

<b>Title of Meeting</b>	109 <sup>th</sup> Meeting of the Public Health Agency Board
<b>Date</b>	21 February 2019 at 1.30pm
<b>Venue</b>	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

**Present**

- Mr Andrew Dougal - Chair
- Mrs Valerie Watts - Interim Chief Executive
- Mr Edmond McClean - Interim Deputy Chief Executive / Director of Operations
- Mrs Mary Hinds - Director of Nursing and Allied Health Professionals
- Dr Adrian Mairs - Acting Director of Public Health
- 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
- Ms Marie Roulston - Director of Social Care and Children, HSCB
- Mr Robert Graham - Secretariat

**Apologies**

- Mrs Joanne McKissick - External Relations Manager, PCC
- Ms Nicola Woods - Boardroom Apprentice

**1/19 Item 1 – Welcome and Apologies**

- 1/19.1 The Chair welcomed everyone to the meeting. Apologies were noted from Mrs Joanne McKissick and Ms Nicola Woods.

**2/19 Item 2 - Declaration of Interests**

- 2/19.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

**3/19 Item 3 – Minutes of previous meeting held on 20 December 2018**

3/19.1 The minutes of the previous meeting, held on 20 December 2018, were approved as an accurate record of that meeting.

**4/19 Item 4 – Matters Arising**

4/19.1 There were no matters arising.

**5/19 Item 5 – Chair’s Business**

5/19.1 The Chair noted that there has been extensive coverage in various media in recent weeks on the effects of social media in facilitating young people to self-harm or to attempt suicide. He added that the Public Health Agency funds a diverse range of organisations to deliver services to prevent such harm and to support those at risk and their families. He asked how the PHA can ensure that the staff of those service-providing organisations are equipped and empowered to deal with an extremely fast-changing environment, and how the PHA can ensure that there is a consistency of standards and effectiveness in the delivery of such services?

5/19.2 Dr Mairs advised that PHA has been working with colleges to develop a training package and has developed quality standards in collaboration with the community and voluntary sector. The Chair noted that a suicide prevention conference had taken place recently and asked if PHA had been represented. Dr Mairs said that Brendan Bonner had been in attendance. Mr McClean advised that PHA undertakes real time media monitoring, and if there is a sense that there is a cluster of suicides then measures can be taken to get messages out immediately to those who may be vulnerable.

5/19.3 The Chair informed members that work is continuing on the duty of candour workstream following the Hyponatraemia Inquiry. He commended the work being undertaken by PHA staff Claire Fordyce and Martin Quinn in this area.

5/19.4 The Chair gave members an overview of a recent visit from Richard Parish, a non-Executive Director of Public Health England. He said that issues discussed included campaign and rural needs.

**6/19 Item 6 – Chief Executive’s Business**

6/19.1 The Interim Chief Executive advised the Board that the Department of Health is leading work with HSC organisations, including PHA, which is at an advanced stage of preparing for the UK’s exit from the EU. A number of workstreams have been established to ensure that appropriate business continuity, preventative and contingency measures are in place. She added that in terms of contingency planning there is a focus on medicines supply, the movement of people, and the transfer of

- data. Furthermore, she said that in line with well-established civil contingency plans, the system is also ensuring arrangements are in place to respond effectively to any developing issues.
- 6/19.2 She agreed to keep the Board updated on this issue.
- 6/19.3 The Interim Chief Executive updated members on the review of neurology patients. She advised that a further 1,044 people had been recalled, namely individuals who had been seen by Consultant Neurologist Dr Michael Watt and discharged to the care of their GP. She explained that this latest review is being concentrated on specific groups of patients taking specific, specialised medicines, and that of the 1044 people invited as part of this phase of the recall, 711 have been seen and 6 have appointments booked. She added that a further 310 either declined an appointment, no longer need to be seen or failed to attend on more than one occasion.
- 6/19.4 The Interim Chief Executive assured members that core neurology outpatient activity has been maintained throughout the whole recall process and it is expected that patients in this phase of the recall will have been seen by the end of February 2019.
- 6/19.5 The Interim Chief Executive acknowledged the commitment and dedication of staff in the Belfast Trust for progressing this recall in such a well organised yet patient sensitive manner. She also paid tribute to Dr Miriam McCarthy from HSCB and Dr Adrian Mairs for their leadership and advice in this matter.
- 6/19.6 The Interim Chief Executive said that work continues on the design and legislative preparations for the closure of the HSCB, albeit at a slower pace in recognition of competing pressures across the HSCB and the Department. She said that the anticipated closure date of the HSCB is now 31 March 2021 and that a letter was issued to all staff by the Permanent Secretary regarding this. She stressed that it is important that there is clarity on the way forward and the transition arrangements and that changes can be made to the way organisations work together without the need for legislation.
- 6/19.7 The Interim Chief Executive informed the Board that as part of a programme of staff engagement, the Permanent Secretary recently visited Board offices in Linenhall Street and Gransha recently in what were useful and very engaging events.
- 6/19.8 With regard to the Transformation agenda, the Interim Chief Executive said that monitoring of the projects funded in 2018/19 is continuing with detailing planning underway for 2019/20. She highlighted some of the initiatives that are taking place.
- 6/19.9 The Interim Chief Executive said she wished to inform the Board that Dr Carolyn Harper has now retired from service. She said that Carolyn

- had a distinguished career right from her undergraduate days including being appointed as a consultant in the legacy Northern Health and Social Services Board; and taking up the post of medical director to the lead provider of public health services in the State of California.
- 6/19.10 The Interim Chief Executive added that in 2007 Carolyn took up post as Deputy Chief Medical Officer for Safety, Quality and Services at the Department of Health & Social Services and amongst other responsibilities, supported the work programme under the Review of Public Administration, including the organisational arrangements for the new Public Health Agency.
- 6/19.11 The Interim Chief Executive said that in 2009 Carolyn was appointed as its first Director of Public Health and Executive Medical Director of the Health and Social Care Board, and that she showed immense dedication to establishing both these new roles and to the new organisations.
- 6/19.12 The Interim Chief Executive said that Carolyn was passionately committed to improving the health of the public, addressing health inequalities, giving every child the best possible start in life, and giving a voice to those who were disadvantaged or marginalised.
- 6/19.13 On behalf of the Board, the Interim Chief Executive wished Carolyn every happiness for her retirement.
- 6/19.14 The Interim Chief Executive informed members that over the past few months there has been increased political interest in the three crisis de-escalation pilots across Northern Ireland. She advised that pilots in the Western and South Eastern Trust are already up and running, while it is hoped that the pilot in the Belfast Trust will be operational from 1 April. Following requests from some of the main political parties for a briefing, the Interim Chief Executive said that she agreed to facilitate an all-party briefing and this took place on 11 February.
- 6/19.15 The Interim Chief Executive advised that Janet Calvert, PHA's breastfeeding lead, has been invited to the prestigious Communities and Hospitals Advancing Maternity Practices (CHAMPS) conference in October 2019 in Jackson, Mississippi to present PHA's work in this area following a similar presentation she delivered at the Unicef UK Baby Friendly Initiative Annual Conference in Liverpool. She added that another regional project that PHA is involved in the area of Nursing, Project RETAIN, has attracted international attention with Assistant Director of Nursing, Siobhan McIntyre and Project Lead, Gillian McCorkell being invited to present their work at the International Council of Nurses Congress in Singapore.
- 6/19.16 The Interim Chief Executive said that Professor David Olds from the University of Colorado is going to be the distinguished speaker at the Family Nurse Partnership conference at Riddell Hall on 12 March, and

that any members interested in attending this event should contact the Director of Nursing's office.

**7/19 Item 7 – Finance Report (PHA/01/02/19)**

- 7/19.1 Mr Cummings advised that the Finance Report for the period up to 31 December 2018 showed a year to date surplus of £3.8m, however a large part of this is due to the Lifeline service and that will be settled before the year-end. He said that the Agency is striving to achieve a year-end break-even position. He added that there is also a surplus within the management and administration budget.
- 7/19.2 Mr Cummings said that in terms of budget planning for 2019/20, it is expected that PHA will be facing a 3% reduction in its budget, but this has not yet been confirmed.
- 7/19.3 Mr Drew asked if there was a prioritisation process for allocating additional funds to programme expenditure. Mr Cummings explained that a key factor is whether a certain initiative can utilise the funds in-year given a reduced lead-in time. Ms Mann-Kler asked about the issues within health protection. Mr Cummings explained that this is principally to do with costs associated with vaccines, and that he would have further information on this at the next meeting.
- 7/19.4 Mr Clayton asked about confidence and supply monies, and if there will be a further tranche of money this year. He noted that there had been a retraction of £1.7m from PHA's confidence and supply funds. Mr Cummings explained that any underspends in confidence and supply monies are handed back to the Department of Health, and there is no automatic rollover of funds. He said that there is £100m of funding for next year.
- 7/19.5 Alderman Porter said that it is difficult for PHA to argue against a reduction of 3% in its budget, when it does not spend all of its current budget. Mr Cummings said that the PHA surplus is normally a small surplus.
- 7/19.6 The Chair asked about R&D spend and whether the budget had been reduced. Mr Cummings explained that while most of the R&D budget is capital, there are also some revenue elements.
- 7/19.7 The Board noted the Finance Report.

**8/19 Item 8 – Newborn Blood Spot Screening in Northern Ireland Annual Report 2016-2017 (PHA/02/02/19)**

- 8/19.1 Dr Stephen Bergin joined the meeting to present the reports pertaining to Items 8 and 9. He gave an overview of screening programmes by informing members that PHA is now responsible for the quality assurance of 8 screening programmes which in total involve screening

almost one quarter of the population of Northern Ireland.

- 8/19.2 Dr Bergin explained that newborn bloodspot screening test, otherwise known as the “heel prick” is an essential test and that 98% of the 23,000 babies born in Northern Ireland in 2016/17 had this undertaken within five days of birth. Out of these, he said that 32 babies were confirmed as having one of the five conditions that are screened for.
- 8/19.3 Dr Bergin advised that the “avoidable repeat” rate was 4.39% and that this needs to be reduced. He explained that this is where a sample taken has not met the required standard for analysis, and a repeat sample is requested.
- 8/19.4 Dr Bergin said that going forward the programme is going to be expanded to take in testing for four additional inherited metabolic diseases.
- 8/19.5 Mr Drew said that the report was very encouraging, but he asked whether the further development of the programme will result in more staff needed to be recruited in order to process the results more quickly. Dr Mairs advised that part of the business case pertaining to this programme relates to additional staff. He noted that the number of babies with positive tests is quite small, but they do require to be followed up.
- 8/19.6 Alderman Porter asked whether in any cases where a concern was highlighted at birth, if these were reviewed again two to three years later. Dr Bergin said although this would be outwith the remit of the screening programme, it is important that there is a link with a care pathway and that paediatricians know their role in this area.
- 8/19.7 Councillor Ashe asked why it took up to 6/8 weeks for families to be informed of a negative result. He expressed concern that families may feel that “no news is good news” and could be informed sooner. Dr Bergin agreed to check this.
- 8/19.8 Ms Mann-Kler asked for clarity about the PHA staff requirements for this programme. Dr Mairs explained that there are currently two Programme Managers covering 3 programmes, and that programmes are becoming more complex. Ms Mann-Kler asked how the four new areas to be screened were decided. Dr Bergin said that these are set by the UK National Screening Committee who advised to the Health Ministers and Chief Medical Officers in each country of the United Kingdom.
- 8/19.9 The Board **APPROVED** the Newborn Blood Spot Screening Programme.

**9/19 Item 9 – Northern Ireland Infectious Diseases in Pregnancy Screening Programme Annual Report 2016-2017 (PHA/03/02/19)**

- 9/19.1 Dr Bergin advised that this is the first report of the Infectious Diseases in Pregnancy Screening Programme (IDPS), a programme which aims to identify conditions which pregnant women may transmit onto their children in the womb. He highlighted that a women who has an HIV infection is up to 45% likely to pass this onto her child, but that this rate reduces to <0.5% through an intervention if picked up through this screening programme. He added that referrals are made to the appropriate physicians, and mothers are cared for by multi-disciplinary teams.
- 9/19.2 Mr Drew said that it was good to see this report, and noted that it is the first for this particular programme. Dr Bergin advised that the screenings have been carried out for a number of years, but this is the first time a report has been produced. Dr Mairs added that as part of PHA's quality assurance arrangements it is seeking to produce report on all of its screening programmes and part of ensuring consistency in governance arrangements.
- 9/19.3 Mr Clayton commended the work, but noted that the target for timely assessment of women with hepatitis B was missed, but that the numbers involved were small. Dr Bergin advised that a referral is made quickly, and that historically there may have been a delay with hepatology services, improvements are beginning to be made.
- 9/19.4 Ms Mann-Kler said that the results for this programme are good compared with other programmes, but asked what further improvements can be made. Dr Bergin said that there remains work to be done in terms of selling the benefits of screening, and also encouraging people to take up referrals. He added that going forward, he would like to see better use of technology to improve efficiency and modernisation of the reporting structures.
- 9/19.5 The Chair noted the huge achievement of the Agency in delivering more than 400,000 screening episodes each year. Mrs Hinds said that it is positive to note that midwives are taking more of a public health approach and helping individuals make lifestyle choices.
- 9/19.6 The Board **APPROVED** the Northern Ireland Infectious Diseases in Pregnancy Screening Programme Annual Report.

**10/19 Item 10 – Surveillance of Antimicrobial Use and Resistance in Northern Ireland Annual Report 2018 (PHA/04/02/19)**

- 10/19.1 Dr Muhammad Sartaj joined the meeting at this point along with Mr Chris Nugent (for item 10), Ms Rachel Spiers (for item 11), Dr Tony Crockford (for item 12) and Ms Caroline McGearry (for item 12).

- 10/19.2 Dr Sartaj advised members that PHA produces regular reports in this area of work and it operates under a structure of HCAI and surveillance reporting. He explained that there is also a PHA HCAI and AMR Improvement Board, and its priorities are reflected in its action plan. He welcomed the opportunity to present these reports but he noted that some of the terminology in the reports is technical.
- 10/19.3 Mr Nugent introduced the first report, which related to Antimicrobial Resistance (AMR). He advised that this is the second such report in this area. He explained that PHA obtains data from the Trusts in order to analyse key trends from 2009 to 2017 in Gram-negative bacteraemia as well as antibiotic resistance and the number of antibiotics being prescribed.
- 10/19.4 Mr Nugent said the key findings of the report show that the number of cases of E. coli have increased as have the number of cases of K. pneumoniae. He added that resistance to these infections has increased. Mr Nugent advised that antibiotic prescribing in primary care is currently at 85.4%, but that there has been a slight decrease in total antibiotic use between 2014 and 2017. He added that antibiotic prescribing in Northern Ireland is higher than in other parts of the UK.
- 10/19.5 The Chair noted that a couple of years ago the rate of dispensing antibiotics in Northern Ireland was 54% higher than that in England. Mr Nugent said that the difference was now 40% higher.
- 10/19.6 The Chair asked about the difference between extrinsic and intrinsic resistance. Dr Sartaj explained that an extrinsic infection is one that is picked up from another person, but an intrinsic infection may be picked up while undergoing a type of treatment. He added that any infection picked up in a hospital setting is classed as an HCAI after two days.
- 10/19.7 Mr Stewart said that although there has been a slight reduction in the amount of antibiotic prescribing, it remains at a high level. He noted that PHA is currently running a public information campaign about this, but he asked what action is being taken to reduce the amount of GP prescribing. Dr Mairs said that a lot of work is taking place. He agreed that there is the awareness campaign and he added that PHA is working with Integrated Care within HSCB to look at practitioner behaviour. It said that it is a cultural issue. Dr Sartaj said that we need to understand the reasons behind the high levels of prescribing. He said that diagnostic testing needed to be looked at, and suggested that prescriptions should be delayed until it was clear whether a patient had a viral or bacterial condition. The Chair asked if there was a swab test that could be undertaken to determine whether a virus or bacteria is present. Dr Sartaj said that a pilot is being rolled out in primary care settings.
- 10/19.8 Ms Mann-Kler asked about the impact of the current campaign. She said that a campaign is critical in this area. She also asked about the



implications of Brexit. Dr Sartaj said that there is justification in having a campaign, and that PHA is working with the Department to see if this will be possible. In terms of Brexit, he said that PHA is working closely with Public Health England and we are keen to remain part of the European network. Ms Mann-Kler asked about the work undertaken with the Innovation Lab. Dr Sartaj said that a preliminary report has been produced and this could be shared with members.

10/19.9 Mr Clayton asked if Dr Sartaj was familiar with recent work undertaken by Newcastle University looking at environmental factors vis-à-vis antimicrobial resistance. He declared an interest in this matter due to a personal connection with one of the researchers involved in this work. Dr Sartaj said that he was not, but that PHA would continue to focus on human health, but look at other factors including agriculture and the food chain.

10/19.10 In terms of future priorities, Dr Sartaj advised that there is a UK-wide AMR Strategy with each nation producing its own action plan. He said that PHA's focus is now on reducing the Gram-negative bacteraemia.

10/19.11 The Chair said that this is an important issue for PHA.

10/19.12 The Board noted the Surveillance of Antimicrobial Use and Resistance in Northern Ireland Annual Report 2018.

### **11/19 Item 11 – Surveillance of Healthcare-Associated Infections in Northern Ireland Annual Report (PHA/05/02/19)**

11/19.1 Ms Spiers presented the Report on the surveillance of Healthcare-Associated Infections in Northern Ireland in 2017. She explained that the data in the Report is provided by HSC Trusts through a web-based portal. In terms of the overall findings, she reported that the rate of *C. difficile* in inpatients has increased by 3%, but that the MRSA rate has decreased to its lowest rate since surveillance began. She added that MSSA rates have remained stable, but that the overall rate of Gram-negative infections increased. Finally, with regard to pseudomonas colonisations, she said that no infections were reported in the 13 cases from 9 infants in neonatal units across Northern Ireland.

11/19.2 Ms Spiers said that the low rate of *C. difficile* and the decrease in the number of MRSA cases is due to the work of the Trusts' Infection Control teams, and she hoped that this would also soon reflect in the rate of Gram-negative infections. She advised that the findings of this Report will be shared with the Trusts and with stakeholders.

11/19.3 Professor Rooney asked if there was any up to date data available for 2018. Dr Sartaj said that feedback is given to Trusts on a monthly basis, and he highlighted that rates of MRSA have been reduced by 85% and that rates of *C. difficile* have fallen by 75% over the last number of years. He reiterated that the challenge for PHA relates to Gram-negative

- bacteraemia, and that this issue is not solely confined to Northern Ireland.
- 11/19.4 The Board noted the Surveillance of Healthcare-Associated Infections in Northern Ireland Annual Report.
- 12/19 Item 12 – Healthcare-Associated Infections and Antimicrobial Use in Long-Term Care Facilities (HALT3) 2017 Survey (PHA/06/02/19)**
- 12/19.1 Dr Crockford informed members that the HALT3 survey which looks at infections in nursing homes and residential homes is a Europe-wide survey and PHA undertake the survey in Northern Ireland, in conjunction with RQIA. He added that the survey was last undertaken in 2012.
- 12/19.2 Dr Crockford said that the survey aims to measure the prevalence of HCAs and antimicrobial use in nursing homes and residential homes. In terms of antimicrobial use, he reported that the prevalence was 10.5% in nursing homes, and 9.2% in residential homes. He added that half of the prescriptions (50.4%) given out in nursing homes were for prophylaxis and the percentage for residential homes was 44.4%. He explained that the main target site for prescriptions was urinary tract infections (UTIs).
- 12/19.3 In terms of HCAs, Dr Crockford advised that the prevalence in nursing homes was 3.3% and for residential homes, 6.8%, results that were broadly similar to those in 2012. He said that the most commonly reported HCAs were urinary tract infections, respiratory tract infections and skin and soft tissue infections.
- 12/19.4 Dr Sartaj said that one of the priorities going forward is to look at the principle of prescriptions and to develop clear guidance for GPs. Ms McGeary explained that there is a UTI decision tool for nursing homes which was designed in Scotland and is being adopted in Northern Ireland. She said that it was launched in nursing homes last year and RQIA monitored its use after 6 months and noted largely positive results. She added that it is hoped to use it in residential care settings.
- 12/19.5 Mr Stewart said that the report was very interesting, but he noted that the sample size was small. He was also concerned that as the survey was voluntary only those with a good story tell might respond and that therefore the results may well mislead. The Chair suggested that the survey should be mandatory. Dr Sartaj advised that Northern Ireland had the highest participation rate in the survey. Dr Mairs said that although the sample was small, the key messages would have been the same. Dr Crockford agreed saying that even with the numbers, the complexity and the range of results obtained were just as important as the headline messages.
- 12/19.6 Mrs Hinds asked if this work is linked to other work being led by Kathy Fodey in PHA. Ms McGeary said that a task and finish group is being

- established and Ms Fodey will be part of that group.
- 12/19.7 The Board noted the HALT3 survey report.
- 12/19.8 The Chair thanked Dr Sartaj and his team for presenting such a wide range of reports to the Board.
- 13/19 Item 13 – Gastrointestinal Infections in Northern Ireland Annual Surveillance Report 2017 (PHA/07/02/19)**
- 13/19.1 Dr Philip Veal and Mr Paul Cabrey joined the meeting for this item. Mr Cabrey advised that the report is based on surveillance information which is reported on a daily, weekly and monthly basis. He said that the report did not contain any startling trends and that the numbers are quite small, but there have been some changes in recent years in terms of what is being tested and how it is being tested.
- 13/19.2 Mr Cabrey advised that the number of campylobacter infections has increased as have reports of Giardia Lamblia, however a change in the testing protocol for this type of report may have contributed to the increased number of cases.
- 13/19.3 Mr Cabrey said that the Health Protection Duty Room in PHA is staffed by health protection consultants and nursing staff who validate the information received and look for outbreaks. He added that PHA also works with local Councils.
- 13/19.4 Mr Cabrey said that this report will be published on the PHA website and distributed to key stakeholders. The Chair asked if there were any particular messages that PHA would wish to get across following publication of the report. Mr Cabrey said that the main messages would relate to hand hygiene and not to wash raw chicken.
- 13/19.5 Ms Mann-Kler noted that baselines have changed, and asked if this is material. Mr Cabrey said that is difficult to know as some of the laboratories have not changed over as yet and that PHA would need to be able to analyse several years of data to determine whether this is staying steady, or increasing, and to see if any other countries are noting an increase. Dr Veal added that one of the key functions of surveillance is to identify outbreaks and PHA looks for trends and triggers on a daily basis.
- 13/19.6 The Chair noted that the Food Standards Agency has money for campaigns. Dr Veal confirmed that it has run campaigns which have led to a UK-wide reduction in campylobacter cases.
- 13/19.7 The Board noted the Gastrointestinal Infections in Northern Ireland Annual Surveillance Report 2017.

**14/19** | **Item 14 – Any Other Business**

14/19.1 | There was no other business.

**15/19** | **Item 15 – Details of Next Meeting**

*Thursday 21 March 2019 at 1.30pm*

*Board Room, Gransha Park House, 15 Gransha Park, Clooney Road,  
Derry/Londonderry, BT47 6FN*

Signed by Chair:

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

Date: 21 March 2019