**NHS HEALTH SCOTLAND**

**Minutes of the Board meeting**

**held at 10.30 am on Friday 29 May 2015**

**in Board Room 1/2, Gyle Square, Edinburgh**

Present: Ms M Burns (Chair)

Ms C Denholm

Dr A M Wallace

Ms A Jarvis

Mr M Craig

Dr P Stollard

Mr R Pettigrew

Ms M Mellon

Mr G McLaughlin

In attendance: Dr A Fraser

Mr G Dodds

Mr A Patience

Mr S Bell

Ms D Thomas

Ms J. Kindness

Ms C Dea

Ms E Moloney

Ms C Gardiner (Item 11)

Ms K Barlow (Item 11)

Ms M Riordan (minute)

Ms C Duncan

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|  |  | **ACTION** |
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| **1.** | **Apologies** |  |
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|  | Apologies were received from Ms J Fraser and Ms E Fullerton. |  |
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| **2.** | **Register of Board Members’ Interests** |  |
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|  | Dr Wallace informed the Board that she was now a member of the Food Standards Scotland Board. |  |
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|  | No other meeting specific interests were recorded. |  |
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|  |  | **ACTION** |
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| **3.** | **Minutes of previous meeting held on the 27 March 2015** |  |
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|  | The minutes of the meeting held on the 27 March 2015 were approved. |  |
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| **4.** | **Matters arising** |  |
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|  | The Action List was noted. There were no other matters arising. |  |
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| **5.** | **Appointment of Vice Chair** |  |
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|  | The Chair proposed that Mr R Pettigrew should continue as Vice Chair. The proposal was approved by the Board. |  |
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| **6.** | **Chair’s Report** |  |
|  | (Paper No 15/15) |  |
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|  | The Chair spoke to the paper and highlighted paragraphs 3 and 4 of the paper relating to her meeting with the Chair of Food Standards Scotland (FSS) and the agreement to hold a joint board meeting, the purpose of which was to discuss future strategies and collaborative working between Health Scotland and FSS. It was noted that the proposed date for the meeting is the 21 August 2015. |  |
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|  | The Chair also highlighted paragraph 10 of the paper relating to the Public Health Review. She provided an update to Board Members on the meeting she and the Chief Executive had, on the 28 May, with the Chair of the Review.  She said that the meeting had been very helpful and that there was a clear need for a national context for public health, of which inequalities was a fundamental part. |  |
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|  | The Chief Executive said that across the public health community in Scotland, thinking had moved on considerably. Leadership and collaboration were significant emerging themes from the Review. He said that the engagement sessions organised by ScotPHO had been very well attended. He had made a separate offer that, should there be a recommendation that a public health strategy for Scotland be developed, Health Scotland could act as a vehicle through which inequalities could be looked at. |  |
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| **7.** | **Chief Executive’s update (including complaints return)** |  |
|  | (Paper No 16/15) |  |
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|  | The Chief Executive spoke to the paper. He advised the Board that a meeting had been arranged between himself and the Chief Executive of Food Standards Scotland on the 16 June to discuss joint working between the two organisations. |  |
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|  | The Chief Executive then gave an update on the changes within the Chief Executive’s office, effective from the 1 April 2015. He outlined the role of the Executive and Governance Lead within the office and encouraged Non Executive Members to contact her directly if they wished to do so. |  |
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|  | In response to a question in relation to the 2015 Annual Review the Director of Strategy confirmed that the showcase event would be strategically based. |  |
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|  | The Chair confirmed that the Minister would meet in private with Board Members as part of the Review. |  |
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|  | In response to a question in respect of lessons learned from  the event held on the 8 May by the Centre for Health Policy at Strathclyde University that could be relevant to the Public Health Review, the Chief Executive said that the event was mainly intended to showcase what the Centre could offer in terms of future research. He said that Health Scotland already had a connection with the Centre in relation to human rights and Health and Work. During discussion Board Members felt that it would also be useful to continue to understand the experiences of countries such as Greece and Spain who have already experienced austerity and its impact on health. |  |
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| **8.** | **Business Plan: Quarterly Progress/outturn Report (Quarter 4)** |  |
|  | (Paper No 17/15) |  |
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|  | The Director of Strategy spoke to the paper in which the Board were asked to note the assessment of outturn against the 2014/2015 Business Plan. The Director of Delivery informed the Board that, in respect of the Play at Home programme, this has now been concluded as planned. |  |

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|  | Following a discussion of the paper, the Chair said that the report represented an extremely good performance for the quarter. |  |
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|  | The Board noted the report. |  |
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| **9.** | **Stakeholder Communication and Engagement Plan 2015-16** |  |
|  | (Paper No 18/15 |  |
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|  | A presentation was given by the Organisational Lead for Communications and Engagement and the Communications and Engagement Team Manager. The presentation highlighted the overarching Plan, the strategic timeline and the channels through which communication and engagement would take place. |  |
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|  | The Head of Strategy and Communication then spoke to the paper. She highlighted to the Board the background to the paper. In relation to paragraph 11 of the paper relating to Risk, she said that this would be managed in order to ensure that the organisation was best placed in order to achieve the outcomes for A Fairer Healthier Scotland (AFHS). The Head of Strategy and Communication said that she was particularly keen to have the views of Board Members on the role of the Board with respect to this. |  |
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|  | A full discussion of the paper then took place during which the following key points were made in relation to the Plan. |  |
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|  | * More clarity required on the relationship between the strategy and the Delivery Plan. |  |
|  | * The Head of Strategy and Communications confirmed that the Impact Report would capture the impact assessment for Board Members. |  |
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|  | The Chair said that the Board would like to see how the Plan translated into what the organisation was trying to achieve. The Head of Strategy and Communications agreed to develop case studies to illustrate how the Plan was translated. | **HoS&C** |

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|  | In response to a question regarding direct communication with the public, the Head of Strategy and Communications said that Health Scotland’s media work would be the main channel for communication with the public but would also target specific stakeholders. |  |
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|  | In response to a question relating to support for staff, the Head of Strategy andCommunication confirmed that the Internal communication and Engagement Plan focused on this aspect. She said that material such as briefing notes and key messages were already in place for staff. |  |
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|  | In relation to the wider housing sector, the Head of Strategy and Communication, in response to a question, said that not all groups were detailed in the plan. Health Scotland hosted the Health and Homelessness Steering Group on which housing groups were represented. The Head of Strategy and Communication agreed to look into which groups were represented on the steering group. |  |
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|  | In conclusion, the Chair said that the Board welcomed the strategic approach taken to communication and engagement. She said that the Board would welcome the proposal of case studies as examples as to how the Plan would work in practice. |  |
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|  | The Board noted the 2015/16 Stakeholder Communication and Engagement Plan. |  |
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| **10.** | **2014 NHS Staff Survey and iMatter** |  |
|  | (Paper No 2015) |  |
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|  | The Director of Strategy (DoS) spoke to the paper which asked the Board to note the organisational processes deployed and progress with identifying, and taking forward actions, from the 2014 NHS Staff Survey and the new iMatter national project. In response to a question in respect of the effects of change, in particular the move of offices, the DoS said that at the time the survey was carried out some staff remained concerned about the move and this would have had an impact on the responses given. However she said that iMatter would allow this to be explored further. |  |
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|  | The Chief Executive said that there had been a high level of engagement from staff and this had produced specific action plans, both organisationally and within directorates. The Board noted that the Staff Survey was regularly discussed by the Partnership Forum at their meetings. |  |
|  |  | **ACTION** |
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|  | The Board noted how the organisation was approaching the Staff Survey results and the timeline set out in paragraph 12 of the paper and welcomed the emphasis on what was happening at directorate level. They noted the role of the Staff Governance Committee in the detailed overview of the process |  |
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| **11.** | **Tobacco Control – Health Scotland’s Leadership Journey** |  |
|  | (Paper No 19/15) |  |
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|  | Ms C Gardiner, Health Improvement Programme Manager (Tobacco) gave a presentation on Health Scotland’s leadership of the tobacco control programme. The presentation covered Health Scotland’s role in tobacco control, the leadership role in respect of tobacco work in prisons and also in respect of smoking in pregnancy. |  |
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|  | Following the presentation a discussion took place. It was agreed that it was important to continue to have progressive measures in place and to continue to discuss the retail aspect of smoking as well as the use of e-cigarettes. There was a key inequalities rationale for continuing to focus on tobacco. In response to a question as to whether there should be a different approach, Ms Gardiner said that work was under way to focus on protection and prevention work. She said it was important to balance smoking cessation with other areas and that the prevention agenda was very important. |  |
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|  | On behalf of the Board, the Chair thanked the Director of Delivery, the Programme Manager and the Senior Health Improvement Officer for the presentation. She said that Health Scotland had played an important part in tobacco control in the past and the presentation showed how that role had and was continuing to change. |  |
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| **12.** | **Board Development Plan** |  |
|  | (Paper No 21/15) |  |
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|  | Following a short discussion of the paper it was agreed that due to the planned changes in membership of the Board over the next 6 months, there would be a need for increased support to the Board during this period. |  |

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|  | The Chair informed Board Members that the post of Health Scotland Board Chair would be advertised on the 4 June along with other NHS Board Chair vacancies. She encouraged Board Members to draw this to the attention of people who may be interested in this vacancy. |  |
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|  | The Board approved the Board Development Plan for 2014-16. |  |
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| **13.** | **Board Standing Orders and Committee Terms of Reference** |  |
|  | (Paper No 22/15) |  |
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|  | The Board approved the revised Board Standing Orders. |  |
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|  | 13.1 Scheme of Delegation |  |
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|  | In respect of Item h. referring to decisions reserved to the Board, the Board agreed that this should remain as it was. |  |
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|  | The Scheme of Delegation was approved. |  |
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|  | 13.2 Audit Committee Terms of Reference |  |
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|  | In respect of paragraph 4 of the Terms of Reference referring to a quorum, the Board agreed that this paragraph should be reflected in all Committee Terms of Reference. | **DoS**  **DPHS** |
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|  | The Terms of Reference were approved. |  |
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|  | The Terms of Reference were also approved for the following Board Committees. |  |
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|  | * Health Governance Committee |  |
|  | * Remuneration Committee |  |
|  | * Staff Governance Committee |  |
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| **14.** | **Committee/Forum minutes for noting** |  |
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|  | The following Committee/Forum minutes were noted. |  |
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|  | * Health Governance Committee minutes of 6 March 2015. |  |
|  | * Audit Committee minutes of the 4 February 2015. |  |
|  | * Staff Governance Committee minutes or the 13 March 2015. |  |
|  | * Partnership Forum minutes of the 5 March 2015. |  |
|  |  | **ACTION** |
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| **15.** | **Any other business** |  |
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|  | 15.1 Partnership 50/50 |  |
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|  | It was noted that public bodies had been asked to sign up to this. The Governance Manager confirmed that Health Scotland have agreed to this but have requested additional information. |  |
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|  | The Board agreed that the Health Scotland should be endorse Partnership 50/50. |  |
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|  | 15.2 Non Executive Board Members |  |
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|  | The Chair informed Board Members that Ms M Duncan, a Non Executive Board Member with NHS Highland would be attending the Health Scotland Health Governance Committee on the 26 June. She asked Non Executive Members to let her know if they were interested in finding out about health and social care integration in NHS Highland. |  |
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| **16.** | **Date of next meeting** |  |
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|  | 23 June 2015. |  |