

MINUTES

**Minutes of the 55th Meeting of the Public Health Agency board
held on Thursday 20 June 2013 at 1:30pm,
in Public Health Agency, Conference Rooms,
12/22 Linenhall Street, Belfast, BT2 8BS**

PRESENT:

- | | |
|--------------------|---|
| Ms Mary McMahon | - Chair |
| Dr Eddie Rooney | - Chief Executive |
| Mrs Pat Cullen | - Acting Director of Nursing and Allied Health Professionals |
| Dr Janet Little | - Assistant Director, Service Development and Screening (<i>on behalf of Dr Harper</i>) |
| Mr Edmond McClean | - Director of Operations |
| Mrs Julie Erskine | - Non-Executive Director |
| Dr Jeremy Harbison | - Non-Executive Director |
| Mrs Miriam Karp | - Non-Executive Director |

IN ATTENDANCE:

- | | |
|------------------------|---|
| Mr Simon Christie | - Assistant Director of Finance, HSCB |
| Mr Owen Harkin | - Director of Finance, HSCB |
| Mrs Fionnuala McAndrew | - Director of Social Care and Children, HSCB |
| Mrs Joanne McKissick | - External Relations Manager, Patient Client Council
(<i>on behalf of Mrs Hully</i>) |
| Mr Robert Graham | - Secretariat |

APOLOGIES:

- | | |
|-----------------------|--|
| Dr Carolyn Harper | - Director of Public Health/Medical Director |
| Alderman William Ashe | - Non-Executive Director |
| Mr Thomas Mahaffy | - Non-Executive Director |
| Alderman Paul Porter | - Non-Executive Director |
| Mrs Maeve Hully | - Chief Executive, Patient Client Council |

		Action
70/13	Item 1 – Apologies	
70/13.1	The Chair welcomed everyone to the meeting and noted apologies from Dr Carolyn Harper, Alderman William Ashe, Mr Thomas Mahaffy, Alderman Paul Porter and Mrs Maeve Hully.	

70/13.2 The Chair welcomed Mr Owen Harkin to his first board meeting as Director of Finance.

70/13.3 The Chair congratulated Dr Janet Little on her recent OBE.

71/13 Item 2 - Declaration of Interests

71/13.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. None were declared.

72/13 Item 3 – Chair’s Business

72/13.1 The Chair said that the recruitment process for the vacant position on the PHA board had been completed and that names had been forwarded to the Minister.

72/13.2 The Chair advised that she had attended the launch of a DVD entitled, “Let’s Talk About It” and that copies can be obtained for members if they wish. She also said that she had attended the NICON conference in Liverpool.

73/13 Item 4 – Chief Executive’s Business

73/13.1 The Chief Executive invited Dr Janet Little to inform members on the recent G8 summit.

73/13.2 Dr Little advised that the summit had passed over quietly and noted the vast amount of work undertaken by Dr Anne Wilson and others within the HSCB and Trusts to ensure that the public health aspects were adequately covered. She said that the arrangements had been stood down.

73/13.3 The Chief Executive said that he had attended a Belfast Future Cities conference which had been well attended and had multiple dimensions of interest for PHA. He noted that there were ambitious plans in place in the area of physical planning.

73/13.4 The Chief Executive informed the board that a workshop had been held on 28 May with PHA staff at Lagan Valley Island and that a report of the outworking of that event will be brought to a future board meeting.

- 73/13.5 The Chief Executive said that he had attended the annual RCN Nurse of the Year awards and paid tribute to the work of Monica Martin who had picked up the public health award for her work in the Family Nurse Partnership (FNP) programme.
- 73/13.6 The Chief Executive advised that the Director of Public Health Annual Report had been launched at the annual conference on 12 June. He said that he had also attended the NICH Ecosystems event on 19 June and a conference on skin care on 20 June.
- 73/13.7 Dr Harbison congratulated the team involved in the organisation of the annual Public Health conference. He felt that PHA should try to encourage attendance from senior policy and opinion makers from the HSC and beyond. He also asked how the information provided at the conference could be shared with people who were not in attendance.
- 73/13.8 The Chief Executive noted these points. Dr Little suggested that perhaps in future, some of the materials from the conference could be put onto podcasts.
- 74/13 Item 5 - Minutes of the PHA board Meeting held on 16 May 2013**
- 74/13.1 The minutes of the previous meeting, held on 16 May 2013, were approved.
- 74/13.2 Mrs Karp noted the non-attendance of Directors at recent Board meetings. The Chief Executive confirmed that Directors were full board members and thus could not nominate substitutes.
- 75/13 Item 6 – Matters Arising**
- 75/13.1 The Chief Executive advised that he had been informed by OFMDFM that the Strategy for Older People was still under development.
- 76/13 Item 7 – Finance Update (PHA/01/06/13)**
- 76/13.1 Mr Christie said that a high level budget for 2013/14 had been prepared following receipt of the allocation letter from DHSSPS. He said that some parts of the budget had yet to be finalised including £2.8m of efficiency savings that had to be realised. He

added that the profile for programme expenditure was still under development but that it would be completed as soon as possible.

76/13.2 Mrs Erskine asked if there had been any progress with the equity review. Mr Harkin said that there had been further work undertaken in this area and he hoped to bring this to a future board meeting.

76/13.3 Dr Harbison pointed out that almost 20% of PHA's total budget is management and administration and he queried how much of this can be classed as service delivery. The Chief Executive said that PHA is currently looking to determine how much of its budget can be classed as service delivery and what percentage is purely administration costs.

76/13.4 The board APPROVED the PHA budgets for 2013/14.

77/13 Item 8 – Programme Expenditure Monitoring System (PEMS) Report (PHA/02/06/13)

77/13.1 Mr McClean advised that the end of year PEMS report showed that almost half of PHA's programme expenditure was spent on health improvement initiatives including drugs and alcohol, smoking cessation, suicide prevention, Lifeline and Investing for Health. He noted that two of these, Lifeline and smoking cessation were demand-led initiatives. In respect of health protection, PHA's largest outlay was on flu vaccination and in terms of screening, the biggest expenditure was on breast screening and bowel screening.

77/13.2 Mr McClean gave an overview of some of the areas of spend within nursing, research and development and campaigns.

77/13.3 Mr McClean advised members that PHA has almost 400 contracts with the voluntary and community sector which are worth less than £5k per annum.

77/13.4 Mrs Erskine thanked the staff involved in putting together this report. Mrs Karp noted the high number of contracts worth less than £5k and asked if this was going to be reviewed. Dr Rooney said that there would be an opportunity to review this at the board workshop in September.

77/13.5 Dr Harbison queried the amount of time spend monitoring each of

these contracts. Mr McClean noted the point and advised that many individual contracts would, in the course of 2013/15 be consolidated into single contracts through the new procurement arrangements to ensure value for money. He said that this was an issue that the Northern Ireland Audit Office would focus on next year.

77/13.6 The board NOTED the PEMS Report.

**78/13 Item 9 – Governance and Audit Committee Update
(PHA/03/06/13)**

78/13.1 Mrs Erskine advised that the Governance and Audit Committee had met prior to the meeting to consider the Annual Report and Accounts and the reports from Internal and External Audit. She said that both Internal and External Audit had been thankful for all of the hard work done by PHA staff. She added that a full report on Controls Assurance compliance would be brought to the next meeting.

78/13.2 Mr Christie advised that at the meeting, External Audit had given PHA an unqualified audit opinion but noted that there were four Priority One weaknesses which had been identified as part of the audit. He said that the first three of these were linked and related to the new financial systems, however acknowledgement was made of the progress PHA has made in this area. The final recommendation related to contracts with community and voluntary sector organisations.

78/13.3 Mr Christie said that with regard to the new finance systems, the auditors could not rely on any of the financial information produced after November 2012. The issues raised have been escalated to the board and senior officers and a meeting will be taking place soon with BSO to resolve these.

78/13.4 Dr Harbison asked whether the issues highlighted about the new financial system could be resolved. Mr Harkin said that there had been issues concerning the scanning of invoices and the ability of purchasers to acknowledge receipt of goods but these were being resolved. He added that although the interface between HRPTS and payroll was not fully established, he was confident that staff were being paid correctly.

78/13.5 Mrs Erskine said that, as Chair of the Governance and Audit Committee, she will write out to staff thanking them for their hard work.

78/13.6 Members noted the update from the Governance and Audit Committee chair.

79/13 Item 10 – PHA Annual Report and Accounts (PHA/04/06/13)

79/13.1 Mr McClean said that the Annual Report had been updated to reflect any comments made. Mr Christie advised that, although the Annual Report and Accounts will be signed off, they will not be made public until after they have been laid before the Northern Ireland Assembly. The Annual Report and Accounts were first considered by the Governance and Audit Committee on 8 May and this latest version was considered by the Committee before the board meeting.

79/13.2 Mr Christie said that the format of the Annual Accounts followed Treasury guidance. He advised that the end of year outturn showed a surplus of £289k, which at $\pm 0.034\%$ is slightly above the $\pm 0.025\%$ tolerance. However, he added that PHA had increased its programme expenditure by £5m. He said that £30m was Trust expenditure and £34m was non-Trust expenditure. Finally, staffing costs had increased by £1m but he assured the board that this was within budget and that the necessary approvals were in place.

79/13.3 Mr Christie advised that following a review of the prompt payment statistics, the PHA's overall figure was reduced to 91%.

79/13.4 Mrs Erskine confirmed that the Governance and Audit Committee had considered the Annual Accounts and were satisfied that any queries that had been raised had been answered satisfactorily.

79/13.5 Members **APPROVED** the PHA Annual Report and Accounts.

80/13 Item 11 – Corporate Risk Register (PHA/05/06/13)

80/13.1 Mr McClean presented the Corporate Risk Register as at 31 March 2013 and advised that one new risk concerning procurement had been added. He said that PHA was providing funding to buy in procurement expertise. He added that two risks, concerning Lifeline and facilities management, had been de-

80/13.2 escalated to the appropriate directorate risk registers.
Mrs Erskine confirmed that the Governance and Audit Committee had considered the revised Corporate Risk Register at its meeting and was content with the updates provided.

80/13.3 Members noted the updated Corporate Risk Register.

81/13 Item 12 – Review of Management Statement / Financial Memorandum (PHA/06/06/13)

81/13.1 Mr McClean explained that the Management Statement and Financial Memorandum between PHA and DHSSPS had been amended to take account of the recent Memorandum of Understanding with the Safeguarding Board for Northern Ireland. Mr Christie added that he had reviewed the Financial Memorandum and was content with any revisions made.

81/13.2 Dr Harbison requested that in future, areas of change in the Management Statement should be highlighted. Mr McClean agreed to ensure that this would happen.

81/13.3 Members noted the updated Management Statement and Financial Memorandum.

82/13 Item 13 – Remuneration Committee Update (PHA/07/06/13)

82/13.1 The Chair provided members with an update of the meeting which took place in May 2013. She advised that correspondence had been received from DHSSPS concerning pay awards for 2011/12 and she recommended to the Board an endorsement of the Committee's decision to award a fully acceptable pay award to senior executives.

82/13.2 Members APPROVED the fully acceptable pay award for senior executives for 2011/12.

82/13.3 The Chair moved onto the 2012/13 pay award and said that, in the opinion of the Committee, senior executives should receive a fully satisfactory pay award once the relevant Circular has been issued and asked the Board to endorse the decision of the Committee.

82/13.4 Members APPROVED the pay award for 2012/13, subject to receipt of the DHSSPS Circular.

82/13.5 The Chair updated members on other matters discussed, including the proposed review of structures and organisational working. She said that three new programme board would be established in the areas of Child Development, Older People and Local Government Health and Wellbeing and that non-executives would be able to nominate themselves to sit on these boards.

82/13.6 Mrs Erskine asked if there was an update on the organisational climate survey. The Chief Executive confirmed that following the recent staff event, a report was being prepared by HR to share with all staff and that he would bring this to the next board meeting.

83/13 Item 14 – Programme Report: Service Development and Screening (PHA/08/06/13)

83/13.1 Dr Little presented the update on the Service Development and Screening programme. She began by noting that the PEMS reports which the board receives do not show the full funding historically allocated to some programmes e.g. diabetic retinopathy.

83/13.2 Dr Little explained that in relation to bowel screening and the Abnormal Aortic Aneurysm (AAA) Screening programme, PHA staff work with commissioning groups. She said that there is a weekly staff meeting which considers up to 50 requests per week as well as an SAI team that meets fortnightly and deals with approximately 300 SAIs per year.

83/13.3 Dr Little advised that PHA had a role within Medical Revalidation and the refinement of appraisal processes. She also said that PHA is responsible for overseeing the Northern Ireland Public Health Training Programme, and this was recently subject to an inspection from the Northern Ireland Medical and Dental Training Agency (NIMDTA) from which PHA received a highly commendable report.

83/13.4 Dr Little moved on to some of the highlights from 2012/13. She said that the AAA Screening Programme had received an 80% uptake since its launch. She went on to say that new information leaflets had been produced for the HPV testing programme and that PHA had received approval for the digital mammography

business case from DFP.

- 83/13.5 Dr Little said that there is ongoing quality assurance taking place across all programmes, particularly to increase the uptake of screening from “hard to reach” groups.
- 83/13.6 Mrs McAndrew noted the increased investment within diabetic retinopathy which does not show on PHA’s accounts. Dr Little explained that there has been an investment of almost £500k in this area. Members suggested that there should be a footnote within the report to show this.
- 83/13.7 Mrs Karp commended the uptake in AAA screening but asked if recent adverse publicity was having an impact on the uptake for breast screening. Dr Little did not feel that there was an impact but she said that there is a national screening committee which will be reviewing the information leaflets available.
- 83/13.8 Mrs Karp queried the level of assurance provided by Trusts in relation to the Safety and Quality Alerts. Dr Little said that there are many alerts and Trusts are expected to adhere to the guidance outlined within these. She said that some alerts e.g. hyponatraemia have been followed up. She added that in some cases Trusts advise on their website that they have implemented specific safety alerts.
- 83/13.9 Dr Harbison asked about the follow up for those groups defined as “hard to reach”. Dr Little agreed to share the action plan with Dr Harbison but said that work was being done as part of ongoing health improvement initiatives. The Chair advised that in England the term “hard to reach” was not common and instead the term “easy to ignore” was used or that reference was made to “hard to reach services”. Dr Little agreed to discuss these suggested terms with her team.
- 83/13.10 The Chair said she was intrigued by the high uptake in AAA screening and asked if there was any learning which could be applied to other screening programmes. She went on to ask about surgery following a AAA screening. Dr Little said that although there are 18 screening locations across Northern Ireland, surgery is only done within the Belfast Trust.
- 83/13.11 The Chair asked about prostate cancer screening. Dr Little said

that this type of screening has no cost benefit but she said that it would remain on the PHA agenda.

83/13.12 Dr Little advised that many of the objectives set out in the Business Plan relating to screening had been achieved. She said that there was ongoing debate regarding NICE guidance as this is seen as guidance, rather than a direction.

83/13.13 Dr Little said that for 2013/14, her team would seek to take forward the roll out of different screening programmes and work with HSCB staff to do this as part of the commissioning process.

83/13.14 Members noted the update on screening.

84/13 Item 15 – Delivering Social Change Update (PHA/09/06/13)

84/13.1 Members considered the update on Delivering Social Change. Mrs Karp commended the work undertaken and the variety of programmes that PHA was involved in. The Chief Executive noted that the additional funding has allowed PHA to get involved in new areas of work. However, he noted that there was a need to ensure that there were long-term benefits in these areas.

84/13.2 Members noted the update on Delivering Social Change.

85/13 Item 16 – Annual Progress Report 2012-13 to the Equality Commission (PHA/10/06/13)

85/13.1 Mr McClean presented the Annual Equality Report and thanked Anne Basten from BSO for her work in preparing the report. He outlined the three elements of the report, namely the annual progress report, the equality action plan and key initiatives delivered during 2012/13 which contained input from across all of the directorates.

85/13.2 Mrs Erskine commended the work done in preparing the report but asked if PHA received any feedback from the Equality Commission. Mr McClean said that if the Equality Commission required clarification on the report, it would contact PHA. He said that there was a challenge for PHA to make the initiatives contained in the report more meaningful to staff.

85/13.3 Members approved the annual report for submission to the

Equality Commission.

86/13 Item 17 – Review of PHA Business Case Processes (PHA/11/06/13)

86/13.1 Mr McClean said that PHA had sought to develop clear processes to assist staff who may be asked to complete business cases. He explained that, depending on the type of business case that was required, there was now guidance and templates available for staff on the PHA Intranet. He thanked Rosemary Taylor for her work in completing this.

86/13.2 Members approved the business case processes.

87/13 Item 18 – Any Other Business

87/13.1 There was no other business and the Chair drew the meeting to a close.

88/13 Item 19 – Date and Time of Next Meeting

Date: Thursday 22 August 2013

Time: 1:30pm

Venue: Public Health Agency
Conference Rooms
2nd Floor
12-22 Linenhall Street
Belfast
BT2 8BS

Signed by Chair:



Date: 22 August 2013