

## SUMMARY REPORT OF GOVERNANCE COMMITTEE MEETING

<b>Name of Committee</b>	<b>Population Health and Planning Committee</b>
<b>Date of Meeting</b>	<b>14 January 2026</b>
<b>Committee Chair</b>	<b>Gerry O'Brien</b>

### KEY POINTS FROM DISCUSSION AND ESCALATION

#### ALERT

- The previously signalled target to populate the strategic framework by end March 2026 was no longer achievable, due to operational pressures and the impact of the forthcoming election period on external consultation.
- Later phases of the Digital Front Door (MyCare.scot) were noted to require significant local business change, particularly in outpatient clinic build and booking practices, rather than being purely technical.
- The Public Health Annual Report remained in final drafting and may have required correspondence approval if agenda pressures prevented Committee consideration in March.

#### ASSURE

- Development of the Strategic Workplan 2025/2026 (Moderate)
- Digital Front Door Update (Substantial)
- Terms of Reference (Substantial)

#### ADVISE

- Members emphasised the need for the committee's role to remain focused and avoid absorbing wider issues without a structured workplan.
- Members also advised that forward planning should reflect what is helpful to the development of the emerging strategic framework, ensuring discussions stay aligned to purpose.
- Committee members were invited to feed any suggestions on the Terms of Reference directly to the Deputy Head of Corporate Governance, with Chairs and Executive Leads included in review circulation.

#### RISKS

- Absence of a clearly defined work plan creates a risk that the Committee may diverge into areas beyond its remit, potentially reducing focus on its core governance responsibilities.
- The breadth and complexity of the strategic framework discussions may challenge the Committee's ability to set achievable timelines and establish well-prioritised workstreams.

- The delay to the Director of Public Health's Annual Report, due to staff absence, presents a risk to timely consideration by both the Committee and the Board, particularly if interdependencies become more time-sensitive.
- Population-health delivery risk if progress is delayed by an over-emphasis on perfect data rather than timely action.

#### **ACTIONS**

- Committee to receive update on the Strategy Framework Draft following the completion of the phased consultation plan.
- The Committee will receive a further updated Thematic Review Methodology after March 2026.
- The Director of Public Health Annual Report to Committee and Board in March 2026.
- Committee Admin to Draft and circulate a Committee Workplan aligned to the strategic framework timeline before the next meeting, inviting member comments.

#### **LEARNING**

The Committee reflected on the importance of maintaining focused and purposeful discussion aligned to strategic priorities and avoiding unnecessary operational drift. Members also recognised the need to balance governance responsibilities with strategic development through clear communication realistic expectations and flexible planning.