

**MINUTES**

**Minutes of the 85<sup>th</sup> Meeting of the Public Health Agency board  
held on Thursday 16<sup>th</sup> June 2016 at 1:30pm,  
Conference Rooms 3+4, 12/22 Linenhall Street,  
Belfast, BT2 8BS**

**PRESENT:**

- 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
- Councillor William Ashe - Non-Executive Director
- 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

**IN ATTENDANCE:**

- Mr Simon Christie - Assistant 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:**

- Mr Thomas Mahaffy - Non-Executive Director
- Alderman Paul Porter - Non-Executive Director
- Mr Paul Cummings - Director of Finance, HSCB

		<b>Action</b>
<b>59/16</b>	<b>Item 1 – Welcome and Apologies</b>	
59/16.1	The Chair welcomed everyone to the meeting and noted apologies from Mr Thomas Mahaffy, Alderman Paul Porter and Mr Paul Cummings.	
<b>60/16</b>	<b>Item 2 - Declaration of Interests</b>	
60/16.1	The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.	

<b>61/16</b>	<b>Item 3 – Minutes of previous meeting held on 19 May 2016</b>
61/16.1	The minutes of the previous meeting, held on 19 May 2016, were approved as an accurate record of the meeting.
<b>62/16</b>	<b>Item 4 – Matters Arising</b>
62/16.1	The Chair asked about the reference in the previous minutes ( <i>paragraph 51/16.4</i> ) that 70% of people who die through suicide are not in contact with statutory services. Dr Harper explained that a significant proportion of people who take their own lives may not be receiving formal care from statutory services at the time of their death. They may be a person affected by a new onset of illness, or someone with a history of mental illness who has received treatment in the past, but is not under the care of mental health services at the time of death. She said that the approach to reducing suicides therefore includes initiatives to increase public and professional awareness of the signs of mental ill-health, and provide services early and quickly whether in primary, community and voluntary, or statutory services, according to patients' needs.
62/16.2	Dr Harper advised that members would receive an update from Dr Lorraine Doherty at a future meeting on the new arrangements for the oversight of HCAs and the AMR agenda ( <i>paragraph 55/16.5</i> ).
62/16.3	The Chair noted that there had been discussion about a different rating for those performance management objectives that had not been achieved due to factors outwith PHA's control ( <i>paragraph 55/16.4</i> ). He also asked whether targets that may be missed have a new target date. Mr McClean advised that many of PHA's targets and target dates are set down to DoH. Mr Coulter requested that there be more focus on those targets which are consistently amber at a workshop.
62/16.4	The Chief Executive advised that there would be an in-depth update on telemonitoring at the next meeting following the queries raised at the previous meeting ( <i>paragraph 47/16.2</i> ).
<b>63/16</b>	<b>Item 5 – Chair's Business</b>
63/16.1	The Chair said that he had contacted Chairs of other

Secretariat

organisations through the Chairs' Forum to research what ICT infrastructure they were using for their meetings and gave members an overview of what other sectors were using.

#### **64/16 Item 6 – Chief Executive's Business**

- 64/16.1 The Chief Executive informed members that he had met with the new Health Minister that morning as she set out her view of how the service will take forward the many different strategies. He added that she wished to meet with PHA staff at an early point.
- 64/16.2 The Chair asked if the Chief Executive had got a general sense of the policy direction. He responded that it was difficult to glean at this stage given the current situation with the proposed restructuring, the forthcoming publication of the Bengoa review and that the new Executive has only just begun its term. He said that the Minister was committed to the public health agenda and tackling health inequalities.
- 64/16.3 The Chief Executive advised members that he, along with the Chief Executive of HSCB, would be attending a session of the Health Committee on 30 June.

#### **65/16 Item 7 – PHA Annual Report and Accounts 2015/16 (PHA/01/06/16)**

- 65/16.1 Mr McClean presented the Annual Report to members and gave members an overview of some of the highlights within the Report. He drew attention to PHA's high levels of compliance against the Controls Assurance Standards, and that these had been verified by Internal Audit.
- 65/16.2 Mr McClean moved onto the Internal Control Divergences, and advised that one of the issues, which related to accommodation, has now been resolved. He said that there remained issues with regard to the Business Services Transformation Programme (BSTP), as Internal Audit had given an 'unacceptable' audit rating in respect of recruitment and 'limited' in terms of selection and payroll.
- 65/16.3 Mr McClean advised that issues highlighted within contracts with the community and voluntary sector would be fully resolved following the completion of all of the procurement exercises on

PHA's Procurement Plan.

- 65/16.4 Mr Christie reminded members that the Annual Report and Accounts are not a formal public document until they have been approved by the PHA Board and PHA is in receipt of the Comptroller and Auditor General's certificate. Following receipt of the certificate, he advised that the report is laid before the Northern Ireland Assembly.
- 65/16.5 Mr Christie advised members that the accounts had been prepared in accordance with the Financial Reporting Manual and the timetable laid down by the Department of Health. He added that the accounts had been considered in detail by the Governance and Audit Committee, as well as the Northern Ireland Audit Office's 'Report to those Charged with Governance'.
- 65/16.6 Mr Christie explained that the format of the accounts had changed with some of the information now appearing within the main Annual Report. He gave members an overview of the remuneration tables and noted the decrease in PHA staff numbers compared to 2014/15, which was mainly due to VES.
- 65/16.7 Mr Christie highlighted the summary of the accounts which showed that PHA finished the year with a surplus of £178k, and this represented a break-even position. He drew members' attention to the prompt payment performance and the financial performance targets.
- 65/16.8 Mr Christie said that overall, the financial performance was very satisfactory with no issues raised by the external auditors for management to address. The Chair commended finance staff and budget holders for their discipline in achieving this outcome.
- 65/16.9 Mr Coulter said that the Governance and Audit Committee had considered previous iterations of the Report and Accounts and had had the opportunity to consider them more closely. He added that the Committee had met with external auditors and that there were no issues and he expected that PHA would receive an unqualified audit opinion.
- 65/16.10 The Board **approved** the Annual Report and Accounts.

**66/16 Item 8 – Commissioning Plan 2016/17 (PHA/02/06/16)**

- 66/16.1 Mr Roger Kennedy from HSCB joined the meeting to present the Commissioning Plan for approval.
- 66/16.2 Mr Kennedy advised that was the final draft of the Plan which has been developed in response to the Commissioning Plan Direction issued by the Department of Health. He said that the purpose of the Plan is to provide an overview of key priorities and investment decisions, and what the public can reasonably expect in terms of access to services, based on ministerial themes and developed within the current financial context. He added that the Plan had been developed in conjunction with PHA and regional commissioning teams and had been considered by the senior management teams of both PHA and HSCB and by the Board of HSCB.
- 66/16.3 Ms Mann-Kler said that the recent workshop to consider the draft Plan had been useful, but asked if the planning cycle was likely to be changed as the Plan commenced on 1 April 2016, but that the Trusts would not be returning their draft Delivery Plans until August. Mr Kennedy agreed that the Plan would not be implemented until halfway through the year, but he hoped that in future there would be better medium and long term planning with perhaps a 3-year cycle. The Chair asked if it would be possible to get the Commissioning Direction earlier.
- 66/16.4 Dr Harper said that ideally the draft Plan should be considered in December or January, and she added that with recruitment only commencing to implement the Plan, benefits may not be realised until March or April of next year.
- 66/16.5 The Chief Executive said that the process for developing the Plan has changed following the previous Minister's announcement on the need for better planning within the health service system, and that there is the potential for further change given the proposed restructuring.
- 66/16.6 Mrs Hinds said that the Plan reflects the Commissioning Plan and financial plan priorities as determined by the Department of Health. She noted that there are some priorities which cannot be funded, given the current financial situation, but that the Plan is a reasonable one overall. She added that PHA and HSCB staff will

- scrutinise the responses from the Trusts once they are received.
- 66/16.7 Mr Kennedy confirmed that the Trust response plans were due by the end of July and these would be considered by HSCB.
- 66/16.8 Dr Harper highlighted some of the investments within the Plan from a public health perspective. She noted the implementation of Making Life Better and made reference to funding required within screening programmes, e.g. diabetic eye screening and cervical screening. She also raised issues with regard to antimicrobial resistance and stewardship. Mr Coulter said that he was pleased that diabetic retinopathy had been included. He added that the new format of the Plan made it easier to read.
- 66/16.9 Mrs McKissick raised some issues on behalf of the Patient Client Council and particularly in regard to endometriosis. Mr Kennedy said that these issues would be picked up in the section under pain management as part of an overarching review of pain management. He added that it would be up to Trusts to decide what their funding priorities are.
- 66/16.10 Mrs McKissick said that the section in the Plan which looks at ME and MS is not factually accurate, and that it should be a priority for a secondary care medical consultant to be appointed due to the number of people receiving an incorrect diagnosis. She welcomed the recommendation relating to clinical care pathways for women with recurrent miscarriages.
- 66/16.11 Mrs McKissick said that the work undertaken in pain management was a good example of how co-design can make a difference. She thanked the work of PHA in this area.
- 66/16.12 As there were no further comments, the Chair proposed that the Commissioning Plan be approved. Members **approved** the Commissioning Plan.
- 67/16 Item 9 – PHA Investment Plan / Draft PHA Budget 2016/17 (PHA/03/06/16)**
- During this item Mrs McAndrew and Mr Drew joined the meeting.*
- 67/16.1 Mr McClean explained that the Investment Plan showed how the PHA budget is built up. He said that staff work at this year to

- develop a list of service pressures and priorities, but noted that £1.587m has been removed from the PHA budget for 2016/17.
- 67/16.2 Mr McClean explained that the service pressures for 2016/17 totalled £2.1m, but that in order to meet these he gave an overview of where non-recurrent funding could be found. He added that PHA had put a case to DoH for recurrent funding for these pressures. Mr McClean said that the paper shows that PHA is presenting a balanced budget for 2016/17.
- 67/16.3 Mrs Erskine acknowledged that this is not an easy task and welcome the Investment Plan. She asked if additional priorities may impact on PHA depending on what health-related initiatives emanate from the new Programme for Government. Mr McClean indicated that the Programme for Government fits well with the work that PHA is doing, and Dr Harper welcomed the potential for PfG to reduce silo working and encourage different departments to work together to make better use of Executive monies.
- 67/16.4 The Chair said that he was concerned about the reference to administration in that it does not demonstrate that the figures include staff costs. The Chief Executive said that PHA has had many discussions with DoH regarding their definition of administration. He pointed out that for 2015/16, PHA was given some flexibility in terms of the areas it could make savings, and that there remains some flexibility for 2016/17, but that if any new initiatives were given to PHA, there would be impacts in other areas.
- 67/16.5 Mr Coulter welcomed the Chief Executive's observations regarding management and administration. He said that the classification of staff as administration disguises the unique expertise that is found within PHA. He asked about the Scrutiny Panel. Mr McClean explained that this consists of Directors and representatives from HR and Finance and that it has so far considered 138 applications.
- 67/16.6 The Chair also raised the issue of the classification of management and administration. Mr Christie said that he would check if the descriptors could be modified.
- 67/16.7 Ms Mann-Kler asked about the limited funding in mental health

services. Dr Harper said that it is the scale of what PHA can do that is the issue. She explained that a small scale pilot could be undertaken, but no further expansion of a service.

67/16.8 Mr Christie moved on to give members an overview of the budget. He pointed out that the research and development budget is now classified as capital, rather than revenue. When asked why this was now the case, Mr Christie explained that this was to line up with the European system of accounts. The Chair expressed a concern that this might affect virement of the screening budget.

67/16.9 Members **approved** the PHA budget.

**68/16 Item 10 – Programme Expenditure Monitoring System (PEMS) Report (PHA/04/06/16)**

68/16.1 Mr McClean said that having set out the financial context for 2016/17, it was worthwhile looking back at 2015/16 to see where PHA had allocated its funding. He asked Mr Stephen Murray to give members an overview of the report.

68/16.2 Mr Murray noted that there had been a slight reduction in the amount of spend directly on the Suicide Prevention Strategy, but that this was allocated to associated areas within mental health. He said that smoking cessation funding had also reduced due to a slight fall in demand, and that there was less spend on obesity.

68/16.3 The Chair asked about uptake rates for the flu vaccine. Dr Harper said that Northern Ireland's uptake rates compare favourably compared to other parts of the UK. Mr Drew asked if there were plans to extend the coverage of flu vaccination. Dr Harper said that all school children were now included. Mr Drew asked how effective the vaccination programme had been. Dr Harper explained that that this year there was not such a good match between the flu virus and the vaccine, which resulted in increased hospital admissions and an increase in the number of deaths resulting from flu across Europe.

68/16.4 The Chair asked about the uptake among PHA staff. Dr Harper said that the rate among PHA staff was higher than that of HSC staff who interact with patients.



- 68/16.5 Mr Murray said that the breakdown by sector showed that the majority of PHA's funding went outside the HSC, primarily to the community and voluntary sector, where there are many small scale contracts. Mr McClean explained that there are approximately 1,000 lines of activity of which 70% are less than £20k. He said that this raises a lot of contract management issues.
- 68/16.6 Mr Coulter asked about the difference between community and voluntary sector. The Chief Executive noted that community groups wished to be distinguished as such, and are usually on a smaller scale.
- 68/16.7 Ms Mann-Kler said that she found the document to be very useful. She asked if there was a similar report highlighted what priorities have already been agreed for 2016/17. The Chief Executive said that the agreed priorities are outlined within the Investment Plan and the Business Plan. He explained that there is a twice yearly meeting with all budget managers to identify where the priorities are, and that this then feeds into the monthly finance reports.
- 68/16.8 Mr Drew asked whether the private sector spend related to Lifeline. Mr Murray said that this would also include campaigns. Mr Drew said it would be helpful to see this type of report more often.
- 68/16.9 In response to a query from Mr Drew, Mr McClean said that PHA had previously provided board members with reports on a more regular basis when financial systems were still settling down, and this could be reviewed if members found it of value.
- 68/16.10 Members noted the PEMS Report.
- 69/16 Item 11 – Governance and Audit Committee Update (PHA/05/06/16)**
- 69/16.1 Mr Coulter advised members that the minutes of the Governance and Audit Committee of 11 April were available for noting. He thanked Mr Drew for chairing that meeting in his absence.
- 69/16.2 Mr Coulter went on to give members an overview of the meeting of 3 June. He began by saying that PHA had received Internal

Audit reports relating to BSO Shared Services, and that there was an “unacceptable” level of assurance given for Recruitment and Selection with 7 Priority One recommendations. He added that there was “limited” assurance given to an audit on Payroll and “satisfactory” assurance for an audit on payments.

69/16.3 Mr Coulter said that these issues were of grave concern to the Committee and that the Chief Executive has agreed to meet with the Chief Executive of BSO to discuss this. He added that the Committee may also write to the Chair of the BSO Governance and Audit Committee.

69/16.4 Mr Coulter informed members that the Committee had received the Head of Internal Audit’s Annual Report. He said that Internal Audit had verified PHA’s substantive compliance against four of its Controls Assurance Standards. In terms of follow up on previous audit recommendations, he advised that 78% had now been fully implemented and a further 18% partly implemented. He went on to say that following a meeting solely between members and representatives of Internal and External Audit, the overall opinion was that there is a satisfactory system of internal control.

69/16.5 Mr Drew said that the payroll issues was very concerning and could impact on staff. Mrs Erskine noted that this was not the first time these issues had been raised. With regard to recruitment and selection, Mrs Hinds said that it is important to note that although PHA is a smaller organisation, the impact of delays in recruitment is very serious. Dr Harper agreed that PHA is not affected less than any other organisation and delays have very serious consequences.

69/16.6 Mr Drew suggested that if BSO is not performing, if Department of Health was considering placing the organisation under special measures.

69/16.7 Mr Christie said that the Business Services Transformation Programme has been fraught with difficulties but that there is much learning. He went on to clarify the comments that PHA is less affected than other organisations with regard to recruitment and selection. He explained that the inference was, that in HSC Trusts, funding has been allocated and delays in recruiting staff meant that this funding could not be fully utilised.

- 69/16.8 The Chair asked whether additional staff should be recruited to assist in this area of work. Mr Christie explained that the recruitment and selection function is now based in Armagh and this move had reduced staffing numbers.
- 69/16.9 Mr Coulter distributed to members a copy of the Governance and Audit Committee's Annual Report which was noted by members.
- 69/16.10 The Chair thanked Committee members for their work over the last year.
- 70/16 Item 12 – Corporate Risk Register (PHA/06/06/16)**
- 70/16.1 Mr McClean advised that the Corporate Risk Register up to 31 March 2016 had been considered by the Governance and Audit Committee at its meeting on 3 June. He said that two new risks had been added, and one risk removed, and that the register highlighted the mitigating actions being taken.
- 70/16.2 Members **approved** the Corporate Risk Register.
- 71/16 Item 13 – Information Governance Policies (PHA/07/06/16)**
- 71/16.1 Mr McClean said that the two Information Governance Policies, namely the PHA Data Breach Policy and PHA Access to Information Policy had been developed to bring PHA into line with current governance requirements.
- 71/16.2 Mr Drew said that both policies were of a very high standard and commended them as exemplars of their type.
- 71/16.3 Mr McClean said that following approval of the policies, they would be shared with all staff and included in induction materials.
- 71/16.4 Members **approved** the two Information Governance policies.
- 72/16 Item 14 – Annual Report 2015/16 to the Equality Commission (PHA/08/06/16)**
- 72/16.1 Mr McClean reminded members of the discussions at the recent Board meeting about equality and asked Anne Basten to give members an overview of the report, but in particular highlighting

those areas where PHA's work has made a difference for staff and service users.

- 72/16.2 Ms Basten began with health and wellbeing improvement initiatives, and advised that PHA's work with the travelling community has resulted in health training co-ordinators champions working within that community. She cited the example of teenage parents who have come through the Family Nurse Partnership programme sitting on interview panels for nurse managers. She also referenced the anti-absconding tool which has seen a 70% reduction in absence without leave.
- 72/16.3 Ms Basten informed members that work is commencing on reaching out to the group affected by female genital mutilation (FGM). She also highlighted work to ensure that people with a learning disability have better access to information about services and she referenced how PHA has recruited staff through disability work placements, with some of these individuals now obtaining permanent employment.
- 72/16.4 Mr Drew thanked Ms Basten for the excellent summary of the work, but said that the format of the report does not allow for this work to be easily gleaned from it. Mr McClean said that PHA is working with the Equality Commission as it has recently carried out a review of the format of reports. He went on to thank Ms Basten for her work in putting the report together and making the work come alive.
- 72/16.5 The Chair asked if the PHA, in recruitment advertising, would indicate that applications are welcome from individuals with a disability. Mrs McAndrew said that this already appears on the forms, but she also noted that people do not always wish to declare that they have a disability.
- 72/16.6 Mrs McKissick praised the work done with the travelling community and also the value-based recruitment with young people.
- 72/16.7 Members approved the annual progress report.

**73/16 Item 15 – Management Statement / Financial Memorandum (PHA/09/06/16)**

73/16.1 Mr McClean explained that the Management Statement and Financial Memorandum outlines PHA's relationship with its sponsor branch and is required to be brought to the Board annually. He advised that there have not been any changes to the document.

73/16.2 Members noted the Management Statement and Financial Memorandum.

**74/16 Item 16 – Any Other Business**

74/16.1 There was no other business.

**75/16 Item 17 – Date and Time of Next Meeting**

Date: Thursday 18 August 2016

Time: 1:30pm

Venue: Conference Rooms 3+4  
12/22 Linenhall Street  
Belfast  
BT2 8BS

Signed by Chair:



Date: 18 August 2016