

103rd Meeting of the Public Health Agency Board

Monday 11 June 2018 at 1.30pm

Meeting Rooms 1+2, Linum Chambers, Bedford Street, Belfast

Present

Mr Andrew Dougal	- Chair
Mrs Valerie Watts	- Interim Chief Executive
Mr Edmond McClean	- Interim Deputy Chief Executive / Director of Operations
Dr Adrian Mairs	- Acting Director of Public Health
Ms Eleanor Ross	- Assistant Director of Nursing (<i>on behalf of Mrs Hinds</i>)
Councillor William Ashe	- Non-Executive Director
Mr John-Patrick Clayton	- Non-Executive Director
Mr Leslie Drew	- Non-Executive Director
Ms Deepa Mann-Kler	- Non-Executive Director
Alderman Paul Porter	- Non-Executive Director
Professor Nichola Rooney	- Non-Executive Director
Mr Joseph Stewart	- Non-Executive Director

In Attendance

Mr Paul Cummings	- Director of Finance, HSCB
Mrs Joanne McKissick	- External Relations Manager, PCC
Mr Robert Graham	- Secretariat

Apologies

Mrs Mary Hinds	- Director of Nursing and Allied Health Professionals
Mr Cecil Worthington	- Acting Director of Social Care and Children, HSCB

53/18 | Item 1 – Welcome and Apologies

53/18.1 The Chair welcomed everyone to the meeting. Apologies were noted from Mrs Mary Hinds and Mr Cecil Worthington.

54/18 | Item 2 - Declaration of Interests

54/18.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

55/18 | Item 3 – Minutes of previous meeting held on 17 May 2018

55/18.1 The minutes of the previous meeting, held on 17 May 2018, were approved as an accurate record of that meeting, subject to two typographical amendments and an amendment to paragraph 50/18.11.

The sentence, “He said that following a screening test, patients showing symptoms then undergo a diagnostic test.” should be amended to read, “He said that following a screening test, patients with a positive test then undergo a diagnostic test.”

56/18 Item 4 – Matters Arising

56/18.1 There were no matters arising.

56/18 Item 5 – Chair’s Business

56/18.1 The Chair advised that he had responded to a letter from the Permanent Secretary seeking nominations from Non-Executive Directors to sit on workstreams following the publication of the report of the inquiry into hyponatraemia related deaths.

56/18.2 The Chair informed members about an innovation lab to examine the governance of ALBs. He also told members that the Public Sector Chairs’ Forum is looking at learning and development for Non-Executives.

57/18 Item 6 –Chief Executive’s Business

57/18.1 The Interim Chief Executive began by providing an update on the neurology recall. She recognised that this is an extremely stressful time for many patients and their families and that our thoughts go out to them at this difficult time. She said that the over-riding priority is to ensure that all of the patients who had been on Dr Watt’s list prior to his cessation of active practice are reviewed and supported, and we fully recognise the significant efforts, particularly by Belfast Trust, in doing this.

57/18.2 In relation to the HSC patients identified (around 2,500), the Interim Chief Executive advised that 911 people have been seen as part of the recall between 1 May and 6 June 2018 and that the Belfast Trust continues to seek to contact the remaining patients, approximately 99, who have yet to respond to the recall. She added that the Ulster Independent Clinic, in conjunction with the HSC, has confirmed that the final validated number of patients to be recalled to their clinic is 110, and that Hillsborough Private Clinic has confirmed that less than 5 patients required to be recalled.

57/18.3 The Interim Chief Executive reminded members that the Department of Health has also announced the establishment of an independent inquiry panel on the Belfast Trust neurology patient recall which will be chaired by QC Brett Lockhart. She advised that the second panel member is Dr Hugo Mascie-Taylor, an internationally recognised expert, who will provide strong clinical leadership input to the inquiry’s work. She added that the terms of reference have been agreed and were published last week.

57/18.4 The Interim Chief Executive said that a regional co-ordination group,

- chaired by the HSCB and PHA, comprising Trusts and private healthcare providers, has been established to ensure consistency in approach and to provide assurance to the Department of Health on the steps being taken to review and provide support to affected patients.
- 57/18.5 The Interim Chief Executive gave members an update on the breast screening incident in England, which resulted in thousands of women aged between 68 and 71 not being invited to their final breast screening appointment between 2009 and May 2018. She noted that Dr Stephen Bergin provided an overview of this incident at the previous Board meeting.
- 57/18.6 The Interim Chief Executive advised that screening staff in the PHA have been working with colleagues in Public Health England on this issue, as 72 of the affected women are now resident, and registered with a GP, in Northern Ireland. She said that letters were sent to each of these women by PHE on 31st May, and that in accordance with the protocol developed by PHE the 9 women who were under the age of 72 on 1 April 2018 were told in their letter that they would receive an invitation to attend for a “catch up” screen from the Northern Ireland Breast Screening Programme if they had not been invited for screening since registering with a Northern Ireland GP. This applies to 6 women. These invitations have all been sent and the 9 women affected have been offered an appointment with a breast screening unit in Northern Ireland.
- 57/18.7 The Interim Chief Executive went on to say that a separate letter went to the remaining 63 women offering an apology and advising them that we do not routinely invite women aged 71 or over for breast screening, because the benefits of this are unclear; but that they may wish to consider contacting their local breast screening unit if they want to attend for breast screening. She said that the number of a helpline for more information and clinical advice was also provided to these women and that letters have also been sent to the women’s GPs.
- 57/18.8 The Interim Chief Executive advised that the terms of reference of an independent review into this incident were published by the Secretary of State for Health and Social Care. She said that it is expected that this review will report by November 2018 and that PHA will need to consider if any of the findings or recommendations are of relevance to our Breast Screening Programme.
- 57/18.9 The Interim Chief Executive informed members that since the last meeting, the HSC Safety Forum in partnership with the Public Health Agency and Health and Social Care Board hosted a regional Serious Adverse Incidents Learning Workshop, which was attended by 165 delegates from across health and social care.
- 57/18.10 The Interim Chief Executive said that she, and the Chair, had attended the Balmoral Show to support PHA colleagues at the PHA stand in the Government Exhibition area of the Eikon Building. She said that the focus

of this year's stand, which was a resounding success, was on five of the PHA's screening programmes: AAA Screening; Diabetic Eye Screening; Breast Screening; Bowel Screening; and, Cervical Screening. She took the opportunity to acknowledge all the PHA members of staff who manned the stand over the four days – without whose help and time commitment it would not have been possible. She hoped that following the event more people will respond to, and attend, future screening invitations.

58/18 Item 7 – Update from Chair of Governance and Audit Committee Meeting (PHA/01/06/18)

- 58/18.1 Mr Drew updated members following the last meeting of the Governance and Audit Committee which took place on 6 June. He began by saying that the Committee has considered Internal Audit reports on BSO Shared Services, one of which (Payroll) had been given a limited level of assurance. He said that many of the previous recommendations had not yet been implemented but that the issues were being taken seriously.
- 58/18.2 Mr Drew said that Internal Audit had carried out five audits within PHA during 2017/18 and gave an overview of the levels of assurance for each audit. He said that one of these audits, management of contracts with the community and voluntary, had seen a limited level of assurance given in relation to procurement, and that there had been discussion on procurement and the need to review PHA's procurement plan. Mr Drew advised that other areas covered by audit included screening programmes, risk management and R&D.
- 58/18.3 Mr Drew said that Internal Audit had agreed with PHA's assessment against four of the Controls Assurance Standard and that overall, Internal Audit is providing a satisfactory assurance on the adequacy and effectiveness of the organisation's framework of governance, risk management and control.
- 58/18.4 Mr Drew advised that the Committee had approved the draft Annual Report and Accounts, which are for consideration by the Board, and subject to some minor adjustments within the Governance Statement, these were being recommended to the Board for approval. Within the financial statements, he said that there is a small surplus. He added that the Northern Ireland Audit Office had given an unqualified audit opinion.
- 58/18.5 Mr Drew said that members had met privately with Internal and External Audit, and that the auditors had expressed no issues with the audit and had commended the co-operation of officers during the audit.
- 58/18.6 Mr Drew advised that the Committee had considered the suite of policies which were being presented today and were content to approve these.
- 58/18.7 Members noted the update from the Committee Chair.

59/18 | **Item 8 – PHA Annual Report and Accounts (PHA/02/06/18)**

- 59/18.1 Mr Cummings presented the draft Annual Report and Accounts saying that they had been approved by Governance and Audit Committee. He noted it remains a confidential document until it has been laid before the Northern Ireland Assembly.
- 59/18.2 Mr Cummings said that the first section of the Report gave an overview of PHA's activities during 2018/19, before moving into the Governance Statement. He advised that he had received draft wording for the section to be included regarding Neurology and he read this out to members. The Chair and Interim Chief Executive agreed that it was a factual statement.
- 59/18.3 Mr Cummings returned to the Annual Report and said that following the section on performance, the next section related to remuneration and it detailed staffing level, pay and male/female ratio of staff. He said that the following section contained the financial information, and that the key figure here was that PHA achieved a year-end surplus of £140k, which was within the tolerance level.
- 59/18.4 Alderman Porter asked if PHA is seeking to reduce the gender imbalance in its workforce. The Interim Chief Executive said that PHA said it has not proactively taken any steps so far. Alderman Porter asked if the staff numbers had shown any significance increase or decrease, but Mr Cummings advised that it had remained static.
- 59/18.5 Mr Clayton said that it would be useful to extract some of the key messages from the Report to get a better understanding of what PHA does. Mr Drew agreed saying that the Report is a good report, but is not in a user friendly format.
- 59/18.6 Professor Rooney commented that it would be better if there were better headings, perhaps with updates listed under specific functional areas, rather than directorates. Alderman Porter added that it would be better to read more about outcomes. The Interim Chief Executive noted the comments made by members, but pointed out that the Report is laid out in a stipulated format over which PHA has limited control. She said that PHA will seek to use key messages within the Report to promote the work of the organisation.
- 59/18.7 Members **APPROVED** the Annual Report and Accounts.

60/18 | **Item 9 – Draft Investment Plan to incorporate PHA budget 2018/19 (PHA/03/06/18)**

- 60/18.1 Mr Cummings said on 1st May, the PHA had received its opening allocation letter which details the funding the organisation will receive, but included a reduction in the management and administration budget of £500k and three other savings targets. He said that members are being

- asked today to approve a letter to be issued to the Department of Health outlining PHA's approach to making the required savings which will minimise the impact of these savings. Mr Cummings explained that up to £900k can be saved from the connected health budget for 2018/19, £700k from not applying pay and price uplifts, and £316k from within the Health Improvement budget. Finally, he said that the letter reflected PHA's continued concern around the pause in its campaigns.
- 60/18.2 Mr Clayton asked if the £500k reduction in the administration budget would impact on staffing. Mr Cummings said he hoped there would be no implications for PHA, and no staff redundancies, as there is a turnover in vacant posts and there are scrutiny processes in place. Mr Cummings advised that for a couple of years PHA had offered VES to its staff, but it won't be offering a scheme this year.
- 60/18.3 Professor Rooney said that she was happy with the letter, but she felt that the decision to continue with the suspension of PHA's campaigns did not make sense as it is a statutory duty of PHA to inform the public. Mr Clayton asked if any changes could be made to the letter at this stage. Mr Cummings advised that, due to the timescales involved, the letter has been issued to the Department as a draft. Ms Mann-Kler said that in this situation, it would have been better for members to have had sight of the draft. It was proposed that the correspondence to be issued to the Department of Health should state the Board's concern about the reductions in funding, but particularly with regard to campaigns.
- 60/18.4 Mr Clayton asked about the proposed £310k reduction against Health Improvement, and asked about the impact of this. He said that there should also be reference made in the letter to any equality implications of PHA withdrawing monies from Health Improvement areas.
- 60/18.5 Alderman Porter asked whether the reduction in campaigns has had an impact on, for example, screening programmes. Dr Mairs advised that PHA had only carried out one campaign in relation to screening, which was for bowel cancer screening. Ms Mann-Kler asked about a paper that PHA was producing regarding the impact of campaigns. The Interim Chief Executive said that a paper had been done for the Permanent Secretary and she agreed to share this with members.
- 60/18.6 Mr Clayton asked about the internal process for determining where these savings could be made. Mr Cummings said that for the last number of years there has been slippage in the PHA budget. Alderman Porter said that his concern was that the community and voluntary sector was seen as a soft target. The Interim Chief Executive reassured members that the savings could be achieved with a minimum impact on that sector. Mr Stewart said this refers back to the original point about PHA's responsibility for promoting public health and in doing so in line with its statutory obligations to Section 75 groups.
- 60/18.7 Subject to minor amendments, members approved the letter to the

Department regarding PHA's savings proposals.

- 60/18.8 Mr Cummings moved onto the Investment Plan and budget. He said that the budget reflects the savings proposals as outlined in the letter as well as the areas of recurrent investment with the HSC Trusts. He noted that there had been comments from members regarding obtaining greater clarity in terms of the outcomes from the Trusts, and said that this process is evolving. He advised that the rest of the budget follows the normal monthly reporting format, and forms the basis of the monthly reports that members will receive. He added that the next section contained the administration budget.
- 60/18.9 Mr Drew asked if the Trusts are receiving more money. Mr Cummings explained that contracts are rolled forward and there is an inflationary uplift. Ms Mann-Kler asked how the PHA is promoting innovation. She said that there needs to be greater emphasis on the role of innovation. Mr Cummings said that there is sadly no availability within the overall HSC budget to do this as the overall budget remains in deficit with £101m of savings to be found. He added that an element regarding innovation has been factored into the transformation monies. Ms Mann-Kler asked if this was happening on a UK-wide basis. The Interim Chief Executive said that Ms Mann-Kler's question was a good one, and said that even though there are budget reductions, there are new ways of treatment and innovate techniques, but at the moment we are limping along on a year-by-year basis not knowing what the required savings and that eventually something has to give. She said that it would be a shame if none of the transformation money was used on innovation.
- At this point Mr McClean joined the meeting*
- 60/18.10 Mr Drew said that innovation should be self-financing and that there should be an exercise in business process re-engineering. The Chair said that PHA should look at what NHS Improvement and the King's Fund are doing. Mr Drew said that there is a perception that the HSC is not good at capturing and applying knowledge captured from innovation activities and sharing this across the sector. Ms Ross noted that when a service review is undertaken, it always looks at new ways of working and gave the example of a recent piece of work in the area of diabetes. The Chair said that within the PHA Annual Report there are examples of innovation, but is not spelt out as such. Ms Mann-Kler said that there is an organisation called Elemental who undertake transformative work in social prescribing.
- 60/18.11 Mrs McKissick said that PCC and PHA have worked in partnership within the regional Pain Forum and they are using digital transformation and looking at a supported self-management agenda.
- 60/18.12 Mr Clayton asked about the deliverability of the transformation agenda within the next 12 months. The Interim Chief Executive said that at this stage it is now a 9 month plan and almost 2,000 staff need to be recruited as part of the implementation. Mr Cummings said that the leads for each

of the initiatives would take into account the time taken to recruit.

- 60/18.13 The Chair asked if members were content to approve the Investment Plan and budget. Members approved with the exception of Mr Clayton who said that he was not content to approve because he felt that any reductions in PHA's budget would be in conflict with the statutory duties of PHA in terms of promoting public health and reducing health inequalities.

61/18 Item 10 – Corporate Risk Register (PHA/04/06/18)

- 61/18.1 Mr McClean presented the Corporate Risk Register for the period up to 31 March 2018. He said that there had been no changes following the most recent review.
- 61/18.2 Mr Drew confirmed that the Governance and Audit Committee had considered the Corporate Risk Register and had noted that Internal Audit had PHA a satisfactory assurance in its most review of PHA's risk management arrangements.
- 61/18.3 Members noted that risk was going to be the main subject of discussion at the Board workshop on 21 June. Ms Mann-Kler said that part of that discussion should be on PHA's risk appetite.
- 61/18.4 Members **APPROVED** the Corporate Risk Register.

62/18 Item 11 – PHA Information Governance Policies (updated following implementation of the General Data Protection Regulations) (PHA/05/06/18)

- 62/18.1 Mr McClean presented the suite of Information Governance policies and advised that these were existing policies which had undergone minor revision following the implementation of GDPR. He advised that they had been approved by the Governance and Audit Committee.
- 62/18.2 Members **APPROVED** the Information Governance policies.

63/18 Item 12 – PHA Whistleblowing Policy (PHA/06/06/18)

- 63/18.1 Mr McClean advised that following receipt of a model policy from the Department of Health, PHA had updated its Whistleblowing Policy. He added that awareness training will be delivered for staff.
- 63/18.2 Ms Mann-Kler said that the policy was straightforward and written in plain language. She said that the only issue discussed at Governance and Audit Committee concerned whether the personal contact details of the designated Non-Executive should appear in the policy, but it was agreed that this was not appropriate and the contact number in the policy should remain.
- 63/18.3 Members **APPROVED** the Whistleblowing Policy.

64/18 Item 13 – PHA Rural Needs Policy (PHA/07/06/18)

- 64/18.1 Mr McClean said that members would be aware of the Rural Needs Act which places an obligation on public bodies to take account of the needs of the rural community in developing policies. He said that PHA's Policy is being brought today for approval and that PHA will carry out training for staff in conjunction with other public authorities.
- 64/18.2 Ms McKissick said that the Patient Client Council welcomes this policy. Ms Mann-Kler asked if there were any additional resources for this work, given the additional responsibility. Mr McClean said that there were no additional resources and that PHA was expected to absorb this. Mr Clayton expressed his concern at there not being additional resources. He added that it should be made more explicit in the body of the policy that there are implications for not carrying out a Rural Needs Assessment, including legal challenge against the PHA. Mr McClean assured members that PHA staff understood the concept of rural proofing and that staff would embrace it.
- 64/18.3 Members **APPROVED** the Rural Needs Policy.

65/18 Item 14 – Annual Progress Report 2017/18 to the Equality Commission on implementation of Section 75 and the duties under the Disability Discrimination Order (PHA/08/06/18)

- 65/18.1 Mr McClean introduced Anne Basten from the Equality Unit within BSO to the meeting and asked her to give members an overview of the report which is due for submission to the Equality Commission.
- 65/18.2 Ms Basten said that she had taken on board feedback from members following last year's report and she began by highlighting areas where there were outcomes showing where PHA has made a difference. She said that these included access to information (including the translation of leaflets and making easy read materials) and access to services (giving examples within screening programmes). Another example Ms Basten gave was PHA's work in relation to the Regional Hospital Passport for people with a learning disability.
- 65/18.3 Ms Basten advised that there was improved availability of equality data with an example of defined outcomes in the area of health and wellbeing of travellers. She added that there has been training for staff who work with adults with a learning disability.
- 65/18.4 Ms Basten moved onto compliance and advised that during the last year PHA had completed two Equality Impact Assessments and that five Equality screenings had been published. She said that this was below expectations. Moving forward, she said that this was a priority issue for 2018/19.
- 65/18.5 The Chair advised that he is a member of a working group relating to

disability, and he asked what PHA is doing to encourage people with disabilities, and people in Section 75 groups in general, to apply for jobs. He noted that PHA works with recruitment agencies and therefore does not have direct control over whether they seek applications from people with disabilities. Ms Basten said that PHA is seeking to look more at its equality monitoring data to see if it is in line with what it would expect. She added that “mystery shoppers” have been used to test out how recruitment agencies deal with people with a disability and in the main, the experience was not positive. She advised that there was a Disability Placement Scheme within the HSC.

65/18.6 Mr Clayton thanked Ms Basten for the report and acknowledged the work that is being done to promote equality, but he expressed concern at the low number of equality screenings. He said that a lot of PHA’s work would have an impact, but it appears that the assessments are not there. Ms Basten said that there has been improvement, particularly in the area of procurement as procurement exercises cannot be undertaken without screening taking place. She suggested that when PHA is developing its annual Business Plan it should seek to identify areas where equality screening may be required. Mr McClean echoed what Ms Basten said about the work that is being done as part of procurement in terms of screening and PPI. He added that the number of equality screenings and impact assessments being undertaken should not be viewed as a metric of success.

65/18.7 Ms Mann-Kler thanked Ms Basten for her presentation and asked her what she felt has changed as a result of the work of Section 75. Ms Basten said that the Equality Commission has now initiated its second effectiveness review, which will tie in with the Outcomes Based Accountability approach within the public sector. She added that the Commission has also identified the theme of leadership and it will look to link with the leaders of organisations as part of this review.

65/18.8 Mr Clayton acknowledged Mr McClean’s point that success should not be measured in terms of numbers of screenings and EQIAs, but he said that there is a role for PHA to be open in publishing its screenings and informing the population about its decisions.

65/18.9 Members **APPROVED** the submission to the Equality Commission.

66/18 Item 15 – Performance Management Report – Corporate Business Plan Targets for the Period Ending 31 March 2018 (PHA/09/06/18)

66/18.1 Mr McClean said that the year-end Performance Management Report for 2017/18 showed that of the 86 corporate objectives, 70 were rated “green”, 13 were rated “amber” and 3 were rated “red”. He noted that some of the actions had not been completed due to factors outwith PHA’s control.

66/18.2 Professor Rooney asked if any of the non-completed actions would be

rolled forward. Mr McClean confirmed that these actions would be taken into 2018/19. Ms Ross added that the Family Nurse Partnership programme would be receiving funding from the transformation monies.

66/18.3 Mr Clayton asked about the CLARE project and potential Big Lottery funding. Mr McClean said that he would get more information regarding this.

66/18.4 Members noted the Performance Management Report.

67/18 Item 16 – Personal and Public Involvement Update (PHA/10/06/18)

67/18.1 The Chair welcomed Martin Quinn to the meeting and asked him to give the Board an update on PHA's Personal and Public Involvement work.

67/18.2 Mr Quinn said that over the last few months there have been more demands on PHA seeking advice in relation to PPI as HSC bodies seek to ensure that they are getting it right and looking to use PPI as a means of making a tangible difference. He said that he was pleased that PPI has been at the forefront of the recent transformation work as well as in areas such as multi-disciplinary teams and the implementation of the recommendations following the Hyponatraemia Inquiry.

67/18.3 Mr Quinn advised that PHA has a responsibility for PPI training, and that it has been working with other organisations, for example PCC, to develop a short eLearning programme. He said that to date over 1,600 people have completed the training and that there have also been over 100 face to face interactions. He noted that the challenge now is about changing practice and embedding the learning.

67/18.4 Mr Quinn said that the Engage website has been a success with over 1,000 visitors in the last month. He added that the site has been nominated for an award in innovation by the King's Fund.

67/18.5 With regard to monitoring, Mr Quinn advised that PHA did not carry out any monitoring this year as it was agreed that the Trusts would be given time to implement the recommendations of the previous monitoring. He informed members that PHA has been subject to its own internal monitoring this year and a report on this will be brought to a future Board meeting. He added that PHA had also been subject to an Internal Audit review and this had produced a satisfactory level of assurance. He finished by saying that there is a workshop on 20 June regarding reimbursement and remuneration.

67/18.6 Ms Mann-Kler congratulated Mr Quinn on all of the work achieved to date. She said that it was apparent that the team was passionate about its work, and she asked if they could see a culture change taking place. Mr Quinn said that he could see it happening.

67/18.7 Members noted the update on Personal and Public Involvement.

68/18 | **Item 17 – Any Other Business**

68/18.1 | There was no other business.

69/18 | **Item 18 – Details of Next Meeting**

Thursday 16 August 2018 at 1.30pm

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

Signed by Chair:

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

Date: 16 August 2018