

**Minutes of the 46th Meeting of the Public Health Agency board
held on Thursday 20 September 2012 at 1:30pm,
at Conference Room, Open University,
110 Victoria Street, Belfast, BT1 3GN**

PRESENT:

- | | |
|-------------------------|---|
| Ms Mary McMahon | - 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 |
| Mrs Julie Erskine | - Non-Executive Director |
| Dr Jeremy Harbison | - Non-Executive Director |
| Mrs Miriam Karp | - Non-Executive Director |
| Mr Thomas Mahaffy | - Non-Executive Director |
| Mr Ronnie Orr | - Non-Executive Director |

IN ATTENDANCE:

- | | |
|-------------------|---|
| Mr Paul Cummings | - Director of Finance, HSCB |
| Mrs Maeve Hully | - Chief Executive, Patient Client Council |
| Mr Robert Graham | - Secretariat |
| Ms Verena Wallace | - Local Supervising Authority Midwifery Officer (for item 11) |
| Dr Tracy Owen | - Consultant in Public Health Medicine (for item 12) |

APOLOGIES:

- | | |
|------------------------|--|
| Alderman Paul Porter | - Non-Executive Director |
| Mrs Fionnuala McAndrew | - Director of Social Care and Children, HSCB |

90/12	Item 1 – Apologies	Action
90/12.1	The Chair noted apologies from Alderman Paul Porter and Mrs Fionnuala McAndrew.	

91/12 Item 2 - Declaration of Interests

91/12.1 The Chair asked if anyone had interests to declare relevant to any items on the agenda. None were declared.

92/12 Item 3 - Chair's Business

92/12.1 The Chair informed Board members of recent engagements she had attended, including the 10th anniversary of the Western Investing for Health Partnership.

92/12.2 The Chair advised that a meeting had taken place to discuss the forthcoming Board workshops and that a draft agenda would be circulated to members shortly.

93/12 Item 4 - Chief Executive's Business

93/12.1 The Chief Executive briefed members on various events which he had attended since the last PHA board meeting.

93/12.2 The Chief Executive said that he had attended the Transplant Games as well as an event to mark World Suicide Day. He added that he had attended a dinner organised by the Food Standards Agency and also the annual meeting of the Western Chief Executive's Officers Forum which included a presentation on the events being held as part of the City of Culture celebrations.

93/12.3 Mrs Maeve Hully asked if there had been consideration given to an event for Northern Ireland's Olympians. The Chief Executive said that although there were no plans to have a specific event, the PHA was working with SportNI on health related joint events to be held soon. He added that in October, PHA was launching a new outdoor gym in Sandy Row.

94/12 Item 5 - Minutes of the PHA board Meeting held on 16 August 2012

94/12.1 Members agreed the minutes of the PHA board meeting held on 16 August 2012 as an accurate record of the meeting. One insertion was agreed in the section on Dual Membership of Committees; the section should start with the words "In light of the DHSSPS guidance..." The minutes were duly signed by the Chair.

95/12 Item 6 – Matters Arising

95/12.1 The Chair noted that there were no matters arising.

**96/12 Item 7 – Finance
PHA Financial Performance Report (PHA 01/09/12)**

96/12.1 Mr Cummings presented the finance report for the period up to 31 July 2012 and noted a projected surplus of £8.687m. He said that there were some delays in the approval of expenditure and he was confident that the surplus would be reduced before the year end.

**97/12 Item 8 – Programme Expenditure Monitoring System (PEMS)
Report (PHA 02/09/12)**

97/12.1 Mr McClean informed members that the latest PEMS report reflected the updated allocation from DHSSPS. He said that although there is a projected surplus, PHA staff had been working closely with organisations, particularly in the community and voluntary sector, to ensure that invoices were being sent to PHA for processing.

97/12.2 Councillor Ashe asked if PHA was able to pay its invoices within 10 days. Mr Cummings explained that under the current systems, BSO processes payments on PHA's behalf and that this would not allow for payments to be made within 10 days but he anticipated that the situation would be improved following introduction of the new BSTP system.

97/12.3 The Chief Executive assured the Board that PHA was working closely with all its Programme Managers to monitor the budget.

97/12.4 Dr Harbison noted the recent announcement of £2.5m funding for research and development and asked if PHA would receive this funding. Dr Harper explained that the funds would be paid into a central source but she added that Michael Neely was discussing this matter with DHSSPS.

97/12.5 Dr Harbison asked how PHA had allocated the funding for its Programme for Government (PfG) commitments. The Chief Executive said that an initial assessment had identified some priority initiatives but that discussions were still ongoing. He

added that DHSSPS was liaising with OFMDFM regarding the monitoring arrangements.

97.12/6 Dr Harper said that PfG priorities had been identified by programme managers in liaison with the Trusts and the community and voluntary sector. The Chief Executive said that from next year, he anticipated that these initiatives can be identified specifically within the Business Plan.

98/12 Item 9 – Serious Adverse Incidents Learning Outcomes Report October 2011 – March 2012 (PHA 03/09/12)

98/12.1 Mrs Hinds informed members that this report is brought to both the PHA board and the board of the HSC Board twice yearly and acknowledged the work done by Pat Cullen to complete the report.

98/12.2 Mrs Hinds gave an overview of the report in areas such as Physiological Early Warning Scores (PEWS), the administration of controlled drugs, pseudomonas and suicides. She said that PHA had visited each of the HSC Trusts to discuss the reporting of Serious Adverse Incidents (SAIs).

98/12.3 Mr Mahaffy expressed a concern that nurses at ward level may not feel supported when raising concerns although he acknowledged that staff have a duty of care to report concerns under Agenda for Change. Mrs Hinds said that this was a cultural issue but that registered nurses should be reminded of their professional obligation to report issues. She said that the Safety Forum is doing work on empowering staff.

98/12.4 Dr Harbison told the board about a new initiative in England where a “safety thermometer” has been developed which looks at areas such as pressure sores, falls, urinary tract infections and deep vein thrombosis. He said that the first results were now available and he asked whether a similar initiative would be considered in Northern Ireland. Mrs Hinds said that while there was no plan to introduce a similar scheme, she pointed out that the HSC Board gathers safety and quality data from Quality Improvement Plans and that there is a regional forum where intelligence from SAIs is considered.

98/12.5 Mr Orr noted the dropout rate of nursing staff due to low morale and asked what support was available for nursing staff. Mrs Hinds

said that the PHA was working with Trusts to explore this issue and added that there could be a knock on effect for community staff in the future.

98/12.6 Mr Orr asked what initiatives were in place to reduce the high number of suicides. Mrs Hinds explained that the Bamford Review was providing the strategic framework in this area. The Chief Executive said that in 70% of the suicides reported in this paper, there was a direct link with alcohol. The Chair commented that although the number of suicides was small in overall terms, there was a lot of work to be done at community level.

98/12.7 Mr Mahaffy asked about the reporting of incidents in independent healthcare facilities and domiciliary care. Mrs Hinds said that these incidents were reported directly to RQIA.

99/12 Item 10 - HCAI Quarterly Update (PHA 04/09/12)

99/12.1 Dr Harper said that the overall picture showed that Northern Ireland is above the targets for C. diff and MRSA. She added that in instances where there has been an increase in the number of cases of C. diff, Trusts have taken immediate remedial action.

99/12.2 Mr Orr said that the PHA should acknowledge the work undertaken in the Northern Trust to reduce the number of cases of C. diff. Mrs Erskine asked if the average would exceed the PfA target and what action would be taken if this were to be the case. Dr Harper reiterated that if the number of cases begins to rise in a particular Trust, the Trust takes remedial action and the numbers start to reduce again.

99/12.3 The Chair asked why the C diff. figures excluded psychiatric inpatients. Dr Harper explained that these types of facilities are rarely affected.

99/12.4 Members noted the report.

100/12 Item 11 – Local Supervising Authority Annual Report to the Nursing and Midwifery Council (PHA 05/09/12)

100/12.1 Mrs Hinds introduced Verena Wallace who gave members an overview of the annual report to the Nursing and Midwifery Council which is required to be brought to the PHA Board.

- 100/12.2 Following the presentation, Mrs Hully asked if figures were available on the number of babies born to mothers for whom English is not their first language and also if access to an interpreter was available. Ms Wallace said that although specific figures were not available, she was aware that the Southern Trust had seen an increase in the number of babies born to Lithuanian and Polish parents.
- 100/12.3 Mr Mahaffy asked about the status of asylum seekers and if they could access maternity services. Ms Wallace said that all pregnant women should have access to maternity services.
- 100/12.4 Mrs Erskine noted that the report did not contain a reference to the number of Caesarean sections or the impact of the development of midwife-led units. Ms Wallace said that the percentage of births in midwife-led units in Northern Ireland is the lowest in the UK. She added that further work needed to be done in these units in areas such as ante-natal and post-natal care. She proposed to do a presentation at a future Board workshop on “alongside units”. In terms of Caesarean sections, Ms Wallace said that Northern Ireland has the highest rate in the UK, but that the focus needed to be on ensuring guidelines were met.
- 100/12.5 Mrs Karp asked about the supervision of midwives. Mrs Hinds said that a supervisory system was under development for midwives but added that supervision is compulsory for nursing staff. Mrs Karp asked about the choices given to woman regarding what type of unit they go to. Ms Wallace said that is discussed with the midwife.
- 100/12.6 After further discussion, it was agreed that Verena Wallace would come to a Board workshop on maternity services. Members noted the report.
- 101/12 Item 12 – Northern Ireland Cervical Screening Programme, Annual Report and Statistical Bulletin 2010/11 (PHA 06/09/12)**
- 101/12.1 Dr Harper welcomed Dr Tracy Owen to the meeting to present this report which is a quality assurance of the cervical screening programme in Northern Ireland. Dr Owen explained that there had been a policy change whereby women under 25 years of age are not called for screening. She added that colposcopy data would

be available in next year's report.

101/12.2 Dr Owen drew members' attention to the key indicator data and said that a score of above 80% was required to achieve a green "rating". She said that although many of the scores were rated as red the situation was improving. She added that one of the issues which resulted in lower scores being achieved in the Belfast Trust was staffing.

101/12.3 Dr Harbison asked about the percentage of women who did not attend appointments and what schemes are in place to encourage attendance. Dr Owen said that information materials about cervical screening have been revamped to ensure they are targeted towards specific groups and that this is delivered through GP surgeries. She added that an analysis of postcodes would suggest that women in Belfast are the most likely to not attend an appointment.

101/12.4 Members noted the report.

102/12 Item 13 – Any Other Business

102/12.1 The Chair noted that Thomas Mahaffy had raised an issue regarding the status of the Commissioning Plan and if the board would receive further information on what amendments had been made.

102/12.2 The Chief Executive informed the board that following approval of the draft plan in April 2012, DHSSPS had proposed amendments in a letter from the Permanent Secretary to the Chief Executive of the HSC Board. He said that the proposed changes were minor in nature and did not have any direct impact on PHA and thus, it would not necessary to raise the issue at PHA board level.

102/12.3 The Chair said that there would be a future board workshop looking at the capitation formula and how health funding is allocated to the most deprived areas in Northern Ireland.

102/12.4 Mrs Erskine asked if the board would receive feedback on the recent staff survey. The Chief Executive said that he wished to share the findings with staff in the first instance and would report to the Board at a later date.

103/12 Item 14 - Date, Time and Venue of Next Meeting

Date: **Thursday 18 October 2012**

Time: 1:30pm

Venue: Public Health Agency
Conference Rooms
2nd Floor
12-22 Linenhall Street
Belfast
BT2 8BS

Signed by Chair:

A handwritten signature in black ink that reads "Mary Mc Mahon". The signature is written in a cursive style with a large initial 'M'.

Date: 18th October 2012