

**BOARD MEETING: 19 May 2017**

If you require this paper in an alternative more accessible format please email the CEO submission inbox [nhs.healthscotland-ceopapersubmission@nhs.net](mailto:nhs.healthscotland-ceopapersubmission@nhs.net)

**CHIEF EXECUTIVE'S UPDATE**

**Recommendation/action required:**

The Board is asked to note the paper.

Author:

Sponsoring Director:

<b>Gerald McLaughlin</b> <b>Chief Executive</b>	
--	--

**9 May 2017**

## **CHIEF EXECUTIVE'S UPDATE**

### **Purpose**

1. The purpose of this paper is to provide an update to the Board on activities and matters involving the Chief Executive and Directors which are not covered by other papers on the agenda.

### **Financial Position 2016/17 – Update**

2. Our final submission to the Scottish Government for 2016/17, due on the 2 May, showed a surplus of £144k. The initial submission was £147k surplus. The Scottish Government has confirmed that this surplus, subject to audit, can be carried forward to 2017/18.

### **Health and Sport Committee – 16 May**

3. The Committee invited NHS Health Scotland to give evidence to the Committee on the 16 May. Myself, the Director of Strategy and the Director of Public Health Science will attend the meeting. A verbal update will be given to Board Members on the 19 May.

### **Health and Social Care Delivery Plan – National Priorities for Public Health**

4. I attended a meeting of senior officers from Scottish Government, NHS Scotland and Local Government to develop agreement on the public health priorities for Scotland. This brought together representatives of NHS Chief Executives, Chief Executives of Local Authorities, Integrated Joint Boards Chief Officers, Directors of Public Health, Scottish Government and COSLA.
5. Following an opening address from The Minister for Public Health, Colin Mair, CEO of the Improvement Service and Dr Andrew Fraser, Director of Public Health Science and Chair of the Directors of Public Health gave presentations on “The Intelligence of Public Health”. Thereafter delegates were organised into three separate table discussions considering two topics: Public Health Priorities and Improving Public Health – making it work.
6. There was a broad consensus at the meeting on the need to consider the social determinants on health and the Christie Commission perspective on the need for public services transformation. The intelligence gathered from the event will be further refined into a consultation document which will be circulated at a later date.

## **NHS Greater Glasgow Public Health Committee**

7. I attended the inaugural meeting, as a member of NHS Greater Glasgow and Clyde's Public Health Committee on the 18 April.

## **Audit Scotland – Joint Meeting**

8. George Dodds co-chaired a joint meeting with Audit Scotland on the 2 May exploring both ways in which public health might be influential in assessing the commitment of public services, and also ways to judge the impact and influence of public health expertise in achieving health in all policies. This is a new and promising partnership with a national body with a rising appreciation of its role in tackling inequalities and improving health, in line with national and local Government policy.

## **Fairer Futures Commission**

9. George Dodds represented all the Commissioners who contributed to the Fairer Future Commission in Perth and Kinross when presenting the Commission's findings to a meeting of the full Council at the end of April. The Report received strong and cross party endorsement and our evidence and briefings informed the findings significantly with recommendations including clear Community Planning Partnerships and council commitment to fair work and tackling poverty. This is a strong example of local influence arising from excellent cross organisational effort. All of the directorates within Health Scotland contributed to this.

## **Public Health Science – Refresh of Job Descriptions**

10. The agreed refresh of job descriptions in the Public Health Science directorate was completed to time, within 14 weeks. Progress was reported to the Partnership Forum at their meeting on the 27 April. All staff now have a current job description reflective of their roles and the NHS values which will be helpful in our preparation for a new public health body.

## **Complaints**

11. From 10 February to 9 May 2017 we received 122 complaints which were all intended for other health bodies. The complainants were all advised to contact the relevant NHS Board or Practice Manager at their GP or dental Surgery; or passed directly to the appropriate NHS complaints team or Scottish Government department.

12. During this period we responded to 3 emails raising concerns about the cervical screening 'flower' campaign. One concern was from a practice manager at a GP Surgery regarding the poster; one concern was raised by a member of the public about the tone of the campaign and the language used in the advert, and concerns about some elements of the campaign (particularly the use of the word 'flower') were also made by the Scottish Sexual Health Promotion Specialists Group.
13. We also received a complimentary e-mail thanking us for our complaints support and advice.

### **Finance and Resource Implications**

14. There are no finance and resource implications as such arising from this paper.

### **Staff Partnership**

15. There are no partnership issues which are not addressed through other relevant plans.

### **Communication and engagement**

16. There are no specific communications issues arising from this paper which are not addressed through other relevant plans.

### **Corporate Risk**

17. Any risks associated with this update are incorporated within related project plans.

### **Promoting Fairness**

18. There are no specific issues arising from this paper.

### **Sustainability and Environmental Management**

19. There are no specific environmental issues arising from this paper.

### **Action/ Recommendations**

20. The Board is asked to note the paper.

**Gerald McLaughlin**  
**Chief Executive**  
**9 May 2017**