

91st Meeting of the Public Health Agency Board

Thursday 16 February 2017 at 1:30pm

Fifth Floor Meeting Room, 12-22 Linenhall Street, Belfast

Present

Mr Andrew Dougal	- Chair
Mrs Valerie Watts	- Interim Chief Executive
Mr Edmond McClean	- Interim Deputy Chief Executive / Director of Operations
Dr Carolyn Harper	- Director of Public Health/Medical Director
Mrs Mary Hinds	- Director of Nursing and Allied Health Professionals
Councillor William Ashe	- Non-Executive Director
Mr Brian Coulter	- Non-Executive Director
Mr Leslie Drew	- Non-Executive Director
Mr Thomas Mahaffy	- Non-Executive Director
Ms Deepa Mann-Kler	- Non-Executive Director
Alderman Paul Porter	- Non-Executive Director

In Attendance

Mrs Fionnuala McAndrew	- Director of Social Care and Children, HSCB
Mr Robert Graham	- Secretariat

Apologies

Mr Paul Cummings	- Director of Finance, HSCB
Mrs Joanne McKissick	- External Relations Manager, PCC

1/17 | Item 1 – Welcome and Apologies

1/17.1 The Chair welcomed everyone to the meeting. Apologies were noted from Mr Paul Cummings and Mrs Joanne McKissick.

2/17 | Item 2 - Declaration of Interests

2/17.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

3/17 | Item 3 – Minutes of previous meeting held on 15 December 2016

3/17.1 The minutes of the previous meeting, held on 15 December 2016, were **approved** as an accurate record of the meeting.

4/17 Item 4 – Matters Arising

135/16.4 AAA Screening Programme

4/17.1 Mr Coulter confirmed that Ms McDevitt had forwarded to him details of screening programmes in the Lisburn area. He said that to date, his experience of engaging with the programme had been extremely positive.

129/16.5 Lifeline

4/17.2 The Interim Chief Executive advised members that she had raised the issue of the Lifeline contract with the Permanent Secretary and advised him that PHA was awaiting a decision on a proposed way forward.

129/16.1 Outcomes based Accountability

4/17.3 The Chair asked that members respond to the e-mail regarding Outcomes Based Accountability. He said that three dates had been arranged for members.

132/16.7 Connected Health Spend

4/17.4 Mr McClean advised in response to a question at the December meeting that information will be forwarded to members by e-mail.

133/16.9 PPI and Appraisals

4/17.5 Mrs Hinds said that she had discussed this with Hugh McPoland, as there are ongoing discussions looking at the appraisal process as a whole.

5/17 Item 5 – Chair’s Business

5/17.1 The Chair thanked Board members for their engagement to date with the Board Effectiveness programme. He said that he had attended a seminar organised by the Institute of Directors on the effective Board and the challenge function.

5/17.2 The Chair said that he had attended the launch of the ARTiculate programme, which is funded by both PHA and Arts NI. He advised that this programme complements existing PHA work and uses arts as a tool to improve the confidence and self-reliance of individuals who may be predisposed to self-harm. He added that this programme is an important element of the Protect Life Strategy.

6/17 Item 6 – Chief Executive’s Business

6/17.1 The Interim Chief Executive informed members that as part of one of the workstreams of the Transformation Implementation Group, the PHA PPI team, led by Michelle Tennyson, has been working in partnership with the

- Patient and Client Council and service users to develop for the Chief Nursing Officer guidance on co-production and co-design. She invited Mrs Hinds to say more on this.
- 6/17.2 Mrs Hinds advised that there is a draft paper which has been developed with social workers, carers and colleagues in both PHA and PCC, and that there will be an additional piece of work which the CNO will undertake to bring all of this together. Ms Mann-Kler asked if this co-production piece was specific to nursing. Mrs Hinds said that it will be generic. Ms Mann-Kler asked what the difference was between co-production and co-design. Mrs Hinds said that PHA is working to a definition and that the Executive Office has a definition and that it will be up to the CNO to develop one definition.
- 6/17.3 Ms Mann-Kler asked about a link with Outcomes Based Accountability. Mrs Hinds explained that OBA is not an engagement tool, but it is central to this piece of work in terms of defining, “what does good look like?”.
- 6/17.4 The Interim Chief Executive advised members that the consultation on the new Corporate Strategy for the period 2017/21 is due to close soon. She outlined how PHA has been engaging with the public during the period of the consultation, including the facilitation of two public workshops. She explained that a report of the consultation will be written up and an updated Strategy brought to the next meeting of the Corporate Strategy Project Board. She added that it is intended that there will be a Board workshop to consider the final draft Strategy before it is brought to the PHA Board for formal approval in April.
- 6/17.5 The Interim Chief Executive informed members that the lease for Ormeau Baths had ended and the lease for Alexander House was about to end, and therefore PHA staff had vacated these two offices and moved into new accommodation in Linum Chambers, with a small number having moved into Linenhall Street. Councillor Ashe said that it was his understanding that all PHA staff would be brought together into one location. The Interim Chief Executive explained that there is not the room to do this at the moment. Mr McClean added that PHA has signed a flexible lease for a period of up to five years. He said it remained PHA’s aim to have all its staff together, but this is an interim arrangement in advance of any future restructuring.
- 6/17.6 Alderman Porter said that it was important for PHA to have its own building in order to have its own identity and grow the brand. The Interim Chief Executive said that the point made about growing the PHA brand is important and advised members that she has been asked to develop the operating model for the new enhanced PHA and that once this is agreed, we will know the direction of travel.
- 6/17.7 Mr Coulter asked whether the SIB’s policy will ameliorate the risk that PHA has on its Corporate Risk Register with regard to property management, and if it will assume a role vis-à-vis 12/22 Linenhall Street.

Mr McClean confirmed that the acquisition of Linum Chambers both addressed accommodation pressures and facility management issues. He noted, however, that there was no leeway on the fourth floor in Linenhall Street and it would be difficult to accommodate any increase in staff. He also noted that the equitable use of space throughout the building had been raised by the Interim Chief Executive at a recent AMT meeting.

- 6/17.8 The Interim Chief Executive said that work is continuing with the implementation of the Minister's vision for health and social care. She said that the Minister chaired the first meeting of the Transformation Advisory Board last week and that the Transformation Implementation Group is continuing to meet with a range of workstreams being established and taken forward by individual workstream leads.
- 6/17.9 The Interim Chief Executive advised that the Department of Health had published its elective care plan, and that HSCB and PHA had inputted into its development. She added that the Department's consultation on reconfiguration criteria had closed. With regard to the HSC restructuring, the Interim Chief Executive said that the Permanent Secretary had written to her regarding moving this work forward. She said that the strategic leadership role of the Department of Health is to be enhanced and a single regional body established and that Trusts will work in partnership with local providers.
- 6/17.10 The Interim Chief Executive informed members that the Permanent Secretary has established two interim transitional Director posts in Finance and Performance Management, and that these posts will be filled by Paul Cummings and Michael Bloomfield from HSCB who will carry out these roles in addition to their existing roles, with this interim work being completed by 31 March 2017. She added that, as mentioned earlier, she has been asked to develop the operating model for the regional body and will be consulting on this. The Chair said that this is an awesome responsibility to be placed on the Interim Chief Executive and that she may wish to seek external assistance or independent expertise. The Interim Chief Executive said that she has been ably supported by her executive colleagues.
- 6/17.11 Ms Mann-Kler asked what the Interim Chief Executive's reading of the current situation is. The Interim Chief Executive said that this is an excellent opportunity for PHA, and it may be worthwhile having a Board workshop to look at this. She said that there is a lot of work required to develop the draft model and to conduct an impact analysis. She added that she has not been informed that the PHA is closing, unlike the HSCB, but rather its operating model will change.

7/17 Item 7 – Financial Performance Report (PHA/01/02/17)

- 7/17.1 Mr McClean presented the Financial Performance Report, and said that PHA remains on target to achieve a break even position at the year end. He advised that PHA is working with the Department of Health to use some additional non-recurrent funding on a range of initiatives.
- 7/17.2 Mr McClean gave an overview of some key areas. He said that the new self-harm contract has so far shown a slow uptake in 2 Trust areas. He added that the Lifeline contract is operating at expected levels of activity, and that R&D is performing well, although this expenditure is now classed as capital. With regard to the administration budget, Mr McClean advised that this is showing a surplus, but that some of this surplus will contribute to covering dilapidation costs for Ormeau Baths and Alexander House. He finished his overview by noting that the prompt payment performance continues to be good.
- 7/17.3 Mr Drew sought clarity on the terms of the extension of the Lifeline contract. Dr Harper confirmed that the extension is until March 2018 and that the costs will remain the same. The Chair noted that the Lifeline budget is currently 60% utilised at this stage of the year. Mr McClean said that demand can fluctuate with an increase over the winter months, but he assured members that any underspend is utilised in areas directly relating to suicide prevention.
- 7/17.4 Mr Coulter noted that approximately one-third of the underspend is in relation to screening. Dr Harper acknowledged that this is unusual, and said that PHA had planned for and obtained additional funding for bowel cancer screening, but due to issues regarding vacancy control, recruitment and delays in getting the staff in post, this underspend has arisen. However, she added that the investment will be required to keep the programme going.
- 7/17.5 Mr Coulter said that he found it difficult to understand the re-classification of R&D expenditure as capital, but he asked how the budget has come to be £658k over budget. Mr McClean said that there had been an opportunity to get funds issued early in the financial year, and he expected the budget to come in on target.
- 7/17.6 Mr Coulter asked when PHA would expect to hear about whether there will be any further reductions in its overall budget. Mr McClean said that there is no information on this as yet but noted that any further reduction will be critical in terms of carrying out core functions. The Interim Chief Executive advised that she has received correspondence from the Department regarding costs of administrative staff and in response to PHA's response regarding savings scenarios, the Department had requested further detail. She advised that a meeting is taking place at the Department early next week to look at the financial shortfall for 2017/18 across the HSC and she expects that all bodies will be asked to make

- further savings. She noted that PHA is currently consulting on its new Corporate Strategy, and will require resources to be able to complete the objectives outlined in the Strategy.
- 7/17.7 The Chair added that it was important to note that projects carried out by others on behalf of PHA will have administration costs, and that administration staff are critical. Dr Harper said that confirmation of funding is sometimes not obtained until later in the year.
- 7/17.8 Alderman Porter asked how often PHA has returned funding. Mr McClean said that on occasions PHA has returned funding to assist with wider funding pressures. Alderman Porter said that it is difficult to ask for additional funding when you cannot spend all of your current funding. Mr McClean noted that PHA was anticipating a break-even position.
- 7/17.9 Members noted the Financial Performance Report.
- 8/17 Item 8 – Review of PHA Standing Orders and Standing Financial Instructions / Review of PHA Scheme of Delegated Authority (PHA/02/02/17)**
- 8/17.1 Mr McClean advised that the PHA's Standing Orders and Standing Financial instructions follow a template widely used across the HSC and that the main changes made during this review related to terminology. He said that there had been a fuller discussion at the recent Governance and Audit Committee, but that the Committee had approved the changes.
- 8/17.2 Mr Coulter agreed with Mr McClean's overview and said that the committee would recommend approval, contingent on a further discussion taking place regarding the schemes of delegation, with particular reference to procurement and the renewal of contracts. He suggested that Mr Cummings should be in attendance and that this would be more appropriate at a Board workshop.
- 8/17.3 The Chair added that the terms of reference for the Remuneration Committee also needed to be reviewed.
- 8/17.4 Members **APPROVED** the review of Standing Orders and Standing Financial Instructions and the updated Scheme of Delegated Authority.
- 9/17 Item 9 – Annual Quality Improvement Plan Report 2015/16 (PHA/03/02/17)**
- 9/17.1 Mrs Hinds informed that HSC Trusts are required to submit Quality Improvement Plans to PHA which allow PHA to monitor compliance rates and progress against targets. She highlighted five key areas which form the basis of this Report and said that she wished to focus on one area at today's meeting, that of pressure ulcers.
- 9/17.2 Mrs Hinds explained that the issue of pressure ulcers is a significant one,

and is a fundamental measure of the quality of care for patients. She said that they are distressing and that most are preventable and explained to members the SKIN bundle of interventions. She advised that the focus of PHA's work with each Trust was to establish a baseline and to implement the bundle with particular emphasis on Grade 3 and 4 pressure ulcers. She added that all incidents are analysed and that the data compares favourably with other regions of the UK with 95% levels of compliance and the use of root cause analysis to embed a culture of learning.

- 9/17.3 Mrs Hinds advised that the report presented today is for the year 2015/16, but that the first two quarters of 2016/17 have shown further improvement with a 6% reduction across the region. She introduced Mary McElroy to the meeting, who is heavily involved in this work.
- 9/17.4 Mr Mahaffy asked whether the current work is focused on only acute settings, and if there are plans to widen this into social care. Ms McElroy said that the initial focus has been on in-patient settings, but it will be moving into social care settings and there is a plan to undertake a pilot in some of the larger nursing homes. Alderman Porter said he would also like to see if there is a correlation in data with private sector settings, and he suggested that in some instances, the pressure ulcer may have started from another setting, before the patient comes into an acute setting. Ms McElroy said that in this report all Grade 3 and 4 ulcers were examined to see if they developed within the acute setting.
- 9/17.5 Mr Coulter said that he was pleased to see the levels of compliance. He added that it would be useful to look at community settings and suspected that there could be an issue where ulcers may develop from patients being in their own homes. He asked about the Equality Impact Assessment of this work. Mrs Hinds said that although you could argue that the focus may be on older people, the service itself is open to everyone.
- 9/17.6 Mr Coulter noted that one of the recommendations within the Report is to carry out an assessment within 6 hours of admission. Mrs Hinds said that nurses would be expected to carry out an initial assessment as soon as possible, not only at the time of admission, but during the course of any patient's stay.
- 9/17.7 Ms Mann-Kler said that the report was very informative, but noted that 38% of the pressure ulcers were deemed to be avoidable. She asked if this figure was being reduced, and how learning was being shared with frontline staff. Ms McElroy said there has already been a 10% reduction in avoidable pressure ulcers this year, and that there are learning events organised for staff.
- 9/17.8 Ms Mann-Kler said that the thematic reviews of Serious Adverse Incidents are very important for learning. Mrs Hinds said that there is a report being prepared on falls and she would bring this to a future meeting. She added that PHA has been doing work with an organisation in England

which has produced a leaflet called “Your Turn”. Ms Mann-Kler asked about public awareness. Mrs Hinds said that PHA has been working with Age NI.

9/17.9 Mr Drew said that he would also like to see some analysis of this in residential settings. He added that he was pleased to see that there is an e-learning tool, but he expressed concern about the cost of falls to the NHS. The Chair echoed this, and asked how PHA can ensure that the leaflets and other materials reach the right people. Ms McElroy said that PHA is working with trade unions and the Northern Ireland Social Care Council.

9/17.10 Members **APPROVED** the Annual Quality Improvement Plan Report.

10/17 Item 10 – Governance and Audit Committee Update (PHA/04/02/17)

10/17.1 Mr Coulter advised that the minutes of the Governance and Audit Committee meeting of 6 October were available for members for noting. He said that at the most recent meeting of the Information Governance Steering Group, he had raised the issue of compliance with training. He noted that there was an issue with regard to the reliability of the data but there were concerns. He said that there is a robust Information Governance Action plan, but he felt that this was an area of weakness, and places PHA at risk.

10/17.2 Mr Coulter moved on to give an overview of the meeting of the Committee which took place on 3 February. He said that the Committee had considered each of the seven risks currently on the Corporate Risk Register. He added that there were no new risks and no risks had been deleted, and that of the seven risks, none fell into the categories of catastrophic or high. Mr Coulter said that there was a need to review some of the risks as they had been on the register for a lengthy period of time.

10/17.3 Mr Coulter said that the Committee had reviewed the Gifts and Hospitality Policy and had considered the changes to the Standing Orders and Standing Financial Instructions. He added that that members had also looked at the timetable for the Annual Report and Accounts, had considered the update on fraud, and noted the external audit strategy.

10/17.4 Mr Coulter said that the Committee had looked at the Internal Audit progress report and that there had been limited assurance given on a recent audit of travel expenses and car parking. He said that a satisfactory level of assurance had been given to an audit on risk management. He added that the latest Single Tender Actions had been reviewed.

10/17.5 Mr Coulter advised that the final item considered was the AHP Assurance Framework, and that the key issue for the Committee was around compliance. He said that personal development cannot suffer in an

adverse financial climate because of the consequence for patient safety.

10/17.6 Members noted the update from the Chair of the Governance and Audit Committee.

11/17 Item 11 – Performance Management Report – Corporate Business Plan Targets for the period ending 31 December 2016 (PHA/05/02/17)

11/17.1 Mr McClean explained that the 90 targets on the Report are from either Departmental or PHA business plan objectives. He said that 77 of the 90 targets are rated as “green” and 13 rated as “amber”. The Chair asked whether “green” meant achievable. Mr McClean said that “green” indicated that it would be achieved by the end of the financial year.

11/17.2 The Chair noted that the objective relating to Lifeline was now rated “amber”. Dr Harper explained that this relates to the delay in the timescales. The Chair asked how long a procurement exercise would take once a decision was made, and Dr Harper said that it would take between 9 and 15 months.

11/17.3 Ms Mann-Kler said that it would be useful if all of the objectives rated “red” or “amber” were placed at the front of the report with some commentary. Mr Coulter added that it would be important to include text, where relevant, if an objective cannot be achieved due to factors outside PHA’s control. The Interim Chief Executive said that the comments made would be taken on board.

11/17.4 Members noted the Performance Management Report.

12/17 Item 12 – Any Other Business

12/17.1 There was no other business.

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

Thursday 20 April 2017 at 1:30pm

Conference Rooms 3+4, 12/22 Linenhall Street, Belfast

Signed by Chair:



Date: 20 April 2017