

*99<sup>th</sup> Meeting of the Public Health Agency Board*

*Thursday 15 February 2018 at 1.30pm*

*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      | - Assistant Director, Screening and Professional Standards |
| Mr Brian Coulter     | - Non-Executive Director                                   |
| Mr Leslie Drew       | - Non-Executive Director                                   |
| Mr Thomas Mahaffy    | - Non-Executive Director                                   |
| Ms Deepa Mann-Kler   | - Non-Executive Director                                   |
| Alderman Paul Porter | - Non-Executive Director                                   |

**In Attendance**

|                       |                                       |
|-----------------------|---------------------------------------|
| Mrs Michelle Tennyson | - Assistant Director, AHPs            |
| Mr Simon Christie     | - Assistant Director of Finance, HSCB |
| Mrs Joanne McKissick  | - External Relations Manager, PCC     |
| Mr Robert Graham      | - Secretariat                         |

**Apologies**

|                         |   |
|-------------------------|---|
| Dr Carolyn Harper       | - Director of Public Health/Medical Director        |
| Councillor William Ashe | - Non-Executive Director                            |
| Mr Paul Cummings        | - Director of Finance, HSCB                         |
| Mr Cecil Worthington    | - Acting Director of Social Care and Children, HSCB |

**1/18 | Item 1 – Welcome and Apologies**

- 1/18.1 The Chair welcomed everyone to the meeting. Apologies were noted from Dr Carolyn Harper, Councillor William Ashe, Mr Paul Cummings and Mr Cecil Worthington.
- 1/18.2 The Chair informed members that in advance of the meeting, he had taken receipt of a petition delivered to himself and the Chief Executive, from the Mental Health Rights Campaign (MHRC).

**2/18 Item 2 - Declaration of Interests**

2/18.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

**3/18 Item 3 – Minutes of previous meeting held on 21 December 2017**

3/18.1 The minutes of the previous meeting, held on 21 December 2017, were approved as an accurate record of that meeting.

**4/18 Item 4 – Matters Arising**

4/18.1 There were no matters arising from the previous minutes.

4/18.2 The Chair asked if there could be an update provided on the follow up and possible future funding for the Dementia programme.

**5/18 Item 5 – Chair’s Business**

5/18.1 The Chair advised that he had attended a meeting of ALB Chairs following the publication of the Hyponatraemia Report. He said that the Chief Executive would address members more fully on this report in her update.

5/18.2 The Chair said that he had attended the latest in a series of workshops relating to health inequalities and he encouraged other members to attend these. He informed members that he was chairing a seminar later today on Health Literacy which was addressed by Professor Nutbeam, former Vice Chancellor of Southampton University. Mrs McKissick said that the Patient Client Council were also presenting at a workshop on this important area of work.

5/18.3 The Chair said that he was at a meeting organised by the Research and Development directorate which was looking at their structures. He undertook to provide a further update to the Board when this is available.

**6/18 Item 6 – Interim Chief Executive’s Business**

6/18.1 The Interim Chief Executive said that her report at today’s meeting is rightly dominated by the Hyponatraemia Inquiry led by Mr Justice John O’Hara, which as the Chair has already mentioned, published its report last week – 31 January 2018. She said that we cannot imagine, and words are inadequate to express, just how difficult it has been for the families affected by the events considered by the Inquiry.

6/18.2 The Interim Chief Executive gave an overview of the background to the Inquiry saying that four children – Adam Strain aged 4 years, Claire Roberts aged 9 years, Lucy Crawford aged 17 months, and Raychel Ferguson aged 9 years – all died between 1995 and 2001 as a result of hyponatraemia – a condition in which the concentration of sodium in the

blood falls below safe levels. She added that the Inquiry also examined the death of Conor Mitchell aged 15 years, in 2003. Conor did not die from hyponatraemia, but he died after guidance on fluid management was issued by the Department, so the care he received was added to the Inquiry.

6/18.3 The Interim Chief Executive advised that the Inquiry was established in 2004 following an investigative journalism documentary entitled 'When Hospitals Kill' broadcast by UTV in 2004, and that the Inquiry heard its last oral evidence in November 2013. She added that Directors from the HSCB and PHA gave evidence in the final weeks of the Inquiry. The Chief Executive said that at the public release of his report into his inquiry on 31 January 2018, Mr Justice O'Hara concluded that the deaths of Adam, Claire, Lucy and Raychel had been avoidable and the treatment had fallen far below the standard to be expected. In the case of Conor Mitchell, he concluded that there was a 'potentially dangerous variance in care and treatment afforded to young people at Craigavon Area Hospital'.

6/18.4 The Interim Chief Executive said that Mr Justice O'Hara's findings will have been devastating for the families involved. In addition, everyone involved in Health and Social Care will have been affected and will have cause to reflect on the findings. This is true for all staff, at every level. She advised that the Inquiry Report spans 3 volumes and approximately 700 pages, and makes 96 recommendations under the headings of Candour, Leadership, Paediatric Clinical, Serious Adverse Incident Reporting and Investigation, Training and Learning, Trust Governance, Department, and Culture and Litigation. She said that it will be necessary to carefully consider the Report in full and its implications. She proposed that the recommendations of the report will be the subject of a future PHA Board workshop. The recommendations will also become a substantive item at future Board meetings once members have had opportunity to consider more fully the Report's findings and recommendations. She added that the full Report is available on the Inquiry website and that the link can be provided to members.

6/18.5 The Interim Chief Executive went on to say that last Friday the Department arranged a meeting with all HSC Chief Executives and also with Chairs later that same day and that this meeting was chaired by the Permanent Secretary and that at the meeting, he confirmed that a dedicated team led by the Department will be established to develop a detailed action plan in response to the 96 recommendations contained in the Report.

6/18.6 The Interim Chief Executive informed members that a number of concerns had been raised with her in October 2017 relating to the Hyponatraemia Inquiry under the HSC Whistleblowing policy and that an investigation had been commissioned into these. She added that the Inquiry Chair was advised of this at an early stage and that assurance had been given that these claims would be investigated fully, and the outcome shared with the Inquiry Chair. She said that on 30 November

- 2017 a summary of the outcome of the investigation was shared and that on 18 January, the Inquiry Chair requested the draft investigation report, the final report and supporting documentation. The draft and final reports were sent to the Inquiry on 19 January.
- 6/18.7 The Interim Chief Executive said that the HSCB's investigation was carried out under the Whistleblowing policy which was developed to comply with the Public Interest Disclosure (NI) Order 1998. Under this policy an assurance is provided that the Whistleblower's identity will not be disclosed, without consent, 'unless required by law'. She said that the HSCB, was mindful of its duty of care to its staff, in particular the welfare and wellbeing of those staff who participated in the investigation process and that the HSCB expressed its concerns that providing supporting documentation would inevitably lead to the identification of the Whistleblower and other members of staff. She added that as a result the Inquiry Chair on 23 January issued a statutory notice (a requirement by law) and the HSCB then provided the requested documents. She finished by saying that she would keep Board members updated on developments.
- 6/18.8 The Interim Chief Executive gave members an overview of the last meeting of the Transformation Implementation Group. She advised that Deborah McNeilly from the Department had addressed members about the health budget for 2018/19 and that separate meetings with the Chief Executives will be organised. She said that a new Director of Communications had been appointed by the Department and that he had given a presentation.
- 6/18.9 The Interim Chief Executive advised that other topics discussed at the TIG meeting included population needs assessments, quality improvement and innovation and cancer services.
- 6/18.10 The Interim Chief Executive informed members that she had attended meetings with different political parties in early January. She also met with a delegation from Belfast Healthy Cities regarding the World Healthy Cities International Conference which is being held in Belfast later this year. She finished by saying that she, along with other members of the Agency Management Team, had met with the Chief Medical Officer and other representatives of the Department of Health at a Sponsorship Review meeting.
- 6/18.11 The Interim Chief Executive told members that PHA had launched its breastfeeding campaign on 31 January and that the Chief Medical Officer had been present at the launch. She advised that TV and radio adverts will run until 31 March with support from the PHA social media channels. She added that since the campaign launch, the social media activity has been extremely successful with one Facebook post alone reaching more than 1.2million people with over 150,000 minutes (2,500 hours) of the video watched.

- 6/18.12 Alderman Porter congratulated PHA on what he said was an excellent launch for this campaign.
- 6/18.13 The Chair returned to the Hyponatraemia Report and said that at the meeting he attended with the Chief Medical Officer, it was discussed that there needed to be further training for non-executives so they felt empowered to challenge. Mr Coulter asked if the Department and the HSC have accepted the recommendations contained within the Report. The Interim Chief Executive said that there will be a system-wide approach to implementing the recommendations and that Dr Paddy Woods has already written to Chief Executives asking them to look at the recommendations. She added that there is also a duty of care for HSC organisations towards any staff who were named in the Report.
- 6/18.14 Alderman Porter asked why it had taken so long for the work to be completed and the Report published. The Interim Chief Executive said that although the Inquiry had run for a long time, the Inquiry Chair had noted that much has changed, for example the Serious Adverse Incident process that is now in place, but there remains a lot of work to do. She said that the Inquiry was temporarily put on hold to allow PSNI investigations to take place.

**7/18 Item 7 – Finance Report (PHA/01/02/18)**

*Mrs Hinds joined the meeting during this item.*

- 7/18.1 Mr Christie presented the Finance Report and said that this Report was consistent with the Report presented in December which forecast a break-even position. He explained that although there is an underspend in the management and administration budget of up to £1.2m, this has been offset by an overspend in programme expenditure with planned activity against this anticipated underspend. He highlighted PHA's prompt payment performance which he said remains excellent.
- 7/18.2 Mr Drew asked if the number of vacant posts is likely to reduce before the end of March, and if PHA has a contingency plan. Mr Christie said that PHA had been aware of the accruing underspend in the management and administration budget, and gave the example of the recent breastfeeding campaign as an initiative where the funding from this underspend was used. He added that he is mindful that the Department of Health is always ahead to see what savings can be made, and that PHA has been asked to submit savings proposals for 2018/19. Mr Christie said they are not the same vacancies. While some posts are being filled internally, others are becoming vacant as a result.
- 7/18.3 The Chair asked if it would be possible to see a breakdown of how the surplus funds were reallocated. Mr Christie reminded members that there had been a moratorium on PHA public information campaigns. The Chief Executive added that the Permanent Secretary has asked for a paper outlining how effective PHA's campaigns are against those in other

countries. Mr McClean explained that for the recent breastfeeding campaign, all of the work had been completed, and that it was solely the media purchasing that needed to be undertaken.

7/18.4 Mr McClean said that PHA is losing staff at a faster rate than it can recruit them, and that this is, in part, due to the HSC restructuring and perhaps a thought that HSCB and PHA were going to merge, but there is now clarity on the way forward following the recent correspondence from the Permanent Secretary. He added that many vacancies are filled internally.

7/18.5 Alderman Porter expressed concern that there always seems to be a rush to spend funds at the end of the financial year. The Chief Executive agreed with Alderman Porter's point, and said that she wished the public sector could move away from year-to-year budgeting. She noted that each year, the HSC is required to make savings, consult on those and deliver them, but this process is not completed until midway through the financial year, so then there is a juggling act to bring the budgets within the tolerance level. She added that there are also in-year monitoring rounds where more funding can sometimes become available.

7/18.6 Mr Christie said that it is important to note that PHA has been planning on this scenario for a number of months. Mr McClean drew members' attention to the programme budget expenditure and noted that this is now largely on target, year on year. He said that the variance is currently within the management and administration budget. He assured members that all programmes are on track, and that the higher level of staff turnover and of vacancies has allowed PHA to buy more programme activity.

7/18.7 Ms Mann-Kler asked about the piece of work that is being undertaken regarding the effectiveness of campaigns. The Chief Executive said that she would bring this report to the Board. Ms Mann-Kler asked if the report would show that PHA is having an impact, and how this compares with other regions. Mr McClean explained that other areas are not running the same campaigns as PHA, and that campaigns in Northern Ireland are chosen as they relate to specific PHA activity. Ms Mann-Kler suggested that campaigns are a core function, but Mr McClean said that the focus on campaigns was not around the evidence of effectiveness, but perhaps cost.

7/18.8 Members noted the Finance Report.

**8/18 Item 8 – HSCB-PHA Regional Review of Choking on Food (PHA/02/02/18)**

8/18.1 Mrs Hinds informed members that as part of PHA's delegated statutory responsibilities under safety and quality, areas are selected for thematic review. She explained that while the number of cases of a particular issue may be small, the pattern of the number, or the intelligence gathered may determine if there is a need to explore further.

- 8/18.2 Mrs Hinds said that a review of 17 Serious Adverse Incidents (SAIs) relating to choking had been considered as part of this review, and that in 14 of those cases the incident resulted in death. She added that 798 Adverse Incidents (AIs) had also been considered.
- 8/18.3 Mrs Hinds gave an overview of the common features of choking beginning with the types of food that may lead to choking. She explained that half of the incidents occurred at mealtimes. She said that one of the main findings of the review was the need to ensure there is more 1:1 training, rather than solely online training. She added that it is very important to involve speech and language therapists.
- 8/18.4 Mrs Hinds advised that many incidents occur in day centres, and that there are challenges, particularly with mental health and learning disability patients. She said that there needed to be an awareness of when to involve speech and language therapists, but also dieticians as people's needs change over time. She suggested that advice should be given to visitors who bring food for service users, and to propose alternative food products instead of those typically brought.
- 8/18.5 In terms of next steps, Mrs Hinds said that Michelle Tennyson is going to lead a dysphagia group. Mrs Tennyson said that this group has had one meeting to date, but that the members of the group are very keen to be involved in this work. She added that PPI will be embedded in the work of this group along with a co-production approach.
- 8/18.6 Mr Coulter thanked Mrs Hinds for the report, and he asked about medication and choking noting that some medication is hard to swallow. He also asked about training, and in particular the swallow test. Mrs Hinds said that the ability to swallow medication had not been considered as part of the review. She added that there is now a standard approach across the service where a speech and language therapist is always present when checks are being made as to whether a patient can swallow. Mrs Tennyson said that there is a pharmacist on the group she has established.
- 8/18.7 Mr Mahaffy asked about the variation in reporting across Trusts. Mrs Hinds said that PHA is raising this with Trusts.
- 8/18.8 Alderman Porter said that there is a concern about choking in stroke patient. Mrs Hinds said that there are now multi-disciplinary teams working with stroke patients.
- 8/18.9 Ms Mann-Kler asked if the Board would receive a follow up and what the indicators of success would look like. Mrs Tennyson advised that there are three sub-groups currently looking at measures of success.
- 8/18.10 Members approved the HSCB-PHA Regional Review of Choking on Food.

**9/18 Item 9 – Annual Immunisation and Vaccine Preventable Diseases Report for Northern Ireland 2016-17 (PHA/03/02/18)**

**Item 10 – Report of Measles Outbreak in Belfast, June-July 2017 (PHA/04/02/18)**

- 9/18.1 The Chair welcomed Dr Jillian Johnston who was attending the meeting in order to present these two reports.
- 9/18.2 Dr Johnston said that the Immunisation and Vaccine Preventable Diseases Report showcases the work that PHA does in this area, and highlights areas of focus for future years. She advised that Northern Ireland had a well delivered vaccine programme and that the report is divided into children's immunisations, adult's immunisations and finally vaccine preventable diseases.
- 9/18.3 Dr Johnston informed members that the uptake levels for child vaccination programmes are between 93% and 98%, depending on the programme, and 86% for adolescents. She said that there is a largely similar picture across all HSC Trusts, however there remains a challenge within the Southern and Western Trusts in relation to the HPV programme due to an anti-immunisation initiative in the Republic of Ireland.
- 9/18.4 In terms of adult programmes, Dr Johnston advised that there are programmes relating to flu, shingles, as well as pertussis and flu vaccines for pregnant women. She added that during 2016/17 a three dose HPV programme for men who have sex with men commenced across GUM clinics.
- 9/18.5 Dr Johnston advised that there has been a reduction in the number of meningococcal disease cases. She said that there is still a small number of imported cases of measles, but that any clusters tend to be small because of the high uptake of the MMR vaccination programme.
- 9/18.6 Dr Johnston said that next year it is intended to produce two separate reports. She said that PHA wished to be able to obtain more accurate data in relation to vaccinations given in pregnancy. She added that PHA will work with the Belfast Trust in terms of the uptake of the MMR vaccine.
- 9/18.7 Dr Johnston said that PHA will work directly with the Roma community in order to gain a better understanding of their attitudes towards vaccinations. She advised that this approach was needed in the light of an outbreak of measles which occurred in Belfast last June, and which is the subject of the second report being presented today. She explained that this outbreak affected six children, some born in Northern Ireland the some outside Northern Ireland. She added that there was evidence of transmission through an emergency department area. She went on to say that it was largely thanks to the MMR vaccine programme that it is in place that the outbreak was able to be contained.



- 9/18.8 Ms Mann-Kler asked for more information about the campaign in the Republic of Ireland against the HPV vaccine. Dr Johnston explained that there is a group who believe that the vaccine is responsible for unexplained symptoms in young girls, and that the campaign has a following on social media. She said that PHA is working with its equivalent body in the Republic of Ireland, and is putting out public health messages.
- 9/18.9 Ms Mann-Kler asked about the outbreak of measles and if this occurred in south Belfast given the large Roma community there. Dr Johnston confirmed that the outbreak did start from there, but that there are other Roma communities across Northern Ireland. Ms Mann-Kler went on to ask if there is a natural suspicion towards vaccinations by that community and what work is being done to engage with them. Dr Johnston said that through the Belfast Trust, PHA is funding a Roma project.
- 9/18.10 Mr Coulter asked if there was anything to be read into the reduction in the number of shingles cases. Dr Johnston advised that women, as well as men, are eligible for the shingles vaccine and that the vaccine is offered at the age of 70 years and then again at 78 years.
- 9/18.11 The Chair asked what initiatives are put in place for migrants coming to Northern Ireland who do not speak English. Dr Johnston said that there are some initiatives in place. Mrs Hinds added that following the arrival of refugees from Syria, a formal programme had been put in place in order to familiarise the migrants with the health and social care system in Northern Ireland. This programme was led by Fionnuala McAndrew.
- 9/18.12 Mr Coulter asked about the low percentage of men who have completed the HPV programme. Dr Johnston said that this is a provisional figure, and that men have up to 2 years to complete the programme.
- 9/18.13 Members noted the Annual Immunisation and Vaccine Preventable Diseases Report for Northern Ireland and the report of the Measles Outbreak in Belfast.

**10/18 Item 11 – Any Other Business**

- 10/18.1 There was no other business.

**11/18 Item 12 – Date and Time of Next Meeting**

*Thursday 15 March 2018 at 1.30pm*

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

Signed by Chair:

*Anna Douglas*

Date: 15 March 2018