Board.

**157/14 Item 14 – Any Other Business**

157/14.1 There was no other business.

**158/14 Item 15 – Date and Time of Next Meeting**

Date: Thursday 18 December 2014

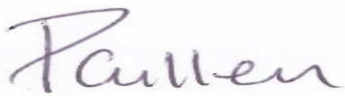
Time: 1:30pm

Venue: Conference Rooms  
12/22 Linenhall Street  
Belfast  
BT2 8BS

Signed by Chair: \_\_\_\_\_

Date: \_\_\_\_\_

**PUBLIC HEALTH AGENCY BOARD PAPER**

<b>Date of Meeting</b>	18 December 2014
<b>Title of Paper</b>	Personal and Public Involvement Update
<b>Agenda Item</b>	7
<b>Reference</b>	PHA/01/12/14
<b>Summary</b>	
<p>As part of our Governance &amp; Reporting arrangements, an Update Report on PPI is produced and tabled for the PHA Board to consider, on a twice yearly basis.</p> <p>Attached is the PPI Update Report for the period from July 2013 to the end of November 2014.</p> <p>It is proposed to follow the format used on the last number of occasions. The Board will be updated with the attached report along with the delivery of a presentation illustrating PPI in action. This has the effect of bringing PPI to life for Board members and demonstrating the value of this approach in fields such as patient safety, quality etc.</p>	
<b>Equality Screening / Equality Impact Assessment</b>	N/A
<b>Audit Trail</b>	This report was considered by AMT on 2 December 2014.
<b>Recommendation / Resolution</b>	For noting
<b>Director's Signature</b>	
<b>Title</b>	Director of Nursing and AHPs
<b>Date</b>	2 December 2014

**DRAFT**

**Personal and Public Involvement (PPI)**

**Board Update December 2014**

**Personal & Public Involvement:**

PPI is about empowering people and communities to give them more confidence and more opportunities to influence the planning, commissioning and delivery of services in ways that are relevant and meaningful to them. It is a two way process, not solely an approach that we use when we want to hear the views of service users and carers on something which we bring to them for their consideration. People are no longer the passive recipients of health and social care services. People have a right to be and increasingly they expect to be actively involved in decisions that affect them.

**Statutory Duty:**

Under the HSC (Reform) Act (NI) 2009, PPI is a legislative requirement. The PHA and other HSC organisations now have a Statutory Duty to Involve & Consult Service Users, Carers and the Public on:

- 1) The planning and provision of care
- 2) The development and consideration of proposals for change in the way that care is provided
- 3) Decisions that affect the provision of care.

**Progress / Update Report**

In the last 6 months since the last update report to the Board, the PHA has continued to make progress in a number of important areas, helping to embed PPI into the culture and practice of both our own organisation and the wider HSC system. Noticeable amongst these have been:

<b>Training -</b>	An Awareness Raising & Training programme for HSC staff on Involvement has been designed and developed. It was piloted during September, October & November 2014. Finishing touches are being put to it now and it will be accompanied by an updated e-Learning component on PPI.
<b>Standards -</b>	Under the leadership of the PHA, five Standards and associated KPIs for PPI have been developed. These have recently been endorsed by the Minister for roll out across HSC.
<b>Monitoring -</b>	Arrangements for formal monitoring of PPI have been developed by the PHA and endorsed by the DHSSPS. The process has commenced with final Trust reports to be completed by the June 2015 round of Accountability Meetings.
<b>Engage website -</b>	The DHSSPS has approved in principle the business case for the Engage Website and PPI Outreach Development Programme.
<b>Award Winner</b>	One of the projects funded through the PHA PPI Promotion & Advancement programme, “ <b>My Choking Story</b> ” is a PPI based initiative focussed on a partnership between a service user with a Learning Disability and his Speech & Language Therapist. It focuses on the problems with Dysphagia and has achieved national recognition, winning a <b>UK Patient Safety &amp; Care Award</b> from a field of some 600 applicants from across GB & NI.

The table below provides more detail on these and other key work priorities taken forward by the PHA.

The strategic leadership provided by the PHA through the work detailed below is critical in helping to set the context and direction for developments in this important field. It is worth remembering that apart from the Statutory Duty to Involve, the PHA also has the lead policy implementation role for PPI across HSC. This primacy has been given to the PHA as a result of Policy Guidance, the Legislation and the Department’s Health and Social Care Framework Document. In addition, the PHA has a range of Leadership responsibilities which were confirmed with the issuing of a further Departmental Circular on PPI in September 2012. The PHA is now required to:

- Oversee the implementation of PPI policy across HSC.
- Ensure Trusts meet their PPI Statutory and Policy responsibilities.
- Promote consistency of PPI policy implementation including capacity building across the region through professional guidance, commissioning of training, monitoring of performance, sharing of best practice and undertaking research

Subject Area	General Information	Update Since Last report	Next Steps
<b>Regional HSC PPI Forum</b>	<p>The establishment of the Forum emerged from a previous PfA target.</p> <p>Operating through the Forum, the PHA provides leadership and support to the HSC in this critical field.</p>	<p>Operating through the Forum, the PHA provided leadership and support to HSC through:</p> <ul style="list-style-type: none"> <li>• Facilitating mutual learning and the sharing of best practice in PPI. Best Practice is a standing item on the Forum agenda and at each meeting, at least 1 significant example is profiled, shared and analysed for learning</li> <li>• Providing a platform for service users and carers to help shape the direction of travel for Involvement across the HSC system</li> <li>• Implementing the 2014 / 15 Forum Action Plan</li> <li>• Promoting and advancing PPI, including initial development of an indicative generic brand for PPI across the HSC system.</li> </ul>	<p>Develop an agreed Action Plan for 2015/16, supporting the PHA to drive forward PPI across the HSC system.</p>
<b>PPI Strategy and Action Plan</b>	<p>The PHA led the development of a Joint PHA/HSCB PPI Strategy.</p> <p>The PHA also developed a 3 year Action Plan to facilitate the implementation of the Strategy.</p>	<p>Continued with the programme of work emerging from the agreed actions, many of which are reflected in the work areas below.</p> <p>Secured Departmental approval, in principle, for the Business Case for Engage &amp; the associated PPI Outreach &amp; Development Programme.</p> <p>Initiated work with PPI Leads from across the PHA to develop a new PHA PPI Action Plan for 2015/16 to 2018/19.</p>	<p>Complete the development of a new PPI Action Plan for the PHA.</p> <p>Secure funding from DHSSPS to progress Engage and associated PPI Outreach and Development Programme.</p>

Subject Area	General Information	Update Since Last report	Next Steps
<b>Promotion and Advancement of PPI</b>	<p>The PHA has operated a programme for the promotion and advancement of PPI across the HSC for the last 3 years, allocating over £300,000 in total.</p> <p>It effectively operates as an Action Research initiative testing out new approaches with the intention that good practice is identified, shared and replicated for the benefit of service users and carers.</p>	<p>One of the PPI funded projects has won a prestigious award at the National Patient Safety &amp; Care Awards 2014 in London. It won in the Preventing Avoidable Harm Category and demonstrates a tangible output from PPI i.e. the improvement of patient safety and also contributing to the education and understanding of health and social care professionals of a life threatening condition.</p>	<p>Work to identify potential funding sources to enable the PHA to continue with this very valuable approach of pump priming innovative PPI projects across HSC.</p>
<b>PPI Training</b>	<p>The PHA has identified Training as a key area for PPI development on an organisational and regional level.</p>	<p>The PHA recognises the critical importance of raising awareness about PPI and bringing forward training, in order to enhance staff and organisational knowledge, skills and expertise in this area. In the last 6 months efforts have focussed on taking forward the design &amp; development of the generic PPI awareness raising and training programme for the HSC system. This contains 5 core elements:</p> <ol style="list-style-type: none"> <li>1. Taught PPI Modules</li> <li>2. PPI Team Briefing</li> <li>3. PPI Coaching</li> <li>4. Training for PPI Trainers</li> <li>5. PPI E-Learning</li> </ol>	<p>Finalise the design &amp; development of the PPI Awareness Raising &amp; Training Programme.</p> <p>Agree a plan with HSC partners for the promotion and roll out of the programme.</p>



Subject Area	General Information	Update Since Last report	Next Steps
		<p>Substantive progress has been made and the bulk of the above indicative programme has been piloted. Evaluation is commencing and the programme will be adjusted based on feedback. More work is planned to update and finalise the E-Learning aspect and it is hoped the programme will be completed by the end of the financial year and be available for roll out across the HSC system from the start of 2015/16.</p> <p>As part of this work and related initiatives, the PHA PPI Team organised and/or delivered PPI awareness raising/training directly to some 230 HSC staff and students, with over 650 participant training hours undertaken.</p>	

Subject Area	General Information	Update Since Last report	Next Steps
<b>PPI Standards / Indicators</b>	The development of standards is the responsibility of DHSSPS. It has been agreed that the PHA operating in partnership with the Forum will develop indicative standards for Departmental consideration and Key Performance Indicators to support the monitoring of PPI.	<p>A set of PPI Standards and associated Key Performance Indicators have been finalised. These were submitted to the DHSSPS for consideration. The Standards are focussed on:</p> <ol style="list-style-type: none"> <li>1. Leadership</li> <li>2. Governance</li> <li>3. Opportunities and Support for Involvement</li> <li>4. Knowledge and Skills</li> <li>5. Measuring Outcomes.</li> </ol> <p>The Standards were recently endorsed by the Minister for roll out across the HSC system.</p>	<p>The Standards will be officially launched by the Minister early 2015.</p> <p>The Standards, alongside their associated Key Performance Indicators, form the basis against which the PHA will monitor and performance manage PPI Implementation across HSC.</p>

Subject Area	General Information	Update Since Last report	Next Steps
<b>PPI Monitoring &amp; Performance Management</b>	<p>The PHA was allocated this additional Responsibility emerging from the last DHSSPS Circular on PPI.</p> <p>Roll out of this responsibility was dependent upon completion and endorsement of the PPI Standards.</p>	<p>In response to the PPI monitoring and performance management responsibilities allocated to the PHA, the following progress has been made in the last 6 months:</p> <p>Externally -</p> <ul style="list-style-type: none"> <li>• Developed final mechanisms and procedures to conduct formal PPI monitoring with the HSC Trusts.</li> <li>• Submitted the proposals to the DHSSPS for consideration and authorisation to commence and secured approval to initiate.</li> </ul> <p>Internally -</p> <ul style="list-style-type: none"> <li>• Developed final mechanisms and procedures to conduct formal internal PPI monitoring in the PHA.</li> <li>• Advised AMT of plans and secured agreement to progress.</li> </ul>	<p>Reports will be completed and available in time for accountability meetings in June 2015.</p>
<b>PPI Leadership, Professional advice and guidance</b>	<p>The PHA provides leadership, professional advice and guidance to a range of colleagues across the PHA and other HSC organisations.</p>	<p>The PHA PPI staff provide a wide range of leadership, professional advice and guidance to HSC colleagues on an on-going basis both internal and external to the PHA. Since the last update, there have been some <b>24</b> separate requests for support and advice in this respect.</p>	<p>PHA PPI staff, continue to provide leadership, professional advice and guidance across the HSC in respect of embedding PPI into culture and practice.</p>

Subject Area	General Information	Update Since Last report	Next Steps
		<p>Included were key initiatives such as:</p> <ol style="list-style-type: none"> <li>1. The Early Intervention Transformation Programme</li> <li>2. The AHP Strategy</li> <li>3. Review of Services with Special Educational needs</li> <li>4. Service Frameworks</li> <li>5. Reform of Adult Care and Support</li> <li>6. Lifeline.</li> </ol> <p>The PHA has also worked directly with a range of partners advancing the concepts and practice of PPI. Our continued work with the Neurological Conditions Service User &amp; Carer Reference Group and the Northern Ireland Rare Diseases Partnership has been producing evidence of the benefits of meaningful involvement.</p> <p>A Joint call for PPI Research was made earlier in the year between the PHA &amp; the PCC. A cross-sectoral team including both local Universities, Trusts and prominent PPI advocates was appointed in June. They have completed their Literature Review and are currently proceeding with identifying barriers to PPI.</p>	<p>The e-learning programme aimed at raising awareness of Neurological Conditions and the difficulties faced by people who live with such conditions will be launched early in the new year.</p> <p>The Research team will also be examining ways in which PPI can be measured and will be working to identify local evidence of impact. The findings from the report will be utilised by the PHA to produce a report for the DHSSPS, in line with a target set for the PHA.</p>

Subject Area	General Information	Update Since Last report	Next Steps
<b>PPI Staffing</b>	<p>There remains a demand / capacity gap in respect of PPI. This is in part due to increased awareness of HSC responsibilities in respect of PPI and increased expectations from service users and carers. The allocation of additional responsibilities from the DHSSPS have further exacerbated this.</p>	<p>A PHA staffing proposal has been submitted for consideration against the recurrent Stakeholder Involvement budget.</p> <p>A proposal to address PPI infrastructure challenges in Trusts was endorsed in principle as a result of AMT consideration of bids against Programme for Government Investment Planning. This was then developed into a business case in line with direction from AMT.</p>	<p>PHA is reviewing the situation and giving consideration to the most appropriate way to support the team to deliver against identified objectives.</p> <p>PHA to consider the Trust PPI business case.</p>

# **PHA Board Report**

**October 2014**

### Income

	<u>Page Reference</u>	Annual £000s	Year to Date £000s
Department Allocation*		102,156	52,042
Income from Other Sources		1,019	667
<b>Total Income</b>		<b>103,174</b>	<b>52,709</b>

### Expenditure

Non-Trust Programme	2	47,579	22,310
Trusts	3	35,152	20,021
PHA Administration (inc. BSO)	4	20,443	11,460
<b>Total Expenditure</b>		<b>103,174</b>	<b>53,791</b>
<b>Surplus/(Deficit)</b>		<b>0</b>	<b>( 1,082 )</b>

\*Includes assumed allocations of £797k for the Safeguarding Board for NI (SBNI), £134k for Clinical Excellence Awards, £250k for Research & Development projects from the Department for Social Development, £2867K from DHSSPS for R&D, £205K from OFMDFM for New Parenting and £354k from HSCB re Accommodation charges.

### **Position Synopsis:**

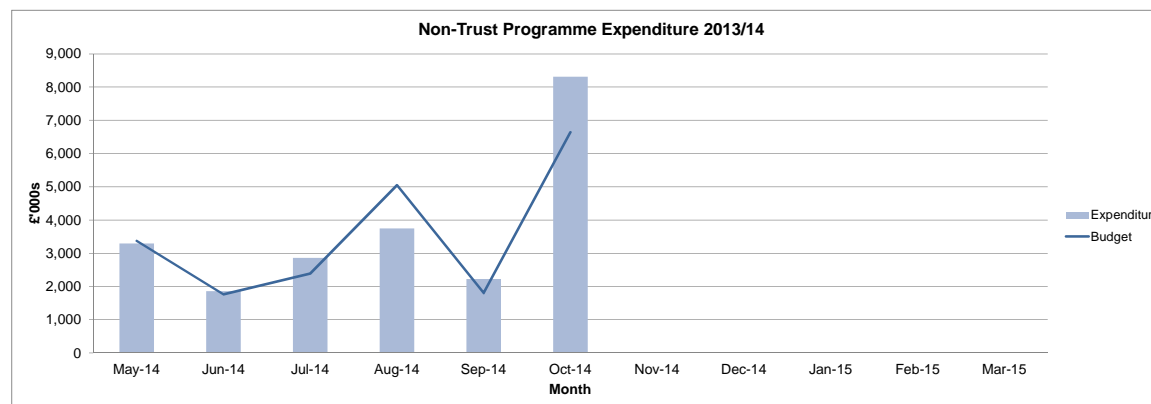
Year to date the financial position shows a deficit of £1.1m against profiled budgets which relates to the non Trust Programme budget overspend of £1.3m and Management and Administration budgets underspend of £0.2m.

An allocation letter has been received from the DHSSPS on 14 November 2014 allocating £1m to PHA from the June and October monitoring rounds for investment in a range of PHA services. This letter also retracted £2.5m from PHA to be reinvested by the Health & Social Care Board to support a range of in year pressures. The net impact of £1.5m is being reviewed by PHA budget holders and while challenging, it is currently expected that this retraction will be factored into the November report.

As highlighted in the September 2014 report, the PHA had not fully committed funds of £1.0m full year effect and £0.4m current year effect, the financial position above assumes that these resources will be fully utilised within 2014/15 in assisting with managing the net £1.5m retraction.

Taking all known factors into account the PHA continues to predict break even at the year end.

Non-Trust Programme Spend



	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s	£'000s
	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Total	
Budget	3,368	1,769	2,389	5,051	1,804	6,639							21,020
Expenditure	3,299	1,858	2,865	3,744	2,231	8,313							22,310
<b>Surplus/(Deficit)</b>	<b>69</b>	<b>(89)</b>	<b>(476)</b>	<b>1,307</b>	<b>(427)</b>	<b>(1,674)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(1,290)</b>

Surplus/(Deficit) made up as follows:

Health Improvement - Belfast LCG	87	2	(42)	283	22	(743)							(391)
Health Improvement - South East LCG	(137)	(158)	312	(271)	(302)	394							(162)
Health Improvement - North LCG	(88)	67	(305)	420	(43)	(451)							(400)
Health Improvement - South LCG	135	(54)	79	(90)	300	122							492
Health Improvement - West LCG	249	(146)	(200)	290	21	(505)							(291)
Health Improvement - Lifeline Contract	(137)	14	11	(36)	(12)	12							(148)
Health Improvement - Smoking Cessation	0	0	0	22	15	4							41
Health Protection	(60)	(12)	(482)	459	1	(18)							(112)
Service Development & Screening	115	65	38	(212)	(20)	3							(11)
Research & Development	29	(28)	71	707	(601)	(482)							(304)
Campaigns	(96)	17	(50)	(73)	16	(21)							(207)
Nursing & AHP	(3)	8	5	(6)	21	(29)							(4)
Health Improvement - Regional Projects	(25)	136	87	(186)	(4)	52							60
In year opportunities- held for Lifeline	0	0	0	0	159	(12)							147

Position Synopsis:

The current position shows an overspend of £1.3m at the end of October 2014, based on profiles shared by budget managers and the PEM system used by PHA to plan commitments. A number of budget areas have released payments ahead of these profiles resulting in the net overspend. The Financial Management team continued to meet with Budget Managers to review budgets, profiles and assumptions regarding expenditure for 2014/15 and a formal mid-year review was carried out on 24 November 2014.

PHA Management Team continues to scrutinise in detail the pressure with respect to the Lifeline Service and the demand management measures in place. The HSCB Financial Management team are being regularly briefed in order to allow an assessment of the potential financial impact that the pressure may have on the year end financial position. The forecast deficit has been reduced in this report due to review the latest activity reports received. In addition, a review of expenditure commitments has resulted in a release of accruals, as shown in the table above, which will be held to support the Lifeline cost pressure. All other full year projected budget surpluses are being held to support the retraction of £1.5m.



## Revenue Resource Limits (RRLs) to Trusts

October 2014

	Annual Budget (per revised SBAs) £'000s	Budget to Date £'000s	Variance from Annual Budget £'000s	<u>Main Reasons for Increase in Funding</u>
Western Trust	5,113	6,076	963	
Northern Trust	6,129	7,087	959	The funds shown against specific Trusts have been notified via Service & Budget Agreements and additional adjustments have been made in year. In addition there was a retraction from Northern Trust during October due to performance levels being reduced on Managed Obesity and Children's Flu Vaccination services.
Belfast Trust	11,178	12,178	1,000	
South Eastern Trust	2,889	3,565	676	
Southern Trust	4,595	5,414	819	
<b>Funds identified to Trusts in Budget Paper but not yet allocated</b>	4,751	831	(3,920)	
<b>Total</b>	<b>34,655</b>	<b>35,152</b>	<b>497</b>	

	<b>Total Budget £'000's</b>	<b>Budget £'000's</b>	<b>Current Month Expenditure £'000's</b>	<b>Variance £'000's</b>	<b>Budget £'000's</b>	<b>Year to Date Expenditure £'000's</b>	<b>Variance £'000's</b>
Salaries	17,650	1,432	1,450	(18)	10,165	9,896	269
Goods & Services	2,599	87	188	(101)	1,389	1,164	225
DHSSPS Retraction	(465)	(39)	0	(39)	(271)	0	(271)
<b>Sub-Total Administration</b>	<b>19,784</b>	<b>1,480</b>	<b>1,638</b>	<b>(158)</b>	<b>11,283</b>	<b>11,060</b>	<b>223</b>
BSO	659	55	57	(2)	385	400	(15)
<b>Total Administration</b>	<b>20,443</b>	<b>1,535</b>	<b>1,695</b>	<b>(160)</b>	<b>11,668</b>	<b>11,460</b>	<b>208</b>

**Position Synopsis:**

An overall management and administration surplus of £208k is reported at the end of October 2014 against the profiled budget.

It should be noted that the Goods and Services budget has reduced by £100k from the last report due to transfers to programme budgets from the ECCH budget and a reduction in the required income in 2014/15 from EU sources.

The DHSSPS had retracted £465k from PHA's Management and Administration budget for 2014/15 during September 2014 which has been profiled and shown separately in the table above.

Any remaining full year surplus will be used for other PHA priorities, including supporting the retraction of £1.5m.

**Prompt Payment Statistics**

	<b>October 2014 Value £'000</b>	<b>October 2014 Volume of Invoices</b>	<b>Cumulative position as at 31/10/14 £'000</b>	<b>Cumulative position as at 31/10/14 Volume of Invoices</b>
Total bills paid (relating to Prompt Payment target)	3,881	701	17,877	5,197
Total bills paid on time (within 30 days or under other agreed terms)	3,752	615	16,510	4,573
<b>Percentage of bills paid on time</b>	<b>96.7%</b>	<b>87.7%</b>	<b>92.4%</b>	<b>88.0%</b>

The BSO has not yet been able to provide a comprehensive prompt payment report which is accurate for PHA. In the interim HSCB finance, on behalf of PHA, continue to generate a prompt payment report based on the audited method which was used to provide the Annual Accounts figures. This will ensure consistency of information reported to PHA on a monthly basis, while BSO works to produce a meaningful report.

PHA staff are continuing to make progress utilising the new systems to clear invoices promptly, performance has improved from the position reported in September. The overall 30 day performance has slightly improved with 87.7% (84.4% September) by volume, and 96.7% (95.7% September) by value of all undisputed invoices paid within 30 days of receipt. In addition, the overall 10 day performance is now 73.4% by volume for the year to date.

However, the cumulative month 7 position both by volume of invoices (88.0%) and by value (92.4%) remains short of the 95% DHSSPS target.

## MINUTES

**Minutes of the 26<sup>th</sup> Meeting of the Governance and Audit Committee  
held on Wednesday 8 October 2014, at 10 am, in the Public Health  
Agency Conference Rooms,  
12-22 Linenhall Street, Belfast, BT2 8BS**

**Present:**

Mr Brian Coulter	- Chair
Mrs Miriam Karp	- Non-Executive Director
Mr Thomas Mahaffy	- Non-Executive Director
Alderman Paul Porter	- Non-Executive Director

**In Attendance:**

Mr Edmond McClean	- Director of Operations, PHA
Miss Rosemary Taylor	- AD Planning & Operational Services, PHA
Mr Simon Christie	- AD Finance, HSCB
Mrs Catherine McKeown	- Internal Audit, BSO
Mr David Charles	- Internal Audit, BSO
Mr Craig Morrow	- Northern Ireland Audit Office
Dr Gerry Waldron	- Consultant in Public Health, PHA (for item 12)
Mr David Bingham	- Chief Executive, BSO
Mr Paddy Anderson	- Director of Finance, BSO
Mrs Cathy McAuley	- Secretariat

**Apologies**

Mr Paul Cummings	- Director of Finance, HSCB
Mr Mark Anderson	- Sponsor Branch, DHSSPSNI

		<b>Action</b>
<b>36/14</b>	<p><b>Item 1 - Welcome and Apologies</b></p> <p>The Chair welcomed everyone to the meeting and noted apologies from Mr Paul Cummings, Mr Mark Anderson and Mr Martin Pitt.</p> <p>The Chair advised that Mr David Bingham and Mr Paddy Anderson, would be in attendance for item 7 and Dr Gerry Waldron would be in attendance for item 12.</p>	
<b>37/14</b>	<p><b>Item 2 – Declaration of Interests</b></p>	

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

**38/14 Item 3 – Chair’s Business**

The Chair acknowledged the contribution brought to the committee by Mrs Julie Erskine during the period she was Chair.

The Chair advised he had met with executive officers regarding the Lifeline contract and this item was on the agenda.

**39/14 Item 4 - Notes of previous Meeting – 11 June 2014**

The minutes of the previous meeting, held on 11 June 2014, were approved as an accurate record of the meeting.

**40/14 Item 5 – Matters Arising**

**44/14** – The Chair thanked executive officers for sending an invitation to Mr David Bingham.

**41/14 Item 6 – 2013/14 Report to Those Charged With Governance**

Mr Morrow presented the RTTCWG 2013/14 final report for noting and advised the report had previously been communicated in draft form. He said the tender process for the awarding the new contract for the external auditor was near completion and an announcement would follow. Mr McClean asked if definitive timescales had been set. Mr Craig replied the evaluation process would be completed by the 31 October 2014.

Members noted the report.

Alderman Paul Porter joined the meeting at 10.15am.

**42/14 Item 7 – Report on Implementation of recommendations of the report to those charged with governance – September 2014**

Mr Simon Christie presented the progress report on the Implementation of recommendations of the report to those charged with governance and summarised the report to members. Four internal control weaknesses were identified:

- Reliance on 3<sup>rd</sup> party organisations
- Payroll Information
- BSO Shared Services Centre

- Supplier amendments to Standing Data

Mr Christie advised that HSCB Finance, on behalf of the PHA, had made good progress in addressing the recommendations, and would continue to work primarily with BSO as well as PHA to take these forward. He added that all of the recommendations made related to new systems implemented under the BSTP in late 2012/13.

He noted that an additional bill of £25,290 had been issued by BSO to PHA, to assist the bridging cost gap between the current system costs and the savings released to date.

Mr Christie concluded that progress had been made, but a number of issues remained outstanding. Customer Forums will be set up by BSO at which governance, accountability, efficiency, key performance indicators and SLA's issues can be addressed.

Mrs Karp raised her concerns regarding the bridging costs and lack of efficiency and assurance received from BSO.

The Chair asked for clarity on the accuracy of the figure for bridging costs. Mr Christie and Mr McClean confirmed the figure was correct and that all HSC organisations were being asked to pay their proportion of the total bridging cost of £2m.

Mr Bingham and Mr Anderson joined the meeting. The Chair welcomed them and briefly outlined the committee's concerns; these included four priority 1 recommendations made within the 2013/14 RTTCWG and these referred to the services provided to the PHA under the SLA which was held with BSO.

The Chair added that all the recommendations made within the RTTCWG related to the new Shared Services environment and the operation of the new systems implemented under the Business Service Transformation Project (BSTP) in late 2012/13.

Mr Bingham acknowledged the difficulties of the previous 18 months since the implementation of the BSTP systems. He said that through working with colleagues in HSCB Finance, progress had been made and the system was now stabilised. He said that the inefficiencies regarding transactional issues had been generic system problems which were unavoidable due to the lack of resources. He apologised to members for any inconvenience caused during that past 18 months.

Mr Anderson agreed it had been a difficult period but advised that progress had been made and the system were now stabilised and that BSO had acknowledged the issues highlighted in the report to

those charged with governance, he gave his assurance to the committee that BSO would work with HSCB Finance and PHA colleagues to resolve any outstanding issues.

The Chair opened the floor to questions.

Alderman Porter highlighted his concerns regarding the bridging costs invoice.

Mr Bingham replied by advising that the bridging costs had been agreed by the DHSSPSNI to cover system costs. He stressed this cost was not for a service provided by BSO.

Mr Anderson asked members to note the fundamental shift from systems issues in the RTTCWG 2012/13 to shared services issues in the RTTCWG 2013/14.

Mrs Karp acknowledged the difficulties, progress and assurances given. She asked a question relating to the new Customer Forums and their intended outcomes.

Mr Bingham replied that Customer Forums for all HSC organisations would be set up by the end of November 2014.

The Chair asked for clarity on the Service Level Agreement (SLA) with BSO.

Mr Bingham advised the SLA was issued at the end of the financial year - 31 March 2014. Mr McClean and Ms Taylor indicated that an SLA was in place but that additions in respect of BSTP were being agreed and would be included in the SLA in as service changes were implemented.

Mr McClean highlighted the importance of the Customer Forums, working relationships and the effective communication between organisations.

Discussion took place regarding shared services and savings released to date. Mr Anderson advised that shared services would bring savings and these would be realised in year three as the old legacy systems were phased out.

Mr Anderson highlighted the importance of separating systems and shared services.

Mr Christie advised that in the RTTCWG four Priority 1 recommendations, were linked to shared services and as a result the GAC was very concerned.

Mrs McKeown advised the shared services audit was being conducted and outcomes and assurances would be shared across the HSC sector.

The Chair thanked Mr Bingham and Mr Anderson for attending today's meeting and for their informative and helpful comments.

Members noted the report presented by Mr Christie.

Mr McClean left the meeting at 11.20am.

**43/14 Item 8 - Fraud Liaison Officer Update Report**

Mr Christie gave an overview of the report which detailed no new cases of actual or suspected fraud. He added a regional workshop was held on 26<sup>th</sup> June 2014 with HSC Fraud Liaison Officers and that the PHA would be participating in the International Fraud Awareness week 16<sup>th</sup> – 22<sup>nd</sup> November 2014.

Members noted the report.

**44/14 Item 9 – Public Accounts Committee (PAC)**

Mr Christie presented the PAC report in relation to the review of Account NI – Shared Service Centre and summarised the recommendations.

Members noted the report.

Alderman Porter left the meeting at 11.35am.

**45/14 Item 10.1 – Internal Audit Progress report**

Mrs McKeown advised she would be presenting three reports at today's meeting.

Mr Charles gave an overview of the two audits reports; research and development and risk management, which were carried since the last report and both had received a satisfactory level of assurance, no priority one weakness had been identified.

Mr Charles advised the committee that all recommendations had been accepted by management.

**46/14 Item 10.2 – Internal Audit Mid-Year Assurance Statement**

Mrs McKeown presented the Internal Audit Mid-Year Assurance Statement for noting and summarised the report to members.

Members noted the Mid-Year Assurance Statement.

**47/14 Item 10.3 – Mid-Year Follow up on previous internal audit**



## **recommendations 2013/14**

Mrs McKeown presented the Mid-Year follow up on previous internal audit recommendations 2014/15 for noting. She said that 93% of the recommendations were implemented.

Members noted the report.

Mrs McKeown left the meeting at 11.45am.

### **48/14 Item 11 – Corporate Risk Register**

Miss Taylor presented the Corporate Risk Register as at June 2014 for noting and summarised the report. She said one new risk CR31; Shared Services had been added to the register. The Chair expressed concern regarding CR25; PHA Belfast accommodation.

Miss Taylor advised that CR25 remains a high risk. She explained that the lease for the identified building had not been signed due to circumstances outside the control of the PHA as the landlord had decided to sell the building. She added that the risk rating for CR25 is being reviewed in light of this development and that staff remain in an overcrowded and inadequate accommodation.

Members noted the report.

### **48/14 Item 12 – Assurance Framework 2014/15 (Review as at September 2014)**

Miss Taylor presented the assurance framework review as at September 2014 for approval and gave an overview of the report.

Members approved the report.

### **49/14 Item 13 – Controls Assurance Standards Process for 2014/15**

Miss Taylor presented the Controls Assurance Standard Assessment Process for 2014/15 for noting and gave an overview of the report. She said that 15 of the 22 Controls Assurance Standards were applicable to PHA, and in addition as well as the three core standards the Department had determined that Buildings, Land, Plant and Non-Medical Equipment would be subject to independent verification by Internal Audit. Members were asked to note the process being adopted to take forward the controls assurance agenda for PHA.

Members noted the report.

### **50/14 Item 14 – Information Governance Update**

Miss Taylor presented the PHA Information Governance Action Plan

to the meeting for noting, and gave a summary of the action plan and highlighted the key areas; review of the PHA Information Governance Strategy; EDRMS systems and IAO and SIRO training.

Mrs Karp asked about the timescales for completion. Miss Taylor confirmed the scope and timescales would be demanding but she was confident that they would be completed and progress reports will be brought to future meetings.

Members noted the update and action plan.

**51/14 Item 15 – SBNI Declaration of Assurance**

Miss Taylor presented to SBNI Declaration of Assurance for noting.

Members noted the report.

**52/14 Item 16 – PHA Mid-Year Assurance Statement**

Miss Taylor presented the PHA Mid-Year Assurance Statement for approval and recommendation for PHA Board approval subject to further discussion at next PHA Board meeting.

Members recommended the Mid-Year Assurance Statement for PHA Board approval.

Miss Taylor

**53/14 Item 17 – Independent Review of Clinical Processes and Protocols of the Lifeline Service**

Dr Gerry Waldron joined the meeting and gave a brief overview of the independent review of clinical processes and protocols of the lifeline service.

Dr Waldon said a briefing paper was previously shared at a confidential briefing session of the PHA Board outlining the findings of the clinical audit of lifeline services. He said the audit highlighted a number of areas of concern as well as some examples of good practice. The PHA is currently working with the providers to ensure steps are taken to address specific areas of concern. The PHA is also seeking to undertake a second follow-up clinical audit and the proposal is currently with the Minister for approval.

Mrs Karp requested that as this was a priority area and as issues raised by the audit related to governance could future updates be made available to this committee.

The Chair thanked Dr Waldron for his informative update.

**54/14 | Item 18 - Date and time of next meeting**

Date: 10 December 2014.

Time: 10 am

Venue: PHA Conference Room  
18 Ormeau Avenue  
Belfast

**Signed: Brian Coulter**

**Date: 11 December 2014**

**MINUTES**

**Minutes of the Remuneration Committee of  
the Public Health Agency  
held on Wednesday 11 June 2014 at 2:30pm,  
and resumed Thursday 19 June at 11.30am  
in Public Health Agency, Chair's Office,  
12/22 Linenhall Street, Belfast, BT2 8BS**

**PRESENT:**

- Ms Mary McMahan - Chair  
Dr Eddie Rooney - Chief Executive (*For item 5*)  
Dr Jeremy Harbison - Non-Executive Director  
Alderman William Ashe - Non-Executive Director

**IN ATTENDANCE:**

- Mr Hugh McPoland - Director of Human Resources, BSO  
Mr Robert Graham - Secretariat (*For items 1-4*)

**APOLOGIES:**

None

		<b>Action</b>
<b>1</b>	<b>Item 1 – Welcome and Apologies</b>	
1.1	The Chair welcomed members to the meeting and noted that there were no apologies.	
<b>2</b>	<b>Item 2 – Minutes of Previous Meeting</b>	
2.1	The minutes of the previous meeting, held on 4 December 2013, were approved as an accurate record of that meeting.	
<b>3</b>	<b>Item 3 – Matters Arising</b>	
3.1	There were no matters arising.	
<b>4</b>	<b>Item 4 – DHSSPS Correspondence re Senior Executive Pay Awards</b>	
4.1	The Chair advised that she had received correspondence from	

DHSSPS regarding Senior Executive Pay. She said that this was for a pay award for 2013/14 based on performance in 2012/13, but that this had already been approved by the Committee in May 2013. The Chair said that she would welcome advice from Mr McPoland regarding pay awards for Mrs Cullen and Mrs Hinds during 2013/14.

- 4.2 Dr Harbison asked if there was an update on the evaluation of the post of Director of Operations. The Chair advised that the Chief Executive had not been advised of an outcome. She added that there were currently a number of evaluations being undertaken.

*Mr McPoland joined the meeting at this point.*

- 4.3 Mr McPoland explained that the pay award is for the year 2013/14, based on performance in 2012/13. He outlined the arrangements for Mrs Cullen and said that he would write to the Northern Trust regarding Mrs Hinds.

- 4.4 Mr McPoland outlined to members the decisions being taken across the UK in terms of pay for agenda for change staff. He also updated members on proposed changes regarding pensions. The Chair suggested it would be useful to have a brief on this and Mr McPoland suggested this could be done at a NICON event.

*Mr Graham left the meeting at this point*

Mr Mc Poland advised members that the Job Evaluation for Director of Operations post had been completed and was being sent to the Department. He anticipated that the Department would take six weeks to consider and respond. If the application was successful the change would be backdated to when the matter was first raised by the Committee.

Mr Mc Poland expressed his satisfaction with the implementation of the Emphasis programme; advised that HR was working through Phase 2 of the programme and that there would be a report to the September Board meeting.

## **5 Item 5 - Chief Executive template**

The Chair, having previously circulated the C Exec template with

her comments to members, stated that 2013-2014 had been a good year for PHA and that matters identified for discussion with the Chief Executive were to sustain continual improvement in both organisational development and processes; reflect the need for building and sustaining new relationships at Chief Exec level given changes external to PHA and the implications of the new Public Health Framework Strategy, which PHA would be charged with implementation. Members agreed with the Chair's assessment and, given the time constraints of today's meeting, agreed that the meeting would be adjourned at 3.45pm to allow members attend the full Board meeting at 4.00pm.

Mr Mc Poland left the meeting at 3.20pm and Dr Rooney joined the meeting.

Dr Rooney advised members that he understood the Public Health Framework Strategy would be launched on July 02<sup>nd</sup> by the Minister. He believed the new framework links and gives substance to PHA work with Local Government and will provide a link into PHA impact on Inequalities and the Inequalities gap.

He viewed the past year as being better than anticipated, that external assistance had greatly assisted joint working across Directorates. He believed there was a capacity issue for PHA at senior level which he intended to address to relieve some of the workload on busy people with essential work. He was concerned about Quality and Impact and thought that major opportunities might be missed. He hoped that developing the new Corporate Strategy would assist in this process by providing an additional project management resource at senior level.

Dr Rooney committed to establishing and sustaining positive working relationships with new Permanent Secretary at Department and new Chief Executive of HSCB. Internally, he expected that SMT member on secondment would be re-joining PHA in August 2014.

Meeting adjourned at 3.45pm and resumed at 11.30am Thursday 19<sup>th</sup> June 2014.

Dr Rooney stated that he regarded the Emphasis programme as contributing to improving organisational culture and he anticipated that it would form part of an organisational work

stream within the proposed new corporate planning process. He believed that issues are being addressed and he thought that new corporate planning process would stretch some staff. The PHA climate survey would be undertaken later in 2014 and available to Board in 2015.

On financial planning in 2014-2015, the Chief Executive stated his belief that the Commissioning Plan may have to be revisited and this would have implications for both PHA as an organisation and PHA work delivered through Trusts.

He identified Friday 27<sup>th</sup> June as an agreed date with SMT and Dr Harbison as Chair of the PHA Strategy working group to begin deliberations.

Members discussed with Dr Rooney an identified lag between decisions taken and implementation of same. This was both an operational issues and reflected pressures of workload. He agreed that, in future, he would come back to the Board after it has asked for action with a plan of who, what etc.

Dr Rooney reminded members that he was availing of personal mentoring opportunities with a named individual and has a mutual support system in place with two other Chief Executives in HSC.

Dr Rooney left the meeting.

## **6 Item 6 - Recommendations for PHA Board**

The Committee will recommend to the Board that SMT receive a fully acceptable pay award for the period 2013-2014 and that Mr Mc Poland will be so advised.

## **7 Item 7 – Any Other Business**

### **Date and Time of Next Meeting**

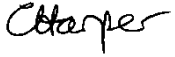
This mid-year performance review will take place in November/December 2014 on a date to be agreed.

Signed by Chair: \_\_\_\_\_

Date: \_\_\_\_\_



**PUBLIC HEALTH AGENCY BOARD PAPER**

<b>Date of Meeting</b>	18 December 2014
<b>Title of Paper</b>	PHA Response to “Research for Better Health and Social Care: A Strategy for Health and Social Care Research and Development in Northern Ireland”
<b>Agenda Item</b>	13
<b>Reference</b>	PHA/05/12/14
<b>Summary</b>	
<p>Attached is the PHA response to the HSC R&amp;D Strategy, collated on behalf of PHA by Dr Janice Bailie, Assistant Director, HSC R&amp;D Division.</p>	
<b>Equality Screening / Equality Impact Assessment</b>	
<b>Audit Trail</b>	This response was considered by AMT on 25 November 2014.
<b>Recommendation / Resolution</b>	For approval
<b>Director’s Signature</b>	
<b>Title</b>	Medical Director/Director of Public Health
<b>Date</b>	10 December 2014

## Consultation response pro-forma

### **Research for Better Health and Social Care: A Strategy for Health and Social Care Research and Development in Northern Ireland**

The Department of Health, Social Services and Public Safety (DHSSPS) is seeking your views on a new draft strategy entitled: ***Research for Better Health and Social Care: A Strategy for Health and Social Care Research and Development in Northern Ireland.***

The draft Strategy has been issued for a 12 week consultation period from 29<sup>th</sup> September 2014.

#### **Responding to the consultation**

To respond to this consultation please complete the pro-forma below. It would be helpful if your response is submitted electronically. Responses should be emailed to DHSSPS Population Health Directorate at

[phdconsultation@dhsspsni.gov.uk](mailto:phdconsultation@dhsspsni.gov.uk) or

posted to:

Health Protection Branch  
DHSSPS  
Level C4  
Castle Buildings  
Stormont  
Belfast  
BT4 3SQ

Your response should reach the Department by **Friday, 2<sup>nd</sup> January 2015**

Before you submit your response, please read the paragraphs below about the effect of the Freedom of Information Act 2000 on the confidentiality of responses to public consultation exercises.

Please feel free to share this information/questionnaire with colleagues or other interested parties.

If you are unable to access the electronic versions of these documents, paper copies are available on request by telephoning 028 9052 2059 or by using the e-mail or postal addresses below.

***Freedom of Information Act 2000 – confidentiality of consultations***

The Department will publish a summary of responses following completion of the consultation process. Your response and all other responses to the consultation may be disclosed on request. The Department can only refuse to disclose information in exceptional circumstances. Before you submit your response please read the following below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a right of access to any information held by a public authority, namely DHSSPS in this case. This right of access to information includes information provided in response to a consultation. The Department cannot automatically consider as confidential information supplied to it in response to a consultation. However it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity, should be made public or be treated as confidential. If you do not wish information about your identity to be made public please include an explanation in your response.

This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances. The Secretary of State for Constitutional Affairs' Code of Practice on the Freedom of Information Act provides that:

- the Department should only accept information from third parties in confidence if it is necessary to obtain that information in connection with the exercise of any of the Department's functions and it would not otherwise be provided;

- the Department should not agree to hold information received from third parties “in confidence” which is not confidential in nature, and
- acceptance by the Department of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner.

For further information about confidentiality of responses please contact the Information Commissioner’s Office (or see web site at:

<http://www.informationcommissioner.gov.uk/>).

### ***Statutory equality duty***

Section 75 of the Northern Ireland Act 1998 requires public bodies, in carrying out their functions in relation to Northern Ireland, to have due regard to the need to promote equality of opportunity and to have regard to the desirability of promoting good relations. <http://www.legislation.gov.uk/ukpga/1998/47/section/75>

Before it is adopted this Strategy will be screened for the purposes of s75, in order to decide whether an Equality Impact Assessment should be carried out. With this in mind, the consultation on the draft Strategy is an opportunity to invite people to identify any concerns that may need to be addressed. If in your view any element of the Strategy has the potential to have an adverse impact on any group of people defined by reference to any of the nine distinctions in s75(a), we would be grateful for any evidence – quantitative or qualitative – that should be considered before this Strategy adopted.

**Name and address of organisation or individual responding:**

Public Health Agency  
12-22 Linenhall St  
Belfast  
BT2 8BS

**If you are responding on behalf of an organisation, name of contact person:**

Dr Janice Bailie

**Note: If you wish to respond to some or only one of the questions, please do so. The Department will welcome and will consider all responses.**

- 1 Does the strategy address the main issues facing HSC Research & Development (R&D) in NI at this time and enable it to move forward?

The Strategy is largely health focused and would benefit from a stronger emphasis on public health, specifically prevention and early intervention, and on social care. This is particularly important given the integrated nature of the service in Northern Ireland.

The HSCB is consulting currently on behalf of DHSSPS on a strategy for Social Work research. To avoid confusion and ensure alignment, it is essential that these two DHSSPS strategies align with each other.

- 2** Do you agree with the Strategic aim (Page 18)? If not, what alternative do you suggest?

Yes, however, more information could be provided on specific areas of research that are proposed as priorities for Public Health and their relationship to patient/population needs.

The increased need for partnership and collaboration with the commercial sector and industry, while acknowledged, could be emphasised more to promote a system which will generate income and be self-sustaining in the current economic climate.

- 3** Do you agree with Objective 1, including the Measures of Success (Page 19)? If not, what changes do you suggest?

Measures of success should also include the effect research has on the quality of health & care and policy making and the amount of money generated.

Trusts should be measured on their commitment to commissioning and delivering services which are based on the best available robust, research-informed evidence as required in the Commissioning Plan Direction.

- 4** Do you agree with Objective 2, including the Measures of Success (Page 21)? If not, what changes do you suggest?

We welcome the emphasis on the collaboration with industry. Measures of success should include the number of studies where clinical/academic and industry partners have collaborated to provide a pipeline for service innovation through R&D. More emphasis should be placed on the commitment to joint working between HSC R&D Division and InvestNI to support these collaborations.

The strategy should emphasise the importance of building a strong and influential relationship between the whole research community in Northern Ireland and NIHR, including representation on funding Boards, Panels & Prioritisation Groups, as well as pro-active submission of priority topics for consideration as commissioned calls.

It would be useful to break down the level of funding, both grant and partnership, into UK, EU and International sources.

- 5** Do you agree with Objective 3, including the Measures of Success (Page 23)?  
If not, what changes do you suggest?

The importance of efficient research governance is emphasized. However, reference should be made to the on-going work with UK partners to standardise and streamline the research governance process while taking cognisance of EU legislation.

The biomedical research facility would represent a positive step towards an engine of service innovation and generation of research income.

The need to build capacity in technical and specialist skills such as Health Economics, statistics and contracting, as well as leadership skills, needs to be considered.

The Strategy should include a commitment to ongoing independent review of infrastructure provision, to ensure it continues to be fit for the purpose of supporting research across the spectrum of health and social care.

- 6** Do you agree with Objective 4, including the Measures of Success (25)? If not, what changes do you suggest?

We support the emphasis on maximising the benefit that can be derived from routinely collected data. Measures of success should include the number of studies which have accessed these data sources.

More information should be provided on specific areas of research that are proposed as priorities for the PHA and their relationship to patient/population needs.

The emphasis on the importance of PPI is welcomed. HSC R&D will continue to mainstream PPI in all of its structures and processes as well as ensuring that PPI becomes embedded as a routine part of the research process with its stakeholders.

The language used on page 25 'deploy service users' is therefore not conducive to collaboration with them as equal partners in the research process.

Bullet 3 should read the number of service users involved in HSC R&D 'at all levels.'

- 7** Are there any important issues that have not been included?

Public Health and specifically prevention and early intervention, and social care related research need to be included more explicitly in the Strategy.

The need to create effective links with the commercial sector should also be addressed with specific strategic objectives.

**8** Is the strategy sufficiently ambitious for Northern Ireland?

To deliver on the prosperity aspect requires greater focus on effective engagement with the commercial sector both locally and internationally.

**9** Is the strategy likely to deliver the maximum benefit, within the constraints of current budgets?

There is a proven return on investment in R&D and it is essential that the implementation of the strategy identifies ways to add value to the R&D fund.

**10** If you currently work within the HSC, would this strategy increase your likelihood of participating in R&D?

Yes, if the importance of research is acknowledged in Job Descriptions and career planning and supported practically by employers through dedicated time and funding.

**11** Is there anything that should not be included in the strategy? If so, why?

No

**12** Do you think that the style of the strategy is clearly understandable to a wide audience in addition to those more closely involved in HSC R&D? If not, what should change?

The strategy does not sufficiently convey the dynamism and value of the overall aim and our commitment to its achievement in collaboration with all of our stakeholders.

The use of some case studies and inclusion of some graphics may help to make the strategy more engaging particularly for service users.



**13** Have you any other comments or suggestions that you would like to make?

Thank you for the opportunity to respond to the Consultation on the Draft Strategy for HSC Research & Development. The Public Health Agency recognises the important contribution which Research & Development makes to the health and well-being of the local population and stresses its commitment to the delivery of the strategy. While supportive of the strategy in general, we have raised some important points for your consideration, amendment or addition.

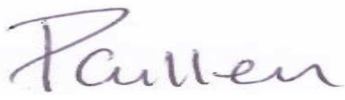
**Thank you for responding to this consultation.**

Responses must be returned by **Friday, 2<sup>nd</sup> January 2015** and should be emailed to DHSSPS Population Health Directorate at [phdconsultation@dhsspsni.gov.uk](mailto:phdconsultation@dhsspsni.gov.uk), or posted to

PHD Admin Team  
DHSSPS  
C4.22  
Castle Buildings  
Stormont  
Belfast  
BT4 3SQ

**PUBLIC HEALTH AGENCY BOARD PAPER**

<b>Date of Meeting</b>	18 December 2014
<b>Title of Paper</b>	Serious Adverse Incidents Learning Report
<b>Agenda Item</b>	14
<b>Reference</b>	PHA/06/12/14
<b>Summary</b>	
<p>The aim of the SAI procedure is to provide a system whereby the wider HSC not only report SAIs, but that learning from these incidents can be shared both locally and regionally. This provides the mechanism to improve the care and treatment of patients and clients, to improve safety and ensure respectful management of the incident.</p> <p><b>The attached bi-annual report</b> provides details of the key regional learning identified, action taken and proposed from SAIs reported to the HSCB during the period April - September 2014. Some of these initiatives may relate to learning identified and reported in previous learning reports as part of on-going work.</p> <p>This is the seventh bi-annual SAI Learning Report and following approval will be shared with the wider HSC.</p> <p><b>The report contains:</b></p> <p><b>Section one:</b> Information on the SAI Procedure (October 2013),</p> <p><b>Section two:</b> Learning from SAIs, Dissemination of learning initiatives (including synopsis of incidents)</p> <p><b>Section three:</b> Next Steps (including synopsis of thematic reviews / Learning Matters newsletter)</p> <p><b>Appendix A:</b> SAI criteria</p> <p><b>Appendix B:</b> SAI statistics</p>	
<b>Equality Screening / Equality Impact Assessment</b>	N/A
<b>Audit Trail</b>	This report was considered by AMT on 2 December 2014.
<b>Recommendation / Resolution</b>	For noting

<b>Director's Signature</b>	
<b>Title</b>	Director of Nursing and AHPs
<b>Date</b>	2 December 2014

# **Learning Report**

## **Serious Adverse Incidents**

**April – September 2014**

**December 2014**

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# **SECTION 1**

## **1.0 BACKGROUND AND INTRODUCTION**

From 1 May 2010 the responsibility for the management and follow up of Serious Adverse Incidents (SAIs) transferred from Department of Health, Social Services and Public Safety (DHSSPS) to the Health and Social Care Board (HSCB) working jointly with Public Health Agency (PHA) and collaboratively with Regulation Quality Improvement Authority (RQIA). In response, the HSCB issued the Procedure for the Reporting and Follow up of SAIs (the Procedure) to all HSC organisations and Special Agencies.

During 2012/3 the HSCB, working with the PHA, undertook a review of the Procedure, issued in 2010, and issued revised guidance in September 2013 for implementation on 1 October 2013 and with full operational implementation on 1 April 2014.

## **2.0 MANAGING SERIOUS ADVERSE INCIDENTS REPORTED**

The arrangements for managing SAIs reported to the HSCB/PHA include:

- Regional reporting system to the HSCB for all SAIs;
- The nomination of a DRO to review and scrutinise reports;
- SAI Review Sub Group meetings to consider reports, identify themes and learning;
- Overarching HSCB-PHA Quality Safety and Experience (QSE) Group to consider the issues identified by the SAI Review Sub Group and agree actions and assurance arrangements;
- Escalation if required in respect of:
  - timescales for receipt of SAI and Investigation reports
  - assurances for action being taken forward by reporting organisations following the investigation.

In addition, the HSCB Senior Management Team receives and considers all SAIs on a weekly basis.

## **3.0 SAIs REPORTED DURING PERIOD APR 2014 – SEP 2014**

During the period 1 April 2014 to 30 September 2014, the HSCB received 434 SAI notifications. This represents an increase on the previous six months (October 2013 - March 2014) when 300 SAIs notifications were reported to HSCB.

It should be noted that that this is the second reporting period since the revision of the Procedure and the revised SAI reporting criteria (refer to Appendix A), heightened awareness of the revised procedure (following the consultation and implementation),

the HSC training programmes for SEA and RCA along with recent Thematic Reviews undertaken will account for some of the increases in reporting.

A breakdown of these SAIs by reporting organisation and programme of care is detailed at Appendix B.

#### **4.0 DE-ESCALATION OF SAIs**

HSC organisations/Special Agencies or Commissioned Service Providers are encouraged to report SAIs, however, it is recognised that SAI reports can be based on limited information at the time of reporting and further investigation may identify that the incident no longer meets the criteria of a SAI.

In such instances a request can be submitted, by the reporting organization, to de-escalate the SAI, however, the decision to approve the de-escalation will be made by the HSCB/PHA Designated Review Officer.

During the reporting period four (4) SAI notifications received were de-escalated.

#### **5.0 DUPLICATE SAI REPORTING**

On occasions a notification may be received from one or more organisations relating to the same incident. In such instances, a lead organisation will be identified to take forward the investigation and follow and the duplicate notification will be closed.

## SECTION 2

### 1.0 LEARNING FROM SERIOUS ADVERSE INCIDENTS

#### ***HSCB/PHA STRUCTURE FOR LEARNING FROM SAIS***

It is important that when a serious event or incident occurs, that there is a systematic process for investigating and learning from incidents. The key aim from this process is to improve patient safety and reduce the risk of recurrence, not only within the reporting organisation, but across the HSC as a whole.

The HSCB, working closely with the PHA, is responsible for identifying and disseminating regional learning from its monitoring role in relation to SAIs, complaints and patient client and experience.

- **Quality Safety and Experience (QSE) Group**

The HSCB and PHA recently established a jointly chaired QSE Group to provide an overarching, streamlined approach in relation to how the HSCB and PHA meet their statutory duty of Quality. This multi-disciplinary group meet on a monthly basis to consider learning, patterns/trends, themes or areas of concern, and agree appropriate actions to be taken, from all sources of safety and quality information received by the HSCB and PHA.

A Regional SAI Review Subgroup reports to, and supports the work of the QSE Group.

- **Safety Quality and Alert Team (SQAT)**

The work of the QSE group is closely aligned to SQAT, which is responsible for overseeing the implementation and assurance of Regional Learning Letters/Guidance issued by HSCB/PHA in respect of SAIs

#### ***SAI LEARNING MECHANISMS***

Learning opportunities from SAIs can be identified by the reporting organisation, DROs the Regional SAI Sub Review and QSE Sub Groups and learning can take the form of:

- Local organisation actions;
- Formal learning letter;
- Thematic Reviews: Commissioned by the Regional SAI Sub Review Group and the QSE Group, to review trends, patterns and provide an in-depth analysis. Key learning points are disseminated across the HSC;
- Learning Matters Newsletter: HSCB-PHA have developed a newsletter to ensure that local incidents are shared regionally to drive improvements for patients and services across the HSC.



- The SAI Bi-annual Learning Report provides an overview on all learning letters / thematic reviews carried out and/or reported on during the period of reporting.

## 2.0 DISSEMINATION OF LEARNING INITIATIVES

Learning from SAIs is a significant element to improving practice. However the HSCB and PHA are cognisant that each and every SAI has an impact on individuals and families. Therefore, whilst for the purposes of this report patient identifiable information has been removed this is not intended to diminish the personal impact that these incidents have.

The following initiatives were identified as part of the SAI review process and relate to learning from trends, reviews and individuals cases. Some of these initiatives may relate to learning identified and reported in the previous report as part of on-going work.

### 2.1. **PATIENT SELECTION AND INTRAPARTUM CARE IN MATERNITY UNITS** - *(update from previous report)*

In two SAIs where one baby died and another suffered harm, there were some underlying issues which were common to both incidents. Escalation and appropriate action was delayed due to:

- not taking account of the entire clinical picture of the woman and her baby. CTG tracings and risk factors for pregnancy and labour were not considered together;
- failure to recognise pathological CTG tracings and escalate appropriately;
- lack of clarity in communication between members of the multidisciplinary team.

A Safety and Quality Learning Letter LL/SAI/2012/013 was issued on 3 January 2013 which identified the following actions for HSC Trusts:

- immediate dissemination of learning letter to all relevant staff including students;
- if a Consultant obstetric unit in trusts does not meet the minimum medical staffing standard of at least ST3-level resident cover in obstetrics, paediatrics and anaesthetics, the trust must immediately review the inclusion/exclusion criteria for the unit and adjust those to ensure that only low risk women are booked for delivery.

New selection criteria, for women, has been agreed for units who do not meet the minimum medical staffing requirements (as above). Revised criteria for these units are now in place.

In addition, Trusts were asked to confirm:

- that staff are trained at least annually in interpreting CTGs;
- that staff competence in CTG interpretation is checked annually;

- that maternity teams conduct regular audits of their adherence to local protocols/policies for induction of labour, and in case reviews of intrapartum care;
- the date of the last audit of induction of labour, or the date of the next planned audit;
- the date of the last case review of intrapartum care, or the date of the next planned review.

All HSC Trusts have confirmed compliance has been achieved in meeting these requirements.

## **2.2. HEAD INJURY IN PATIENTS ON WARFARIN – TREAT AS A MEDICAL EMERGENCY - (update from previous report)**

Two recent SAIs related to patients who had presented at the Emergency Department (ED) with head injury, who were also on warfarin. In the first case the patient confirmed that they were taking warfarin. The patient was triaged as Category 3, which meant they should have had a medical assessment within 1 hour; however the waiting time for Category 3 patients at the time was over 3 hours. Following a CT scan the patient was diagnosed with a subdural haemorrhage. Prothrombin Complex Concentrate (PCC) was ordered (by then 5 hours after the patient arrived in ED), but this was not administered until almost 2 hours later i.e. almost 7 hours after the patient arrived in ED. The frequency of neurological observations was not increased to the recommended 'every 15 minutes'. A repeat CT scan showed a dramatic increase in the subdural haemorrhage and midline shift; palliative care was given and the patient subsequently died.

The second case had similar circumstances. An elderly patient was brought by Ambulance to ED following a fall and with a visible head injury. Triage staff did not use the Trust's head injury proforma and therefore did not identify that the patient was on warfarin. The patient was triaged as Category 4; they had a medical assessment almost 4 hours later and at that point, noted to be on warfarin. A CT scan was ordered but not performed until 1.5 hours later. PCC was ordered when the CT scan showed a subdural haematoma but not administered for a further 45 minutes and therefore almost 8 hours after the patient first presented to ED. The patient subsequently deteriorated and died.

Head injury in patients on warfarin has a significant mortality rate, but patient outcomes are improved when warfarin is reversed quickly. In these cases there were a number of factors which contributed to the delays in administration of Prothrombin Complex Concentrate (PCC):

- There was no advance warning to ED staff that a patient with a head injury and on warfarin was being brought to ED. ED staff therefore did not have an opportunity to prepare for immediate medical assessment of the patient;
- The NI Electronic Care Record (NIECR) was not used to check the patient's medications and staff were therefore unaware that the patient was on warfarin;

- Head injury in patients on warfarin was not recognised as a medical emergency and patients were therefore not fast-tracked for assessment and treatment;
- In both cases, PCC was given after the CT scan rather than in advance on a precautionary basis despite signs of possible intracranial bleeding;
- PCC was not stored in the ED so immediate administration of PCC was not possible;
- ED escalation plans did not maintain the ED waiting time for Category 3 & 4 patients within the College of Emergency standards, so the patients' assessment by a doctor was delayed by 3-4 hours. This suggests that the ED Escalation Plan was not adequate or was not activated sufficiently.

A Safety and Quality Learning Letter LL/SAI/2014/025 was issued to all Trusts, NIMDTA, Directorate of Integrated care and RQIA on the 8 January 2014, setting out transferable learning for various personnel:

Trusts were asked to provide a response by the 30 April 2014 that the identified learning was actioned. They were asked to confirm the following:

- a. That the learning letter has been disseminated to the Trust staff groups named in the Transferable Learning Section, and other relevant Trust staff;
- b. That their Trust ED protocol(s) for managing head injury has been amended as necessary to reflect the content of the Transferable Learning section of this letter;
- c. That their Trust protocol(s) for managing head injury in-patients in hospital or Trust nursing/residential settings has been amended to reflect the content of the Transferable Learning section;
- d. That the protocols in b) and c) above have been disseminated to relevant staff;
- e. That their Trust ED Escalation Plan has been amended to reflect the content of the Transferable Learning section;
- f. That key ED staff know the procedure to increase staffing levels in response to increased numbers of patients registering at ED and/ or other escalation triggers.

All HSC Trusts have provided satisfactory responses, indicating substantive actions.

### **2.3. DISPENSING BETA BLOCKERS – SELCTION ERRORS - (update from previous report)**

Over the past year, a small number of adverse incidents have been reported to the HSCB where beta blockers have been inadvertently supplied to patients as a result

of a selection error at the point of dispensing in a community pharmacy. Some of these resulted in patients coming to serious harm. The three most common beta blockers that have been supplied in error were atenolol, bisoprolol and propranolol. Contributory factors to these errors included:

- Similar names
- Similar drug strengths
- Similar packaging
- Close proximity of a beta blocker to the intended drug on the shelf.

It should be noted that inadvertent administration of beta blockers can have potentially serious side effects, especially in vulnerable patients such as the elderly or those with other serious co-morbidities. Side effects include:

- Bradycardia
- Hypotension
- Acute cardiac insufficiency
- Bronchospasm.

A Safety and Quality Learning Letter LL/SAI/2014/026 was issued on 9 April 2014 which identified the following transferable learning for HSC Trusts:

There are a range of practical steps that can be taken to reduce the risk of this type of error occurring. These include:

- For all prescriptions, ensure that there is a double-check built into your dispensing process where possible. This may be by another pharmacist or member of dispensary staff and should be included in your Standard Operating Procedures (SOPs). All staff who dispense should be trained in and signed up to the SOPs.
- The Royal Pharmaceutical Society of Great Britain suggested some principles to be followed when carrying out the final accuracy check on a dispensed medicine. The mnemonic 'HELP' may be useful:
  - H** How much has been dispensed
  - E** Expiry date check
  - L** Label checks for the correct patient's name, drug name, dose, and warnings
  - P** Product check, i.e. the correct medication and strength have been supplied.

Consider:

- Moving beta blockers to a separate storage area
- Marking stock or shelf edges clearly to highlight beta blockers
- Adding an alert to the computer to highlight drugs which have the potential to be mis-selected

- When procuring medicines, look for packaging designs that assist accurate product selection, e.g. consider different generic manufacturers for different generic products, or generic manufacturers whose packaging is sufficiently different between preparations to allow them to be distinguished easily.

In secondary care, robotic dispensing should help prevent this type of selection error. However, where 'broken bulk' of medicines is used, measures such as those listed above should be put in place to avoid selection of a beta blocker when another medicine is intended.

*Extra care should be taken to check prescriptions for high risk drugs.*

Extra care should be taken where three or more tablets or capsules of the same medication are either prescribed or required to make up the prescribed dose.

As outlined in the Pharmaceutical Society of Northern Ireland's Professional Standards and Guidance for the Sale and Supply of Medicines<sup>1</sup>, the pharmacist must ensure that the patient receives sufficient information and advice to enable the safe and effective use of the prescribed medicine. It is therefore good practice that when pharmacists or dispensary staff are handing out medication to patients, they should check the patient's or carer's understanding of the medicine they are expecting to receive, where possible. This will help verify the accuracy of the prescription and dispensed medication. The name and appearance of the dispensed item should also be verified where possible.

For further suggestions, please see please see Medicines Safety Matters, Prescribers & Community Pharmacists Vol 2 Issue<sup>2</sup>

Incorrect selection may also occur at ward level and nursing staff should be aware of the potential to select a beta blocker and the possibility of harmful effects should it be administered in error.

<sup>1</sup><http://www.psni.org.uk/documents/313/Standards+on+Sale+and+Supply+of+Medicines.pdf>

<sup>2</sup><http://www.medicinesgovernance.hscni.net/primary-care/newsletters/medicines-safety-matters-prescribers-community-pharmacists/>

HSC Trusts have confirmed that the actions below have been completed:

- This Learning Letter was shared with all staff involved in either dispensing or the administration of medicines to patients;
- Review and as necessary, update your SOPs and arrangements for managing beta blockers, taking account of the suggestions in the Transferable Learning section of this letter.

**THE FOLLOWING ITEMS ARE NEW LEARNING ISSUED SINCE LAST REPORT**

## **2.4. MONITORING FOR TWIN-TO-TWIN TRANSFUSION SYNDROME (TTTS)**

Review of the antenatal care of some twin pregnancies has shown that:

- The mothers of these babies were not monitored during pregnancy for TTTS in line with the schedule recommended by NICE Clinical Guideline 129 'Multiple Pregnancy: the management of twin and triplet pregnancies in the antenatal period'. The NICE guideline recommends that in monochorionic twin pregnancies diagnostic monitoring with ultrasound for fetofetal transfusion syndrome (including to identify membrane folding) should start from 16 weeks and be repeated fortnightly until 24 weeks;
- There was a lack of clarity as to whether monitoring for TTTS was done at the same time as the ultrasonographer carried out the fetal anomaly ultrasound scan at 20 weeks; or whether a separate appointment with an obstetrician should have been arranged at that time to ensure that the mother was monitored for TTTS fortnightly between 16-24 weeks in addition to having a fetal anomaly ultrasound scan;
- The respective roles and responsibilities of obstetricians and ultrasonographers for monitoring TTTS were unclear;
- Obstetric staff of varying levels of seniority were involved in monitoring for TTTS.

A Safety and Quality Learning Letter LL/SAI/2014/027 was issued on 17 June 2014 which recognised that the events giving rise to this letter occurred only shortly after the NICE CG 129 had been issued to Trusts, and prior to the anticipated full implementation of CG 129 by March 2015. It also acknowledged that the mothers of these cases received frequent antenatal monitoring. Nevertheless there is learning arising from these events regarding the need to further improve antenatal monitoring for TTTS. Prompt implementation of the relevant recommendations in NICE CG 129, and of the specific actions in this learning letter, will ensure a consistency of approach to antenatal monitoring for TTTS across Trusts. The early detection of TTTS in future cases may increase the chances of a better outcome.

It is acknowledged that it will take time to implement NICE CG 129 with full implementation expected by March 2015. Regional work is already underway with Trusts to develop a regional care pathway and service model whereby the five (5) larger maternity hospitals will all have specialist twins clinics. However, the recent cases have highlighted the importance of monitoring for TTTS as per the NICE guideline. Therefore Trusts should give immediate priority to ensuring that monochorionic pregnancies are monitored in line with the NICE recommendations.

The learning letter identified the following actions for HSC Trusts:

- Development of a clear policy that sets out the local arrangements for monitoring multiple pregnancies in line with the schedule recommended by NICE (including a fetal anomaly scan). The NICE CG 129 is available at: <http://publications.nice.org.uk/multiple-pregnancy-cg129>);

- The Trust policy should be developed by a multidisciplinary team, including ultrasonographers, and must make it clear whose responsibility it is to monitor for TTTS fortnightly from 16-24 weeks in monochorionic multiple pregnancies, and remove all ambiguity regarding the respective roles of obstetricians and ultrasonographers;
- Trusts should ensure that those carrying out monitoring for TTTS are appropriately trained to do so. As far as possible, there should be continuity of staff who carry out the scans. Junior doctors should not be carrying out monitoring scans in multiple pregnancies unless directly supervised by an experienced consultant as part of their training;
- Trust policy should be reviewed and updated once the regional service model/care pathway is in place.

Trusts were asked to provide a response by the 30<sup>th</sup> September 2014 that the identified learning was actioned. They were asked to confirm the following:

1. The Learning Letter is shared with obstetricians, ultrasonographers, midwives, service managers, and other relevant staff;
2. A clear policy is developed that sets out the local arrangements for monitoring multiple pregnancies in line with the schedule recommended by NICE;

HSC Trust responses will be reviewed by the Safety and Quality Alerts team and an update will be provided in the next SAI Learning Report.

## **2.5. PRESCRIBING AND DISPENSING INCIDENTS INVOLVING BUCCAL MIDAZOLAM PRODUCTS**

Buccal midazolam may be considered as an alternative to rectal diazepam for the treatment of prolonged seizures. Several buccal midazolam products are available, as prefilled syringes (PFS) and a multi-dose bottle, with a range of strengths and volumes, which leads to increased risk. A number of adverse incidents have been reported where patients have received the incorrect buccal midazolam product. Whilst no harm has been reported in these cases, there was potential for serious harm to occur. HSCB previously issued a Medicines Safety Alert to GPs and Community Pharmacist in June 2012 highlighting 'Actions to Minimise the Risks with Buccal Midazolam Preparations'<sup>1</sup>.

Contributory factors to the incidents included:

- Change in buccal midazolam product prescribed
- Poor communication between GP, Community Pharmacist and Trust Specialist Epilepsy Nurse/Consultant

<sup>1</sup> <http://www.medicinesgovernance.hscni.net/primary-care/medicines-safety-alerts/>

- Lack of knowledge of the range and strengths of products available and how these are administered
- Generic prescribing, which is contrary to HSCB generic exemptions list
- Insufficient patient/carer education and counselling.

To reduce the risk of further incidents, the following key recommendations were made in a Learning Letter LL/AI/2014/028 issued on 20 June 2014:

1. To ensure the intended product is clear, buccal midazolam should be prescribed by brand name. If it is not prescribed by brand name, community pharmacists should check the intended product with the patient and/or prescriber.
2. Prescriptions for midazolam (Schedule 3 CD) must be clearly defined. Directions such as 'As directed' are not acceptable. The full dose should be specified i.e. dose in mg to be used on each occasion. The total quantity must be written in both words and figures. Any queries in relation to intended dose should be discussed with the prescriber.
3. Prescribers and pharmacists should be familiar with the differences between Buccolam® and unlicensed buccal midazolam solutions e.g. Epistatus®. These preparations are not interchangeable and patients should be maintained on the same product.
4. Patients and/or carers must receive appropriate counselling on the use of their buccal midazolam product and on any medication or dose change. This will help to check the patient/carer understands the medicine they are expecting to receive and will also help to verify the accuracy of the prescription and dispensed medication.
5. If any changes are made to a patient's buccal midazolam product, there should be communication:
  - Between the practitioner making the changes and other key healthcare professionals involved in the patient's care (e.g. GP, practice nurse, secondary care specialist/Epilepsy Nurse) to ensure the patient's Care Management Plan and prescription are updated
  - With the patient or their representative to ensure that they understand their medication and how to use it, and ensure that the necessary education and training is provided.

HSC Trusts should:

1. Share the Learning Letter with all staff involved in recommending, prescribing or dispensing buccal midazolam products;
2. Review and as necessary, update processes for managing patients who require buccal midazolam products, taking account of the suggestions in the Transferable Learning section of the letter.
3. Review all patients currently receiving buccal midazolam to ensure the recommendations included in the learning letter are implemented.



4. Confirm by 15 September 2014 to [alerts.hscb@hscni.net](mailto:alerts.hscb@hscni.net) that actions 1 and 2 have been completed and action 3 is underway.

GP practices should:

1. Share the Learning Letter with all staff involved in recommending, prescribing or dispensing (dispensing practices only) buccal midazolam products;
2. Review and as necessary, update your processes for managing patients who require buccal midazolam products, taking account of the suggestions in the Transferable Learning section of the letter.
3. Review all patients currently receiving buccal midazolam to ensure the recommendations included in the learning letter are implemented.

Community Pharmacies should:

1. Share the Learning Letter with all staff involved in recommending, prescribing or dispensing buccal midazolam products;
2. Review and as necessary, update your processes for managing patients who require buccal midazolam products, taking account of the suggestions in the Transferable Learning section of the letter.

HSC Trust responses will be reviewed by the Safety and Quality Alerts team and an update will be provided in the next SAI Learning Report.

## **2.6. SYSTEMS TO CHECK THE INTEGRITY AND STERILITY OF PACKS OR INSTRUMENTS PRIOR TO USE**

Several Serious Adverse Incidents across different Trust have highlighted process failures within Sterile Services, resulting in instruments / packs being available for clinical use when they had not completed the full sterilization process.

The instruments / packs were used even though the indicator tape, which changes colour to show sterilization is complete, had NOT changed colour. Adequate processes to check the sterility of the instruments / packs prior to leaving Sterile Services and at point of use had not been implemented.

A Safety and Quality Learning Letter LL/SAI/2014/029 was issued on 1<sup>st</sup> October 2014 and identified the following learning for the Trusts:

To reduce the risk of individual error, Trusts should have robust systems in place to check the integrity and sterility of instruments/packs prior to use. Opportunities for checking include:

- Prior to leaving Sterile Services;
- On receipt from Sterile Services at ward/department level, and;

- At the time they're being used in the clinical/care area.

The Trusts were asked to:

- Discuss this Learning Letter with acute and community medical and nursing staff who use sterile instruments/packs, service managers for those areas, and other relevant staff;
- Review and update your systems for checking the integrity and sterility of instruments/packs prior to use to minimize the risk of individual error.

HSC Trusts were asked to respond by 16 January 2015.

HSC Trust responses will be reviewed by the Safety and Quality Alerts team in March 2015 and an update will be provided in the next SAI Learning Report.

In addition, all GPs and GP Out of Hours Services and Dentists were asked to discuss the Learning Letter with relevant staff in their practice/service and review and update their systems for checking the integrity and sterility of instruments/packs prior to use to minimize the risk of individual error.

RQIA was asked to disseminate the letter to relevant independent sector providers, including independent dentists and NIMDTA to disseminate this letter to doctors in training in relevant specialties.

## **2.7. COMMUNICATIONS AND ADMINISTRATION**

A SAI occurred where an elderly patient with a complex medical history received medication intended for another patient. This was as a result of one page from a Trust clinic letter becoming inadvertently attached to the second page of another patient's discharge letter. The outcome of this was that the patient was prescribed a Beta-blocker in error and also received two ACE-inhibitors. The patient became unwell and was admitted to hospital where he sadly passed away.

The incident highlighted a series of systems failures across several settings - hospital, a GP practice and a community pharmacy.

The SAI report identified learning for all the organisations involved, and appropriate actions were taken by those concerned, including:

- HSC Trust reviewed their fax procedures
- GP practice reviewed and updated its protocols for handling of faxes, issuing and signing of prescriptions, dealing with community pharmacist medication queries and GP locum duties.
- Standard operating procedures for the practice's prescribing processes were drawn up and assigned off Board pharmacist

- Community pharmacy reviewed its Standard Operating Procedure for handling of faxes and prescription queries for GP practices.
- Revised standard operating procedures were drawn up by the pharmacy and signed off

Wider learning from the SAI was disseminated to GP practices and community pharmacies, including:

- HSCB letter to GPs and community pharmacies around good practice when communicating in primary care
- HSCB pharmacists are highlighting key learning issues during practice visits
- Training is planned for sessional doctors around the key issues identified

## **OTHER LEARNING INITIATIVES TAKEN FORWARD**

There are a range of other initiatives across the HSC where learning from SAIs changes practice to reduce the risk of recurrence. Some examples include:

- Hepatobiliary Service are improving protocols and procedures such that all post resection patients are discussed and appropriate communication forwarded to referring Trust;
- The Maternity Quality Improvement Collaborative are producing a regional Vaginal Birth After Caesarean section leaflet for all women suitable for VBAC, this will be available in Spring 2015;
- The Maternity Quality Improvement Group, in collaboration with all HSC Trusts, have produced an antenatal CTG sticker which is now in use in all maternity units;
- The Maternity Community Care sub group of the Maternity Strategy Implementation group will be taking forward work on the use of Customised Growth Charts for monitoring fetal growth in pregnancy;
- The Maternity Quality Improvement Group has recently developed an agreed regional maternity early warning chart for both antenatal and postnatal use, and staff have been given guidance in its use.

## SECTION 3

### NEXT STEPS

#### 1.0 REVIEW OF COMPLAINTS AND SAIs REPORTED IN RELATION TO CARE AND TREATMENT OF OLDER PEOPLE

Following a thematic review of SAIs and complaints relating to the care and treatment of older people, a workshop was held on 17 May 2013 to agree actions in response to regional learning identified. (*An Older Person is defined as someone 65 years and over*).

The workshop was attended by lead clinicians and managers of older people services across Northern Ireland. Expert speakers from across health and social care N.I., as well as other agencies interfacing with older peoples services, led the discussions and action planning.

An action plan was developed, to ensure that learning from this review and the workshop is used to inform the improvement of services for older people by identifying existing streams of work or establishing where a new focus of work is required. A report giving an overview of both pieces of work has been finalised and issued to relevant parties.

Five main themes were identified and as a result, the action plan outlines on-going work streams in which the themes will be addressed and will be taken account of in future work.

#### 2.0 THEMATIC REVIEWS

Thematic Reviews are commissioned by the HSCB/PHA Quality Safety and Experience (QSE) Group, to review trends and patterns. These in-depth reviews ensure that local patterns are considered within the regional and national context and ensuing recommendations and key learning points are disseminated across the HSC.

Following an in-depth review of SAI reports, the following thematic reviews were undertaken:

- **PATIENT MIS-IDENTIFICATION IN HOSPITALS**

‘Misidentification of Patients/ Clients’ in HSC services was identified as a theme through SAI analysis, following several reported incidents. The aim of this thematic review was to identify recurrent themes found within reported SAIs and to consider any regional actions that could be implemented to reduce the incidence of “Misidentification of Patients and Clients”.

This review is currently being finalised and a number of recommended actions in relation to the findings have already commenced these include:

- Visual aids, such as posters will be designed and displayed throughout Trust wards and departments to raise awareness across all HSC staff of the importance of patient verification processes at every stage of care.
- A newsletter article “Right Patient Right Care” has been published in the PHA newsletter “Learning Matters” (no1, December 2013). This newsletter is disseminated Trust wide and its purpose is to provide service users and health service staff access to important learning.
- The Patient Safety Forum and the Royal College of Nursing (RCN) who are currently responsible for the delivery of Leadership Training to nursing staff are exploring the possibility of including a topic based on Quality improvement in Leadership for Safety with theatres and procedural areas.

A poster has been designed in partnership with the five HSC trust and should be displayed throughout Trust wards and departments to raise awareness across all HSC staff of the importance of patient verification processes at every stage of care.

Distribution of the review was delayed until the poster was complete and both of these will be issued to HSC Trusts and relevant organisations in the coming weeks.

### **3.0 NEWSLETTER – “LEARNING MATTERS”**

An essential element of improving services is the dissemination of information and a variety of methods are used to ensure learning is shared such as learning letters, alerts and reports. In addition the PHA/HSCB has developed a newsletter to compliment the other methods and to provide a forum where local learning from SAIs, reviews and complaints can be shared regionally.

Learning Matters Newsletter provides a new method of sharing learning relating to serious adverse incidents, complaints, reviews and patient experience across Northern Ireland. The second edition was issued in June 2014 and covers the following topics:

- Act FAST when Stroke suspected.
- Removal of Central Lines.
- Over infusion of IV fluids.
- Ensuring the Safer Use of Bed Rails.
- Development of a key Cardiotocography (CTG) Evaluation Tool.
- The Yellow Card Scheme: Patients can contribute to medicines safety by reporting side effects.

This edition of the newsletter can be viewed at:

[http://www.hscboard.hscni.net/publications/Learning%20Matters/index.html#P-1\\_0](http://www.hscboard.hscni.net/publications/Learning%20Matters/index.html#P-1_0)

<http://www.publichealth.hscni.net/publications/learning-matters-newsletter-2nd-edition-june-2014>

## **SECTION 4**

### **CONCLUSION**

The HSCB and PHA want patients, carers and their families to feel confident about the quality and safety of health and social care services in Northern Ireland. There is a continued commitment to learning from SAIs, improving services and reducing the risks of recurrence, both within the reporting organisation and across the HSC as a whole. The dissemination of learning following SAIs and ensuring that quality improvements are embedded into practice remains a key priority for the HSCB/PHA.

This report demonstrates actions planned and achieved in the period from April – September 2014. It also highlights the broad range of work that is routinely undertaken and reaffirms our commitment to safety, effectiveness and patient and client focus.

The HSCB/PHA first Annual Quality Report was published on 13 November 2014. Quality reports were a recommendation from Quality 2020, a strategic framework and plan of action that aims to protect and improve quality in Health and Social Care (HSC). The Quality 2020 strategy defines three core elements of quality being safety, effectiveness and patient and client focus.

Recently the HSCB/PHA have participated in Human Rights Inquiry and the Donaldson review and welcome feedback from these to take forward the important lessons for health and social care in Northern Ireland.

Since the last report three learning letters have been disseminated to the relevant HSC organisations. Additionally the “Learning Matters” newsletter was published in June 2014, to compliment the other methods of learning and to provide a forum where local learning from SAIs, reviews and complaints can be shared regionally.

HSCB/PHA has continued to work with HSC Trust Colleagues in relation to enhancing service users/families involvement in the SAI process.

Quality, Safety and Patient Experience are a significant focus for the HSCB and PHA and both organisations will work in partnership with the HSC to improve the quality of care by learning from incidents and improving standards regionally.

### REVISED CRITERIA FROM 1 OCTOBER 2013

#### DEFINITION OF AN ADVERSE INCIDENT AND SAI CRITERIA

**‘Any event or circumstances that could have or did lead to harm, loss or damage to people, property, environment or reputation’.**<sup>2</sup> arising during the course of the business of a HSC organisation / Special Agency or commissioned service

The following criteria will determine whether or not an adverse incident constitutes a SAI.

#### SAI criteria

- serious injury to, or the unexpected/unexplained death of:
  - a service user (including those events which should be reviewed through a significant event audit)
  - a staff member in the course of their work
  - a member of the public whilst visiting a HSC facility;
- any death of a child in receipt of HSC services (up to eighteenth birthday). This includes hospital and community services, a Looked After Child or a child whose name is on the Child Protection Register;
- unexpected serious risk to a service user and/or staff member and/or member of the public;
- unexpected or significant threat to provide service and/or maintain business continuity;
- serious self-harm or serious assault (*including attempted suicide, homicide and sexual assaults*) by a service user, a member of staff or a member of the public within any healthcare facility providing a commissioned service;
- serious self-harm or serious assault (*including homicide and sexual assaults*)
  - on other service users,
  - on staff or
  - on members of the publicby a service user in the community who has a mental illness or disorder (*as defined within the Mental Health (NI) Order 1986*) and known to/referred to mental health and related services (*including CAMHS,*

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<sup>2</sup> Source: DHSSPS How to classify adverse incidents and risk guidance 2006  
[www.dhsspsni.gov.uk/ph/how\\_to\\_classify\\_adverse\\_incidents\\_and\\_risk\\_guidance.pdf](http://www.dhsspsni.gov.uk/ph/how_to_classify_adverse_incidents_and_risk_guidance.pdf)

*psychiatry of old age or leaving and aftercare services*) and/or learning disability services, in the 12 months prior to the incident;

- suspected suicide of a service user who has a mental illness or disorder (*as defined within the Mental Health (NI) Order 1986*) and known to/referred to mental health and related services (*including CAMHS, psychiatry of old age or leaving and aftercare services*) and/or learning disability services, in the 12 months prior to the incident;
- serious incidents of public interest or concern relating to:
  - any of the criteria above
  - theft, fraud, information breaches or data losses
  - a member of HSC staff or independent practitioner.

**ANY ADVERSE INCIDENT WHICH MEETS ONE OR MORE OF THE ABOVE CRITERIA SHOULD BE REPORTED AS A SAI.**



**ANALYSIS OF SAI ACTIVITY APRIL – SEPTEMBER 2014**

The HSCB has **received 434 SAI Notifications** from across Health and Social Care (HSC) for the above period. The information<sup>3</sup> below has been aggregated into summary tables with commentary to prevent the identification of individuals.

Table 1 below provides an overview of all SAIs reported by organisation and includes **year on year comparison** of activity for the same **reporting period 1 Apr to 30 Sept**.

Total Activity	Apr - Sept 13	April - Sept 14
BHSCT	35	101
BSO	1	3
HSCB	0	1
NHSCT	56	118
NIAS	2	2
PCARE	15	12
PHA	0	1
SEHSCT	19	60
SHSCT	28	73
WHSCT	27	63
<b>Totals:</b>	<b>183</b>	<b>434</b>

This is the second reporting period since the revised SAI reporting criteria was introduced in October 2013 (refer to Appendix A). Heightened awareness of the revised procedure (following the consultation and implementation), the HSC training programmes for SEA and RCA along with recent Thematic Reviews undertaken will account for some of the increases in reporting.

**SAI DE-ESCALATION**

SAI reports submitted can be based on limited information at the time of reporting. If on further investigation the incident does not meet the criteria of an SAI, a request can be submitted by the reporting organisation to de-escalate.

In line with the HSCB Procedure for the reporting and follow up of SAIs the reporting organisation provides information on why the incident does not warrant further investigation under the SAI process. This information is considered by the HSCB/PHA Designated Review Officer prior to approving any de-escalation. During the reporting period **four (4) SAI notifications** received were subsequently **de-escalated**.

TOTAL DE-ESCALATED	Apr - Sept 13	April - Sept 14
BHSCT	4	1
NHSCT	4	1
NIAS	1	0
PCARE	2	0

<sup>3</sup> Source- HSCB DATIX Information System

<b>TOTAL DE-ESCALATED</b>	<b>Apr - Sept 13</b>	<b>April - Sept 14</b>
SHSCT	1	0
WHSCT	1	2
<b>Totals:</b>	<b>13</b>	<b>4</b>

## **DUPLICATE SAI NOTIFICATIONS**

A notification may be received from one or more organisation but relating to the same incident. During the reporting period there were three (3) duplicate notifications received.

<b>TOTAL DUPLICATE</b>	<b>Apr 13 - Sept 13</b>	<b>April - Sept 14</b>
BHSCT	1	2
PCARE	1	0
SHSCT	0	1
<b>Totals:</b>	<b>2</b>	<b>3</b>

## SAI ANALYSIS BY PROGRAMME OF CARE

SAIs are categorised by Programmes of Care as follows:

- Mental Health
- Acute Services
- Family and Child Care
- Learning Disability
- Corporate Business / other
- Maternity and Child Health
- Primary Health and Adult Community (Including General Practice)
- Elderly
- Physical Disability and Sensory Impairment
- Health Promotion and Disease Prevention

De-escalated and duplicate SAI notifications have been **excluded** from the analysis in the remainder of this report.

### ACUTE SERVICES

ORGANISATION	April - Sept 13	April - Sept 14
BHSCT	9	23
NHSCT	17	29
NIAS	1	0
SEHSCT	4	10
SHSCT	4	11
WHST	6	27
<b>Totals:</b>	<b>41</b>	<b>100</b>

**Current period:** One hundred (100) SAIs were reported. The top five groups related to the following classifications/categories. Twenty-two (22) incidents being the most reported in any one category.

#### Classification/category

- Treatment, procedure
- Diagnosis failed or delayed
- Accident that may result in personal injury
- Medication
- Access, Appointment, Admission, Transfer, Discharge

Since the revised SAI criteria (see Appendix A) were introduced, there has been an increase in the number of reported incidents relating to falls; within the above classification/ category: accident that may result in personal injury, 17% of the reported SAIs (n=17) for this programme of care relate to slip, trips, falls and collisions in an acute setting.

## MATERNITY & CHILD HEALTH

ORGANISATION	April - Sept 13	April - Sept 14
BHCT	4	57
HSCB	0	1
NHCT	4	10
NIAS	0	2
PCARE	0	1
SEHCT	0	5
SHCT	2	6
WHCT	2	12
<b>Totals:</b>	<b>12</b>	<b>94</b>

**Current period:** Ninety four (94) SAls relating to maternity and child health were reported. The revised criteria (Appendix A) included an additional requirement to report 'any death of a child in receipt of HSC services (up to eighteenth birthday)'. 77% of the reported SAls (n=72) for this programme of care relate to HSC Child Death Notifications.

## FAMILY & CHILD CARE

ORGANISATION	April - Sept 13	April - Sept 14
NHCT	4	4
SEHCT	1	1
SHCT	0	4
WHCT	2	2
<b>Totals:</b>	<b>7</b>	<b>11</b>

**Current period:** Eleven (11) SAls relating to family and childcare were reported. The largest classification/category group (n=8) related to 'Abusive, violent, disruptive or self-harming behaviour'.

## OLDER PEOPLE SERVICES

ORGANISATION	April - Sept 13	April - Sept 14
BHCT	0	1
NHCT	5	37
SEHCT	1	1
SHCT	4	26
WHCT	1	6
<b>Totals:</b>	<b>11</b>	<b>71</b>

**Current period:** Seventy-one (71) SAls reported related to older people services. The largest classification/category group (n=56) related to slips, trips, falls and collisions.

## MENTAL HEALTH

ORGANISATION	April - Sept 13	April - Sept 14
BHSCT	13	9
NHSCT	17	22
PHA	0	1
SEHSCT	12	41
SHSCT	14	23
WHSCT	14	11
<b>Totals:</b>	<b>70</b>	<b>107</b>

**Current period:** One hundred and seven (107) SAIs relating to adult mental health services were reported. 68% (n=73) related to suspected / attempted suicides\* or unexpected deaths.

*\*Suspected suicide – suicide (completed) whether suspected or proven. It should be noted that in the absence of knowledge of the inquest verdict, all of these cases have been classified as “suspected suicides” regardless of the circumstances in which the individual was reported to have been found.*

## LEARNING DISABILITY SERVICES

ORGANISATION	April - Sept 13	April - Sept 14
BHSCT	2	6
NHSCT	2	3
SHSCT	1	0
WHSCT	0	1
<b>Totals:</b>	<b>5</b>	<b>10</b>

**Current period:** Ten (10) SAIs relating to learning disability services were reported.

## PHYSICAL DISABILITY AND SENSORY IMPAIRMENT

ORGANISATION	April - Sept 13	April - Sept 14
NHSCT	0	2
SEHSCT	1	0
SHSCT	0	1
<b>Totals:</b>	<b>1</b>	<b>3</b>

**Current period:** Three (3) SAIs relating to physical disability and sensory impairment services was reported.

## **PRIMARY HEALTH AND ADULT COMMUNITY (INCLUDING GENERAL PRACTICE)**

ORGANISATION	April - Sept 13	April - Sept 14
BHSCT	1	0
NHSCT	1	2
PCARE	12	8
SHSCT	2	0
<b>Totals:</b>	<b>16</b>	<b>10</b>

**Current period:** Ten (10) SAIs relating to Primary Health and Adult Community were reported. The largest classification/category group (n=4) was 'Medication'.

## **CORPORATE BUSINESS**

ORGANISATION	April - Sept 13	April - Sept 14
BHSCT	1	2
BSO	1	3
NHSCT	2	8
PCARE	0	3
SEHSCT	0	2
SHSCT	0	1
WHsCT	1	2
<b>Totals:</b>	<b>5</b>	<b>21</b>

**Current period:** Twenty one (21) SAIs were reported relating to corporate business. The largest classification/category group (n=6) related to 'Consent, Confidentiality or Communication'.

## **HEALTH PROMOTION AND DISEASE PREVENTION**

No reported incidents