

106th Meeting of the Public Health Agency Board

Thursday 18 October 2018 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 Adrian Mairs	- Acting Director of Public Health
Mrs Mary Hinds	- Director of Nursing and Allied Health Professionals
Councillor William Ashe	- Non-Executive Director
Mr John-Patrick Clayton	- Non-Executive Director
Mr Leslie Drew	- Non-Executive Director
Ms Deepa Mann-Kler	- Non-Executive Director
Alderman Paul Porter	- Non-Executive Director
Professor Nichola Rooney	- Non-Executive Director
Mr Joseph Stewart	- Non-Executive Director

In Attendance

Mr Simon Christie	- Assistant Director of Finance, HSCB
Ms Marie Roulston	- Director of Social Care and Children, HSCB
Ms Nicola Woods	- Boardroom Apprentice
Mr Robert Graham	- Secretariat

Apologies

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

98/18 | Item 1 – Welcome and Apologies

98/18.1 | The Chair welcomed everyone to the meeting. Apologies were noted from Mr Paul Cummings and Mrs Joanne McKissick.

99/18 | Item 2 - Declaration of Interests

99/18.1 | The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

100/18 | Item 3 – Minutes of previous meeting held on 20 September 2018

100/18.1 | The minutes of the previous meeting, held on 20 September 2018, were approved as an accurate record of that meeting.

101/18 | **Item 4 – Matters Arising**

92/18.3 *Waiting Lists*

- 101/18.1 Councillor Ashe reflected on the discussion at the last meeting regarding waiting lists following the publication of a report by the Patient Client Council and he asked when the Public Health Agency will take a view on this issue. Dr Mairs said that the report does not say that the length of waiting lists is a public health issue, but he acknowledged that there is an impact on people's physical and emotional wellbeing. He added that waiting lists is not an issue for PHA, but for HSCB, but that PHA works in tandem with HSCB. The Chair said that at the last meeting, Mr Cummings had indicated that there was £30m of funding available for waiting list initiatives, and he asked whether there was any further confidence and supply money available that could be used. The Interim Chief Executive agreed that £30m has been identified, but she added that no further monies will be made available. She advised that the Permanent Secretary had been informed that no further money could be spent at this stage on areas where staff were required to be recruited. Dr Mairs added that spending money on waiting lists is not seen as transformational. He added that RQIA is currently undertaking a review of outpatient clinics and that when RQIA spoke to PHA, PHA advised RQIA of its concerns about the health and wellbeing of individuals on waiting lists.
- 101/18.2 Alderman Porter noted that there is a European directive whereby individuals can access healthcare services abroad and reclaim some of the costs from the HSC. He asked why this opportunity was not offered to patients to reduce waiting lists. Mr Christie said that many people would not be aware of such an initiative. He added that if patients travel outside of Northern Ireland and reclaim the costs then there will be less resources available within Northern Ireland. He said that the issue in Northern Ireland is the capacity to deliver. Mr McClean suggested that it would be useful to take this discussion offline and research this area more fully.
- 101/18.3 Councillor Ashe reiterated his view that waiting lists are getting out of control and that the PHA Board needs to take a view on the issue.

102/18 | **Item 5 – Chair's Business**

- 102/18.1 The Chair presented his Report and highlighted the length of time it can take for issues highlighted in research to come into established practice, citing the example of flour being fortified with folic acid which was suggested almost 30 years ago as a means of reducing the number of babies born with disabilities such as spina bifida. It took 11 years for clot bursting drugs for stroke to be introduced in Northern Ireland.
- 102/18.2 The Chair informed members that he had attended three meetings of the "duty of candour" workstream following the publication of O'Hara report into hyponatraemia-related deaths.

102/18.3 The Chair advised that he has taken on role of chairing the HSC disability champions group, and that he hoped to meet with the Chief Executive of Disability Action shortly.

103/18 Item 6 – Chief Executive’s Business

103/18.1 The Interim Chief Executive informed the Board that last week Mr Brendan Bonner, Acting Head of Health and Social Wellbeing Improvement delivered a presentation to the Permanent Secretaries Group (PSG) on the Our Future Foyle initiative. She explained that this initiative is being established to address suicide prevention on the river Foyle and is a £25m creative and innovative solution comprising of 5 key elements to address the cognitive suicidal behaviours associated with the river Foyle. She advised that the project is seen as a flagship initiative to trigger a City Deal for Derry-Londonderry and is a collaboration between the PHA and the Royal College of Art and Design, and that the solutions involve a mixture of physical and soft barriers, use of technology and innovation, job creation, training and arts and culture.

103/18.2 The Interim Chief Executive said that the project was given a very positive response from the PSG who were impressed with the proposed creative solutions and partnership approach. She added that there was a commitment to support the development of the project in the context of PfG and Transformation.

103/18.3 The Interim Chief Executive added that both the Permanent Secretary and the Chief Medical Officer wrote to Brendan personally after the meeting to express their appreciation of the presentation and the work he has done in this very important area.

103/18.4 The Interim Chief Executive advised that Ed McClean and Sharon Gallagher (Director for Transformation, Department of Health) presented to a joint meeting between the Society of Local Authority Chief Executives (SOLACE) and PSG on Delivering Together, Making Life Better and Community Planning. She said that the purpose of the presentation was to consider the linkages between these strategies and how through deepened partnership we can extend the reach of the strategies. She added that the local Council Chief Executives are invited to join the meeting of HSC Trust Chief Executives for discussion on how both groups can work jointly to deliver health and wellbeing outcomes.

103/18.5 Professor Rooney asked about the funding of the Our Future Foyle initiative. The Interim Chief Executive advised that PHA is part funding it. Mr McClean said that this work is the practical outworking of a range of measures designed to take a more innovative approach in PHA’s work in this area and it also looks at issues such as employment and self-esteem. Professor Rooney noted that there are many groups involved in this type of work, and she asked about providing support for PHA staff who work in this area. Mr McClean said that PHA is very mindful of this.

- 103/18.6 Mr Clayton asked for an update on the closure of HSCB. He said that he was aware of working groups being established and risk assessments being undertaken. The Interim Chief Executive advised that she had attended a meeting of the Oversight Board earlier today. She noted that the trade unions were not happy that they had not been involved in the risk assessments, but she explained that these had been carried out by the Department of Health. She explained that the working groups had been set up to be co-chaired by a representative from the Department and a representative from HSCB, usually a Director. She said that it was now almost 3 years since the then Minister announced that the HSCB would be closing, and there remains no clarity on when this will happen given the lack of an Assembly, and any legislative timetable.
- 103/18.7 Mr Clayton said that the uncertainty for staff was concerning. He asked whether there was a role for the PHA Board and if PHA could view the risk assessments. The Interim Chief Executive said that she would report these comments back to the Department.
- 103/18.8 The Chair asked whether there were any other issues, apart from the legislative time pressure, which would impact on the date of closure of HSCB. The Interim Chief Executive said that the Department may choose to do a stock-take, but her main concern is that during this period of uncertainly staff are leaving the organisation, it is more difficult to attract and retain staff, but that the day-to-day activity continues unabated, with additional work coming to the PHA.
- 104/18 Item 7 – Finance Report (PHA/01/10/18)**
- 104/18.1 Mr Christie advised that the Finance Report for the period up to 31 August showed a surplus of £900k in programme expenditure and £400k in management and administration, but he explained that the former is due to timing issues and the latter to vacancies. He assured members that the year-end outlook remains a break even one. In relation to capital spend, he advised that there is an underspend of £800k, but again this is a timing issue. He commended PHA's prompt payment performance.
- 104/18.2 Mr Drew asked how soon PHA will be a position to determine what its total underspend will be and how it plans to prioritise that spending in-year. The Chair also asked about campaigns. Mr Christie advised that there may be the potential to run a campaign, but this would require permission from the Department of Health. He added that an in-depth analysis of all budget lines is currently taking place to look at all areas of potential slippage and a report on this may be brought to the next Board meeting. Furthermore, he said that a meeting of all budget managers will be taking place on 4 December.
- 104/18.3 Mr McClean explained that in addition to seeking out areas of potential underspend, there is also potential for PHA to increase levels of activity with current providers. The Chair reminded members that at the last Board meeting it was stated that in order to allow enough time for the

- launch of any media campaigns it would be necessary to make decisions within the next month. He added that in view of the fact that we are now more than six months through the current financial year it was imperative that steps were taken now to identify media campaigns for broadcast later in the year, especially those which did not need design work.
- 104/18.4 Alderman Porter noted that each year PHA challenges any cuts to its budget, but at this stage of the year finds itself in an underspend position. Mr McClean explained that part of the underspend arises when an initiative does not commence on schedule. He added that some PHA funding can only be utilised in specific areas. Mr Christie said that he believed that there is a well thought and controlled process whereby PHA uses its funding. He pointed out that 1% of PHA's budget is £1m so there will always be a challenge.
- 104/18.5 Mr Clayton asked about the management and administration budget. He noted that PHA has already faced a reduction in that budget and that if PHA re-profiles funding this year to the programme budget, there may be a view that this funding is not required. He asked whether there were any additional monitoring rounds. The Interim Chief Executive explained that PHA is in a situation where it is trying to utilise the confidence and supply money as well as ask staff to carry out an analysis of budgets for potential slippage. She said that for the HSC overall, it is the responsibility of the Permanent Secretary to balance that budget, and he may ask ALBs for potential slippage. Mr Christie said that he was not aware of any potential monitoring rounds, but he would expect the PHA to live within the resources that it has. He added that although PHA has had to take a reduction of £500k in its management and administration budget, it has always put up a robust argument for why it should not be subject to any further reductions.
- 104/18.6 The Chair said that Mr Christie had been appointed as Director of Finance for Ards and North Down Council, and that after 16 years his departure would be a severe loss to the HSC.
- 104/18.7 The Chair recalled that last year Mr Christie had played a seminal role in designing a learning and development programme on financial information for Non-Executive Directors and had also produced a glossary of financial terms used in the HSC. The Chair stated that both these would continue to be an enduring resource for learning and development of Non-Executives.
- 104/18.8 The Chair said that he was speaking for all the Non-Executive Directors on the Board of the Agency when he expressed profound appreciation to Mr Christie for his empathy, forbearance and unfailing courtesy.
- 104/18.9 The Board noted the Finance Report.

**105/18 Item 8 – Update from Governance and Audit Committee
(PHA/02/10/18)**

- 105/18.1 Mr Drew updated members on the last meeting of the Governance and Audit Committee which took place on 4 October. He began by saying that Internal Audit had carried out a follow up audit on Payroll Shared Services, but that the outcome of this would not be available until the next meeting.
- 105/18.2 Mr Drew said that members had considered the Quality Improvement Plan Report and gave an overview of the four areas that had been covered in the Report. He moved on to the Internal Audit work and advised that the outcome of four reports, in the areas of PPI, vaccinations, travel and risk management had been reported with all receiving a satisfactory level of assurance.
- 105/18.3 In terms of the PPI audit, Mr Drew said that the auditors had noted that there is not a clear system of measuring outcomes. He added that a self-assessment from a Trust was outstanding and needed to be followed up. Within the audit of the vaccinations programme, Mr Drew noted that there is not an overarching policy in place for the management of these programmes. The travel audit highlighted the need for a regional booking form, but Mr Drew's concern related to the number of audit days spent on this audit and the impact on other planned PHA work.
- 105/18.4 Mr Drew advised that Internal Audit had given an update on the implementation of previous recommendations and had presented their Mid-Year Assurance Statement.
- 105/18.5 Mr Drew said that the Committee received an update on a long running fraud case but assured the Board that there were no issues with the work commissioned from the PHA, and the potential fraud related to a link with another government department.
- 105/18.6 Mr Drew advised that the PHA Corporate Risk Register had been reviewed, and that four new risks have been added. He said that the PHA Assurance Framework has also been updated, and that the Committee had received an update on the new arrangements in place following the standing down of the Controls Assurance Standards.
- 105/18.7 Mr Drew gave an update in relation to information governance and passed on Mr Stewart's concerns about poor attendance at the previous Information Governance Steering Group meeting. He also passed on concerns about the numbers of staff who had not yet completed their mandatory e-learning training.
- 105/18.8 Mr Drew finished his overview by saying that the Committee had considered the SBNI Declaration of Assurance.
- 105/18.9 Ms Mann-Kler advised as the named and lead non-executive director for

- the PHA Whistleblowing Policy, she has attended the required training to fulfil her duties in this role.
- 105/18.10 Ms Woods asked about procurement and noted that out of 170 procurement exercises, only 6 had been completed. Mr McClean said that there is a rolling procurement plan and acknowledged there are some delays. He explained that as the Protect Life 2 Strategy has not been launched, the services required to be procured may change. He added that there are also capacity issues for PHA, particularly in the pre-procurement / engagement stage. He said that he and Ms Roulston would be looking to work more closely and pool resources, but added that this area will continue to grow and present a challenge to PHA.
- 105/18.11 The Board noted the update from the Committee Chair.
- 106/18 Item 9 – PHA Mid-Year Assurance Statement (PHA/03/10/18)**
- 106/18.1 The Interim Chief Executive explained that the Public Health Agency is required to submit a Mid-Year Assurance Statement to the Department of Health and that the statement being presented today was approved by the Agency Management Team on 25 September and by the Governance and Audit Committee on 4 October. She explained that the draft Statement was submitted to the Department as a draft last week to comply with the Department's deadline of 12 October, but will be forwarded as final, subject to approval by the Board today.
- 106/18.2 The Interim Chief Executive said that the Statement is largely similar to the previous Governance Statement with minimal change, and that members will note that all of the internal audit reports which have been finalised so far in 2018/19 have received a satisfactory level of compliance.
- 106/18.3 Mr Stewart noted that at the Governance and Audit Committee there had been discussion about Payroll Shared Services, and that the issues highlighted in the Mid-Year Assurance Statement may not be resolved in the near future.
- 106/18.4 The Board **APPROVED** the PHA Mid-Year Assurance Statement.
- 107/18 Item 10 – Quality Improvement Plan Report (PHA/04/10/18)**
- 107/18.1 Mrs Hinds presented the Quality Improvement Plan Report. As indicated by Mr Drew earlier in the meeting, this Report had been considered by the Governance and Audit Committee and covered four key areas which had been identified as safety and quality priorities, namely: prevention of pressure ulcers, reduction of harm from falls, compliance with accurately completed NEWS (National Early Warning Scores) charts, and mixed gender accommodation.
- 107/18.2 Mrs Hinds said that instances of pressure ulcers had increased in the

Northern Trust, but that the figures were beginning to reduce. Ms Mann-Kler asked what had caused the increase. Mrs Hinds explained that within the Trust it was possible to drill down to see figures for individual wards and this highlighted two wards, in one of which there were issues regarding clinical practice, and the other ward had issues relating to environment. Mrs Hinds advised that there is a lot of work going on regionally in the area of pressure sores and that there was an event held last Friday which looked at the area of movement.

107/18.3 Mrs Hinds highlighted the importance of reviewing the independent sector, and she said that Ms Kathy Fodey, Senior Programme Manager, is doing a lot of work with providers in the areas of safety, quality and training. Mr Clayton said that he was pleased to hear that there is work being done in the independent sector.

107/18.4 Mr Clayton noted the concerns about the system for recording data relating to falls within the Southern Trust. Mrs Hinds advised that there is now a consistent method of reporting falls, and that they are no longer reported as SAIs. She added that this meant that the learning from any falls incident can be disseminated more quickly.

107/18.5 Mr Drew said that it was encouraging to see the improvements being made based on learning from previous incidents. Mrs Hinds said that nurses are now making more use of the data presented in Run Charts.

107/18.6 Members noted the Quality Improvement Report.

108/18 Item 11 – Progress Update on Making Life Better, Community Planning and Programme for Government (PHA/05/10/18)

108/18.1 Mr McClean said that PHA has a role in working with the 11 local Councils to implement community planning actions, and he highlighted the three examples in the report relating to mental health, age friendly and physical activity.

108/18.2 In terms of Making Life Better, Mr McClean explained that there is a number of areas where there is alignment between the work PHA is doing to implement MLB and also Programme for Government. He referenced the work done with local libraries and museums to make better use of those facilities as neutral spaces. Mr McClean added that an HSC partnership has been developed, and one of its tasks will be to establish a network.

108/18.3 The Chair had noted in the publication “The Health Gap” by Michael Marmot that he also understood the importance of civic leaders and community leaders in advancing public health. He believed that the Agency should encourage Mayors, Deputy Mayors and Chairs of Councils to adopt public health as a major theme during the term of office.

108/18.4 Alderman Porter explained that within his local area, organisations are working to make better use of land to create facilities, but that the owners

of the land are charging for the land. Mr McClean conceded that it will take time, and that there will be challenges, but he had been impressed by the goodwill and support he has seen from Councillors in some areas.

108/18.5 Ms Mann-Kler said that there is a joined up approach with government agencies working together for the benefit of the health of citizens and that the use of libraries as a neutral space is encouraging, but she noted that there has been a spate of library closures. She asked if PHA sees the Councils' action plans and if the Councils have the necessary skillset to implement them. Mr McClean said that progress is being made, but that there are some challenges which will remain. He said the joined up working is better than it was, but it's not perfect. He added that PHA can now better understand what it is trying to achieve, and is better aligned to achieve it in a meaningful way by being more collaborative, more creative and more open in terms of using its resources. However, he noted that the challenge is understanding where PHA has added value.

108/18.6 Mr McClean said that PHA has developed good partnerships with Libraries NI and Sport NI, but there is a challenge for PHA to exploit available opportunities. He noted that only 48 staff in PHA have had practical experience of community planning. He said that a review of community plans has been pushed back to November.

108/18.7 Councillor Ashe said that local Councils do not have the resources or the expertise for community planning, and that there is a long way to go in terms of co-operation. Mr McClean acknowledged that there will be initial difficulties, but Councillor Ashe said Councils have had 11 years to prepare for community planning.

108/18.8 Mr Clayton noted that there had been a lot of discussion about Councils and the linkages with PHA, but he asked about linkages between PHA and other government departments, and in particular their attitudes toward issues such as population health outcomes and inequalities. He asked what links there are with Delivering Together. Mr McClean said there are links with Delivering Together and that the HSCB is also represented in community by Louise McMahon and the Local Commissioning Group Chairs. In terms of health inequalities, he advised that there was a lot of data which fed into community plans, and thematic plans focusing on areas such as avoidable deaths. He said that the challenge is not to focus on the data, but to look at more effective interventions, but some of these are outwith the remit of PHA.

108/18.9 The Board noted the update on Making Life Better, Programme for Government and community planning.

109/18 Item 12 – Any Other Business

109/18.1 There was no other business.

110/18 | **Item 13 – Details of Next Meeting**

Thursday 15 November 2018 at 1.30pm

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

Signed by Chair:

A handwritten signature in cursive script, appearing to read "Annan Douglas".

Date: 15 November 2018