

MINUTES

**Minutes of the 86th Meeting of the Public Health Agency board
held on Thursday 18th August 2016 at 1:30pm,
Conference Rooms 3+4, 12/22 Linenhall Street,
Belfast, BT2 8BS**

PRESENT:

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| Mr Andrew Dougal | - Chair |
| Dr Eddie Rooney | - Chief Executive |
| Dr Carolyn Harper | - Director of Public Health/Medical Director |
| Mrs Mary Hinds | - Director of Nursing and Allied Health Professionals |
| Mr Edmond McClean | - Director of Operations |
| Mr Brian Coulter | - Non-Executive Director |
| Mr Leslie Drew | - Non-Executive Director |
| Mrs Julie Erskine | - Non-Executive Director |
| Ms Deepa Mann-Kler | - Non-Executive Director |
| Alderman Paul Porter | - Non-Executive Director |

IN ATTENDANCE:

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| Mr Paul Cummings | - Director of Finance, HSCB |
| Mrs Fionnuala McAndrew | - Director of Social Care and Children, HSCB |
| Mrs Joanne McKissick | - External Relations Manager, PCC |
| Mr Robert Graham | - Secretariat |

APOLOGIES:

- | | |
|-------------------------|--------------------------|
| Councillor William Ashe | - Non-Executive Director |
| Mr Thomas Mahaffy | - Non-Executive Director |

		Action
76/16	Item 1 – Welcome and Apologies	
76/16.1	The Chair welcomed everyone to the meeting and noted apologies from Councillor Billy Ashe and Mr Thomas Mahaffy.	
76/16.2	The Chair advised that item 11 will be deferred until the September meeting as Dr Lorraine Doherty, who was due to deliver the presentation, is unwell.	

77/16 Item 2 - Declaration of Interests

77/16.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

78/16 Item 3 – Minutes of previous meeting held on 16 June 2016

78/16.1 The minutes of the previous meeting, held on 16 June 2016, were approved as an accurate record of the meeting, subject to an amendment in paragraph 62/16.1.

79/16 Item 4 – Matters Arising

79/16.1 Mr Coulter asked about the proposed meeting between the Chief Executive and the Chief Executive of BSO (paragraph 69/16.3). The Chief Executive advised that a meeting had taken place on 4 August at which the Director of Operations was also present.

79/16.2 The Chief Executive said that at the meeting, they were given a comprehensive brief of all of the actions being taken and he assured members that the Chief Executive of BSO would be personally involved in ensuring that the actions would be completed. The Director of Operations added that the Director of Finance and Head of Shared Services had also attended the meeting and he also noted the commitment to ensure that there is an improvement.

80/16 Item 5 – Chair’s Business

80/16.1 The Chair informed members that he had attended on 20 July the Board meeting of Public Health England. A major report by a task force on mental health was presented and discussed at that meeting. He also reported that a non-executive director of public health England has raised concerns about the implications of BREXIT in regard to public health.

81/16 Item 6 – Chief Executive’s Business

81/16.1 The Chief Executive told members that he had attended a meeting of the Northern Ireland Assembly Health Committee on 30th June at the request of that Committee in order to give an update on the work of PHA. He said that the members had been vocal in their support of the work of PHA, and that the meeting

	covered a wide range of topics. He said that the Committee had advised him that the PHA may be called more frequently during the course of this mandate.	
81/16.2	It was agreed that a transcript of the session would be sent to Board members.	Secretariat
81/16.3	The Chief Executive said that the Chair and he had met with Dr Anne Kilgallon for the PHA end-year Accountability Review meeting. The Chair advised that Dr Kilgallon had been very effusive in her praise of the work of the PHA and its outgoing Chief Executive. He added that PHA had been highly commended for its audit performance.	
82/16	Item 7 – PHA Financial Performance Report (PHA/01/08/16)	
82/16.1	Mr Cummings presented the Finance Report for the period up to 30 June 2016. He said that there were no major issues to raise at this stage, but he noted that there is a change in the reporting this year as a significant portion of the R&D budget is now classed as capital. He said that in lieu of preparing two separate reports, there would be a note within this report relating to R&D and any major issues would be highlighted to members.	
82/16.2	Mr Cummings noted that the allocations to Trusts are approximately £2m behind budget, but he said that the budgets were based on expenditure patterns in previous years and that it is a timing issue as managers have advised that the funding is fully committed and will be expended by year end.	
82/16.3	Mr Cummings noted that there is a small pressure within the management and administration budget, but this was to be expected and should be resolved after the remaining staff who are taking up the Voluntary Exit Scheme have left the organisation. He said that it will be a challenge to meet this year's targets, but that last year there was some flexibility in terms of utilising programme funds.	
82/16.4	Following a query from Mr Drew, Mr Cummings explained the meaning of incremental drift. Alderman Porter sought assurance that any decision to reallocate funds from programme to management and administration would be brought to the Board and that PHA would not save programme funds. Mr Cummings	

said that there is generally slippage within programme funds, and that it will be made clear where any funds will come from if a reallocation is required.

82/16.5 Members noted the Finance Report.

At this point Mr Cummings left the meeting.

83/16 Item 8 – Performance Management Report – Corporate Business Plan Targets for period ending 30 June 2016 (PHA/02/08/16)

83/16.1 Mr McClean said that the first Corporate Performance Report for 2016/17 showed that, of the 90 targets, 77 were rated as “green” and “13” as amber. He added that areas rated as “amber” may be due to the loss of a key individual, a challenge relating to funding, or the awaiting of a decision from the Department of Health.

83/16.2 Mr Drew asked about the kind of engagement there is with young people in relation to mental health and suicide prevention. Dr Harper said that there are open workshops, similar to those used during the Lifeline consultation.

83/16.3 Ms Mann-Kler said that she was pleased to see the engagement with service users from a PPI perspective. She commented that in terms of objectives, PHA appears to be more process-focused, and asked about outcomes and how PHA’s programmes are making a difference for the people of Northern Ireland. The Chief Executive said that this was a timely question, as both Making Life Better and Programme for Government are outcome based strategies and PHA is required to adopt the same principles into its ways of working. He said that in the context of the new structures for health and social care, PHA’s new Corporate Plan will be based on a wholly integrated outcomes based approach.

83/16.4 Mr McClean also agreed that it was a timely point. He said local government is embracing outcomes based accountability. He added that the focus is normally on short to medium term outcomes around PHA’s budget and activity. The Chair asked who determines the desired outcomes. Dr Harper said that the Department of Health would set targets and cited the examples of smoking and obesity. The Chief Executive said that all

objectives are feeding into the Northern Ireland Executive's set of outcomes.

83/16.5 Mr Coulter commented that he struggles to see how this report can be used as a Performance Management tool when it is not outcomes focused. He asked if it would be possible for the Board to get more information on the work within palliative care. Mrs Hinds **agreed** that this would be facilitated.

83/16.6 Mr Coulter expressed concern that the target relating to screening programmes is rated as "amber" but he noted that this is on the Corporate Risk Register. He asked about the timescales for the development of an electronic records management system. Mr McClean noted that this work has been ongoing for some time, but with the potential future changes within the HSC, there would need to be a greater sense of stability before further work can be done.

83/16.7 The Chair asked about how PHA holds to account the organisation to whom it gives funding. Dr Harper explained that there is routine monitoring and that Internal Audit have conducted audits into the robustness of that monitoring. Following on from a suggestion from Mr Drew, the Chair suggested that at a future workshop, the PHA Board could hear from an organisation which has benefitted from PHA funding, and how this organisation has faced and overcome challenges.

83/16.8 The Chair asked about procurement. Mr McClean said that all procurement exercises are done with engagement with service users with relevant PHA staff carrying out this work.

83/16.9 Members noted the Performance Management Report.

84/16 Item 9 – Personal and Public Involvement Update (PHA/03/08/16)

84/16.1 The Chair welcomed Michelle Tennyson, Martin Quinn and Don Harley to the Board meeting and invited them to deliver the update on Personal and Public Involvement (PPI).

84/16.2 Mrs Tennyson thanked members for the opportunity to present at the meeting and gave an overview of recent developments within PPI. She invited Mr Harley and Mr Quinn to give the

Mrs Hinds

presentation.

- 84/16.3 Mr Harley began by saying that PPI monitoring utilises service users and carers as it is not practicable to ask health service staff to monitor themselves. He said that the service users and carers all work as part of a team and have the opportunity to question senior staff and to input into the final reports on each Trust. He added that it is important that the Department of Health take heed of the findings of the reports.
- 84/16.4 Mr Harley advised that service users and carers had requested, and were granted, an opportunity to meet with the Review Team chaired by Professor Bengoa, and that during the meeting they put forward their five principles that should form part of any change.
- 84/16.5 Mr Quinn said that the work of the PPI Forum has culminated in the development of the 'Engage and Involve' training programme, of which there is an e-learning component. He said that service users and carers had contributed to ensure that the programme was fit for purpose.
- 84/16.6 Mr Quinn informed members that a major PPI conference had taken place recently with over 200 people in attendance. He said that there was a genuine vibe and enthusiasm about the conference and that the mindset is changing where PPI is now seen as not just a statutory duty, but something that can make a tangible difference.
- 84/16.7 Mr Quinn finished by saying that going forward it is important that PHA leads by example in terms of embedding the standards and being an exemplar of good practice.
- 84/16.8 Ms Mann-Kler said that she was proud to be the non-executive PPI champion for PHA. She echoed Mr Quinn's view that the conference had been a success and that it showed how PPI is making a difference. However, she expressed concern that in some Trusts it is still viewed as a soft target. She added that it is important that PHA practices what it preaches and that she would be attending the Strategy Team meeting in September.
- 84/16.9 The Chair recalled that he had suggested some time ago that PPI should be included in job descriptions and that this is

happening for new posts, but he asked if it is possible for existing posts. Mrs Tennyson said that it could be done through the appraisal system. Mr Quinn added that the e-learning programme has only recently been completed, and that there is work to be done in promoting it. Mrs Tennyson said that there is a challenge in terms of where this training would sit among other mandatory and clinical training.

- 84/16.10 Mrs McKissick congratulated Mr Harley on his appointment and she also affirmed the view that PPI should not be seen as a “tick box” exercise.
- 84/16.11 Dr Harper said that it is key that people see the benefits of PPI and co-design, and she gave the example of service users from screening programmes helping to review the leaflets that PHA uses. She did express concern that some Trusts are now adopting it. Mrs Hinds said that it is about leadership and that if the staff working at the lower levels of the organisation are adapting their ways of working, this should feed upwards to the more senior levels of management.
- 84/16.12 Mr Coulter commended the work that is being undertaken, but he asked about what PPI work PHA is undertaking within secondary care. He enquired whether there is a register of service users and whether the use of those from the community and voluntary sector is truly representative of the views of service users. Mr Harley said that the community and voluntary sector does not represent the views of those on the ground. Mr Quinn added that HSC organisations have been advised that seeking community and voluntary sector representation is not fulfilling their statutory duty in terms of PPI.
- 84/16.13 Alderman Porter said that even with training in place, it may not be possible to change people’s mindset. He said that there may be those service users who shout loudest whose views are always listened to, but that it is also important to take views from those who may have difficulty in expressing them.
- 84/16.14 The Chief Executive congratulated all of those involved. He said that he felt the recent conference to be a turning point as there was a lot of energy and enthusiasm within the room emanating from people both from within and outside the PHA. He said that going forward it is important not to slide back, but to move

forward and continue to shift the culture and share the learning with regard to PPI.

84/16.15 Members noted the update on Personal and Public Involvement.

85/16 Item 10 – Local Supervising Authority (PHA/04/08/16)

85/16.1 Mrs Hinds introduced Ms Patricia McStay to the meeting and invited her to give an overview of the Local Supervising Authority report, the compilation of which is a statutory obligation of the PHA.

85/16.2 Ms McStay explained to members that her role is to protect the public and to ensure that any practice within midwifery is investigated and that annual audits are carried out. She said that service users were invited to contribute to this year's audit and that a group of service users had written a section of the report.

85/16.3 Ms McStay said that the Midwives and Medicines initiative had won an award and that the number of incidents relating to medication had reduced. She said that there remain some challenges with regard to interpretation of heart rates which can be a cause of neonatal deaths.

85/16.4 Ms McStay advised members that the supervision of midwives will be ending and will be removed from statute, but that PHA will continue to report on this area of work.

85/16.5 The Chair asked whether midwives have a role in terms of nutrition. Ms McStay said that there do have a role in terms of promoting good health in areas such as nutrition and smoking. She added that as part of the Maternity Strategy, PHA has produced leaflets.

85/16.6 Mrs Erskine noted that the format of the report has changed again and asked about what will happen in future. Mrs Hinds said that the current model will change, but that it would be the intention to produce a report that is meaningful to members.

85/16.7 Ms Mann-Kler said that this report is important as midwifery is an important area of work. She asked whether there has been a reduction in terms of births by caesarean section. Ms McStay said there has been a slight reduction, and cited the example of

the Belfast Trust where there is a consultation taking forward work to effect a reduction.

85/16.8 Mr Coulter asked about the low take-up in midwife-led units. Ms McStay said although the number has increased slightly, it remains a cultural issue, but that with the introduction of GAIN (Guidelines and Audit Implementation Network) guidelines and the development of a care pathway as part of the Maternity Strategy, the percentage should increase.

85/16.9 Mr Coulter asked about Northern Ireland rates of neonatal and still births compared to other countries. Ms McStay said that PHA is doing better than other countries, and that the still birth rate is dropping. She added that there has been collaboration with obstetricians and nurses about different ways of training staff and that this has led to improvements. Dr Harper informed members that PHA is responsible for looking at child deaths through NIMACH (Northern Ireland Maternal and Child Health), and she suggested that Heather Reid could come to a future Board meeting to give an overview of the work of NIMACH.

85/16.10 Members noted the Local Supervising Authority Report.

86/16 Item 11 – Briefing on new Healthcare Associated Infections / Anti-Microbial Resistance Improvement Board

86/16.1 This item was deferred until a later meeting.

87/16 Item 12 – Any Other Business

87/16.1 There was no other business.

88/16 Item 13 – Date and Time of Next Meeting

Date: Thursday 15 September 2016
Time: 1:30pm
Venue: Conference Room, Ormeau Baths
Ormeau Avenue
Belfast
BT2 8HS

Signed by Chair:

A handwritten signature in black ink that reads "Andrew Douglas". The signature is written in a cursive style with a large initial 'A'.

Date: 15 September 2016