

MINUTES

**Minutes of the 59th Meeting of the Public Health Agency board
held on Thursday 21 November 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	- Director of Nursing and Allied Health Professionals
Dr Carolyn Harper	- Director of Public Health/Medical Director
Mr Edmond McClean	- Director of Operations
Alderman William Ashe	- Non-Executive Director
Mr Brian Coulter	- Non-Executive Director
Mrs Julie Erskine	- Non-Executive Director
Dr Jeremy Harbison	- Non-Executive Director
Mrs Miriam Karp	- Non-Executive Director
Mr Thomas Mahaffy	- Non-Executive Director
Alderman Paul Porter	- Non-Executive Director

IN ATTENDANCE:

Mrs Fionnuala McAndrew	- Director of Social Care and Children, HSCB
Mr Simon Christie	- Assistant Director of Finance, HSCB
Mrs Joanne McKissick	- External Relations Manager, Patient Client Council
Mr Robert Graham	- Secretariat

APOLOGIES:

Mr Owen Harkin	- Director of Finance, HSCB
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		Action
138/13	Item 1 – Apologies	
138/13.1	The Chair welcomed everyone to the meeting and noted apologies from Mr Owen Harkin.	
139/13	Item 2 – Presentation from Allied Health Professionals, Belfast Health and Social Care Trust	
139/13.1	The Chair welcomed Michelle Tennyson, PHA, as well as Gillian	

Trimble and Cathy Jordan from the Belfast Trust. She explained that Ms Trimble had recently delivered a presentation at a conference and that members would be interested in this presentation.

139/13.2 Mrs Tennyson said that the recent conference had given an opportunity for the work of AHPs to be showcased. She gave an overview of PHA's responsibilities with regard to seven of the Allied Health Professions.

139/13.3 Ms Trimble delivered a presentation which showed how Speech and Language therapy can assist with craniological operations whereby a therapist can be present during an operation to speak to the patient and assist surgeons with identifying which parts of the brain to operate on. She outlined the difference this can make for the patient and highlighted examples where patients who had not undergone this procedure had experienced post-operative speech defects but patients who had remained conscious had not. This procedure is only available for individuals over the age of 12, and there are also capacity issues to allow for further similar operations to take place.

139/13.4 Members found the presentation inspiring and said this showed the advances in medicine in recent years. Dr Harper said this was a good example of "shift left" whereby the success of this operation reduced the need for further care for patients who had developed speech defects.

139/13.5 Alderman Porter asked about the process for selecting patients for this type of operation and if there is an intention to roll this type of operation out further. Ms Trimble explained that there are resource issues as there is currently only 1.2 WTE staff. She said that surgeons are keen to undertake more of these operations.

139/13.6 Mr Christie asked whether a presentation had been made to the board of the Belfast Trust. Ms Jordan said that senior staff were aware of this work.

139/13.7 The Chair thanked Mrs Tennyson, Ms Trimble and Ms Jordan for coming to the meeting.

140/13 Item 3 - Declaration of Interests

140/13.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. None were declared.

141/13 Item 4 – Chair’s Business

141/13.1 The Chair shared with members proposed membership of Committees and dates for 2014, where available. Further information will be provided to members when it becomes available.

142/13 Item 5 – Chief Executive’s Business

142/13.1 The Chief Executive advised that the recent AHP conference he had attended had been excellent. He said that he had also had the opportunity to meet with David Olds regarding Family Nurse Partnership.

142/13.2 The Chief Executive said that he had attended an all-party meeting on organ donation and that he had also attended the public health law conference.

143/13 Item 6 - Minutes of the PHA board Meeting held on 17 October 2013

143/13.1 The minutes of the previous meeting, held on 17 October 2013, were approved, subject to two amendments in paragraph 129/13.1 and 133/13.5. The minutes were duly signed by the Chair.

144/13 Item 7 – Matters Arising

127/13.8 Equity Review

144/13.1 It is anticipated that the Equity Review will be brought to the board meeting in December, subject to the availability of relevant PHA/HSCB staff.

128/13.4 Procurement

144/13.2 The Chief Executive confirmed that he had followed up with Peter Wilson regarding the queries raised concerning terms and

conditions. He advised that PHA cannot specify wages in contracts with third party organisations. Mr Mahaffy acknowledged the response but cited examples of domiciliary care workers who are paid for the work they do with patients but not during travel time between patient visits.

124/13.3 Telemonitoring

144/13.3 Mr Coulter asked about the latest round of telemonitoring visits. The Chief Executive said that these had been very positive, and that a full report will be brought as part of the next update to the board on Connected Health. He said that there remained outstanding issues and differences in take-up rates across the HSC Trusts.

**145/13 Item 8 – Finance Update
PHA Financial Performance Report (PHA/01/11/13)**

145/13.1 Mr Christie advised that the position up to 30 September 2013 showed a surplus of £323k, however he was anticipating a year-end break even position. He said that the surplus is made up of an overspend in programme expenditure and a surplus in management and administration. He added that finance will continue to monitor the surplus as there is a higher proportion of expenditure weighted towards the final quarter.

145/13.2 Mr Christie said that the report indicated that additional funding had been given to HSC trusts; this was primarily for vaccinations. He went on to say that any surplus in management and admin would be subsumed within programme expenditure. Mr Christie added that the current prompt payment statistics showed that PHA was achieving almost 90% in terms of payment of invoices within 30 days.

145/13.3 Alderman Porter sought assurance that, given the current difficulties HSC Trusts are facing meeting financial targets, that additional monies provided to Trusts by PHA is being used for PHA-related initiatives. Mr Christie said that business cases and investment planning templates have to be completed before funds are released and there are monitoring arrangements.

145/13.4 Mr Coulter asked about the increase in management and administration underspend and whether PHA was permitted to

use the surplus for programme expenditure. The Chief Executive confirmed that the surplus is due to unfilled posts, or situations where posts are filled internally thus creating another vacancy. Mr Christie said that it is appropriate that funding allocated for salaries and wages is used for programme expenditure, provided it is non-recurrent.

145/13.5 Members noted the Finance Report.

146/13 Item 9 – Programme Expenditure Monitoring System (PEMS) Report (PHA/02/11/13)

146/13.1 Mr McClean said that the PEMS Report showed a slight increase in overall funding. He said that there was a slight over-commitment of funds but he anticipated that this would be resolved by the end of November.

146/13.2 Mr McClean said that the Report indicated funding allocated towards ISCYP of £725k, which will total £1.4m by the end of the financial year. He explained that this is to be funded by DHSSPS but as yet funding has not been provided.

146/13.3 Mr McClean advised that there remain issues with local Councils not submitting invoices. Alderman Porter offered to follow up on this if required.

146/13.4 Dr Harbison asked about funding from the Social Investment Fund and how this would be reflected in PHA Finance Reports. Mr Christie said that additional income would come through from DHSSPS. Dr Harbison asked whether PHA would obtain funding from the Social Investment Fund. Alderman Porter advised that work was still in progress in relation to this.

146/13.5 Members noted the PEMS Report.

147/13 Item 10 – Performance Management Report – Corporate Business Plan and Commissioning Plan Directions Targets for Period Ending 30 September 2013 (PHA/03/11/13)

147/13.1 Mr McClean presented the latest Performance Management Report and advised that 10 targets had changed their rating during the previous quarter. This included 6 targets moving from “green” to “amber”, 1 from “red” to “green”, and 3 from “amber” to

“green.”

- 147/13.2 Mrs Erskine asked whether the Report was noting a failure in the cases where objectives could not be met due to factors beyond the control of PHA. Dr Harper suggested that in those cases the narrative should state this.
- 147/13.3 Alderman Porter asked whether it would be possible to get exact dates of when targets changed rating. Mr McClean said that the format of the report, with columns showing the ratings at the end of each quarter, allowed for this type of analysis.
- 147/13.4 The Chair noted the “amber” rating on smoking cessation and advised members that she had attended a tobacco control conference recently. She asked how the messages from that conference could be disseminated to the wider public.
- 147/13.5 Mr Coulter expressed concern at the low uptake of falls prevention toolkits, and queried whether there should be a contractual obligation on nursing and residential homes to obtain these. Mrs Cullen said that this had proved to be a challenging exercise. She said that PHA had started working with the independent sector but noted that there had been a reluctance on the part of nursing homes to share data. Mrs Cullen added that work has commenced by DHSSPS to review the Minimum Standards for nursing homes and this could be included in the revised standards.
- 147/13.6 Dr Harbison queried the telemonitoring targets and questioned the “green” rating. The Chief Executive said that, at the time the report was prepared, the rating was correct, but in recent weeks, following information received from Trusts, it was likely the rating would have to be revised.
- 147/13.7 Mr Mahaffy advised that with regard to lifelong learning (item 2.9), there had been an initiative in the Belfast Trust, but this had been discontinued.
- 147/13.8 Members noted the Performance Management Report.

148/13 Item 11 – HCAI Quarterly Report (PHA/04/11/13)

- 148/13.1 Dr Harper advised that the latest quarterly report showed that the number of cases of C. diff. in Northern Ireland as a whole was on target, but that three of the five Trusts were above the target. With regard to MRSA, she noted that the figures appeared erratic, but this was due to the small number of cases involved.
- 148/13.2 With regard to MRSA, Dr Harper advised that Trusts had participated in a European study, and that following review of their own antibiotic practices, there had been improvements in the Western and Northern Trusts.
- 148/13.3 Mr Coulter asked whether there was any seasonal impact on the C. diff figures. Dr Harper said that there could be more cases of C. diff during the winter months due to the higher throughput in hospitals.
- 148/13.4 Mrs Erskine congratulated the work undertaken to achieve these reduced figures and asked whether the situation in Northern Ireland compared favourably with the rest of the UK. Dr Harper advised that Northern Ireland does compare well with Great Britain.
- 148/13.5 Dr Harbison said that there had been a number of cases in Scotland a new virulent healthcare infection and asked whether this had been picked up in any cases in Northern Ireland. Dr Harper advised she was not aware of any cases here. Dr Harbison asked whether there was a European or worldwide warning system for HCAs. Dr Harper said that there is a surveillance system, particularly for flu.
- 148/13.6 Members noted the HCAI Quarterly Report.

149/13 Item 12 – Patient Client Experience Standards Annual Report April 2012-March 2013 (PHA/05/11/13)

Item 14 - Quality, Safety and Experience Update

- 149/13.1 Mrs Cullen explained that the Patient Client Experience Standards Annual Report examines the implementation of DHSSPS standards between April 2012 and March 2013. She added that the Report is designed to provide more

comprehensive information and to outline what PHA is doing in terms of follow up on issues raised. Ms Oriel Brown joined the meeting at this point.

- 149/13.2 Mrs Cullen said that the key issues raised in the report related to introductions, interruptions and information. She advised that four key regional priorities have been identified. These include staff introduction and name and designation badges. She said that communication should be reviewed in terms of patients and clients having a full understanding of their care and regular updates on all aspects of their care. Finally, refreshments would be reviewed as many older people had raised concerns about not getting appropriate refreshments.
- 149/13.3 Mrs Cullen advised that the report was an analysis of questionnaires and patient stories. She added that within each Trust, a lead had been identified to report on the implementation of the recommendations. She said that a re-audit will take place later this year to determine what improvements have been made.
- 149/13.4 Mrs Karp asked how information will be reported to the board in terms of improvement. Mrs Cullen advised that in future, she would anticipate that the PHA Board will receive bi-annual Safety and Quality Reports, and an annual overall Quality Report. Mrs Karp asked how Trusts will be held to account. Mrs Cullen explained that a patient and client experience working group is being established and that group will monitor the implementation of the recommendations within the Report and will report to a Steering Group which Mrs Cullen will chair.
- 149/13.5 Mrs Karp asked about normative staffing rates. Mrs Cullen said that the first phase of this review had been completed at the request of the Minister and the Chief Nursing Officer. She anticipated that a framework document will be launched within the next couple of weeks.
- 149/13.6 Ms McKissick welcomed the publication of the Report but asked whether a similar audit would be carried out within Maternity Services. Mrs Cullen said she would check this. Ms McKissick asked whether this Report would go to the HSCB board and Mrs Cullen advised that this would be the case. Ms McKissick suggested that in future, PHA should consider inviting patients along to board meetings to tell their stories, but Mrs Cullen

advised that this was already under consideration and that she was working with the Trusts to determine how this could be done.

- 149/13.7 Mrs Erskine asked whether there was a way that learning could be shared across all HSC Trusts. Mrs Cullen said that the rationale for the establishment of a regional group was to ensure that there is a regional approach in implementing the recommendations and sharing best practice.
- 149/13.8 Mr Mahaffy asked about the methodology for collecting data in terms of the demography of respondents. Ms Brown said that different methods of collecting information were used across the Trusts whereby in some instances, Trusts would distribute questionnaires, but in other cases Trusts may complete questionnaires with patients. However, in future, a standardised approach will be taken.
- 149/13.9 The Chair asked whether there was acknowledgement within the report of nurses working 13-hour shifts. Mrs Cullen conceded that there are increased expectations on nursing staff and many feel obliged to work additional hours or longer shifts, but she said her concerns have been expressed to the Chief Nursing Officer.
- 149/13.10 The Chair asked whether the issues related to a shortage of staff or a shortage of financial resources. Furthermore she queried the quality of service that nurses can provide if they are exhausted. Mr Mahaffy asked whether there was any correlation between the findings of the questionnaire and any staff surveys. Ms Brown said that it would not be possible to correlate but she did say that there is a link between greater staff numbers and improved patient safety.
- 149/13.11 Mrs Cullen moved on to give an overview of other initiatives within quality, safety and experience. She said that an overarching group had been created of senior staff within HSC Trusts with responsibility for considering the learning from SAIs and complaints and putting the learning into practice.
- 149/13.12 Mrs Cullen said that the 10,000 Voices initiative was currently under way. She said to date a significant volume of stories had been collected and this information was being given to the Patient and Client Experience working group.

149/13.13 Mrs Cullen said that each Trust is responsible for developing Quality Improvement Plans taking account of indicators set out in the Commissioning Direction. She said that issues are picked up through reviews of SAs and complaints and learning shared.

149/13.14 Finally, Mrs Cullen gave an update to members on the work of the Safety Forum.

149/13.15 Members approved the Patient Client Experience Report and noted the update on quality, safety and experience.

150/13 Item 13 – Organisation and Workforce Development Action Plan (PHA/06/11/13)

150/13.1 The Chair invited Mr McPoland to give an update on the Organisation and Workforce Development (OWD) Action Plan.

150/13.2 Mr McPoland advised that following the staff climate survey, the results of which were shared at the previous board meeting, the diagram within the Report had been developed to outline the key issues for PHA to take forward. A group was established of Assistant Directors and the Action Plan provided to members showed the programme of initiatives that would be taken forward over the coming months.

150/13.3 Mr McPoland said that the programme was ambitious, but that it needed to be put in place. He added that there remained outstanding work in terms of engagement and communication and he explained the Emphasis branding that is being used.

150/13.4 The Chief Executive agreed that the programme was very comprehensive and said that it was designed for all levels of staff and would deal with a range of issues from learning and development to health and wellbeing.

150/13.5 Mrs Erskine welcomed the action plan and asked that quarterly updates be brought to the board in respect of its implementation.

150/13.6 Members approved the Organisation and Workforce Development Action Plan.

151/13 Item 15 – Transforming Your Care Update

- 151/13.1 The Chair welcomed Pamela McCreedy, HSCB to the meeting and invited her to update members on Transforming Your Care (TYC).
- 151/13.2 Ms McCreedy began by giving an overview of TYC and the outcomes it can deliver for patients, service users and staff. She moved on to outline the nine key areas for implementation before citing examples of how TYC can improve care. Ms McCreedy explained the reporting structure of TYC and also give an update on progress being made to achieve “shift left”.
- 151/13.3 Dr Harbison sought clarity on the project management structure of TYC and how the programme is monitored, measured, reviewed and evaluation by the Transformation Programme Board. He also queried whether there were evidence gathering and research processes which fed into the Programme Board. Ms McCreedy confirmed that there was a structure in place. She cited the example of Integrated Care pathways where research was carried out and equality screening undertaken before these were developed. She added that the work undertaken as part of TYC feeds can influence Commissioning Plan Directions.
- 151/13.4 In terms of reporting, Ms McCreedy explained that there are highlight reports on each of the workstreams and monthly monitoring reports. Dr Rooney noted that the Programme Board is a high level Board with many initiatives taking place below that level. Ms McCreedy added that there are 99 recommendations and the Programme Board tracks and monitors those for which it is accountable.
- 151/13.5 Dr Harbison said that he did not feel that, in his role as a PHA Board member, that he is effectively discharging his responsibilities with regard to TYC implementation. Dr Rooney noted that PHA was not a member of the original TYC Strategy Group and he acknowledged that the programme is complex. Ms McCreedy added that PHA has become involved as there are specific recommendations relating to TYC. She suggested that the monthly monitoring reports, which are shared with HSCB Board, could be shared with the Board of PHA.
- 151/13.6 Dr Harbison noted that the 9 key areas are high level and that the

PHA Board would not seek to micro-manage these but would wish to obtain updates from a strategic performance perspective.

151/13.7 Mrs Erskine expressed her concern about the capacity and capability of the private sector to deliver on TYC and hoped that the monthly reports could provide her with assurances in that regard. Ms McCreedy acknowledged the concern and said that workforce planning is an issue, particularly in the community and voluntary sector.

151/13.8 Mrs Karp queried whether the general public had a knowledge of TYC and whether the public was engaged in the process. Ms McCreedy advised that there is a communication and engagement strategy and that, in conjunction with the Patient Client Council, there have been public events and leaflets posted to households across Northern Ireland. She acknowledged that people's knowledge of TYC may only be in the areas which may affect them or their families. Ms McCreedy added that there is PPI work undertaken and that there is also engagement with the Local Commissioning Groups.

151/13.9 Mr McClean asked for more information on the relationship between the enablers and the investment in these areas, taking into consideration the financial pressures already on the HSC. Ms McCreedy advised that the pressures on the acute sector total £50m, but for TYC the pressures in 2014/15, which are non-acute, total £22m.

151/13.10 Alderman Porter asked how it can be determined that TYC is making a difference and said that it will be important to deliver high quality outcomes from the outset. Ms McCreedy noted that each Trust has a savings plan target, but TYC seeks to ensure that its objectives are not counter-strategic. She said that it is important to ensure that there is monitoring in place.

151/13.11 Mr Mahaffy noted that the PHA Board is responsible for signing off the Commissioning Plan, and therefore is accountable for the implementation of TYC, if its objectives are part of that Plan. Citing the example of independent domiciliary care agencies, he queried whether the work of existing HSC staff is effectively being put out to tender. Ms McCreedy advised that, following discussions with DHSSPS, there will, in 2014/15, be an Integrated Commissioning Plan. With regard to any impact on

HSC staff, she said that any proposals would go out to consultation.

151/13.12 Ms McCreedy advised that the Integrated Care pathways may involve secondary care involvement, for example with GPs, pharmacies or the community and voluntary sector. She said that the outworking of investment planning will let the Programme Board know how work in this area will be progressed.

151/13.13 Mr Coulter asked whether any other statutory providers buy into TYC. Ms McCreedy said that there have been multi-agency discussions as it would be impossible to complete TYC without their support.

151/13.14 Ms McKissick outlined the work PCC has been involved in with regard to TYC. She said that the public has accepted the need for change but that there are concerns. Ms McCreedy said that the work undertaken by PCC is valued and that they took on board comments from their public engagement.

151/13.15 The Chair said that the biggest issue for PHA is workforce planning and queried whether TYC is really a new initiative or a aggregate of current PHA/HSCB work. Mrs McAndrew said that TYC is important as it represents a blueprint for moving forward.

151/13.16 Members noted the update on TYC from Ms McCreedy.

152/13 Item 16 – Any Other Business

152/13.1 There was no other business and the Chair drew the meeting to a close.

153/13 Item 17 – Date and Time of Next Meeting

Date: Thursday 19 December 2013

Time: 1:30pm

Venue: Public Health Agency

Conference Rooms

2nd Floor

12-22 Linenhall Street

Belfast

BT2 8BS

Signed by Chair: Ken W. Burt

Date: 19 December 2013