A Fairer Healthier Scotland—delivering better health for everyone

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This is our 2017/18 Workforce Plan. It is designed to sit alongside our 2017/18 Delivery Plan and our Strategic Framework for Action 2017-2022. It describes how we will plan, resource and develop our workforce this year so that we deliver the commitments made in our 2017/18 Delivery Plan and prepare, with our staff, for the changes ahead.

Our work is set firmly within the Scottish Government priorities for NHS Boards described in the Health and Social Care Delivery Plan (HSCDP) published in December 2016, particularly in relation to the ambition to increase healthy life expectancy for all. The HSCDP also announced the establishment of a new public health body in 2019. This year sees the start of work with the Scottish Government, COSLA, colleagues in National Services Scotland and others to create that single body and prepare for Health Scotland’s transition into it.

HSCDP has also led to Scottish Government asking all NHS boards, particularly other national health boards, to plan and deliver efficiencies through greater collaborative working. We are committed to playing our part in these developments over 2017/18.

Finally, we have a commitment to deliver, manage and govern our resources well. With our workforce in particular we need to be motivated, resilient and prepared for change. We also want to continue to show excellence in meeting the staff governance standards and partnership working.

We begin this year having made a number of achievements and improvements in 2016/17. These are the basis on which we will continue to build and strengthen our workforce:

- We initiated a non-recurring workforce programme which allowed us to be flexible about adjusting our established year workforce as and when required. This included secondments, fixed term contracts and the use of agency staff to ensure that specific priority areas were resourced timeously and helped us respond to our priorities.

- We completed a comprehensive realignment of structure in 4 out of 5 directorates to bring all of our functions fully into line with A Fairer Healthier Scotland, absorb the reduction of one Director and Directorate and keep staff resource as efficient as possible. It also led to a refreshment of job descriptions within the remaining directorate, which has now been completed.

- As we are now settled on two office sites we committed to review how we use this space and, in Meridian Court specifically, whether we required the one and a half floors we initially leased. We carried out a review with a cross-organisational group which reported to the Partnership Forum and which involved staff representatives, Staff Side and Management. As a result of the review, we have completely redesigned not only where we work but how we work.

As detailed in our Digital Strategic Plan we now have approximately half our staff enabled to work in our buildings or in other places in an agile way because of the technology, working practice and office accommodation available to them. All of this sets us up to deliver for 2017/18.
WHAT DRIVES OUR WORKFORCE PLAN

Our focus as a health board is on the national government target of increased healthy expectancy, particularly on those parts of society experiencing enduring inequalities in health and on the social determinants of health. Our Delivery Plan for 2017/18 sets out a series of delivery commitments aligned with five Strategic Priorities.

These five Strategic Priorities in turn described in our Strategic Framework for Action 2017-2022 as the outcomes that will contribute to the realisation of A Fairer Healthier Scotland.

The Priorities are - Fairer and Healthier Policy; Children, Young People and Families; Fair & Inclusive Economy; Healthy and Sustainable Places; and Transformational Public Services – and have been identified and shaped by:

- Analysis of the Scottish Government’s Programme for Government and how our work aligns
- Engagement and feedback from our customers, partners, stakeholders and staff
- Evidence reviews of what will work to improve health and reduce health inequalities
- The feedback we received from Government on our 2016 Annual Review
- The Health and Social Care Delivery Plan, announced in December 2016, which sets out the Government’s triple aim of Better Care, Better Health and Better Value and includes the national target of increased healthy life expectancy
- Local Delivery Planning Guidance for 2017/18
- Our pledge made in 2016 to contribute to the Scottish Government’s ambition in the Fairer Scotland Action Plan to end child poverty in Scotland.

Our Strategic Priorities are supported by three Strategic Change Priorities which will support the organisation’s direction of travel:

- Leading Public Health - improving influence and relationships with stakeholders to enable us to further the agenda of fairer health improvement
- Making a Difference – products and services are designed to be – and can demonstrate they are - impactful in promoting fairer health improvement
- Fit for the future – people and systems are ready for the future of public health in Scotland.

Our Strategic Change Priorities are supported by a series of delivery commitments captured within the Delivery Plan 2017/18 and include a number of actions specifically designed to develop our workforce. These are covered in more detail in Section 4 (Page 16).

We also deliver a number of national, professional and corporate services in overall support of our and our partners’ work. These services are set out as Core Delivery Commitments for the implementation of our Delivery Plan in 2017/18. They include two commitments on Workforce. These are also described in more detail in Section 4 (Page 16).

Core Delivery Commitments also include the resources and functions required to fulfil the organisation’s governance obligations, and the national workforce planning and financial planning guidelines laid out in the LDP guidance for 2017/18. Other expectations on our workforce include:

- Scottish Government’s Everyone Matters 2020 Workforce Vision
- The national Staff Governance Standard
• Our Equality Outcomes 2017 – 21, including our commitment to our own workforce
• Our Partnership Agreement and model of partnership working
• Our Approach to Risk

Taking each of these in turn:

**Everyone Matters: 2020 Workforce Vision**

Everyone Matters: 2020 Workforce Vision, published in June 2013, recognises the key role of the workforce nationally in delivering the 2020 vision for health and social care and in responding to the challenges involved in delivering high quality, safe, effective and person-centred care.

We have taken into account the Scottish Government’s Everyone Matters: 2020 Workforce Vision Implementation Plan for 2017-18 in developing our workforce delivery commitments for 2017/18. Everyone Matters specifies five priority areas and specific actions we are expected to take in 2017/18. These priority actions are set out below along with (in brackets) the delivery commitment in which relevant actions are planned:

- **Healthy Organisational Culture**: Ensure delivery of iMatter implementation plans, involving staff in decision making and taking meaningful action on staff experience for all staff (Workforce Engagement)
- **Sustainable Workforce**: Take action to promote the health, wellbeing and resilience of the workforce, to ensure that all staff are able to play an active role throughout their careers and are aware of the support available to them (Workforce Engagement)
- **Capable Workforce**: Build confidence and competence among staff in using technology to make decisions and deliver care by encouraging active participation in learning (Workforce Engagement; Promote and Encourage Key Behaviours)
- **Workforce to Deliver Integrated Services**: Work across boundaries (between professions, between primary and secondary care, between sectors and so on) to share good practice in learning and development, evidence-informed practice and organisational development (Promote and Encourage Key Behaviours)
- **Effective Leadership and Management**: Implement the new development programme for board-level leadership and talent management (Implement a programme to strengthen the organisation’s leadership skills)

**Staff Governance Standard**

Staff Governance is defined as “a system of corporate accountability for the fair and effective management of all staff.” The Staff Governance Standard sets out what each NHS Scotland employer must achieve in order to continuously improve in relation to the fair and effective management of staff. We recognise the importance of staff governance as a feature of high performance which ensures that all staff have a positive employment experience in which they are fully engaged with both their role, their team, their directorate and their organisation.

In 2017/18, we will continue to develop our Staff Governance Action Plan to monitor progress on priority areas for improvement in each area of the Staff Governance Standards identified by the Partnership Forum and Staff Governance Committee. Our integrated approach to not only the Staff Governance Standard but also the Staff Governance Action Plan which details specific actions ensuring we concentrate on our priority areas for improvement.
Equality Outcomes

Our commitment to workforce equality, diversity and human rights are set out in our Equality Outcomes for 2017/18 which ensures we have a workforce that:

- welcomes, values and promotes diversity;
- is competent in advancing equality and tackling discrimination (within and out with the organisation), and
- embraces our organisational aim to reduce health inequalities.

Partnership Working

All NHS Boards are required to have in place formal partnership working arrangements, including a Partnership Forum, in line with the guidance associated with NHS Scotland's Staff Governance Standard. However, we also believe in partnership working for NHS Health Scotland because we are confident that involving and supporting all our staff in decisions that affect their working lives is critical to achieving the productive and healthy workforce required to achieve our Strategic Framework for Action 2017-2022.

Approach to Risk

NHS Health Scotland has set an ambitious vision for a Scotland where all people and communities have a fairer share of the opportunities and resources to live longer, healthier lives. To achieve it, we need to be prepared to act in new ways and try new things, some of them untested, and to be prepared for some of them to be contested. In other words, our general appetite for risk has to be high. We define our risks under the four categories. We do not assign each category with a fixed appetite for risk as we believe this could limit opportunities arising within that activity area. One of those four categories is workforce. Our risk statement on this is as follows.

**Workforce**: Our people are critical to achieving our vision. We therefore encourage initiatives and opportunities which support and empower our staff to be innovative and influential, whilst ensuring that we retain a safe and well governed working environment.

Each risk has to be assessed individually for its negative impact. However, there are two general principles which we believe will help mitigate against many of our risks. These are: ensuring that all of our activities are evidence informed, and being committed to be able to demonstrate value for public money in all of work. We have well managed governance arrangements in place to manage our risk exposure at corporate level. The risks are included on the corporate risk register and managed through the appropriate governance committees. The key risks identified in corporate risk register for 2017/2018 are given in Appendix B. The workforce aspects of these will be taken into consideration and addressed within the relevant work plans.
OUR WORKFORCE

This section provides a reflection on the composition of our current workforce and any relevant trends. Alongside our 2017/18 Delivery Plan and our Strategic Framework for Action 2017-2022, our Workforce Plan for 2017/18 includes how we will plan, resource and develop our staff to enable us to fulfill not only our five Strategic Priorities but also our three Strategic Change Priorities and our Core Delivery Commitments detailed in our Delivery Plan. Planning, resourcing and developing our staff is key to the delivery of our organisational aims. We need our workforce to be in the right place, with the right skills and the right knowledge.

Health Scotland has evolved over the last 13 years and will continue to do so throughout 2017/18. The creation of a new single national body for public health in Scotland will undoubtedly lead to a period of change and our workforce will evolve in line with the creation of the new body. It is now even more important to ensure that we have our staff aligned to our priorities, change priorities and our delivery commitments.

We have already begun working towards this. We recently completed a functional realignment process (organisational change) within our Executive Governance, Finance and Procurement Teams, and Strategy, Health Equity and Health and Work directorates. A refresh of job descriptions within the remaining Public Health Science directorate was also completed.

As a result of the realignment programmes and the transition from old structures to the new revised structures, new job descriptions have been created or refreshed for each role. This has provided a positive opportunity to provide clarity and consistency in not only leadership roles but also roles at every grade. Changing our approach to new generic job descriptions has allowed us to reduce the number of job descriptions to ensure that our job descriptions provide a consistent set of behaviours in each band, no matter what directorate the role sits.

It is this consistent set of behaviours across grades that will continue to be developed in 2017/18 as we move from specific directorate working to a ‘one-organisation’ approach. Our workforce are aligned to specific strategic priorities, change priorities and delivery commitments, but the change in our approach to job descriptions should enable us to ensure that all staff share a set of behaviours and view the needs and often changes in direction of Health Scotland as a shared journey where we all play our part.

For example, the following have been incorporated consistently into every revised job description:

- Stronger and more consistent references to leadership
- Links to A Fairer Healthier Scotland
- Effective performance and resource management practices
- Specific link to NHS core values and behaviours.

There has also been a conscious decision to explicitly design our Service Head and the Organisation Lead roles to support and promote consistent and corporate level leadership. Included also is the expectation of the post holder to be competent in advocating and representing the whole organisation, not just their knowledge area.

Concentrated expert knowledge at Band 5, 6 and 7 roles have also been emphasised. The higher the banding of the role, the more there is focus on consistent good corporate management and leadership. This is a significant change for an organisation that has traditionally valued knowledge and often promoted individuals for specialist knowledge as opposed to leadership skill.
Composition of our workforce

The following details the current composition of our workforce as of 31st March 2017.

As of 31st March 2017 our current workforce headcount is 300 which equates to 263.97 wte based over two locations – Meridian Court, Glasgow and Gyle Square, Edinburgh. The table below details the contractual position of our 300 staff.

<table>
<thead>
<tr>
<th></th>
<th>Headcount</th>
<th>wte</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent</td>
<td>282</td>
<td>247.06</td>
</tr>
<tr>
<td>Fixed Term</td>
<td>9</td>
<td>8.93</td>
</tr>
<tr>
<td>Secondees in to Health Scotland</td>
<td>7</td>
<td>6.4</td>
</tr>
<tr>
<td>Secondees to partner organisations</td>
<td>2</td>
<td>1.58</td>
</tr>
<tr>
<td>Total</td>
<td>300</td>
<td>263.97</td>
</tr>
</tbody>
</table>

In 2016/17 we initiated a non-recurring workforce programme which allowed us to be flexible about adjusting our established year workforce as and when required to allow us to respond to priorities. A blended approach was used which included secondments, fixed term contracts and the use of agency staff to ensure that specific priority areas were resourced timeously. This helped us resource our targeted priority commitments.

The following table shows us the wte and headcount per directorate as of 31st March 2017. We have compared this to 31st March 2013 to detail specific trends.

<table>
<thead>
<tr>
<th>Directorate</th>
<th>wte 2013</th>
<th>wte 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEO</td>
<td>12.37</td>
<td>21.78**</td>
</tr>
<tr>
<td>Strategy</td>
<td>39.92</td>
<td>39.53</td>
</tr>
<tr>
<td>Health Equity</td>
<td>116.78</td>
<td>121.66</td>
</tr>
<tr>
<td>Public Health Science</td>
<td>46.3</td>
<td>47.64</td>
</tr>
<tr>
<td>Health and Work</td>
<td>26.44</td>
<td>31.78</td>
</tr>
<tr>
<td>Resource Management</td>
<td>23.95</td>
<td>0</td>
</tr>
<tr>
<td>Seconded out</td>
<td>0</td>
<td>1.58</td>
</tr>
<tr>
<td>Total</td>
<td>265.76</td>
<td>263.97</td>
</tr>
</tbody>
</table>

** The increase from 12.37 to 21.78 within the CEO directorate is in line with the reduction from 23.95 to 0 in the Resource Management Directorate as both directorates were merged within the realignment process.

The data shows that since 2013 there has been minimal change in the wte and headcount per directorate comparing 2013 and 2017 data. This does not mean that there has been no internal change within our organisation. It highlights that we have adapted the way we do our business using the resources we have internally. The realignment process detailed above is an example of this. There has been changes in organisational structure but more importantly changes in how we deploy our resources. The move to a consistent set of behaviours across grades and concentrated expert knowledge at Band 5, 6, and 7 has allowed us to use our resources differently as opposed to changing our wte and headcount. The way we have aligned our staff to our strategic priorities.
The following graph shows us the Band profile of our Workforce as of 31st March 2017. Again, we have compared this to 31st March 2014 (the data was not complete for 31st March 2013).

In line with the recent realignment programme the most significant changes are from band 5 and above. There has been a reduction in the number of Executives and Consultants and an increase in band 8, 7 and 6 roles. This is in line with the conscious decision to explicitly design the Service Head and the Organisation Lead roles to support and promote consistent and corporate level leadership and the decision to concentrate expert knowledge at Band 5, 6, and 7.

It is also important to note there are no longer Band 2 roles within Health Scotland.

The following graph shows the contract type of our Workforce as of 31st March 2017. Again we have compared this to 31st March 2013.

Again, the comparisons for contract type show there has been no significant changes in comparison to 2013. As detailed above, this does not mean that there has been no change. It does highlight that...
the change has been incorporated on how we plan and develop our staff. Resourcing our staff is within our financial forecasting however the development and planning of how we utilise our staff is the key to delivering our organisational priorities and commitments. A flexible and agile way of working has also supported our staff to work when and where they can to maximise their productivity.

Change is on its way and this change will affect our workforce. We have started to plan, resource and develop our staff to ensure staff are equipped to deal with change and have an organisational insight and understanding and not just a focus on their own specialist areas. We expect to continue broadly along the lines of travel described here in 2017/18, although we will continue to ensure that our workforce remain flexible to the needs of the business and anticipate more developments as plans for the new public health body emerge.
Planning, Managing and Developing Our Workforce (Right Staff in the Right Place at the Right Time)

We have a clear set of priorities to deliver. The budget and resources available to us and our partners is restricted, new asks come up through the year and policy priorities also change. We also anticipate a number of changes this year, many as yet unknown. For those reasons, being able to plan our workforce dynamically and responsively both at the start of the year and in-year is critical so that our workforce is in the best place possible to deliver our priorities. This not only means the best alignment in terms of our priorities but also with the right knowledge and means to fulfil roles effectively.

At the start of any year we start with a set of workforce planning assumptions. These respond to budgetary constraints on workforce shaped by staff costs, agreed efficiency targets and outline approaches agreed in partnership. These are then used as guidance in making workforce planning decisions in year. The workforce assumptions for this year are given in Appendix A.

The diagram below shows how we have sought to put our workforce planning mechanisms at the core of planning and corporate management.
We approach workforce planning using four groups which interact. With the exception of the Commissioning Group, all groups have partnership membership. As the diagram above shows, all have direct reporting relationships to the Partnership Forum and Corporate Management Team. Staff that are engaged and feel part of their organisation are far more likely to be more prepared for significant change. We know that 2017/18 will involve change for our staff and as a result strong leadership, resilience and our ability to adapt to that change together will be important. This will be a priority for all four workplace planning groups in 2017/18. The roles and priorities for each group is given below.

**Commissioning Group**

The Commissioning Group is made up of all Heads of Service. It meets regularly to agree, recommend and review the organisation’s priority programmes and activities leading from those priorities. The Group makes recommendations on budget allocation to the CMT at the start of the year and on changes to budget and resource throughout the year. This group has a key role in advising and influencing the priorities for recruitment/vacancy management or reallocation of staff resource (within policy parameters) which are managed by the Workforce Review Group.

**Priorities in 2017/18:**

- Building the relationship with the WRG
- Incorporating workforce information routinely into performance review
- Seeing through priority decisions reached at planning e.g. resource for Burden of Disease

**Workforce Review Group**

The Workforce Review Group is a cross organisational and partnership group with delegated responsibility for workforce resource decisions on behalf of the CMT and for consistent application of workforce resourcing policy on behalf of the Partnership Forum. It has responsibility to:

- Take an overview and make recommendations to inform the staff budget and proposed establishment for the following financial year.
- Make decisions in relation to in-year applications to make changes to the agreed workforce resource.
- Analyse and monitor trends in workforce resource and budget performance, including responding to skills priorities and gaps identified by the Commissioning Group.

**Priorities in 2017/18:**

Building the relationship with the Commissioning Group and improving reporting to the CMT and PF.
Strategic Workforce Development Group

This group takes a long term and organisational wide approach to supporting staff to deliver our Strategic Framework for Action 207-2022 and aligning this with individual’s development needs and career aspirations.

Priorities in 2017/18:

Supporting the delivery commitments that underpin Strategic Change Priority 3: Fit for the Future.

Support for Qualifications Group

The Support for Qualifications panel review all applications for qualifications and short courses to ensure that access to training is consistent across the organisation, aligned with our strategy and available to all.

Priorities in 2017/18:

Review spend in comparison to previous years and prepare for the review of the policy in summer 2018.
OUR WORKFORCE DELIVERY COMMITMENTS

Our workforce is our most important resource. Being a knowledge-based organisation, much of what we deliver is by virtue of our people delivering knowledge directly in some way. It is for that reason that we see workforce planning as so integral to delivery planning. The 2017/18 Delivery Plan describes three sets of delivery commitments: Strategic Delivery Commitments, Strategic Change Commitments and Core Delivery Commitments. Contained within the Strategic Change Commitments are a number of commitments specifically about how we plan to develop the workforce to support transition over the next year and also continue to improve how our staff work in order to meet our Strategic Delivery Commitments. In addition, our Core Delivery Commitments outline two specific workforce commitments on engaging with staff and workforce planning. Those delivery commitments with significant workforce implications are listed below with examples of the type of outputs that support them.

Strategic Change Priority 1: Leading Public Health Improvement
Delivery Commitment

- Develop and implement a targeted development programme, with a focus on influencing skills. (examples of outputs include: delivering training programme on policy advocacy and influencing skills)

Strategic Change Priority 3: Fit for the Future
Delivery Commitment

- Undertake a programme of learning and support to promote and encourage adoption of key behaviours required for the future context, including working across organisational and agency boundaries. (examples of outputs include: supports to effective management behaviour in times of change, HR support for change; scoping exercise to look at human factors and how we can influence change)
- Plan and implement a programme to strengthen the organisation’s leadership skills and capacity to influence the emerging public health landscape. (examples of outputs will include: implementing the recommendations of the leadership review)
- Develop and start to implement a change and transition plan to support preparation for the new public health body and closer collaboration. (examples of outputs include: change planning and coordination; review of organisational experience and best practice to shape approach to change; transition management: internal communication)

Core Services

Delivery Commitments

- Workforce Engagement: provide all the services and support staff need – including communications and good accommodation – to keep staff well informed and invested in the work of the organisation. (examples of outputs include: coaching service; Management Essentials; provision of learning opportunities)
• Workforce Planning and Resourcing: provide the planning, monitoring and decision making systems to ensure that we have in place the workforce we need to deliver this plan. (examples of outputs include: evaluation of functional realignment; workforce equality outcomes; HR workforce systems)

How Will We Know We Have Made a Difference?

Our performance framework (Appendix C) describes measures and indicators to assess our performance and contribution at each level to evidence and demonstrate the impact of our work. Measuring the performance of our workforce is an integral part of our performance framework. We have a defined set of performance measures for each of the workforce-related delivery commitments described in previous section. These measures cover a range of aspects of iMatter scores, internal and external customer survey results, performance data from the Corporate Planning Tool and staff performance indicators such as turnover, sickness absence and KSF completion. Performance against the workforce-related delivery commitments listed in the previous section will be reported regularly to the Partnership Forum and Staff Governance Committee. Performance against planned staff budget and headcount projections will be monitored through the Workforce Resource Group and reported to the Partnership Forum and Corporate Management Team. Relevant summaries of both will be included in the quarterly Board performance reports.
APPENDIX A    Workforce Planning Assumptions 2017/18

Staff Costs

- We will continue to depend on our workforce to deliver our strategic aims. Having completed a significant realignment of our workforce resource to our strategic aims in 2016, we do not anticipate further major changes to structure or headcount ahead of the setup of the new public health body in 2019.
- All of our workforce planning and policy assumptions are agreed in partnership through the Partnership Forum and consistent with PIN guidelines.
- For 2017/18 our strategic workforce realignment is forecast at around 287 WTE (2016/17 284 WTE) at a payroll cost of £12,698k (2016/17 £12,457k) on a gross (pre vacancy factor) basis. With an assumed 6.25% (2016/17 6.25%) vacancy factor, the net figures are calculated as 269 (2016/17 266 WTE) and £11,895k (2016/17 £11,648k)
- The net figures for 2016/17 has been used for financial budget purposes. The vacancy factor of 6.25%, which equates to near £800k on establishment, will be monitored by the Workforce Review Group and reported to the Partnership Forum and CMT.
- In addition we have fixed term staffing which will cost us around £204k (8 posts with various end dates) being a commitment from 2016/17 ongoing into 2017/18. It is not expected that these posts will continue beyond their term, but this will be reviewed nearer their end points.
- Increases in staff costs of 2% pa (1% increase and 1% net increment) have been assumed.
- No assumptions of efficiency savings in staff costs have been made a result of the current collaboration between national health boards to find a projected saving of £15m, on the basis of current national workforce policy and an anticipated downturn in turnover as we prepare for transition to the new public health body in 2019.
- To ensure our workforce is deployed to support delivery of our strategic priorities, some movement of staffing resource is anticipated in some areas. However, our assumption is that increases in one area will be offset by decreases elsewhere. The Workforce Review Group (WRG) will work in conjunction with the business Commissioning Group to ensure that priority is given to areas where staff capacity is identified as critical to delivery of strategic priorities.
- Cost-controlling measures – including the avoidance of agency staff employment where possible and the policy position to start all new staff at the lowest point of the grade unless AfC dictates otherwise – will continue.
- We have no plans for a voluntary redundancy scheme during 2017/18 and have not identified funds to support any individual redundancy requests.

Core Running Costs

- Overheads involved in running the organisation and meeting core services are described in the Delivery Plan as Core Delivery Commitments.
- Other than Staff, the main costs are in estates, being the occupancy costs of Meridian Court (£563k) and Gyle Square (£425k). A significant saving of £300k in 2015/16 – 2016/17 was achieved by reducing our occupancy by one half of a floor at Meridian Court. Given the predicted staff headcount in this Plan, further substantial savings in estates are not anticipated.
- A modest future saving may come from NSS renegotiating the building lease over a longer period. Any benefit would be under the shared service review for savings from 2017/18 onwards.
• We already have in place a number of contractual arrangements with other NHS boards for delivery of core services including payroll and procurement. These are not anticipated to release any efficiency savings over this financial planning period.
• The UK Government Apprentice Levy of 0.5% of payroll less £15k has resulted in £40k pa costs from 2017/18.
• A review of remaining overheads from our core running costs has identified £100k on the remaining near £1m of overheads, being a saving of over 10%. This saving is subject to review during 2017/18. Further savings of around 2% pa (£40k) are projected in 2018/19 and 2019/20, although these will be challenging.

Efficiency Savings

• The Health and Social Care Delivery Plan published in December 2016 requires NHS Boards to work collaboratively on achieving efficiencies and service transformation.
• The national boards collaborative working initiative, commenced in late 2016/17, aims to identify a collective £15m saving in 2017/18. Our share of this target in 2017/18 is expected to be £500k, split between £100k overheads and £400k from core projects with no saving from staffing as outlined above.
• The Nationals Working Group has identified £7.6m of efficiency saving from individual plans, and £2.15m as a saving from collaborative initiatives identified in 2016/17 which will start in 2017/18 and complete in 2018/19 with a target of £15m.
• These total £9.75m of the required £15m, with the remaining £5.2m expected to come from capital savings, further savings from Boards’ individual plans and further savings from collaborative plans to be identified in the period to 30 September 2017.
• We are not currently forecasting efficiency savings for 2018/19 and 2019/20, as this will be dependent on the Nationals/Specials Collaborative Working Group.
APPENDIX B  NHS Health Scotland Corporate Risk Register 2017/18

Risk 17-1
As a result of not being able to capitalise fully on the policy direction laid out in the Scottish Government’s Health & Social Care Delivery Plan and other national policy developments:
- Momentum for reducing health inequalities stalls.
- Our influence, and impact in improving health equitably, is reduced.

Risk Category: Business

Governance Committee: Health Governance Committee

Risk Owner: CEO / Director of Strategy

Response Co-ordinator: Head of Strategic Change and Engagement

Risk 17-2
As a result of not being sufficiently astute or open in the management of our relationships with key national partners, including Scottish Government, in supporting the development of the new public health body:
- We harm our reputation and opportunities for influence.
- We do not make the most of the opportunities available in consolidating and building expertise, leadership and impact in improving Scotland’s health equitably.

Risk Category: Reputation and Quality

Governance Committee: Health Governance Committee

Risk Owner: Director of Strategy / Director of Public Health Science / Director of Health Equity

Response Co-ordinator: Head of Strategic Change and Engagement
Risk 17-3
As a result of failing to engage with and effectively influence changes in the way roles are agreed and resources are allocated across NHSScotland national boards:
  • We miss out on opportunities for greater efficiency and better ways of working.
  • Our ability to deliver on our ambitions is hampered.
  • Our organisational strengths, such as producing high quality information and evidence, are under-valued, under-played or misrepresented.

Risk Category: Finance and Governance

Governance Committee: Audit Committee

Risk Owner: Director of Health Equity / Head of Finance and Procurement

Response Co-ordinator: Director of Health Equity / Head of Finance and Procurement

Risk 17-4
As a result of ineffective management of our stakeholder relationships:
  • We limit our ability to influence key stakeholders to make the best use of the knowledge we generate.
  • We do not meet the expectations of key customers and other stakeholders in terms of responsiveness of service.
  • We do not maintain a national leadership position in public health improvement.

Risk Category: Reputation and Quality

Governance Committee: Health Governance Committee

Risk Owner: Director of Strategy

Response Co-ordinator: Organisational Lead for Strategic Development
Risk 17-5
As a result of not sufficiently matching our resources to priorities, in planning, quality control, and responding to in year demands:

- We have limited impact in the things that matter.
- We do not get the best results from our resources.
- We create potential for error in information quality and governance.
- We fail to meet our staff efficiency target of 6.25%

**Risk Category:** Finance and Governance

**Governance Committee:** Audit Committee

**Risk Owner:** Director of Strategy

**Response Co-ordinator:** Head of People and Improvement / Organisational Lead for Improvement / Head of Finance and Procurement

Risk 17-6
As a result of failing to engage staff effectively in plans to transition towards the new public health body by 2019:

- How we manage the change distracts from decision-making and delivery.
- Staff engagement and morale declines and we lose staff assets.

**Risk Category:** Workforce

**Governance Committee:** Staff Governance Committee

**Risk Owner:** Director of Strategy / Employee Director

**Response Co-ordinator:** Head of People and Improvement / Organisational Lead for People and Workplace
APPENDIX C

Performance Framework

- How our work has contributed to our vision of a Fairer Healthier Scotland and the Scottish Governments purpose of sustainable economic growth
- The outcomes we have set to deliver against our strategic priorities and achieve our vision
- The people, skills, finances, networks, partnerships and relationships that will support the delivery of our outcomes
- The priorities we have set that will be effective and contribute to a public health Strategy for Scotland
- The Scottish Government National Outcomes which inform our priorities and contribute to our vision