

## MINUTES

**Minutes of the 54<sup>th</sup> Meeting of the Public Health Agency board  
held on Thursday 16 May 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 Michael Neely      | - Assistant Director, Research and Development ( <i>on behalf of Dr Harper</i> )          |
| Miss Rosemary Taylor  | - Assistant Director Planning and Operational Services ( <i>on behalf of Mr McClean</i> ) |
| Alderman William Ashe | - 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:**

- |                        |  |
|------------------------|--|
| Mr Simon Christie      | - Assistant Director of Finance, HSCB        |
| Mrs Fionnuala McAndrew | - Director of Social Care and Children, HSCB |
| Mr Martin Quinn        | - Regional PPI Lead ( <i>For item 11</i> )   |
| Mr Robert Graham       | - Secretariat                                |

**APOLOGIES:**

- |                   |  |
|-------------------|--|
| Dr Carolyn Harper | - Director of Public Health/Medical Director |
| Mr Edmond McClean | - Director of Operations                     |
| Mrs Maeve Hully   | - Chief Executive, Patient Client Council    |

		<b>Action</b>
<b>54/13</b>	<b>Item 1 – Apologies</b>	
54/13.1	The Chair welcomed everyone to the meeting and noted apologies from Dr Carolyn Harper and Mr Ed McClean.	

**55/13 Item 2 - Declaration of Interests**

55/13.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. None were declared.

**56/13 Item 3 – Chair’s Business**

56/13.1 There was no Chair’s business.

**57/13 Item 4 – Chief Executive’s Business**

57/13.1 The Chief Executive gave members an overview of events that he had recently attended. He began by advising that he had attended a seminar in relation to the Francis Report and also a workshop relating to the recent pseudomonas review.

57/13.2 The Chief Executive informed members that PHA had recently received a delegation from Public Health England, including all of their Senior Management Team. He said that the meeting had very useful and that there were opportunities for future joint working.

57/13.3 The Chief Executive advised that he had done a photoshoot with Extern and had attended a palliative care workshop. He finished by saying that he had taken the opportunity prior to the meeting to visit the PHA stand at the Balmoral Show where staff were giving advice regarding the PHA’s AAA programme.

**58/13 Item 5 - Minutes of the PHA board Meeting held on 18 April 2013**

58/13.1 The minutes of the previous meeting, held on 18 April 2013, were approved.

**59/13 Item 6 – Matters Arising**

59/13.1 The Chief Executive said that he had not yet had the opportunity to follow up with OFMDFM regarding the Strategy for Older People but he would do so in advance of the next meeting.

## **60/13 Item 7 – Finance Update**

- 60/13.1 Mr Christie tabled the Finance Report for the period ending 31 March 2013. He apologise that the report was not shared with members in advance but he explained that this was due to ongoing issues with the new financial systems.
- 60/13.2 Mr Christie advised that the end of year position showed a surplus of £289k, which, with a variance of 0.33% was slightly over the DHSSPS target of 0.25%. He added that programme expenditure had generated a surplus but that £700k had been surrendered to DHSSPS from the management and administration budget. In summary, he said that the report showed a reasonable performance for PHA for 2012/13.
- 60/13.3 Mrs Erskine said that she had some queries regarding the report but that she would pick these up directly with Mr Christie.
- 60/13.4 Alderman Porter sought clarification on the rationale for the surrender of £700k. Mr Christie explained that this was due to internal vacancies. The Chief Executive outlined two key factors for this; he said that internal vacancies were often being filled by existing staff which therefore did not alleviate the issue and secondly, vacancies had been held in Nursing/AHP Directorate pending the completion of the directorate stocktake. Alderman Porter asked whether this money could have been spent elsewhere but the Chief Executive explained that this funding is ringfenced for salaries and wages.
- 60/13.5 Alderman Porter said that the accounts would show that PHA underspent by £1.1m but Mr Christie advised that a comparison to 2011/12 would show that PHA spent an additional £6m on programme work during 2012/13. He assured members that funds not spent by PHA were surrendered to DHSSPS in a timely manner to allow for these funds to be allocated elsewhere within the HSC.
- 60/13.6 Dr Harbison noted the work undertaken in February and March to achieve this outcome but he hoped that PHA would not find itself in a similar situation next year. The Chief Executive said that is being reviewed internally but he explained that there are currently issues with procurement processes which are outwith the control of PHA.

60/13.7 Members noted the Finance Report.

**61/13 Item 8 – Performance Management Report – Corporate Business Plan and Commissioning Plan Direction Targets for Period Ending 31 March 2013 (PHA/01/05/13)**

61/13.1 Miss Taylor advised that the Performance Management Report gave an update on targets and objectives set in the 2012/13 Business Plan and included Commissioning Plan Directions. Of the 104 targets altogether, the year-end outcome showed 80 rated green, 16 rated amber and 8 rated red. Of the 8 targets rated red, the target related to telemonitoring is a Commissioning Plan Direction and the remaining 7 are from the Business Plan.

61/13.2 Dr Harbison noted that the Trusts' performance in relation to telemonitoring varied greatly with the Belfast Trust achieving 16% of its target. The Chief Executive said that he had held meetings with all of the Trust Chief Executives regarding this. He noted that telemonitoring is now a Ministerial priority and he felt that performance would improve for all Trusts next year. He agreed with Dr Harbison that the current year's targets had been tough and said that for such an initiative significant changes needed to be made.

61/13.3 Members discussed the need for an evaluation of the programme. The Chief Executive agreed that the expectations of an evaluation had to be considered before terms of reference could be finalised. He noted that telemonitoring was not solely focused on delivering a better service, but that the patient experience was also important.

61/13.4 Mrs Erskine said that staff should be commended for achieving this outcome.

61/13.5 Dr Harbison asked about civic pride. The Chief Executive explained that there was currently a sub-group working on Civic Pride and he gave an overview of progress to date. He advised that this initiative was mainly within the policy of DOE but there were concerns that PHA would become the largest single contributor and that there needed to be greater clarity on the public health outcomes. He said that he intended to meet DOE and TidyNI in due course to discuss the issues. Alderman Porter

suggested that if these meetings did not achieve a satisfactory outcome, that PHA should develop its own initiative.

61/13.6 Alderman Porter noted the achievements outlined in the Report but asked about accountability if targets had not been met. The Chief Executive explained that the Commissioning Plan Directions are set by DHSSPS and that he is personally responsible for ensuring these are achieved. He added that there are regular Accountability meetings with DHSSPS to monitor progress. Alderman Porter asked whether the PHA had set challenging targets for 2012/13. The Chief Executive said that the targets were drawn from the Business Plan which had been approved by the board.

61/13.7 Members noted the Performance Management Report

**62/13 Item 9 – Board Governance Self-Assessment Tool (PHA/02/05/13)**

62/13.1 The Chair advised that the Board Governance Self Assessment tool would be sent to DHSSPS and represented a baseline. Miss Taylor said that an action plan would be developed based on findings within the assessment.

62/13.2 The Chair thanked the staff who had compiled the response.

62/13.3 Members approved the Board Governance Self-Assessment tool.

At this point Mrs Erskine and Alderman Ashe left the meeting.

**63/13 Item 10 – HSC R&D Division Update (PHA/03/05/13)**

63/13.1 Dr Neely presented an update on the work of the Research and Development Division. The outlined the corporate objectives for 2012/13 and spoke about the development of a Public Health Strategy and also the Northern Ireland Public Health Research Network (NIPHRN) which has a Steering Group of which the PHA Chief Executive is a member.

63/13.2 Dr Harbison suggested that in order to provide this Steering Group information on PHA priorities, a meeting of the PHA Research Committee should be convened and a report brought to the PHA Board on proposed areas for research.

- 63/13.3 Dr Neely outlined further information on NIPHRN and gave an overview of the Special Interest Groups (SIGs) which exist. He informed members of other key achievements within the directorate before moving on to outline the corporate objectives and priorities for 2013/14. He finished by saying that there will be a new team in place to take forward these objectives.
- 63/13.4 Dr Harbison congratulated the R&D team for the progress made but noted a lack of research into Personal and Public Involvement (PPI). Dr Neely acknowledged that PPI is a good research topic and is an area his team is aware of. Dr Harbison felt that there is a lack of evidence within HSC on PPI as a philosophy and an approach.
- 63/13.5 Alderman Porter asked whether any studies had been commissioned on obesity. Dr Neely said that to date, none had been commissioned but added that a suggestion of obesity as a research topic had been rejected twice by the Strategy Advisory Group. Alderman Porter queried how he could put obesity onto the public health research agenda. The Chair suggested that this should be put through the Advisory Group, of which the Chief Executive is a member. She noted that there are issues for PHA in terms of how it ensures that areas which are in the public health interest are brought through the research system.
- 63/13.6 Dr Neely pointed out that within the NIPHRN, obesity does not feature as one of the SIGs and he added that PHA has to undertake research which has an impact. He added that levels of funding in Northern Ireland are only at 50% of the level of other parts of the UK.
- 63/13.7 Dr Harbison hoped that the new Strategy will feature public health areas as a priority.
- 63/13.8 Mrs Karp thanked Dr Neely for all the work that he had done and wished him well in his retirement.
- 63/13.9 Members noted the R&D Division update.
- At this point Mrs McAndrew left the meeting.

**64/13 Item 11 – Bi-Annual Update on Personal and Public Involvement (PHA/04/05/13)**

- 64/13.1 Martin Quinn joined the meeting and updated members of the work undertaken by PHA in relation to PPI during 2012/13. He outlined the key challenges for 2013/14 which include the development of a Performance Management System for PPI across the HSC.
- 64/13.2 Alderman Porter asked about the role in PHA in relation to the recent planned closures of residential care homes. Mr Quinn said that this issue demonstrated the importance of PPI and involving service users and carers. He added that under new responsibilities, given to PHA by DHSSPS, PHA can challenge Trusts to show how they have fulfilled their PPI responsibilities.
- 64/13.3 Alderman Porter said that his concern was about how Trusts handled the situation and he again asked how PHA could appropriately challenge the Trusts' proposals. Mr Quinn explained that the PHA's new responsibility had taken effect in October 2012 and that a performance management system which is fit for purpose takes time to finalise. He conceded that PHA is playing catch-up but he added that Trusts are directly responsible to the Minister. The Chief Executive agreed that there is a challenge for PHA to develop a performance management framework, which will be brought to the PHA board, and which takes into account the roles and responsibilities of PHA, DHSSPS, HSCB and also the Patient Client Council. He added that he will be meeting with the PCC shortly to discuss this.
- 64/13.4 Alderman Porter queried if it is the role of PHA to set policy or to ensure that policy is implemented and is it PHA's duty to look at issues such as the potential closure of care homes. The Chief Executive said that PHA's responsibility needed to be defined within the new performance management framework. He added that the DHSSPS did not set a deadline for the completion of this, therefore it was important that PHA took time to clarify its role and get it right.
- 64/13.5 Dr Harbison acknowledged that there is a lot of important activity taking place in relation to PPI but he felt that there should be an evaluation. Mr Quinn said that some pieces of PPI research had been funded and he expected that DHSSPS would mandate

further research. He hoped that at the next update he would be able to advise the board on progress regarding this.

64/13.6 Members noted the PPI update.

**65/13 Item 12 – Delivering Care – Normative Staffing (PHA/05/05/13)**

65/13.1 Mrs Cullen said that, following the recent Francis Inquiry, the compilation of this paper on normative staffing ratios for nursing was timely in terms of the need for robust workforce planning arrangements. She explained that this report focused on acute services and had been prepared by the Director of Nursing and AHP and representatives from across Northern Ireland. The paper outlined the recommended staffing ranges to support safe nursing levels.

65/13.2 Mrs Cullen said that following completion of this paper, it was anticipated that a similar review of community nursing would be undertaken. She said that this report would be presented to the Chief Nursing Officer but there was still discussion required on how the paper would be signed off and endorsed.

65/13.3 The Chair noted the ongoing use of the Telford system for determining staffing ratios which dates back to 1979. Mrs Cullen confirmed that this tool is still widely in use today across the UK.

65/13.4 Mrs Karp asked if there was any links with staffing ratios from Serious Adverse Incidents (SAIs). Mrs Cullen confirmed that there are cases where there is a link between SAIs and staffing levels, the issues being not having consistent safe and effective levels of nursing. She added that following the Francis Inquiry, a nursing alliance will be established and she will be joining that group.

65/13.5 Mr Mahaffy asked if a minimum rate would be set. Mrs Cullen said that following a comprehensive discussion with RCN colleagues, it was agreed that there should be mandatory levels of nursing staff, rather than a minimum rate. Mrs Cullen confirmed, in response to Mr Mahaffy's query, that there had been significant staff side involvement in the development of the paper with good attendance at all meetings.

65/13.6 The Chair asked about the impact of the paper on future commissioning decisions. Mrs Cullen said that recommendations



on staffing levels would only be applied to new services and would not be applied retrospectively to existing services. If, within any existing service, recommendations for savings are being made, assurance would be sought that this will not impact on the safety and effectiveness of nursing care.

65/13.7 Mr Christie asked if this paper had been brought to the board of the HSC Board. Mrs Cullen confirmed that the paper was presented to the board of the HSC Board at its meeting last week.

65/13.8 Dr Harbison queried the levels of sickness used in the report as he felt that in reality, the levels were much higher. Mrs Cullen acknowledged that there is a range across the Trusts but this was the agreed figure used.

65/13.9 Mrs Karp said that, in terms of PHA's role regarding nursing, safety and quality, the board needed to take time to agree its responsibilities in relation to this paper. The Chair said that PHA could in future be reviewing Commissioning Plans and determining if services are safe. Mrs Cullen agreed that this was an important role in terms of PHA's decision making.

65/13.10 Members noted the normative staffing paper.

### **66/13 Item 13 – Reflections on Francis Report**

66/13.1 The Chair asked those members who had attended the recent seminar on the Francis Inquiry for their thoughts. She said that she had found the presentation to be stimulating, but also worrying but she felt that there was a will among those present to work to ensure that any learning would be taken forward in Northern Ireland.

66/13.2 Dr Harbison said that he had found the presentation fascinating and that he felt assured having heard the section on Northern Ireland.

66/13.3 Mrs Karp said that it was important that safety and quality featured on the agenda of the PHA board at each meeting.

66/13.4 At this point Mrs McAndrew and Alderman Porter left the meeting.

66/13.5 The Chair briefly left the meeting.

**67/13 Item 14 – Presentation “Working Together on Healthy Ageing in Belfast”**

- 67/13.1 Mrs Karp welcomed Elma Greer from Belfast Health Development Unit and Gillian McEvoy from Belfast City Council to the meeting and invited them to do a presentation on Working Together on Healthy Ageing in Belfast.
- 67/13.2 Elma Greer began the presentation by explaining that the number of older people in Belfast has increased and that through a network of organisations there is a forum for older people which ensures that their issues are represented. She gave an overview of the main priority areas and cross cutting themes.
- 67/13.3 Gillian McEvoy gave members an overview of the work being done by Belfast City Council to improve the health and quality of life for older people in Belfast and outlined the City Council’s vision. She outlined the 8 key priority which the Council has identified and how it will work with organisations such as the Greater Belfast Senior Citizens Forum to finalise a report which will develop a three year action plan with agreed indicators.
- 67/13.4 The Chief Executive said that he would welcome an opportunity for some of the initiatives highlighted in the presentation to be raised a future meeting of the Belfast Strategic Partnership. Elma Greer said that she would welcome this opportunity.
- 67/13.5 Dr Harbison asked whether information on some of the initiatives was available on the Internet. Gillian McEvoy said that a website was being launched at a workshop which is scheduled to take place shortly.
- 67/13.6 Dr Neely informed members of the Public Health conference which is taking place on 12 June, the theme of which is older people.
- 67/13.7 Members noted the presentation.

**68/13 Item 15 – Any Other Business**

- 68/13.1 There was no other business and the Chair drew the meeting to a close.

**69/13 Item 16 – Date and Time of Next Meeting**

69/13.1 The Chair advised that the next meeting of the board was due to take place on 20 June but that there may be an additional meeting on 12 June to formally approve the Annual Report and Accounts. Mr Christie said that he would be able to confirm within the next week whether this meeting will be able to take place.

Date: Thursday 20 June 2013

Time: 1:30pm

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

Signed by Chair:

A handwritten signature in black ink that reads "Mary Mc Mahon". The signature is written in a cursive style and is positioned to the right of the text "Signed by Chair:".

Date: 20<sup>th</sup> June 2013