

**NHS HEALTH SCOTLAND**

**Minutes of the Board meeting  
held at 10.30 am on Friday 27 May 2016  
in Room G1/2, Meridian Court, Glasgow**

Present: Mr D Crichton (Chair)  
Dr A M Wallace  
Ms A Jarvis  
Mr M Craig  
Dr P Stollard  
Ms J C Judson  
Dr P McColgan  
Ms R Dhir  
Mr G McLaughlin  
Dr A Fraser

In attendance: Mr G Dodds  
Ms A Simpson  
Ms C Duncan  
Ms G Mills  
Mr J Carruth  
Ms L Blair  
Mr A Patience  
Ms M McCoy (NHS Dumfries & Galloway)  
Ms J Kindness (Items 1 to 8)  
Ms M Riordan (minute)

**ACTION**

**1. Apologies**

Apologies were received from Mr R Pettigrew and Ms C Denholm.

**ACTION**

**2. Welcome**

The Chair welcomed Ms McCoy to the meeting. It was noted that Ms McCoy would take up her appointment as a Non Executive Board Member of NHS Health Scotland on the 1 June 2016. The Chair also welcomed staff members who were present at the meeting.

**2. Appointment of Vice Chair**

The Board unanimously approved the reappointment of Mr R Pettigrew as Board Vice Chair.

**3. Register of Board Members' Interests**

No meeting specific interests were recorded.

**4. Minute of previous meeting held on the 18 March 2016**

(HS Mins 2/16)

The minute of the meeting held on the 18 March 2016 was approved, subject to the following amendments.

**EA**

**ACTION**

**Page 2, Item 5, paragraph 2**

Amend 3<sup>rd</sup> sentence to read: *He asked the Board to consider our training and development needs and advised that Scottish Government has embarked on a training programme for Non Executives.*

**Page 2, Item 5, paragraph 3**

Amend 1<sup>st</sup> sentence to read: *The Chair requested that those who had not yet responded to iMatter to do so.*

**Page 2, Item 5, paragraph 4**

Amend 3<sup>rd</sup> line to read: *introduced the conference and publicly paid tribute to...*

**Page 2, Item 5, paragraph 5**

Amend to read: *The Chair attended the Health and Homelessness Reception and also met with the Chair of NHS Tayside as part of our stakeholder engagement programme.*

**Page 3, Item 6, paragraph 1**

Amend 1<sup>st</sup> paragraph to read: *Conclusions of the judicial process concerning minimum pricing are awaited.*

**5. Matters arising**

It was noted that all outstanding actions were complete. Item 9 relating to the Board Seminar to be held in December will be included in the development of the December Board Seminar agenda.

**ACTION**

It was agreed that Board Members would be asked to confirm their availability for the additional Board Seminar to be held on the 11 August 2016. It was felt that it was particularly important to determine the availability of Non Executive Board Members for this seminar.

**EA**

**6. Overview of Board Seminar (15 April 2016) and other strategic engagement for “A Fairer Healthier Scotland 2017-22”**

(HS Paper 14/16)

Ms C Duncan spoke to the paper which provided an overview of the emergent themes from the Board Seminar held on the 15 April 2016. She drew the Board’s attention to page 7, paragraph 13 of the paper which highlighted the broad consensus in relation to the direction of travel and the next steps to be taken in respect of both internal and external engagement. She said that a paper would be drafted over the next 8 weeks which would be presented to the Board at their meeting in August. The paper would provide clarity about NHS Health Scotland’s national position and the people Health Scotland would collaborate and work with over the next 5 years. It would also detail the priorities over the 5 year period.

**HoS & C**

The Board noted that both internal and external engagement with stakeholders, in respect of A Fairer Healthier Scotland (AFHS) 2017-22, would continue.

**ACTION**

During discussion of the paper, the following key points were noted.

- It was agreed that it was important to concentrate on the areas where the greatest impact could be made and the most realistic outcomes could be achieved. Ms Duncan said that there would be a more focused approach over the next 5 years, concentrating on areas of work where the greatest impact could be made.
- It was felt that greater clarity was required about how decisions were made on the areas that work would be focused on and the implications of this.
- It was agreed that it was important to ensure that all work was evidence based.

The Chief Executive said that the purpose of the paper was to inform the Board about the outcome of engagement meetings taking place with external stakeholders. He said that in meetings he had held with external stakeholders the consistent message emerging was that evidence based work was important. He said that this was particularly important in Health Scotland's engagement with Ministers as well as in deciding where the greatest impact would be.

The Chief Executive confirmed that it was likely that Health Scotland would continue to have 5 core programmes. However he said that the number of deliverables may be reduced. It is hoped to discuss this further with the Board at the strategic event to be held on the 11 August.

**ACTION**

In response to a question in respect of whether, as a Board, Health Scotland was making clear its strategic position based on evidence, risk analysis and prioritisation choices, the Chief Executive said that each year this was reflected in the delivery plan signed off by the Board. He said that in this next Strategic Plan for AFHS there was a need for greater clarity on what would be delivered over the five year period, on what we prioritise and on how we demonstrate impact.

The Chair said that by the next strategic meeting we need to have a clearer picture of our main areas of focus, with 5 or 6 areas identified for the Board to make a decision on. This would enable the management team to move to the next stage.

Ms Duncan said that more consideration should be given to how Health Scotland would work with the third sector. She said that early engagement with this sector was important as well as co-production and knowledge.

In summarising, the Chair said that there was a clear message from the Board on the need to focus on specific areas where Health Scotland would have the most impact. In respect of the human rights element, he said that human rights and associated legislation were an important foundation for what Health Scotland does and this point should be made clear in our communications. However that does not mean that Health Scotland is responsible for the promotion of human rights and the terminology used should make that clear.

**ACTION**

The Chair said that the Board valued the opportunity to discuss the report and the opportunity for Non Executive Members to contribute outside the normal cycle. Having heard the views of the Board and external stakeholders, the Chair said that the Board was now looking for clear recommendations on priorities, with a sharper focus and being clear on where we would achieve greatest impact. It was agreed that this would be discussed at the August meeting of the Board.

**DoS**

The Board noted the paper.

**7. Chair's Report**

(HS Paper 15/16)

In presenting his paper to the Board, the Chair drew attention to the recent report on alcohol sales data and the implications for health. He commended the positive media coverage achieved and in particular the very positive broadcast media interviews undertaken by Mark Robinson, Senior Public Health Information Manager.

The Chair then informed the Board that NHS Board Chairs had received a briefing from the Director General Health and Social Care on the early plans of the new Administration.

**ACTION**

In response to a question from the Chair on the follow up on research that Health Scotland does, Dr Fraser said that Health Scotland had to try and influence in specific areas where it could. He said that there was a considerable amount of work involved in this.

In response to a question on governance and accountability for Health Scotland, the Chair said that Health Scotland worked within the same framework of accountability as the rest of the Health Service.

An additional accountability which we have is to ensure that any research and reports that Health Scotland produces or provides input to are based on robust evidence and analysis.

In response to a question on scenario planning for Health Scotland, the Chief Executive said that he did not see value in trying to anticipate specific changes to the configuration of public services sectors and organisations until a new programme for Government set out proposals. In the meantime it has been important to stress the value of the functions for which we are responsible. He said that we had sought to influence the Public Health Review and in this respect, the development of our strategy had to relate to what a future public health strategy would look like.

The Chair also drew the Board's attention to the following items within the report.

- Board Seminar – 11 August 2016.
- Board Development Day – 9 December 2016 which had been rescheduled from the 2 December.

**ACTION**

- iMatter – the Chair informed Board Members that there would be another opportunity to complete the survey. It was expected that questionnaires would be sent out between mid-August and the beginning of September.

The Board noted the paper.

**8. Chief Executive's update (including complaints return)**

(HS Paper 16/16)

The Board noted the paper.

**9. Delivery Plan: Quarterly Progress/Outturn Report (Quarter 4)**

(HS Paper 17/16)

Mr T Andrew, Organisational Lead for Improvement, spoke to the paper which asked the Board to note the assessment of outturn against the 2015/16 Delivery Plan. The Board noted that the End of Year Impact Report would be presented to the Board at the 22 June meeting. Mr Andrew said that specific changes had been made to how the report was presented. Section 1.2 of the report listed the corporate priorities and progress made against them. The section also included progress against deliverables.

**OL**

**ACTION**

During discussion of the report, in respect of the corporate priorities marked 'red', Mr Dodds informed the Board that a new Project Manager post had been recruited which would enable plans for the Health Scotland website to be taken forward. He assured the Board that in respect of the high turnover of staff in the Health and Equity directorate, he was working with the Staff Side Chair and the management team to identify what was the driving force for this. He said that some, but not all, of the turnover related to contract staff. The Staff Side Chair said that a number of meetings had been held with staff to discuss the turnover within the Web team. It was noted that this would be discussed by the Staff Governance Committee at their next meeting.

In respect of a focus of priority on the Health Scotland website and the suggestion that work on the Healthy Working Lives (HWL) website should be put on hold, Mr Dodds said that the HWL website was a priority because of the external risk identified. Ms Simpson said that the new website would be a tool to assist employers and it was therefore essential to progress with it. She said that the decision had been informed by external feedback.

The Board welcomed the input from the Public Health Science (PHS) directorate which had provided information on what had not been achieved as well as what had been achieved. It was felt that this would be helpful for all directorates to include in their reports.

**ACTION**

It was agreed that the information provided by the Health and Work directorate on the people reached by their work was helpful but that we had to be sure that the right people were being targeted. The Chief Executive said that the marketing material used could be made available to Board Members if desired.

It was agreed that it was useful to see the strategic implications contained within the report as well as how this would link to staff governance, given the impact of staff capacity on performance. It was felt that it would be useful to use the report to inform strategic development.

The Board noted the Report.

**10. Healthy Working Lives Service Redesign update**

(HS Paper 18/16)

Ms A Simpson spoke to the paper which provided an update on progress with work to secure the long term sustainability of the HWL programme and to highlight to the Board the consequent risks. She said that work was continuing to implement the governance structure with the establishment of a new HWL Programme Board to oversee strategy and governance. An Implementation Group had also been established based on a hub model.

**ACTION**

Mr Stollard, who chairs the HWL Programme Board, said that it was important for the Health Scotland Board to monitor progress on the Implementation Plan which had been developed for 2016/17. He said that the Board should take this into account when considering the strategic process for Health Scotland as it required to be embedded within Health Scotland's strategic plan.

In response to a question as to whether there was a formal review period, Mr. Stollard confirmed that there was a meeting in September 2016 where progress would be reviewed. Ms Simpson said that feedback from employers indicated that the website was their preferred means of obtaining information. She said that this meant that the HWL website was of critical importance.

The Chair thanked the Chair of the HWL Programme Board and Ms Simpson for the work they had done in respect of the service redesign.

The Board noted the paper.

**11. Communications and Engagement Plan**

Ms C Duncan said that the Plan had been presented to the Board for information. It was a plan for the current business year 2016/17 covering internal and external communications and engagement as well as events and sponsorship. Ms Duncan said that the Plan

**ACTION**

promoted the work of the organisation as well as protecting and monitoring risks.

In response to a question as to how this would be used as a marketing tool, Ms Duncan said that the Plan was about influencing what was happening at any particular time. Ms Duncan said that the End of Year Impact Report would show more clearly the work of the Communications and Engagement team.

In conclusion, the Chair commended the Plan and welcomed its focus on objectives and outcomes. He said that it was important that the analysis contained within the Plan was followed through to particular activities. He said that it was important in respect of branding that the work of Health Scotland was recognised and appropriately associated with the organisation. The Chair said that it would be useful to have some simple, core messages about the work of Health Scotland within the Plan which could be communicated consistently by Board members and staff.

The Chair said that it was important to remember that Non Executive Board Members reached into different networks and that this created opportunities to get Health Scotland's message across to a wider audience. He said that Non Executive Members could also contribute to Health Scotland events.

Ms Duncan said that it would be helpful to have feedback from Non Executive Board Members on the updates which the Communications and Engagement team circulated to them. She said that it would be

**ACTION**

helpful for Non Executive Members to inform the team of any forthcoming events of interest.

The Board noted the Plan.

**12. Committee/Forum minutes for noting**

The Board were asked to note the following Committee minutes which had been highlighted in an internal audit report as not being presented to the Board in the normal cycle.

- Audit Committee minute – 10 June 2015
- Audit Committee minute – 23 June 2015
- Audit Committee minute – 28 August 2015
- Audit Committee minute – 3 February 2016
- Health Governance Committee minute – 26 June 2015
- Staff Governance Committee minute – 15 May 2015
- Staff Governance Committee minute – 18 September 2015
- Staff Governance Committee minute – 22 January 2016

The Board noted the minutes and were assured that a process was now in place to ensure that the Committee/Forum minutes were presented to the Board in the normal cycle.

**ACTION**

The Board were also asked to note the following minutes.

- Draft Health Governance Committee minute – 15 January 2016
- Partnership Forum minute – 14 January 2016.

The Board noted the minutes.

**13. Any other business**

13.1 Non Executive Board Member

The Chair thanked Dr Wallace for her contribution to the Board over the period of her appointment and wished her well for the future. The Chief Executive also thanked Dr Wallace for her contribution to the work of the organisation.

13.2 European Union Referendum Guidance

It was agreed that the guidance would be circulated to Board Members.

**EA**

**ACTION**

13.3 Register of Interests

The Chair reminded Board Members that it was their individual responsibility to update the Register.

**14. Date of next meeting**

Wednesday, 22 June 2016.