Impact Assessment Report 2015/16: the context of our impact

NHS Health Scotland

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Published by NHS Health Scotland

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Edinburgh EH12 9EB

NHS Health Scotland is a WHO Collaborating Centre for Health Promotion and Public Health Development.

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Introduction

This paper sets out the context for NHS Health Scotland's impact in 2015/16, and should be considered in conjunction with the NHS Health Scotland 2015/16 Impact Assessment Report. The document provides detail on how we have approached the assessment of our impact as well as an overview of the environment we have operated in.

Report structure

The report is presented in the structure of our new organisational performance framework, which has been approved and signed off by the board. The report includes a blend of quantitative and qualitative measures to demonstrate our impact, and has been presented with a combination of text, data and infographic images to relay our performance story.

The performance data described above is presented within the context of some of the internal and external factors that have had an effect on our organisational impact.

Performance framework

The performance framework has been developed in partnership with key individuals from across the organisation. We have also sought external expertise on the development of the framework through our Stakeholder Performance Forum.

The framework is based on the work that we do as an organisation, and identifies the areas of our work that we want to measure our performance and impact upon. It also acts as one of the improvement plans in the corporate risk register to mitigate the potential threat of us not being able to demonstrate impact, owing to the contribution that is required from many agencies to reduce health inequalities.

The performance framework consists of four domains in which we can consider our performance:

1. **Society results**
2. **Shared results**
3. **Our results**
4. **Our enablers**

Each domain has a number of sub-domains which explain in more detail the specifics of our work.

The performance framework is shown is shown on page 4.

Performance framework

Collaborative performance	Scotland Performs: National Performance Framework wealthier; smarter; healthier; safer and stronger; greener We have tackled the significant inequalities in Scottish society. We live longer, healthier lives.
	Performance domain 1: society results
	Reduced inequalities in health Reduced inequalities in society
	Performance domain 2: shared results
	Stronger system-wide support for action More equitable policy Improved capacity to deliver effective actions in practice
NHS Health Scotland performance	**Performance domain 3: our results**
	Organisational reputation and credibility Customer results, engagement and satisfaction Programme results: fundamental causes, system change for fairness and equity, places and communities the right of every child to good health
	Performance domain 4: our enablers
	People/workforce Finance/resources

Rating our performance

The *2015–16 Impact Assessment Report* demonstrates the extent to which we are on track with both the identified domains and our overall delivery plan. We have rated our performance through a blend of qualitative and quantitative data. For each domain within the framework, a series of key performance indicators (KPIs) have been developed. Each of these has identified data sources, and a rating criteria has been developed for each to allow us to provide a red, amber or green (RAG) rating. In some cases, the overall RAG status is based on ratings of supplementary indicators. RAG parameters for indicators are detailed within the body of this document on page 7.

The qualitative data that has been included in the 2015-16 Impact Assessment Report is a sample of narrative data that was collected through a round of interviews with all deliverable leads across the organisation.

The society results domain (domain 1 of the performance framework) contains a series of indicators used to monitor the overall status of health inequalities. An overview of society indicators, with the context in which we performed section, is included on page 18-19 of this paper.

The suite of KPIs for performance domains 2-4 can be seen overleaf.

Summary of performance ratings

Domain	Sub-domain	No.	KPI	RAG
2	Improved policy making	1	We have evidence that we have influenced policymakers to ensure that they consider the impacts on health inequalities and develop more equitable policy.	
2	Stronger support for action	2	We have successfully developed stronger support for action among high-impact and high-influence stakeholders by increasing the number of strategic partnerships NHS Health Scotland has in place.	
3	Organisational reputation	3	Key stakeholders (high-impact and high-influence) are positive about the work of NHS Health Scotland and provide positive feedback on our work.	
3	Customer results	4	The Net Promoter Score for our products and services is 47% or above.*	
3	Core programme results	5	Core programme 1: 85% of outputs are delivered on time and on scope.	
		6	Core programme 2: 85% of outputs are delivered on time and on scope.	
		7	Core programme 3: 85% of outputs are delivered on time and on scope.	
		8	Core programme 4: 85% of outputs are delivered on time and on scope.	
		9	Core programme 5: 85% of outputs are delivered on time and on scope.	
4	People/ workforce	10	The organisational Employee Index Score meets or exceeds 69%.	
4	Finance/ resources	11	We spend our budget within the revenue resource limit.	
		12	Corporate priorities are fully resourced (time and budget).	

*The NPS rating scale range is –100% to 100% (above 0% is good, over 50% is excellent).
The overview of the society results can be found in the Operating environments section on page 17.

RAG rating scales

Red, amber, green (RAG) ratings scales for all applicable supplementary indicators are detailed in the following tables.

1. Sub-domain: Improved and more equitable policy-making

KPI: We have evidence that we have influenced policymakers to ensure that they consider the impacts on health inequalities and are more equitable.

Supplementary indicators

1.1 We supported local areas to tackle inequalities.	No RAG rating was developed for 2015/16.
1.2 There is a 5% increase (on baseline) of NHS Health Scotland work being referenced in the Scottish Parliament in the context of debates, committee meetings, SPICe briefings, etc.	Red = ≤-3%
	Amber = change +/-2%
	Green = ≥3%
1.3 NHS Health Scotland staff present the organisation's key messages (key note, main presenter or session chair) at over 20 national level conferences/ events.	Red = <17
	Amber = 17–19
	Green = ≥20

2. Sub-domain: Stronger support for action for prevention and better, fairer health

KPI: We have successfully developed stronger support for action among high impact and influence stakeholders by increasing the number of strategic partnerships NHS Health Scotland has in place.

Supplementary indicators

2.1 Participants in our strategic partnerships rate contribution from NHS Health Scotland positively using net promoter score (NPS) (target 20%).	No RAG rating was developed for 2015/16.
2.2 90% of participants attending NHS Health Scotland events rate the event positively.	Red = <70%
	Amber = 70–80%
	Green = >80%
2.3 We have identified high-impact and high-interest stakeholders and are engaging with 90% of those identified.	Red = <70
	Amber = 70–80
	Green = >80

3. Sub-domain: Organisational reputation and credibility

KPI: Key stakeholders (high impact and influence) are positive about the work of NHS Health Scotland and provide positive feedback on our work.

Supplementary indicators

There is a 5% increase (on baseline) of NHS Health Scotland work being referenced in the Scottish Parliament in the context of debates, committee meetings, SPICe briefings, etc.	Red = ≤-3%
	Amber = change +/-2%
	Green = ≥3%
We have identified high-impact and high-interest stakeholders and are engaging with 90% of those identified.	Red = ≤70%
	Amber = 71%–80%
	Green = >80%
We have an organisational NPS of 20% or above among policy and decision makers.	Red = <0%
	Amber = 0%–20%
	Green = ≥20%

4. Sub-domain: Customer results

KPI: The Net Promoter Score (NPS) for our products and services is 47% or above.

The Net Promoter Score (NPS) for our products and services is 47% or above.	Red = <30%
	Amber = 30%–39%
	Green = ≥40%

5. Sub-domain: Core programmes

KPI: 85% of outputs are delivered on time and on scope.

For core programmes 1–5: 85% of outputs are delivered on time and on scope.	Red = <60%
	Amber = 60%–74%
	Green = ≥75%
The RAG rating for each of the five core programmes is then combined to achieve the overall KPI RAG rating.	Red = any are red
	Amber = more than one are amber
	Green = all are green or just one is amber

6. Sub-domain: Our people/workforce

KPI: The organisational Employee Index Score meets or exceeds 69%.

The organisational Employee Index Score meets or exceeds 69%.	Red = <60%
	Amber = 66%–60%
	Green = ≥67%

Additional indicators linked to the five themes of the staff governance standards

6.1 Well informed. % staff who respond positively in staff survey to the question on being kept well informed about what is happening in Health Scotland.	Red = ≤55%
	Amber = 55%–64%
	Green = ≥65%

6.2 Appropriately trained and developed.	
6.2.1 % staff with completed Personal Development Plan on e-KSF by 31 May.	Red = ≤80%
	Amber = 80%–89%
	Green = ≥90%
6.2.2 Completion rate (received and expected) for training and development activity identified in personal development plan.	Red = < 70%
	Amber = 70%–74%
	Green = ≥75%
6.2.3 Quality of Personal Development Plan conversations (specifically that performance, development and career aspirations were discussed).	Red = < 60%
	Amber = 60%–69%
	Green = ≥70%

6.3 Treated fairly and consistently.	
6.3.1 Staff turnover rate.	Red = < 4%; ≥16%
	Amber = 4%–5%; 11%–15%
	Green = 5%–10%
6.3.2 Number of formal grievances.	Red = ≥11
	Amber = 6–10
	Green = <6
6.3.3 % staff who respond positively to question: 'I am treated fairly and consistently.'	Red = <55%
	Amber = 55%–74%
	Green = ≥75%

6.4 Involved in decisions. % staff who respond positively to involvement in decision questions.	Red = <50%
	Amber = 50%–55%
	Green = >55%

6.5 Healthy and safe working environment.	
6.5.1 Accidents at work rate.	Red = >25
	Amber = 15–25
	Green = <15
6.5.2 Staff absence rate.	Red = ≥8.1%
	Amber = 4.1%–8%
	Green = ≤4%
6.5.3 Completion rate for mandatory health and safety training.	Red = <60%
	Amber = 60%–95%
	Green = >95%

7. Sub-domain: Our finance and resources

KPI: We spend our budget within the revenue resource limit.

Supplementary indicators

Resource alignment – 80 % of the available resources within NHS Health Scotland have been allocated to signed-off projects within the business plan by Q2 of each business year.	Red = Overspent at year end
	Amber = overspent during the financial year; underspent during the financial year
	Green = On target
Budget expenditure – the resource revenue will be managed to the following percentages in terms of budget committed and spent: 95 % committed (costs incurred + outstanding committed) at 31 January. 90 % spent (costs incurred) at 28 February. 95 % spent (costs incurred) at 31 March. 99 % spent (costs incurred) at closure of accounts.	Red = Overspent at year end
	Amber = overspent during the financial year; underspent during the financial year
	Green = On target

KPI: Corporate priorities are fully resourced (time and budget).

Supplementary indicators

Corporate priority leads state that corporate priorities were adequately resourced in terms of staff time.	Red = <60 %
	Amber = 60 %–80 %
	Green = ≥80 %
Corporate priority leads state that corporate priorities were adequately resourced in terms of budget.	Red = <60 %
	Amber = 60 %–80 %
	Green = ≥80 %

Limitations and improvements

Owing to the complexity of our work as an organisation, and in recognition that our organisational focus may shift as a result of internal and external influences, the performance framework will be reviewed on an annual basis. This will ensure that it is fit for purpose and that we have appropriate measures in place to measure our impact.

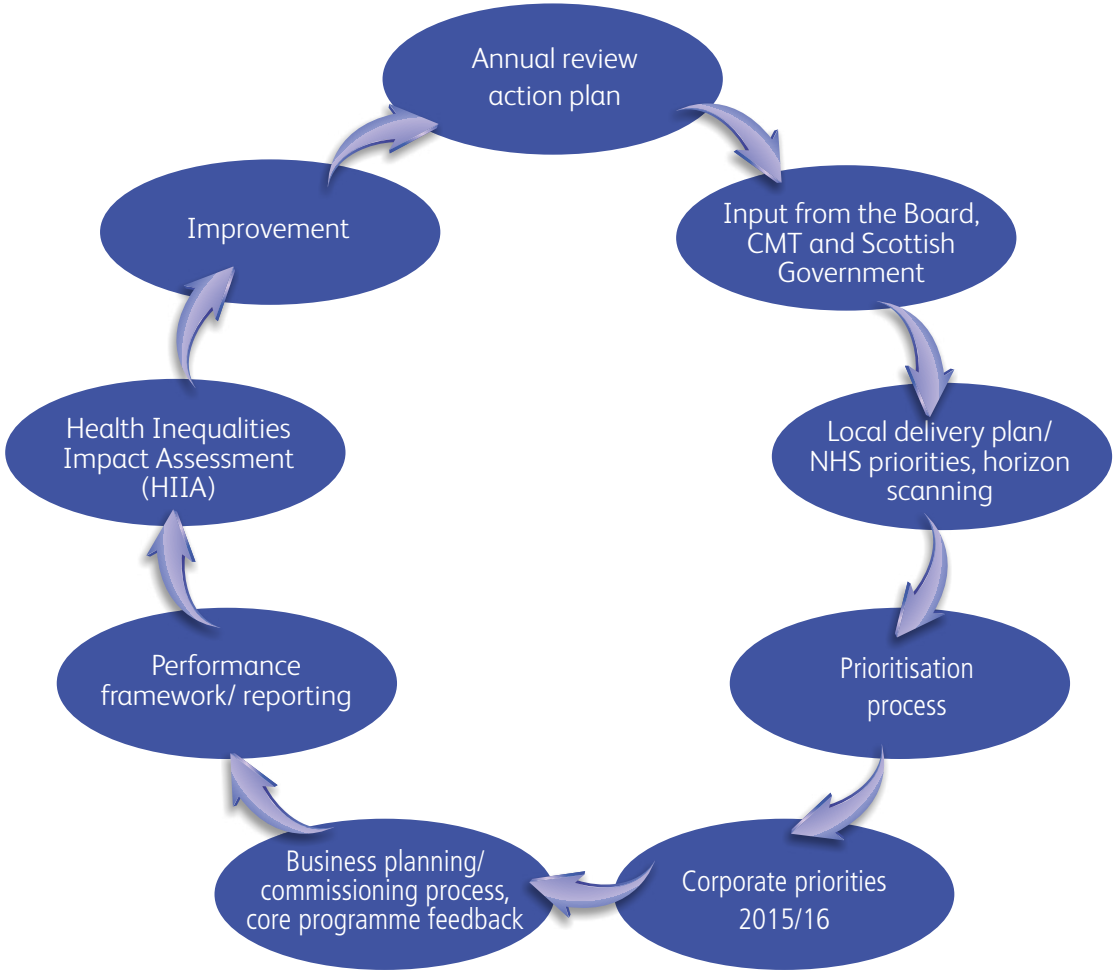
Since this is the first year of implementation of the framework, there are some limitations in relation to data sources which have limited the KPIs that were developed. Throughout the *Impact Assessment Report* these limitations have been identified, and plans are in place for 2016/17 and beyond – detailed in the 'How we're improving' boxes – on how the framework and associated KPIs will be improved.

The biggest limitation for 2015/16 data collection has been the strategic engagement Customer Relationship Management (CRM) system, which has been used as a data source for a number of the KPIs. There have been significant problems with the use of the CRM system, making the reported data unreliable. These include technical issues with the system, staff buy-in to use the system and staff capacity to update the system.

We felt it was still appropriate to use the CRM data for the impact report, as it tells a story of our ability to articulate impact. However, this limitation should be considered when reviewing KPIs that have used the CRM as a data source.

Our approach

There are multiple processes that we undertake to ensure that we have a robust approach to planning our work, ensuring that the work we carry out is of high priority and measuring the impact of this work. The relationship between these processes is shown below.



In order to maintain organisational focus on what we hope to achieve through our corporate strategy, we developed and introduced a suite of corporate priorities in 2015/16. This enabled engagement with staff on what is important to us as an organisation. It has also allowed us to highlight where cross-organisational effort and resources must be allocated to achieve the themes set out in our annual review action plan, local delivery plan guidance and key themes identified by our horizon scanning and public affairs functions.

Impact

- shared corporate understanding of what we must prioritise
- enhanced reporting to show clear links from organisational outputs to corporate priorities
- better articulation of our performance and impact across the organisation and how we contribute to the National Performance Framework
- our workforce plan supports the delivery of our corporate strategy.

Operating environments

This section explores the context (external and internal) within which we operated in 2015/16. It offers an overall analysis of the impact of external and internal factors on our performance over 2015/16, how we responded to the challenges of that context and the learning we draw from this.

External factors

The impact of social and economic trends on health inequalities has been mixed. The economic changes introduced in the UK overall since the 1980s increased relative health inequalities substantially (both immediately and lagged in time) and created a lagged effect which now seems to have passed its peak.

The economic downturn from 2007 (and the decline in real incomes for the poorest groups from around 2003) reduced economic inequalities but also reduced the real incomes of the poorest groups. We have also seen and contributed to the evidence that recent and planned austerity policies and changes to the social security system are likely to increase socioeconomic inequalities in the future. These social and economic factors therefore impacted in 2015/16 and are likely to continue to have a substantial external influence on the health inequalities we are seeking to challenge.

Relative to other parts of the UK, health inequalities (including the fundamental causes of health inequalities) and also rights-based approaches to policy have been part of the political landscape and discourse in Scotland over 2015/16. This political environment has been favourable towards our core messages and been helpful in strengthening awareness of fundamental causes and a rights-based agenda among politicians, policy-makers and decision-makers. In particular, the Scottish Government's focus on inequality and social justice continued to encourage discussion of what could be done to reduce health inequalities. Our performance, in terms of how we have taken this opportunity to increase the intensity and spread of our public affairs and communication of evidence, has been good.

For example, in August 2015 the Scottish Government began a national conversation on what a healthier Scotland would look like. We took a proactive approach to these conversations when they were announced and offered support to Scottish Government. This offer was taken up and we played a key role by facilitating conversations across Scotland, providing analytical support and contributing evidence around the links between creating a fairer Scotland and creating a healthier Scotland, illustrated in the infographic overleaf.

Social determinants of health

The social determinants of health are the conditions in which we are born, we grow and age, and in which we live and work. The factors below impact on our health and wellbeing.

The *Creating a Healthier Scotland – What Matters to You* report summarises key findings from the national conversations and is also a good example of how we have become more diverse in how we showcase and present our work to reach a wider audience more effectively – engaging with opportunities as they present themselves and being creative in our offer to key stakeholders.

Our evidence and understanding of what works to reduce health inequalities resonated with *Shifting the Curve*, the first report of the Scottish Government's Independent Adviser on Poverty and Inequality – focusing as it did on tackling in-work poverty, improving housing conditions and ensuring access to high-quality childcare.

The continued high profile of welfare reform and further devolution of social security has enabled us to be particularly influential with regards the health impact of welfare reform and continued austerity. The conference we hosted in March 2016 brought together leaders in this area from the four nations of the UK and had senior political input from the Cabinet Secretary for Social Justice, Communities and Pensioners' Rights. We received significant commendations and the usefulness of the reports we have produced was highlighted, as was the value of our input to the Scottish Parliament Work, Wages and Wellbeing inquiry and the need to explore options around a citizen's income. All of this points to our success in using our evidence to influence policy and decision makers.

While the political environment in 2015/16 was relatively favourable and receptive to our evidence of what works to reduce health inequalities, our ability to respond to the social and more local economic factors presented some opportunities but also more challenges. A good example of where we have shown strong leadership in exploiting our knowledge and our partnerships around social determinants of health has been our work to highlight the strong association between health and homelessness and to strengthen future delivery networks as a result. Another example is the new Public Sector Reform programme which has developed from our functional realignment process and started to make progress in 2015/16 in delivering support to Community Planning Partnerships and Health and Social Care Partnerships. This includes a focus on the economics of prevention to support public sector bodies make more informed decisions in planning services.

However, the question of what kind of support we offer and how this can be delivered at pace and scale to support the wider public sector reform agenda remains a challenge, particularly in the context of the social and

economic pressures on those at the front line delivering public sector services. This was a key theme at an event with 100 of our stakeholders in December 2015. The ability of our staff to respond to these challenges, identify and develop solutions that are seen as relevant and feasible to adopt within this context is a key area for development.

We are well aware that increase in the use and application of multiple digital channels, including social media, provides significant opportunities for NHS Health Scotland to engage our stakeholders more effectively to build awareness and support for our key messages and dissemination of our evidence. Our progress in 2015/16 was particularly visible in the strengthening of our use of social media. The other major improvement planned was a major redesign of our website. Challenges in our technical capacity (which is one of the threats associated with more digital work that we recognise we need to continue to manage) has meant that, while progress has been made, the delivery date has moved from March to June 2016. We are also aware that the use of technology has the potential to widen inequalities if not managed effectively.

Performance domain 1: society results

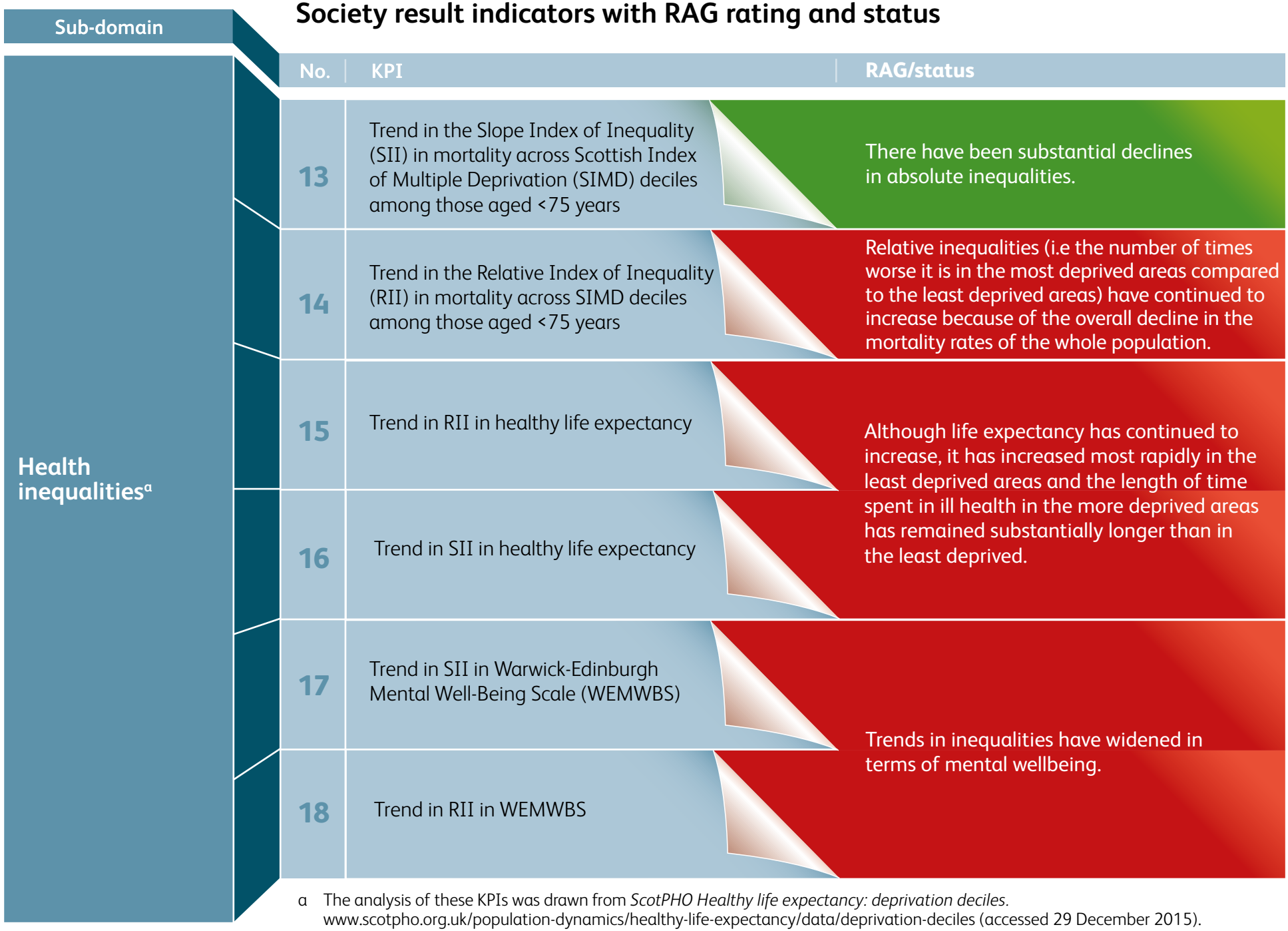
Through NHS Health Scotland's performance framework [please link back to relevant page], within performance domain 1, we monitor society results as part of our wider external operating environment.

There are two distinct aspects to this domain: the overall health inequalities outcomes which we aim to reduce and the key determinants of health inequalities which are outside our direct sphere of influence.

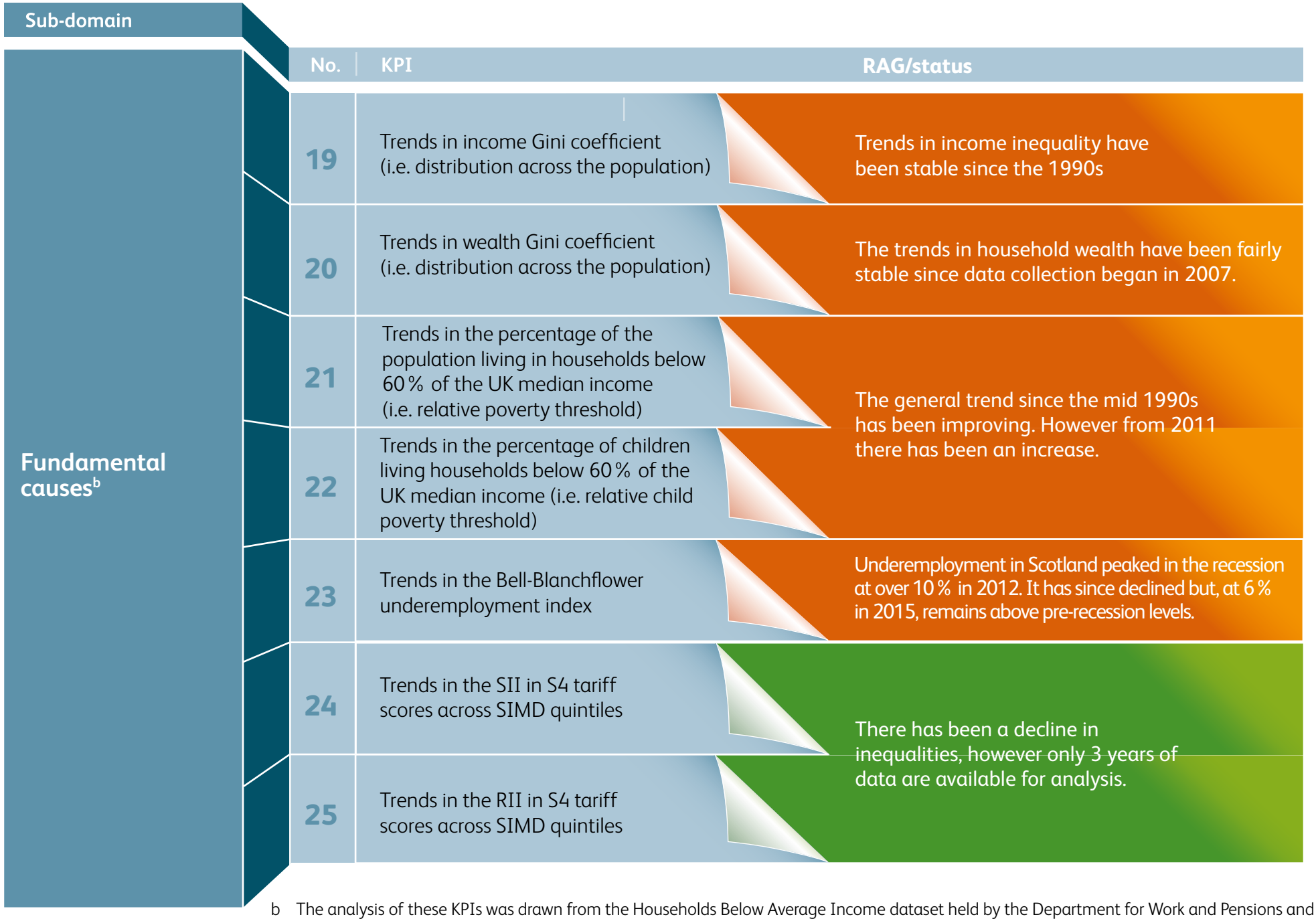
These outcomes (and the KPIs which relate to them) therefore measure what we are attempting to achieve as an organisation. Taken alongside our outcomes-planning approach through our core programmes and workstreams, this should allow us to assess the contribution we may have made to these longer-term outcomes.

Overleaf is a summary of current progress in relation to each of the society results KPIs.

Society result indicators with RAG rating and status



a The analysis of these KPIs was drawn from *ScotPHO Healthy life expectancy: deprivation deciles.* www.scotpho.org.uk/population-dynamics/healthy-life-expectancy/data/deprivation-deciles (accessed 29 December 2015).



b The analysis of these KPIs was drawn from the Households Below Average Income dataset held by the Department for Work and Pensions and published in: *Poverty and Income Inequality in Scotland: 2013/14*. Edinburgh: Scottish Government; 2015, *Wealth and Assets Survey*. London: Office for National Statistics; 2015 and *High Level Summary of Statistics Trends, School Education*. Edinburgh: Scottish Government; 2015.

Contribution analysis

Contribution analysis is a means of describing the impact of a theory-based programme of work on outcomes which are not fully within the control of the organisation. A contribution analysis is shown below to describe the likely impact that NHS Health Scotland is having on these broader societal factors.

Example 1: broad use of the concept of fundamental causes

In 2013 we published a report on the fundamental causes of health inequalities.[4] The lexicon of 'fundamental causes', as well as the importance of tackling inequalities in income, power and wealth, has become much more prominent since then (within our own organisation, but also within policy communities and sections of the media and the public). Some examples of the report's impact include: positive reception and appropriate use by the Scottish Fuel Poverty Forum and the Scottish Environmental Protection Agency (SEPA); citations within within Scottish Labour party policy documents;[5] and use of the concept within Scottish Government health inequality policy discussions.[6]

Example 2: in-work poverty

The focus on in-work poverty can also be seen in the Scottish Parliament Economy, Energy and Tourism's Work, Wages and Wellbeing inquiry. We were invited to help shape the inquiry at the development stage, and provided both written and oral evidence. The report of the inquiry, Taking the High Road - Work, Wages and Wellbeing in the Scottish Labour Market, made numerous references to our evidence , including our Informing Investments to Reduce Inequality (III) modelling which showed that increasing the National Minimum Wage to £7.20 per hour is estimated to result in 77,000 years of life gained and prevent 56,000 hospitalisations among the Scottish population.

Impact

Our contribution

The work within the fundamental causes programme (and its extensive formal and informal dissemination detailed throughout this paper) combined with the a priori theory of change that detailed how this was designed to inform policy, confirms the following:

1. We have been the major influence in changing the public and policy narrative around health inequalities. Health inequalities are now a major policy focus, and their causes are now understood by most to be rooted within socioeconomic inequalities.

2. Policymakers and the public are now clearer about the effective policies and practices to reduce health inequalities as a result of our work.

However, sufficient policy action on the fundamental causes of health inequalities has not yet been implemented. It is probably too early to expect such policy shifts to have occurred, but there is some evidence of an increasing public and political appetite for redistributive policy (as evidenced by the recent Scottish Parliament debate on the draft 2016/17 budget). However, much of the economic and social security policy is currently determined by the UK Parliament and we have been much less influential at that level.

Internal factors

Alongside the external operating environment, we have also considered how internal factors have influenced our organisational impact. The SWOT analysis below offers an overview of this context during 2015/16.

Strengths

- Skilled and knowledgeable staff
- Strong partnership approaches
- Compelling mission and vision
- Key messages resonate with inequality and human rights agenda
- High-quality, credible and respected evidence materials
- In-house high-quality infographic and publishing capability
- Good financial and budget controls
- Excellent spokespeople
- Twitter presence
- Good networks across third, public and some business sectors
- High attendance at our events
- Establishing improvement approach to our work
- Variety of internal and external communication channels; improving technology
- Chair's background in economics
- Well-resourced corporate teams, including an integrated Strategy and Communications team

Weaknesses

- Presentation of evidence not routinely tailored to audience and language is often too complex
- Readiness for responding to announcements and issues
- Tendency to be reactive not proactive
- Tendency for internal change to drain rather than generate energy
- Digital first approach not fully embraced
- Intranet not kept up to date in all aspects
- Confusion between NHS Health Scotland and NHSScotland
- Difficulties in forecasting and coordinating of internal and external demands
- Perceived as top down by some third-sector organisations
- Little public engagement
- Inconsistencies in applying consistent communication mechanisms

Opportunities

- Closer working with the third sector on lived experience and big data
- Opportunities following Public Health Review
- Build on the strong profile of inequalities, civic engagement – profile in the media, and politics currently
- Increase our number and variety of social media channels
- Create better working relationships with external stakeholders
- Development of next strategy
- New website and brand refresh
- Improved policy advocacy
- Using events as a springboard for future engagement/activity
- Learning from iMatter
- Ongoing commitment to staff learning and development
- Improved strategic planning to better coordinate cross-organisational priorities
- Stronger focus on performance and impact and improved performance data
- Functional realignment to bring new focus on priorities and new clarity to roles

Threats

- Working on politically sensitive topic areas during a politically charged year
- Developing different networks and stakeholder groups may alienate existing networks
- Stakeholder perceptions of our core business based on what we used to do, not health inequalities
- Uncertainties following Public Health Review
- Continued austerity and cuts to public sector funding making our work more difficult to sell
- Overreliance on email and internal meetings and lack of take-up of alternative communication systems such as Lync
- Poor practice around plain English
- Capacity of Marketing and Digital Services team to implement changes against competing demands
- Potential weakness of the NHS Health Scotland brand

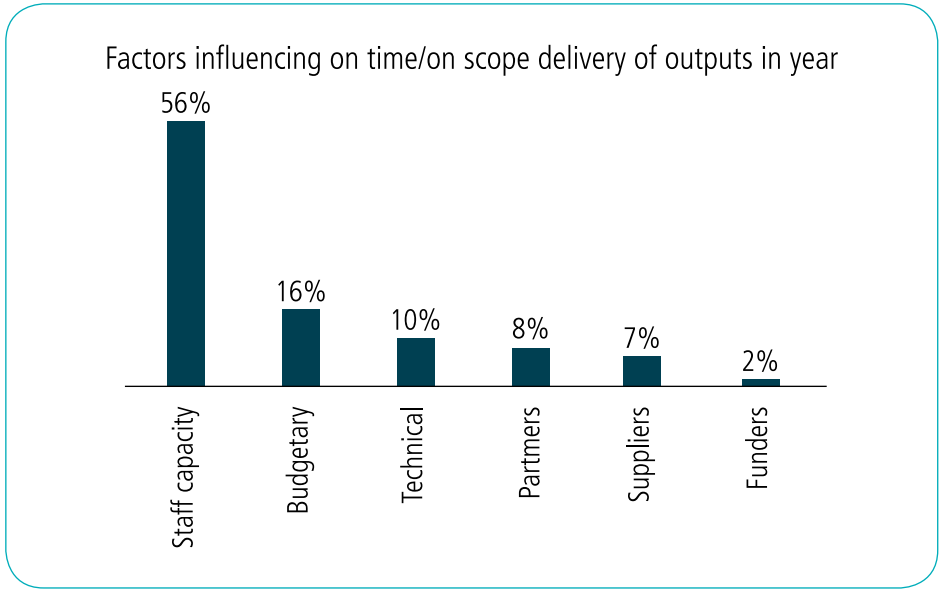
We capitalised on a number of internal strengths in 2015/16. For example, the increased impact of our external communications and engagement work has been a result of the refreshed and refocused teamworking in this area and its ability to work with other teams to promote our work more effectively. This helps position the organisation to be best placed to have the greatest influence. A stronger communications and engagement function with a stronger focus on public affairs was one of the planned outcomes of the functional realignment. While still to be completed, this demonstrates the added value of reconfigured teams and functions to the overall delivery of our strategic aims. Another example of an internal strength is the reconfigured Public Service Reform team referred to previously.

The organisation has continued to have a focus on improvement in 2015/16. This includes the development of a Performance Framework and associated Key Performance Indicators and implementing EFQM (European Foundation for Quality Management) as the primary lever to support our improvement journey. The commitment to build on the EFQM model and exploit both the feedback and learning networks this offers can be seen as a key strength. Our decision to undergo an external assessment was one indicator of our ambition and also openness to feedback and learning. The decision by the audit committee to adopt EFQM as our model for best value is another indication. What has also been evident is the increasing deployment of an improvement approach to our work, whether or not explicitly an EFQM improvement project. An example of where we kept the focus on the end user and used effective deployment techniques was our ability to respond quickly and effectively when it became clear that we needed to change suppliers to achieve a new Corporate Planning Tool in time for the planning round.

It has taken longer than expected to complete our functional realignment process and this is likely to have had an impact on our overall performance. The potential weakness associated with this has been concern that there is a cultural bias towards staff experiencing change as a distractor from delivery. There is a strong call from the Board and an urgency in 2016/17 to be a dynamic organisation that is adaptable and responsive to change and able to deliver the improvements necessary in order to adapt to our external environment.

Despite some of the weaknesses, the process has had many positive elements – a crucial one being the time taken to ensure effective staff engagement was embedded in the process. There have also been important offshoots – particularly the new redesign project for all job descriptions in the organisation. Taking the opportunity to do this will, we believe, impact positively on the long-term success of the realignment process and ultimately the organisation's performance.

The graph below shows that in 2015/16, 56% of the issues that were recorded for not delivering projects on time and on scope were due to staff capacity. This indicates that we need to improve our ability to quickly deploy staff capacity onto the work that we have planned to do when issues constraining delivery arise.



The Public Health Review has been reported upon, although timing of the report ahead of the Scottish parliamentary election limited the opportunity in 2015/16 to draw conclusions from this. The review offers an opportunity for us to articulate our national position and location within the changing public sector landscape. In particular it offers the opportunity for us to articulate our role as national leaders focused on improving the public's health and achieving health equity.

Other opportunities came from more listening to, and developing new and stronger relationships with, key external stakeholders, in order to better understand what they want from us. For example, we have strengthened our understanding of our key stakeholders through the EFQM process and have implemented a consistent approach to gathering feedback on the products and services we provide. Our Performance Framework was developed with key partners through establishing a Stakeholder Performance Forum. This in itself was an opportunity to deepen understanding between ourselves and some key stakeholders and develop a stronger understanding of shared objectives.

A further example of our approach to understanding our effectiveness as an organisation was a pilot to explore two longer-term case studies on how effective our strategies have been in achieving influence. Focusing on two areas of our work from the past five years, we explored the activities we undertake, the strategies we use and how influential these may have been on others' thinking, decision-making and policies. The detailed findings of our work on Health Inequalities Impact Assessment and X over five years will be presented in a separate report. What is important for this impact report is the key lessons learned in terms of our organisational approaches to achieving influence. We asked seven questions about our approach (shown below). Guidance is being developed for use in 2016/17:

1. How strategic is our approach?
2. How distinctive is the NHS Health Scotland offer?
3. Do we operate in the most effective way?
4. Are we good at staying the course?
5. Are we seen as consistent in our approach?
6. Are we good at two-way exchange of knowledge with partners?
7. Are we good at connecting with local areas?

The threats highlighted in the SWOT analysis on page 22 focus mainly on the challenge of articulating our message clearly, and that message then being heard, identified with NHS Health Scotland and acted upon. New internal approaches designed to support and govern our communications and engagement work more effectively have been helpful in managing reputational risk and further work is planned for 2016/17.

Conclusion

In 2015/16 we used the policy and public sector landscape to good effect to exploit our key asset of knowledge about the fundamental causes of inequalities. We exploited improvements in systems (e.g. improved performance data) and improvements in structure (e.g. where teams and functions had been newly realigned) to progress changes. We also utilised learning and feedback from staff regarding internal communications to produce better results in some key aspects of organisational change. We now need to complete the functional realignment in all aspects and use increased capability and improved organisational coherence to ensure that our knowledge is adapted and disseminated in a way that is most relevant to the difficult context in which our key stakeholders are operating.

Planning for 2016/17

Through the process of improving the way in which we report on impact (via the development of the performance framework and the production of the *Impact Assessment Report*), we have identified areas for further development in 2016/17. The specific improvement areas on each of the KPIs and domains have been highlighted throughout the *Impact Assessment Report*. However, broader learning on engaging staff, appropriately timing performance activity and ensuring that a proportionate amount of time is put into reporting have all been captured and will be improved on for 2016/17 planning and reporting.