

Title of Meeting	111 th Meeting of the Public Health Agency Board
Date	18 April 2019 at 1.30pm
Venue	Fifth Floor Meeting Room, 12/22 Linenhall Street, Belfast

Present

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| Mr Andrew Dougal | - Chair |
| Mr Edmond McClean | - Interim Deputy Chief Executive / Director of Operations |
| Mrs Mary Hinds | - Director of Nursing and Allied Health Professionals |
| Dr Gerry Waldron | - Assistant Director (<i>on behalf of Dr Mairs</i>) |
| Mr John-Patrick Clayton | - Non-Executive Director |
| Mr Leslie Drew | - Non-Executive Director |
| Ms Deepa Mann-Kler | - Non-Executive Director |
| Mr Joseph Stewart | - Non-Executive Director |

In Attendance

- | | |
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| Mr Paul Cummings | - Director of Finance, HSCB |
| Ms Marie Roulston | - Director of Social Care and Children, HSCB |
| Mr Robert Graham | - Secretariat |
| Ms Nicola Woods | - Boardroom Apprentice |

Apologies

- | | |
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| Mrs Valerie Watts | - Interim Chief Executive |
| Dr Adrian Mairs | - Acting Director of Public Health |
| Councillor William Ashe | - Non-Executive Director |
| Alderman Paul Porter | - Non-Executive Director |
| Professor Nichola Rooney | - Non-Executive Director |
| Mrs Joanne McKissick | - External Relations Manager, PCC |

30/19 | Item 1 – Welcome and Apologies

- 30/19.1 | The Chair welcomed everyone to the meeting. Apologies were noted from Mrs Valerie Watts, Dr Adrian Mairs, Councillor William Ashe, Alderman Paul Porter, Professor Nichola Rooney and Mrs Joanne McKissick.

31/19 | Item 2 – Declaration of Interests

- 31/19.1 | The Chair asked if anyone had interests to declare relevant to any items

on the agenda. No interests were declared.

32/19 Item 3 – Minutes of previous meeting held on 21 March 2019

32/19.1 The minutes of the previous meeting, held on 21 March 2019, were approved as an accurate record of that meeting.

33/19 Item 4 – Matters Arising

22/19.3 Lifeline funding

33/19.1 The Chair asked whether the Lifeline budget is ring fenced. Mr McClean explained that the budget is not ring fenced, but PHA does seek to ensure that any slippage is used in other related suicide prevention initiatives.

24/19.3 Homelessness

33/19.2 The Chair asked whether PHA work next year would include looking at homelessness. Mrs Hinds advised that there is work ongoing within both HSCB and PHA, and that in order to reduce duplication of effort, Louise McMahon from HSCB will be leading a co-ordination group, working with the Department for Communities and the Department of Justice, and PHA will contribute to this work.

34/19 Item 5 – Chair's Business

34/19.1 The Chair presented his Report to members and began by commenting on the most recently released unemployment figures which show that 3% of people in Northern Ireland are unemployed. He said that more effort needed to be made to increase employment opportunities for people with disabilities. Mr Clayton expressed caution at the figures, and said that the quality of jobs needed to be taken into consideration as these figures would include individuals on zero hours contracts. He said that there is a clear link with health inequalities. Ms Woods added that employment is classed as 1 working hour per fortnight. Mr Stewart said that PHA needed to focus on health inequalities, and the links between unemployment and poor life expectancy.

34/19.2 The Chair referred to the issues of filling public health consultant posts. Dr Waldron clarified that these posts are open to people of all academic backgrounds, but that training is the issue.

34/19.3 The Chair updated members on the work of the duty of candour workstream resulting from the Hyponatraemia Inquiry. Mr Stewart advised that he is participating in the education and training workstream, but it is awaiting outputs from other workstreams. He said that there is a real risk of duplication of effort which will result in additional pressures being put on healthcare professionals. The Chair said that he has been pressing to get an end date for the work of the various workstreams. He

added that candour should not focus solely on mistakes, but should permeate the operation of the whole health and social care service.

- 34/19.4 The Chair noted that a report has been prepared by PHA Health Intelligence following the recent press release on life expectancy, and that this will be presented at a future PHA Board meeting or workshop.

35/19 Item 6 – Chief Executive’s Business

- 35/19.1 In the absence of the Interim Chief Executive, Mr McClean gave members an overview of some of the matters highlighted by the Interim Chief Executive in her Report which was issued to members in advance of the meeting.
- 35/19.2 Mr McClean advised that the EU Exit planning which was being overseen by the Department of Health has now been put on hold, but that the Permanent Secretary had written to thank staff for their work so far in this area.
- 35/19.3 Mr McClean gave members an overview of some of the Transformation work that has taken place since the last meeting.
- 35/19.4 Mr McClean informed members that HSCB and PHA staff had worked alongside colleagues in Mid Ulster Council, and other organisations, in the aftermath of the tragic events in Cookstown on St Patrick’s Day.
- 35/19.5 Mr McClean said that events were held in the local offices to mark the 10th anniversary of the establishment of HSCB and PHA. He informed members of the success of the PHA and HSCB Communications Teams in the recent Public Sector Communications Forum awards for the Stay Well This Winter campaign. He finished his update by passing on congratulations to Ms Roulston who had recently received her OBE at Buckingham Palace.
- 35/19.6 Ms Mann-Kler asked about the service outcome motivation behind the decision to reshape stroke and breast assessment services. Mr Cummings said that the main reason is to improve quality outcomes as Northern Ireland is falling behind other parts of the UK. Mrs Hinds added that the service is too fragmented, and that is time to take stock, but she added that difficult decisions may have to be made.
- 35/19.7 Mrs Hinds said that although the centres may be further away, the interventions at these centre will be swift and people can complete their recovery in their local area. The Chair recalled that in regard to stroke “time is brain loss” and expressed a concern that an additional journey time to a thrombolysing centre may thus reduce the effectiveness of treatment. She said that teams in the HSCB and PHA have spent a lot of time looking at this. Mr Cummings said that under the new arrangements, any centre would require to be staffed 24 hours a day, 7 day a week.

- 35/19.8 Mr Clayton sought confirmation that the “no deal” planning scenario arrangements have been stood down. Mr McClean confirmed that this was the case, pending further advice from the Department of Health.
- 35/19.9 The Chair asked about how success can be measured on a social media campaign. Mr McClean said that various metrics are used including through evaluation to the number of hits, though the true barometer would be uptake of the vaccine itself.
- 35/19.10 The Chair asked about physician associates. Mrs Hinds explained that this is a programme run for Ulster University life sciences graduates which will enable them to provide a level of care in support of medical staff, but they will not be registered medical professionals. She pointed out that nurse practitioners are also being trained. The Chair suggested that GPs should be delegating more. Mrs Hinds said that this is happening.

36/19 Item 7 – Finance Report (PHA/01/04/19)

- 36/19.1 Mr Cummings presented the Finance Report for the period up to the end of February. He said that while there remained some small surpluses at that point, he hoped that the final year-end position will see a reduction in the overall surplus. He added that his staff are currently working on the final position with regard to confidence and supply monies.
- 36/19.2 The Board noted the Finance Report.

37/19 Item 8 – Update from Governance and Audit Committee (PHA/02/04/19)

- 37/19.1 Mr Drew advised that the Governance and Audit Committee had met yesterday, and that many of the papers considered by the Committee were on the agenda for today’s Board meeting.
- 37/19.2 Mr Drew advised that the Committee had received an update on how Controls Assurance was being managed this year and that Internal Audit were content. He said that the Committee had approved the updated PHA Fire Safety Policy and PHA Security Policy. He added that the Committee had heard that Internal Audit was reporting that 69% of PHA’s outstanding audit recommendations had now been fully implemented, with the remainder being partially implemented.
- 37/19.3 Mr Drew shared with members the Governance and Audit Committee Annual Report, and he thanked Ms Mann-Kler, Mr Clayton and Mr Stewart for their commitment to the work of the Committee. He also thanked those PHA officers who support the Committee.
- 37/19.4 Mr Drew said that the Committee is satisfied in respect of the reliability and integrity of the assurances provided and of their comprehensiveness in meeting the needs of the PHA board and the

Accounting Officer. He added that the Committee is also of the opinion that a sound system of internal governance is in place, and that the assurances available are sufficient to support the PHA Board and the Accounting Officer in the decisions taken by them and in their accountability obligations.

37/19.5 Mr Drew noted that he has now completed his first full year as Chair of the Committee and he wished to thank other members of the Governance and Audit Committee for their expertise.

37/19.6 The Chair thanked Mr Drew and the other Committee members, on behalf of the Board, for their work in dealing with a formidable range of papers and reports.

37/19.7 The Board noted the update from the Committee Chair.

38/19 Item 9 – PHA Assurance Framework 2019/20 (PHA/03/04/19)

38/19.1 Mr McClean said that the Assurance Framework had been considered by the Governance and Audit Committee at its meeting yesterday and that it outlines the range of documents which are routinely brought to the Board. He advised that the changes to the Framework were minimal and were outlined in the front section of the document.

38/19.2 Mr Drew said that the summary of the changes was very helpful, and showed the thought which had put into the new document. Mr McClean paid tribute to Mr Graham for his work in compiling the cover sheet which outlined the key changes.

38/19.3 The Board **APPROVED** the PHA Assurance Framework.

39/19 Item 10 – Newborn Hearing Screening Programme Annual Report 2016-17 (PHA/04/04/19)

39/19.1 Dr Stephen Bergin joined the meeting for this item. He gave members an overview of the Report and said that although this programme has been running for many years, this is the first Annual Report. He advised that the aim of this programme is to identify babies who have a significant permanent childhood hearing loss. He said that one to two babies in every 1,000 is born with a hearing loss.

39/19.2 Dr Bergin explained that there are screening co-ordinators and screeners in each Trust area, but it is the role of PHA to ensure that the programme is being delivered to a high standard.

39/19.3 Dr Bergin said that for the year 2016/17, there were 23,936 babies who were eligible for screening, and that 99.6% were offered screening. He outlined some of the circumstances whereby a baby was not screened, e.g. if they have been in intensive care or have meningitis or a deformity. Dr Bergin advised that the programme is running well.

39/19.4 Ms Mann-Kler asked how the procurement of an IT service to support the programme was progressing. She also asked why the number of babies screened by the age of 4 weeks was lower than the number offered screening. In terms of the IT system, Dr Bergin advised that this has been procured, and should be able to go “live” by the end of this year. He explained that ideally the hearing tests should be undertaken within 4 days, but performance is improving whereby the test is undertaken within 4 weeks.

39/19.5 The Chair asked if it is the parent’s responsibility to bring the child to a healthcare facility to take the test. Dr Bergin confirmed that this was the case. He added that screening does not stop there, but is repeated when a child starts school.

39/19.6 Mr Clayton asked what reasons there are for people refusing to let their child take the test. Dr Bergin that screening is not compulsory, but it is about increasing people’s understanding.

39/19.7 The Board **APPROVED** the Newborn Hearing Screening Programme Annual Report.

40/19 Item 11 – Annual Vaccine Preventable Diseases Report for Northern Ireland 2019 (PHA/05/04/19)

40/19.1 Dr Jillian Johnston thanked the Board for the invitation to attend the Board meeting to present the Vaccine Preventable Diseases Report. She explained that two reports are produced each year, one which looks at the level of uptake, and the second which looks at the numbers of diseases.

40/19.2 Dr Johnston said that overall, the Report was a good news story. She said that the burden of vaccine preventable diseases in Northern Ireland is low and the numbers of cases of diseases continues to fall. She explained that the Report covers bacterial vaccine preventable diseases and also includes viral diseases – MMR, diphtheria, tetanus and polio. She advised that the number of cases of meningococcal disease (17) continued a trend of year-on-year reduction. Furthermore, she said that no cases of measles have been reported since summer 2017 which shows the benefit of the high uptake of the MMR vaccine here. However, despite this, she said that PHA will continue to message the benefits of the vaccine through its social media channels.

40/19.3 The Chair asked how PHA can counter the anti-vaccination messages being posted on social media. Dr Johnston said that there will always be people who are anti-vaccination, but PHA provides training for healthcare professionals, and has produces leaflets and other information resources to outline the benefits of vaccination. Dr Waldron said it is counterproductive to challenge every anti-vaccination message, but PHA can use its own social media channels to promote its own

- message. Dr Johnston said that an analysis of PHA's social media has shown that there is very little local anti-vaccination support, but she said that there is a small pilot programme in the Southern Trust area assessing the reasons why people may show hesitancy in taking up vaccinations.
- 40/19.4 Ms Mann-Kler noted that PHA had held a focus with hard to reach groups. Dr Johnston confirmed that this was held with members of the Roma community, and other church and local representatives following an outbreak. She said that the overall sense was that this community was not against vaccinations, their issues related to access and language barriers.
- 40/19.5 Ms Mann-Kler Kler asked about what awareness raising activities are planned in advance of the HPV vaccine for boys which will be commencing in 2019/20. Dr Johnston said that preparations are under way, as school nurses have been aware for some time that this is happening and are currently receiving the required training to enable the programme to commence in September 2019.
- 40/19.6 Mr Clayton noted that the UK Government has launched a consultation on social media, but he was not sure what impact this will have in Northern Ireland. He said that as well as the public health issues, there are also mental health issues. Ms Mann-Kler said that this is a very complicated area. Dr Johnston acknowledged that there are individual who are very entrenched in their anti-vaccination opinion.
- 40/19.7 The Chair asked how information about children who have not been vaccinated is communicated to GPs. Dr Johnston said that through the school programme, GPs will receive notifications. The Chair about the shingles vaccine. Dr Johnston explained that this programme was introduced for 70 and 78 year olds in 2013 and that men will receive an invitation each year to attend. In response to a further question, she advised that the take up has increased from 50% to around 65%.
- 40/19.8 The Board noted the Vaccine Preventable Diseases Report.
- 41/19 Item 12 – Point Prevalence Survey of Healthcare Associated Infection and Antimicrobial Use in Northern Ireland Acute Hospitals (PHA/06/03/19)**
- 41/19.1 Mr Mark McConaghy and Dr Tony Crockford joined the meeting for this item. Mr McConaghy introduced the survey saying that antimicrobial resistance is becoming a major issue and infections are placing more pressure on the healthcare system. He said that this survey was carried out across many European countries and was a complex project. He explained that the project was used as a training opportunity and that the training carried out in Northern Ireland was evaluated, with very positive feedback received. Furthermore, he said that the ECDC (European Communicable Disease Centre) had run a validation exercise

- alongside this project which was led by PHA.
- 41/19.2 In terms of the findings, Mr McConaghy said that healthcare associated infection (HAI) prevalence had increased in Northern Ireland since 2012 with pneumonia being the most common infection. He noted that UTI was the most common infection in England.
- 41/19.3 Mr McConaghy explained that patients with devices are more likely to get infections and that the rates in this area had also increased, but at a rate that is comparable with other regions. He moved on to say that antimicrobial prevalence has increased since 2012. He added that for this, there is local data available for each HSC Trust, and that 4 of the 5 Trusts had seen an increase.
- 41/19.4 Mr McConaghy advised that the World Health Organisation had a list of antimicrobials and how important they are to patient safety. He said that a lot of work has gone on to look at antimicrobial consumption over time in hospital and community settings, and a question was asked as to whether antimicrobial prescriptions were reviewed after 72 hours. He advised that 83% of prescriptions in Northern Ireland were not reviewed after 72 hours.
- 41/19.5 With regard to next steps, Mr McConaghy outlined some of the recommendations that will be taken forward. He said that these will form part of the work plan of the regional HCAI and AMR Improvement Board.
- 41/19.6 Mr Stewart said that this was a very comprehensive report, but he was concerned as some of the trends and said that the follow up work is going to be important. He said that he would want to have seen more information in the report on the training and feedback.
- 41/19.7 Ms Mann-Kler asked if there are any global trends, with regard to HAI, and if these are showing signs of reversing. Mr McConaghy said that there is a lot of work ongoing and he was confident that trends can be reversed. He advised that in terms of peripheral lines, this will be taken forward on a Trust by Trust basis, but that this would also need to involve working with the Northern Ireland Ambulance Service. Mrs Hinds noted that people are spending more time in A&E and there is a need to review lines and switching from intravenous to oral antibiotics. Dr Crockford said that reviewing the use of lines can reduce infection. He said that in Northern Ireland, there is a 65% rate of intravenous antibiotics, but in Scotland this is only 50%.
- 41/19.8 Mr Clayton expressed concern that the Belfast Trust is the only Trust where local policy on antimicrobial use is improving. Mr McConaghy said that is being looked at and will be picked up through antimicrobial stewardship. Mr Clayton asked what the cause of the increase in the other Trusts and if it relates to staffing, culture, or practice. Mrs Hinds said that when patients are on a pathway, it can be difficult to change that pathway and that there is more work to be made improvement. She

also noted that this is made difficult by the high turnover on wards.

41/19.9 Dr Waldron said that there are valuable lessons to be learnt from the Report, but the Report is a snapshot of a point in time. Mr McClean said that the Report contains a lot of information, but it is important for the Trusts to take this forward and act on the findings.

41/19.10 The Board noted the point prevalence survey.

42/19 Item 13 – Any Other Business

42/19.1 There was no other business.

43/19 Item 14 – Details of Next Meeting

Tuesday 11 June 2019 at 2:15pm (Special Board Meeting)

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

Signed by Chair:



Date: 20 June 2019