

**Health Governance Committee Meeting
Friday 13 January 2017
Room 17, Gyle Square, Edinburgh**

Present: Dr P Stollard (Chair)
Ms M McCoy
Ms J-C Judson (via teleconference)
Mr P McColgan

In attendance: Mr G McLaughlin
Mr D Crichton
Ms C Denholm
Dr A Fraser
Mr G Dodds
Ms D Thomas
Dr P Craig
Ms M Kerrigan (Minute)

ACTION

1. Apologies

There were no apologies.

2. Declaration of Committee Members' Interests

There were no members' interests.

3. Minutes

24 June 2016
Approved

14 October 2016

- Page 4, item 5, Core Programme 3, 8th paragraph commencing "In discussion it was felt..." insert "support of" between improve and practice to read:

"Health Scotland was good at theory but there was a need to improve support of practice"

4. Matters Arising – Action Note

ACTION

The action list will be updated.

The Committee endorsed the October meeting and approved the October minutes.

5. **Core Programme 4: The right of every child to good health (HGC Paper No 1/17)**

The Health Governance Committee was asked to comment on the quality and effectiveness of the work of Core Programme 4 of NHS Health Scotland's 2016/17 Delivery Plan and its transition to Strategic Priority 2 for A Fairer Healthier Scotland 2017-22.

The Report summarised activity and gave examples of different ways of applying Knowledge into Action for two illustrations from the Core Programme.

Dr Pauline Craig, Head of Population Health (HPH) presented The Right of Every Child to Good Health. To improve the health and wellbeing of all children and young people with an emphasis on prevention and equality) looking at the 5 year outcome.

Dr Craig updated the Committee on progress made in the last 18 months. She indicated that 18 months ago Core Programme 4 and the Early Years work within NHS Health Scotland was focussed on individual experience and health improvement.

It was commented that the Health Scotland Adverse Childhood Experiences event in November 2016 had been both informative and impressive and was one of the most affecting conferences for a long time.

In discussion the following points were made:

- It was important to have both universal and upstream work;
- It was important to ensure we have good up to date information for parents and as there can be huge duplication; the once for Scotland approach like "Ready Steady Baby" is good; there is a place for national NHS branding;
- Are there any examples of transformational change (the Loch Katrine equivalent) that are

ACTION

appropriate to apply to other Health Scotland priorities? Drilling down for a worked example with a strong narrative is very useful;

- Create a model that is right for Scotland;
- In favour of a rights based approach – access to service in an equitable way is important and there's a role for Health Scotland as a catalyst; this has to be about influencing the very early stages of the child's life;
- Political will and support is important;
- Be confident about focussing on a small number of issues and doing them well;
- How can the Health Governance Committee share learning and lessons emerging from discussion more widely across the organisation?
- Cath agreed to take back into wider organisation.
- Pauline agreed to take back themes and points to a steering group for the programme.

**CMD
PC**

Key themed questions that arise for wider consideration:

- a) the issue of Health Scotland's role in influencing public opinion in relation to a child friendly society.
- b) what we mean by local work, how to influence local leadership and also how much of this had been influenced by learning from successful approaches in other programmes (health and homelessness). How we can influence local practice delivery to become more preventative in nature, without doing that ourselves.
- c) The suggestion that one of the ways we should seek to demonstrate impact is to show through worked examples how our knowledge has influenced action on the ground.

It was agreed Pauline would supply Jane Clare Judson with background information on breastfeeding.

PC

The Chair felt there would be value in inviting members of staff to future meetings, particularly in relation to helping to apply some of the quality process and improvement to the Core Programme report to other parts of the organisation's work.

ACTION

The Chair thanked Pauline Craig for the work she is leading and noted that this was just the sort of paper and presentation the HGC was looking for.

6. **Health Governance Committee 2015/26 Review of Effectiveness (HGC Paper No 2/17)**

The Health Governance Committee reviewed the 2015/16 effectiveness of the Committee using the 30 questions in appendix 1 and agreed that those marked as achieved have been satisfactorily achieved. The Committee also discussed and agreed further improvements, particularly in relation to questions 19 and 28-30.

The Committee agreed:

- all questions marked with a 'yes'
- items 19, 28, 29 should also be marked as a 'yes'
- item 29 "Areas of effectiveness for improvement" would be marked also with comment that this would be kept under active review
- item 30 "Feedback to Standing Committee" be marked yes and be part of ongoing dialogue

It was agreed that these additions would be made to the effectiveness review and there would be no need to re-table the effectiveness review paper. Any changes would appear in the minute.

7. **Health Governance Committee Terms of Reference (HGC Paper No 3/17)**

The Committee was invited to discuss and agree the revised Terms of Reference (ToR) for 2017/18, apply these Terms of Reference and scrutiny of the HGC business and agree to use the questions in appendix 1 of the ToR to assist with this function. It considered the value of a supporting paper to be Board to inform of the changes for HGC and the connections with the work of the Board.

With the following change the Committee agreed to sign off the revised ToR:

ACTION

Page 7, item 20, should now read “A bi-annual review of Health Governance effectiveness”

DT

Page 7, item 20, Participation Standard. Check if the Participation Standard report does need to come to a governance meeting or can be signed off at management level. If so this can be removed from the ToR and the schedule of HGC business.

CMD

The Committee thanked Andrew Fraser and Della Thomas for their hard work to review the ToR.

**8. Governance of Risk
(HGC Paper No.4/17)**

The Committee was requested to consider risks 16-3 (Knowledge into Action), 16-4 (Responding to changing landscape or political administration), 16-6 (Aligning and adapting our language to the prevailing public and political discourse), 16-7 (National leadership position on health inequalities) and 16-11 (Financial and workforce related issues linked to the partnership-based delivery of Healthy Working Lives services) on the Corporate Risk Register (CRR) to ensure they are sufficiently assured by the actions taken or proposed to mitigate these risks.

Ms C Denholm, Director of Strategy (DoS) indicated that the CRR will now be reviewed and approved each year at the same time as the Delivery Plan. The current CRR is currently being reviewed with the Corporate Management Team (CMT).

The DoS drew the Committee’s attention to Corporate Risk 16/11. It was agreed after the last meeting to change the reporting so data was available for 2 years and this has now been achieved. The Committee was asked to consider these risks and ensure they are sufficiently ensured by the actions state to mitigate them.

The Committee considered Corporate Risks 16-3, 16-4, 16-6, 16-7 and 16-11. It was noted that Corporate Risk 16-11 was ongoing. It was agreed the Committee receive an update on Risk 16-4.

CMD

ACTION

9. Any other business

There were no items for discussion.

10. Date of next meeting

Friday 3 March 2017, Room 5.5, Meridian Court,
Glasgow.