

MINUTES

**Minutes of the 58th Meeting of the Public Health Agency board
held on Thursday 17 October 2013 at 1:30pm,
in Public Health Agency, Conference Rooms,
12/22 Linenhall Street, Belfast, BT2 8BS**

PRESENT:

- | | |
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| Ms Mary McMahan | - Chair |
| Dr Eddie Rooney | - Chief Executive |
| Mrs Pat Cullen | - Director of Nursing and Allied Health Professionals |
| Dr Carolyn Harper | - Director of Public Health/Medical Director |
| Mr Edmond McClean | - Director of Operations |
| Alderman William Ashe | - Non-Executive Director |
| Mrs Julie Erskine | - Non-Executive Director |
| Dr Jeremy Harbison | - Non-Executive Director |
| Mrs Miriam Karp | - Non-Executive Director |
| Mr Thomas Mahaffy | - Non-Executive Director |
| Alderman Paul Porter | - Non-Executive Director |

IN ATTENDANCE:

- | | |
|------------------------|--|
| Mrs Fionnuala McAndrew | - Director of Social Care and Children, HSCB |
| Mr Simon Christie | - Assistant Director of Finance, HSCB |
| Mr Robert Graham | - Secretariat |

APOLOGIES:

- | | |
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| Mr Brian Coulter | - Non-Executive Director |
| Mr Owen Harkin | - Director of Finance, HSCB |
| Mrs Joanne McKissick | - External Relations Manager, Patient Client Council |

		Action
121/13	Item 1 – Apologies	
121/13.1	The Chair welcomed everyone to the meeting and noted apologies from Mr Brian Coulter, Mr Owen Harkin and Mrs Joanne McKissick.	
122/13	Item 2 - Declaration of Interests	
122/13.1	The Chair asked if anyone had interests to declare relevant to	

any items on the agenda. None were declared.

123/13 Item 3 – Chair’s Business

123/13.1 The Chair advised members that she had attended the Bryson AGM and said that following this meeting, there would be a meeting arranged with NICON to follow up on opportunities that exist for the community and voluntary sector to better take advantage of new funding possibilities.

123/13.2 The Chair informed members of forthcoming PHA events, including an AHP conference on 23 October, a tobacco control conference on 18 November.

123/13.3 The Chair reminded members of the forthcoming workshop with the Chief Medical Officer which is taking place on 21 November at 10:30am.

124/13 Item 4 – Chief Executive’s Business

124/13.1 The Chief Executive said that he had attended the IBM Smarter Cities event organised by Belfast City Council. He anticipated that the follow up from the event, which he said was very informative, would be shared with OFMDFM.

124/13.2 The Chief Executive advised that he had attended the official opening of Laganview Community Gym in Lisburn. Alderman Porter, who was also present, said that the gym would bring health benefits and that he hoped there would be an evaluation undertaken which would show the value of this type of initiative.

124/13.3 The Chief Executive said that he was undertaking a series of meetings with the HSC Trust Chief Executives regarding telemonitoring.

124/13.4 The Chief Executive paid tribute to those who had participated in the organ donation event on 16 October. He said the event was organised to publicise the results of a public awareness survey and stakeholder engagement which PHA had undertaken at the request of the Minister. He commended the work of the Health Intelligence team who had completed the research and also the work of the Communications team who dealt with all the media enquiries surrounding the event. The Chair and Mrs Erskine

stated their appreciation of the quality of the work and the event.

124/13.5 The Chief Executive said that he had attended a session of the Health Committee regarding procurement, and in particular in relation to Protect Life.

125/13 Item 5 - Minutes of the PHA board Meeting held on 19 September 2013

125/13.1 The minutes of the previous meeting, held on 19 September 2013, were approved, subject to an amendment in paragraph 111/13.2 where "Northern Ireland Health Research" should be replaced by "National Institute for Health Research". The minutes were duly signed by the Chair.

126/13 Item 6 – Matters Arising

111/13.1 BSTP update

126/13.1 The Chief Executive advised that a meeting had been held with BSO where the issues raised by the Board and the Governance and Audit Committee were discussed. It was agreed that the Director of Finance, BSO would arrange to meet with the PHA Governance and Audit Committee.

126/13.2 Mr McClean, who had attended the meeting on behalf of the Chief Executive, said that BSO was aware that all HSC organisations had experienced difficulties with the new finance systems.

111/13.4 Evaluation of Telemonitoring

126/13.3 The Chief Executive confirmed that the terms of reference for the evaluation of telemonitoring had been agreed by AMT in September and the research commission had been issued by the Research and Development team on 4 October.

114/13 Equality

126/13.4 Mr McClean updated members on some of the issues raised by members at the last meeting. He confirmed that the changes proposed by members had been incorporated into the final document. He said that meetings will be arranged shortly by Ms

Anne Basten with Assistant Directors to look at how equality can be embedded within future directorate business plans. The Chair confirmed that she would raise the issue of feedback from the Equality Commission at the next NICON meeting.

126/13.5 The Chair asked members if there were any nominations for a Disability Champion. Dr Harbison and Mrs Erskine self-nominated and this was endorsed by the other members.

**127/13 Item 7 – Finance Update
PHA Financial Performance Report (PHA/01/10/13)**

127/13.1 Mr Christie presented the Finance Report for the period up to 31 August 2013 and said that the summary position showed a surplus of £224k, but he anticipated a break-even position at the year end. He said that the surplus was made up of an overspend of programme funds in one area and a surplus in management and administration funds. He added that an investigation had been carried out against all variances and that there were no causes of concern. However, he noted that almost 45% of PHA's projected expenditure falls within the last quarter.

127/13.2 Mr Christie drew members' attention to the prompt payment report, which had been included at the request of members. He said that the cumulative position showed 85.8% of PHA's invoices being paid within 30 days, and that was an improving situation and that he anticipated further improvement once the new FPM system was fully embedded. However, he noted that there may be a slight dip in performance in January 2014 when the payments department is relocated as part of the future shared services arrangements.

127/13.3 Mrs Erskine thanked Mr Christie for the report but felt that the possible delays in processing invoices should be included on the Corporate Risk Register.

127/13.4 Alderman Porter raised two issues; he queried the average prompt payment performance across the HSC and he asked how PHA determines what funds are paid to each HSC Trust.

127/13.5 Mr Christie said that with regard to prompt payment, the target is 95% for all organisations, and that if this target is missed, it is raised at Accountability Review meetings with DHSSPS. With

regard to Trust income, he said this is based on service budget agreements. Mr McClean added that the budgets are based on a range of initiatives, both recurring and non-recurring and that these are developed by the programme managers, but that these could vary from year to year. He noted the capitation formula may also be a factor.

127/13.6 Alderman Porter expressed his concern that small organisations may go out of business if monies due to them are not paid on time. Mr Christie said that there are processes in place to ensure that invoices are approved for payment within a certain time period and this can be performance managed by AMT.

127/13.7 Dr Harper said that there are occasionally issues when invoices are incorrectly coded, which may result in a delay in payment. Mr McClean added that in other instances PHA may seek confirmation that work had been done before a payment can be authorised.

127/13.8 Mr Mahaffy sought an update on the capitation review. Mr Christie said that the Equity Review had been completed and sent to DHSSPS and that he could invite Mr Harkin to do a presentation to the Board. The Chair suggested this could take place at the next meeting. Mr Christie agreed to raise this with Mr Harkin.

Mr
Christie

127/13.9 Members noted the financial performance report.

128/13 Item 8 – Programme Expenditure Monitoring System (PEMS) Report (PHA/02/10/13)

128/13.1 Mr McClean said that the PEMS Report showed that all funding had either been committed or was under negotiation, with no funding uncommitted. He said that the £717k in negotiation will be deployed fully in a very short period.

128/13.2 Mr McClean advised members that 94% of PHA's rolling contracts had been signed by the end of September.

128/13.3 Mr Mahaffy asked whether within PHA's terms and conditions of a contract, there was a stipulation that adequate terms and conditions were in place for staff employed by those organisations with which PHA works. Dr Harper said she was not

	<p>sure what procurement rules were in place for that. The Chair added that there was currently debate on what is termed the “living wage” rather than the “minimum wage”. Alderman Porter expressed concern that increasing wage costs could in turn reduce the amount of care packages organisations can provide.</p>	
128/13.4	<p>The Chief Executive noted the points made and felt this was an important issue to raise with BSO procurement. He agreed to follow up these issues with Peter Wilson.</p>	Chief Executive
128/13.5	<p>Members noted the PEMS Report.</p>	
129/13	<p>Item 9 – Governance and Audit Committee Update (PHA/03/10/13)</p>	
129/13.1	<p>Mrs Erskine advised members that the approved minutes of the meeting of 20 June were available for members. She provided a verbal update of the meeting of 3 October and said that the Committee had considered a range of issues including information governance, fraud and an update on the BSTP action plan. She added that the next meeting of the Committee is on 5 December at 2pm.</p>	
129/13.2	<p>Members noted the update from the Committee Chair.</p>	
130/13	<p>Item 10 – PHA Mid-Year Assurance Statement (PHA/04/10/13)</p>	
130/13.1	<p>The Chair of the Governance and Audit Committee advised members that the Committee had considered the statement and were content.</p>	
130/13.2	<p>Members approved that the Mid Year Assurance Statement could be signed off by the Chief Executive and submitted to DHSSPS.</p>	
131/13	<p>Item 11 – PHA Assurance Framework (PHA/05/10/13)</p>	
131/13.1	<p>Mr McClean said that the Assurance Framework had been updated to reflect changes in terminology, changes in requirements from DHSSPS and changes in terms of the frequency of reports coming to the Board.</p>	
131/13.2	<p>Dr Harbison suggested that in future, a detailed list of the changes should be made available as part of the report. Mr</p>	

McClean agreed to ensure this would be undertaken in future reviews.

131/13.3 Members approved the updated PHA Assurance Framework.

132/13 Item 12 – Research sub-committee update

132/13.1 Dr Harbison said that, since the last meeting of the Committee, attention has been directed towards the development of the HSC Research and Development (R&D) Strategy. He added that PHA has a significant interest in this Strategy and the overall impact of research in health and wellbeing. He explained that the R&D budget for the HSC as a whole is part of PHA's overall budget.

132/13.2 Dr Harbison advised that a workshop had been held in September 2013 to prioritise the main research areas. In October 2013, DHSSPS had arranged a workshop and that a number of papers were tabled, some of which were of particular interest to PHA. He said that there was a compelling case for the importance of the research, but concern that Northern Ireland is lagging behind in terms of investment and delivery.

132/13.3 Dr Harbison noted that DETI values the importance of health research. He said that at a recent launch in Altnagelvin, DETI had provided almost half of the funding.

132/13.4 Dr Harbison gave an overview of some of the papers presented at the workshop organised by DHSSPS. He said that the uptake in funding from medical charities as well as pharmaceutical companies in Northern Ireland is below what would be expected. He advised that DHSSPS would be issuing a draft Strategy for consultation in December. He proposed that, following the launch, the PHA Research sub-committee should convene to consider the Strategy and present its views to the PHA Board.

132/13.5 Mr Mahaffy queried whether research would be undertaken to look at the uptake of health services in areas of deprivation. The Chair said that these issues could be picked up with Pamela McCreedy at the next board meeting as part of a discussion on Transforming Your Care (TYC). Mr Mahaffy asked if PHA should commission a report on the use of hospital services to identify inequalities within the system, similar to a Belfast Trust published report in 2008 by Evan Bates. Dr Harbison said that

members of PHA had met with Mr Bates earlier in the year and he had been advised to meet with the Director of TYC to discuss such a report in the context of this major policy change. The Chair added that the issue could be further explored at the next board meeting when members would have a presentation on TYC Implementation. Further telecare and telemonitoring were now being rolled out across HSC system and we had to be ensure that these new services were being provided on an equitable basis.

132/13.6 Mr Mahaffy felt that a presentation from Mr Bates may be more useful to address his concerns.

Members noted the update from the Research sub-committee.

133/13 Item 13 – Staff Attitude Survey 2012 (PHA/06/10/13)

133/13.1 Hugh McPoland, Director of Human Resources, BSO, joined the meeting to present the findings from the Staff Attitude Survey 2012. He said that the findings of the 2012 survey had not been released by DHSSPS until July 2013 but that since July work has been undertaken by the AMT as well as an in-house Organisational Working Development group to take forward the findings of the survey.

133/13.2 Mr McPoland explained that as part of an exercise to compare PHA's results with those of other organisations, a comparison was undertaken with the GallupQ12 process. In 9 of the questions, it was shown that PHA is making progress.

133/13.3 Mr McPoland said that in addition to the staff attitude survey, an organisational climate survey was undertaken which looked at health and wellbeing. He said it found that there were 11 areas where staff highlighted that improvements needed to be made, but in 8 other areas progress was being made. He highlighted induction and training and how staff feel they need support to make the adjustment when internal promotions occur as an area of concern. However, there have been improvements in areas such as appraisals. Overall, he said that PHA was doing well but the report highlighted where action still needs to be taken.

133/13.4 Mr McPoland advised that, following the organisational climate survey, AMT had agreed to engage directly with the Assistant

Directors through the establishment of the Organisational Working Development (OWD) group which is being facilitated by Paula Smyth. He added that in recent weeks, progress has been made in areas such as coaching and the finalisation of a suite of programmes for staff at all levels which he anticipated would be launched in November/December 2013. He also said that there would be sessions for staff on health and wellbeing management, in areas such as emotional resilience and stress.

133/13.5 Mrs Karp said she was pleased to see the improvements and to hear about the work of the OWD group. She highlighted the issue of very long working hours and asked that as PHA is now in its fifth year, what plans were being made to resolve this in the long term. Mr McPoland agreed that work/life balance is important and he said that the regional HSC survey indicated that 70% of staff currently work more than their core hours. He said this demonstrates that this issue is not symptomatic of PHA, but is an issue for the HSC as a whole.

133/13.6 Mrs Erskine said that the report required an action plan. She also felt that many of the issues, particularly those around occupational health and safety, could be resolved once the accommodation business case process is completed. Mr McPoland agreed to put together an action plan for the next meeting.

Mr
McPoland

133/13.7 Mr Mahaffy asked if the information could be broken down further by demographics, gender and staff grade. Mr McPoland advised that this level of detail was available in a different report but he said that there was very little difference across the Section 75 groups, however, staff at lower grades highlighted concerns regarding communication.

133/13.8 The Chief Executive said that PHA undertook the climate survey and will follow up on all of the issues raised. He said that there remained some issues which were concerning from AMT's point of view, particularly around communication and teamworking. He also acknowledged the issue of staff working long hours but he assured the board that he would ensure that all of the issues raised by staff would be addressed.

133/13.9 In response to a query, Mr McPoland said that PHA's staff turnover rate was less than 10%, and therefore, this was not a

concern at this stage.

133/13.10 Members noted the update and it was agreed that an action plan will be brought to the next board meeting.

134/13 Item 14 – Overview and Update on Immunisation Programmes (PHA/07/10/13)

134/13.1 Dr Richard Smithson joined the meeting and gave members an overview of PHA's immunisation programmes. He provided updates on vaccinations such as diphtheria, MMR and influenza and showed how Northern Ireland compared favorably with the rest of the UK in terms of uptake rates.

134/13.2 Dr Smithson gave detailed information on recent outbreaks of pertussis and measles. He moved on to give an update on vaccinations for rotavirus, meningococcal vaccine and shingles as well as influenza.

134/13.3 The Chair thanked Dr Smithson for a very detailed presentation and said that this represented a good news story for public health in Northern Ireland.

134/13.3 Dr Harbison queried the dips in the vaccination uptake for MMR. Dr Smithson explained that this correlated to when there was adverse press coverage about the MMR vaccine.

134/13.4 Dr Harbison asked about the rationale for the reduced shingles vaccination programme. Dr Smithson explained that this is due to the company providing the vaccine being unable to supply larger quantities.

134/13.5 Dr Harbison asked if the nasal flu vaccine could be administered for those who have a fear of injections. Dr Smithson said that the nasal vaccine is not licensed for use in adults or for children under 2 years old.

134/13.6 Dr Harbison noted the difficulties in ensuring that 300,000 children were vaccinated each year. The Chair asked about children who do not attend school. Dr Smithson said that if a child does not attend school on the day when the vaccination is being issued, a letter is sent to their parents and alternative arrangements can be made.

- 134/13.7 Mr Christie asked about the uptake amongst pregnant women for the pertussis vaccination. Dr Smithson said that he estimated the uptake to be about 60%. Mr Christie asked whether the Fluenz vaccine could be self-administered. Dr Smithson cautioned that in all cases, GPs need to ascertain if patients have any allergies.
- 134/13.8 Mr Mahaffy asked whether children who are not from designated groups can obtain the flu vaccination. Dr Smithson said that any child can obtain a vaccine if requested and it can either be administered by a GP or it can be obtained from a pharmacist.
- 134/13.9 The Chief Executive said that these programmes have an incredible impact on the public health of the population. He expressed concern about the low uptake of flu vaccines among healthcare workers. Dr Smithson conceded that this is one area that Northern Ireland falls behind the rest of the UK with an uptake rate of around 20%. He felt that this should be raised with Trusts and that Chief Executives could possibly be held to account if suggested targets are not met. However, Dr Smithson noted that whilst PHA staff can obtain the vaccine, they are not perceived as frontline healthcare staff.
- 134/13.10 Dr Harper asked Dr Smithson to give an overview of forthcoming vaccination programmes. Dr Smithson advised that future priorities included Meningococcal B vaccine, Hepatitis B, chickenpox and the introduction of the HPV vaccine to boys, as it currently only issued to girls.
- 134/13.11 Members noted the immunisations update.

135/13 Item 15 – Reflections on PHA September Board Workshop

- 135/13.1 The Chair felt that the workshop on 11 September had been productive and agreed to get a write up to members in advance of the November meeting.
- 135/13.2 The Chair updated members on the actions agreed. With regard to the session on inequalities, she agreed to set up a meeting with the Chief Executive, Dr Harper and Dr Harbison.
- 135/13.3 Mr McClean confirmed that a draft Public Affairs framework had been developed and that a meeting would be set up with Mrs

Chair

Cullen to look at stakeholder engagement.

135/13.4 Dr Rooney advised that the proposed timetable for the development of the Commissioning Plan had been shared with DHSSPS and HSCB following the workshop.

136/13 Item 16 – Any Other Business

136/13.1 Mrs Karp asked if there was an update on the accommodation business case. Mr McClean said that negotiations were currently taking place and he hoped to provide a further update at the next meeting.

136/13.2 There was no other business and the Chair drew the meeting to a close.

137/13 Item 15 – Date and Time of Next Meeting

Date: Thursday 21 November 2013

Time: 1:30pm

Venue: Public Health Agency

Conference Rooms

2nd Floor

12-22 Linenhall Street

Belfast

BT2 8BS

Signed by Chair:



Date:

21/11/13