

**MINUTES**

**Minutes of the 77<sup>th</sup> Meeting of the Public Health Agency board  
held on Thursday 20 August at 1:30pm,  
in Conference Rooms, 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 Michelle Tennyson | - Assistant Director ( <i>on behalf of Mrs Hinds</i> )  |
| Mr Stephen Wilson     | - Assistant Director ( <i>on behalf of Mr McClean</i> ) |
| Mr Brian Coulter      | - Non-Executive Director                                |
| Mrs Julie Erskine     | - Non-Executive Director                                |
| Mrs Judena Leslie     | - Non-Executive Director                                |

**IN ATTENDANCE:**

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

**APOLOGIES:**

- |                         |                                                       |
|-------------------------|-------------------------------------------------------|
| Mrs Mary Hinds          | - Director of Nursing and Allied Health Professionals |
| Mr Edmond McClean       | - Director of Operations                              |
| Councillor William Ashe | - Non-Executive Director                              |
| Mr Leslie Drew          | - Non-Executive Director                              |
| Mr Thomas Mahaffy       | - Non-Executive Director                              |
| Alderman Paul Porter    | - Non-Executive Director                              |

		<b>Action</b>
<b>78/15</b>	<b>Item 1 – Welcome and Apologies</b>	
78/15.1	The Chair welcomed everyone to the meeting and apologies were noted from Mrs Mary Hinds, Mr Edmond McClean, Councillor Billy Ashe, Mr Leslie Drew, Mr Thomas Mahaffy and Alderman Paul Porter.	
78/15.2	The Chair offered his congratulations to Mrs Judena Leslie who	

has been appointed as a Commissioner for Public Appointments. He added that he would be contacting the Public Appointments Unit at DHSSPS to seek a replacement for Mrs Leslie.

78/15.3 The Chair wished to record the passing of Dr Jeremy Harbison who had served on the Board of the PHA from its inception until April 2015. He said that Dr Harbison was an outstanding individual and his death was a great loss.

#### **79/15 Item 2 - Declaration of Interests**

79/15.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. No interests were declared.

#### **80/15 Item 3 – Minutes of previous meetings:**

- **Special Meeting of 10 June 2015**
- **Meeting of 18 June 2015**

80/15.1 The minutes of the previous meetings, held on 10 and 18 June 2015, were approved as an accurate record of the meeting.

#### **81/15 Item 4 – Matters Arising**

##### *66/15 Commissioning Plan 2015/16*

81/15.1 The Chief Executive noted that at the last meeting the Board had given conditional approval to the Commissioning Plan subject to the outcome of June monitoring. Mr Cummings advised that there was unlikely to be any additional funding emanating from June monitoring but that there were two bids for additional funding with the Minister for priorities highlighted in the Commissioning Plan. In response to a query from the Chair, he added that he hoped that some in-year slippage may reduce the impact on other projects.

##### *67/15.3 Voluntary Exit Scheme*

81/15.2 Mr Coulter asked for an update on the Voluntary Exit Scheme. The Chief Executive advised that information sessions had taken place with staff and that staff who had expressed an interest confidentially were now being asked to submit a formal request. However, he noted that there remained some uncertainty with regard to funding.

**82/15 Item 5 – Chair’s Business**

82/15.1 The Chair advised members that he had received an excellent briefing from Mary Hinds regarding the work of the nursing directorate. He said that he, along with the Chief Executive, had met with the Chair and Chief Executive of HSCB. He added that he had visited the PHA team based in the south eastern area.

**83/15 Item 6 – Chief Executive’s Business**

83/15.1 The Chief Executive said that he had attended a meeting of the Strategic Leadership Group, chaired by the Permanent Secretary.

83/15.2 The Chief Executive said that he, along with the Chair, had attended the end of year Accountability Review meeting. He said it was a challenging meeting, but that there was genuine appreciation of the work of the PHA.

**84/15 Item 7 – Lifeline Strategic Outline Business Case (PHA/03/08/15)**

84/15.1 Dr Harper introduced the Lifeline strategic outline business case and explained how it sets out a list of options and a preferred model, and that PHA Board approval is sought to move forward to public consultation on that basis. She added that once the consultation is complete, the responses would be collated and a full business case on the agreed final model brought to the Board for approval. She noted that the outline case had been developed following a pre-consultation exercise in 2014 which had proved useful.

84/15.2 Mr Brendan Bonner delivered a presentation to members outlining the background to the current Lifeline service needs analysis and trends relating to the types of calls dealt with by the service. Following the pre-consultation exercise, the PHA produced a report and he highlighted the feedback from that publication and, in addition he referenced the experience derived from elsewhere and outlined the required aims and objectives for a new service model.

84/15.3 Mr Bonner explained that the proposed new service would retain a 24/7 telephone-based crisis intervention but would separate the

helpline element from the follow-on support services. He gave an overview of the main options that were considered and advised that the preferred option was to commission the telephone service to be managed by the Northern Ireland Ambulance Service, with support services provided separately within each LCG area.

- 84/15.4 Mr Bonner presented the benefits of the new model and finished by confirming the proposed timetable for the completion of the consultation and the procurement of the new service.
- 85/15.5 Mr Coulter asked about the capital costs to be incurred by NIAS for the new service, and if these had been costed within the business case. Mr Bonner said that the £500k was an indicative figure. Mr Cummings explained that this would not be a cost incurred by the PHA. He added that he was confident that when a detailed costing exercise is, the cost would not be as high at £500k.
- 85/15.6 The Chair asked how NIAS would charge for the service. Mr Bonner explained that with an anticipated demand for 90,000 calls per annum, NIAO would be paid a block payment. The Chair asked if this would be reduced if the demand was reduced but Mr Cummings explained that this could only be reduced if NIAS were to reduce their staff. He added that the costs are high as it is a 24-hour service.
- 85/15.7 Mr Coulter asked whether calls are recorded. Mr Bonner said that calls are not recorded as this may deter callers. However, he said that currently calls are listened into by a supervisor, as part of clinical management, and this is considered good practice. The Chair asked about what training is required. Mr Bonner explained that all call operators will be required to have Safetalk Mental Health 1<sup>st</sup> Aid and ASSIST and he added that the new model is about more than listening, it is about empowering people. Dr Harper added that it is also about making a clinical judgement on calls as to the appropriate next stage.
- 85/15.8 Mr Coulter noted that there is also important that there is support given to staff, in addition to their training. Dr Harper agreed that this is critical and she said that there are ongoing audits and there is core quality governance issue around the service.

- 85/15.9 Mr Coulter said that given the reputational risks he would wish to be assured that legal advice had been sought in terms of the procurement exercise. The Chair agreed.
- 85/15.10 Members approved the strategic outline business case.
- At this point the Chief Executive left the meeting.*
- 85/15 Item 8 – Finance Update – PHA Financial Performance Report (PHA/01/08/15)**
- 85/15.1 Mr Cummings gave an overview of the Finance Report for the period up to 30 June 2015. He said that the year to date position showed a surplus of £215k which was made up of a surplus in programme expenditure of £189k and a small surplus of £26k within the management and administration budget.
- 85/15.2 The Chair raised a query on behalf of member Leslie Drew with regard to the R&D expenditure for the Belfast Trust. Dr Harper explained that this funding would be used to award fellowships to support staff to develop research skills and on smaller scale specific projects linked to the overall R&D Strategy. She added that the funding is higher in the Belfast Trust as part of the R&D infrastructure is based in Belfast, but covers the whole of Northern Ireland.
- 85/15.3 Mrs Leslie asked how R&D is linked to current priorities. Dr Harper said that the HSC R&D function represents the whole of the HSC and although it is based within PHA it does retain a degree of independence and it now unduly influenced. She said that all potential research projects are subject to the same degree of scrutiny.
- 85/15.4 Mr Coulter asked whether the programme expenditure projection was based on historical data. Mr Cummings said that the projections had been based following discussions with managers and that he was confident with this, given that in previous years the expenditure tended to be more heavily weighted towards the year-end.
- 85/15.5 Mr Coulter asked about the strategic review referenced on page 4. In the absence of the Chief Executive, Dr Harper responded by saying that following the outcome of the Voluntary Exit

Scheme, there may be a need to carry out a review of the organisation as whole. Mr Coulter acknowledged the difficulty of not knowing how the outcome of VES would affect PHA, but he hoped that PHA could begin to start thinking about its future priorities soon. The Chair said that this point had been raised at the recent Accountability Review meeting with DHSSPS.

85/15.6 Members noted the Finance Report.

**86/15 Item 9 – PHA Annual Business Plan 2015/16 (PHA/02/08/15)**

86/15.1 Mr Wilson presented the updated Business Plan which had been amended to reflect members' comments at the meeting in March regarding the financial context within which the Plan was developed.

86/15.2 Mrs Erskine asked whether a list of non-executive Directors should be included. This amendment was agreed.

86/15.3 Mrs McKissick asked about the funding for chronic pain management. Dr Harper said that the self-management programmes would include this as they are not disease specific, but she noted that wasn't prioritised within the Commissioning Plan and therefore required additional funding.

86/15.4 Subject to amendments, members approved the PHA Business Plan 2015/16.

**87/15 Item 10 – Update from Corporate Strategy Project Board**

87/15.1 The Chair said that he had attended the last meetings of the Corporate Strategy Project Board and that there would be a full day for members in September to progress this. He said that he also wished to have a separate meeting with non-executives as part of the workshop.

87/15.2 The Chair said that the workshop would focus on the Corporate Strategy and in particular areas such as, how the PHA can demonstrate value for money, public awareness of the role of PHA, and reprioritising into the future.

**88/15 Item 11 – Human Resources Report (PHA/05/08/15)**

- 88/15.1 The Chair welcomed Mr Hugh McPoland to the meeting.
- 88/15.2 Mr McPoland said that this was the first quarterly Human Resources Report for 2015/16. He highlighted some of the key information within the report starting with the sickness absence which he said for PHA was 3.17%, and although this was lower than the health service average, HR would continue to work with managers to seek to reduce this further. He added that with improved use of HRPTS it was easier to determine trends. He said that the most common reason for sickness was mental health-related issues, but he added that PHA has run sessions for staff on areas such as mindfulness and dealing with stress.
- 88/15.3 Mr McPoland advised that Section 3 of the Report focused on Learning and Development and he drew members' attention to the new suite of programmes under the Moving Forward initiative.
- 88/15.4 The Chair said that he was pleased to note the low level of absenteeism and recorded appreciation to all staff. He raised a query on behalf of member Leslie Drew who asked whether Trusts have undertaken similar calculations relating to sickness absence and time lost. Mr McPoland said that Trusts were beginning to develop their own reports using the information obtained from HRPTS.
- 88/15.5 Mrs Erskine said that she would like to see an Action Plan contained within the Report, and also specific targets set out. Mr McPoland said that DHSSPS would be shortly confirming the sickness absence target for PHA. He added that the Attendance Management policy is currently being reviewed.
- 88/15.6 Mr Coulter asked whether there was a link between the learning and development outlined in the Report and CPD requirements. Mr McPoland said there is an established process of appraisals and performance management related to professional staff, but that this is not yet included on HRPTS, the information is not captured on this Report. He said that PHA is committed to continuing to invest in its staff, but within the current financial context.
- 88/15.7

Mr Coulter asked about staff surveys. Mr McPoland said that the DHSSPS regional staff survey will be run in October 2015. The Chair asked whether PHA has undertaken its own surveys. Mr McPoland advised that a climate survey had been undertaken three years ago, and that he hoped another survey would be done so that trends could be compared.

88/15.8

Ms Leslie asked whether there was a process in-house for sharing expertise e.g. through information seminars. Dr Harper said that when staff attending training events there is an expectation that there is feedback to peers. She added that there are internal CPD events from time to time, and she welcomed the suggestion about business case development.

88/15.9

The Chair noted that Leslie Drew had suggested that there could be a target of 100% of staff having had appraisals. Mrs Erskine said that with staff sickness and turnover, a 100% target was unrealistic and that 90-95% is realistic.

88/15.10

Members noted the Human Resources report.

**89/15 Item 12 – Local Supervising Authority (LSA) Report (PHA/06/08/15)**

89/15.1

Mrs Tennyson introduced Ms Verena Wallace and Ms Una Turbitt and invited them to present the Local Supervising Authority Report.

89/15.2

Ms Wallace introduced the Report and informed members that since the last Report, there continues to be a development of midwifery-led units. She went on to say that PHA had been working with a multi-disciplinary group to develop an online toolkit to provide guidance for midwives across a range of areas and that this was launched at NIPEC's annual conference.

89/15.3

Ms Wallace noted the positive feedback that had been received from service users as part of the PHA's 10,000 Voices initiative. She said that these findings had been presented at the LSA conference in January 2015. Ms Wallace informed members that maternity supervision is not currently a statutory obligation. Finally, Ms Wallace noted that there had been work undertaken in the area of midwifery and medicine.



89/15.4 Mrs Erskine asked whether the new template was easier to complete online. Ms Wallace said that Mott MacDonald is continuing to review the format of the report. She said that the timing of changes will be to coincide with the Queen's Speech so that this is completed by March 2017. The Chair asked what implications this would have for PHA. Ms Wallace said that in future annual reviews will be linked to revalidation.

89/15.5 Ms McKissick advised that the Patient Client Council had undertaken a piece of work on miscarriages, with a view to running an event in October. Ms Wallace said that work was being undertaken on bereavement care pathways, and that there were bereavement co-ordinators in each Trust.

89/15.6 Mr Coulter asked whether the ratio of 1:13 was appropriate. Ms Wallace said that the standard requirement is 1:15, and that Northern Ireland did have issues previously in achieving this. She added that although a 1:13 standard is being achieved, allowance has been made for retirements.

89/15.7 Mr Coulter asked about the challenges in relation to the recruitment of lay reviewers and about supervision. Ms Wallace said that Maternity Services Liaison Committees had lists of people who were interested, but these were now out of date, but a piece of work was being organised to take this forward. She went on to say that a piece of research has also been commissioned. With regard to supervision, Ms Wallace said that midwives prefer to be supervised by someone who is familiar with their work.

89/15.8 Members noted the Local Supervising Authority Report.

**90/15 Item 13 – Serious Adverse Incidents Learning Report (PHA/07/08/15)**

90/15.1 Mrs Tennyson introduced Ms Lynne Charlton to the meeting, and Ms Charlton gave members an overview of the Serious Adverse Incidents (SAIs) Learning Report. She said that this was the eighth report and that during this quarter a total of 366 SAIs had been reported compared to 300 for the same period last year.

90/15.2 Ms Charlton gave members an outline of the SAI process and governance structures. She explained the involvement of service

users within the process and the role of the Designated Responsible Officer. She explained the roles of the Quality, Safety and Experience (QSE) Group and the Safety Quality and Alerts Team (SQAT). She noted that the outcome of the Donaldson Review may have an impact on the SAI process.

90/15.3 Mrs Erskine expressed surprise at the low numbers of incidents relating to older people's services reported by the Belfast Trust. Ms Charlton explained that the Trust investigated their own falls, but not did report on them. The Chair suggested a footnote be inserted to explain this. Dr Harper explained that there is a falls prevention bundle, and if the Trust are using it, there should not be an issue.

90/15.4 Ms McKissick noted that following Sir Liam Donaldson's meeting with families to discuss the SAI process, their feedback had been taken into account in the amended guidance that had been issued. Ms Charlton added that there had also been a learning set event at which there was representation from patients and families and that this had been a worthwhile event.

90/15.5 The Chair asked whether the support mechanisms for staff were proactive and Ms Charlton said that there was still some improvement to be made in this area, as there was not a culture of seeking support. The Chair asked how the learning from events was promulgated. Ms Charlton said that at each event, each Trust presented its own learning and then there was general discussion about shared learning.

90/15.6 Mr Coulter noted the references to NICE guidance and recalled that there are limited resources available to implement NICE guidance as suggested within the Commissioning Plan. He also noted that are more strict deadlines for some parts of the system to implement learning letters than for others. Dr Harper noted this, but explained that in terms of process there is not the capacity to monitor and seek assurance from 400 GP practices, but she said that this could be picked up as part of regular visits to GP practices.

90/15.7 Members noted the Serious Adverse Incidents report.

**91/15 Item 14 – PHA and HSCB Annual Quality Report 2014/15  
(PHA/08/08/15)**

91/15.1 Ms Charlton said that the Annual Quality Report would be launched on World Quality Day on 2 November. She said that the reported followed a set format along five strategic themes.

91/15.2 Mr Coulter said that he found the format of the report made it difficult to follow.

91/15.3 The Chair asked whether there were any quantifiable measures in regard to PPI. Mrs Tennyson conceded that this is an area that PHA is struggling with, but she said that research has been commissioned to see how best it can be demonstrated that PPI is making a difference.

91/15.4 Members approved the Annual Quality Report.

**92/15 Item 15 – Any Other Business**

92/15.1 There was no other business.

**93/15 Item 16 – Date and Time of Next Meeting**

Date: Thursday 15 October 2015  
Time: 1:30pm  
Venue: Fifth Floor Meeting Room  
12/22 Linenhall Street  
Belfast  
BT2 8BS

Signed by Chair:



Date: 15 October 2015