NHS Health Scotland

Impact Assessment Report

2017–18

Contents

Chief Executive's Foreword

I am delighted to introduce our Impact Assessment Report for 2017/18. 2017/18 was an important year, in which much of our focus was on the future. Having engaged with our stakeholders throughout the previous year, we published our new five year vision for a fairer, healthier Scotland. Building on the direction of travel set out in our first A Fairer Healthier Scotland strategy 2012 – 2017, this Strategic Framework for Action 2017–2022 describes the five strategic priorities that will form the basis of our work for the foreseeable future.

It was also a twelve month period that saw important work in relation to the Scottish Government's Health and Social Care Delivery Plan, which had been published in December 2016. This included wide-ranging developments to ensure that Scotland's public health activities and health and social care services are fit to meet the challenges of our changing society. It also included developments with direct implications for NHS Health Scotland, not least the decision to create a new national public health body and the direction of travel towards greater sharing of resources across NHS Boards.

Combined, this meant that 2017/18 was a year of consolidating our legacy by refreshing our vision within our Strategic Framework, together with engagement and involvement in new horizons. We agreed a work programme that continued to deliver impactful and influential work to reduce inequalities in health. We also created crucial new capacity to start to prepare for transition to the new public health body and other related changes.

Our aim was to ensure that our performance remained excellent and valued by our customers and stakeholders - despite the uncertainties that a changing context inevitably brings and despite the trends in health inequalities that continue to demand our unstinting action. I believe this report demonstrates that we have met this aim.

Gerry McLaughlin

Chief Executive

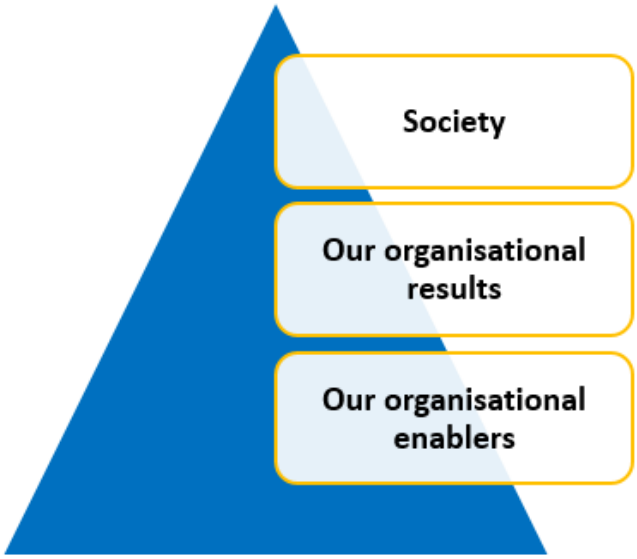
NHS Health Scotland

1. Our approach to measuring impact

Our vision is a Scotland in which all of our people and communities have a fairer share of the opportunities, resources and confidence to live longer, healthier lives. We measure our impact in relation to the short and long-term outcomes which are steps on the way to achieving this vision. The long-term outcomes are set out in our Strategic Framework for Action 2017–2022 and the short-term outcomes are set out in our annual Delivery Plan.

1.1 Our Performance Framework

We determine our impact using a Performance Framework, which comprises three domains:



1. **Society:** Trends in health inequalities and the fundamental causes of health inequalities (inequalities in incomes, wealth and power).
2. **Our organisational results**: Our performance in relation to our work, including stakeholder engagement and satisfaction.
3. **Our organisational enablers**: Our performance in relation to managing our organisational resources, including our people.

Within each of the domains, we use Key Performance Indicators (KPIs) and supplementary indicators to measure performance. We provide a red, amber,

green (RAG) rating for the KPIs and supplementary indicators and narrative examples in order to demonstrate our overall impact. For a full definition of terms included in this report please see the Glossary on pages 33-35.

In summary, we aim to measure:

- whether we are set up for success
- whether we have achieved what we said we would in the reporting period
- the short and longer-term impact of our actions and contribution.

1.2 Summary of impact in 2017/18

We have seven KPIs. The first relates to the wider context in which we operate and measures societal trends in health and social inequalities in Scotland. The remaining six KPIs relate either to our direct work as an organisation or to outcomes to which we contribute. In 2017/18 we met or exceeded our targets in five of the six KPIs that are at least partially within our control.

1 Societal trends in health and social inequalities in Scotland show an improvement in absolute and relative health

RED

2 The Net Promoter Score (NPS) for Partners is greater than 0%

GREEN

3 The Net Promoter Score (NPS) for Customers is greater than 40%

AMBER

4 Across all of the strategic priorities we have shared relevant products and resources to our identified high impact/high influence stakeholders

GREEN

5 Across all strategic priorities, our high impact, high influence stakeholders are satisfied with our products, services and resources

GREEN

6 All teams meet or exceed an Employee Index Score of 74%

GREEN

7 We spend our budget within the revenue resource limit. Corporate priorities are fully resourced (in terms of time and budget)

GREEN

2. Our context: societal trends

To put our work into context, the first domain of our Performance Framework is trends in health and social inequalities in Scotland, using the Scottish Government's Long Term Monitoring of Health Inequality data[1]. We examine these trends in four measures:

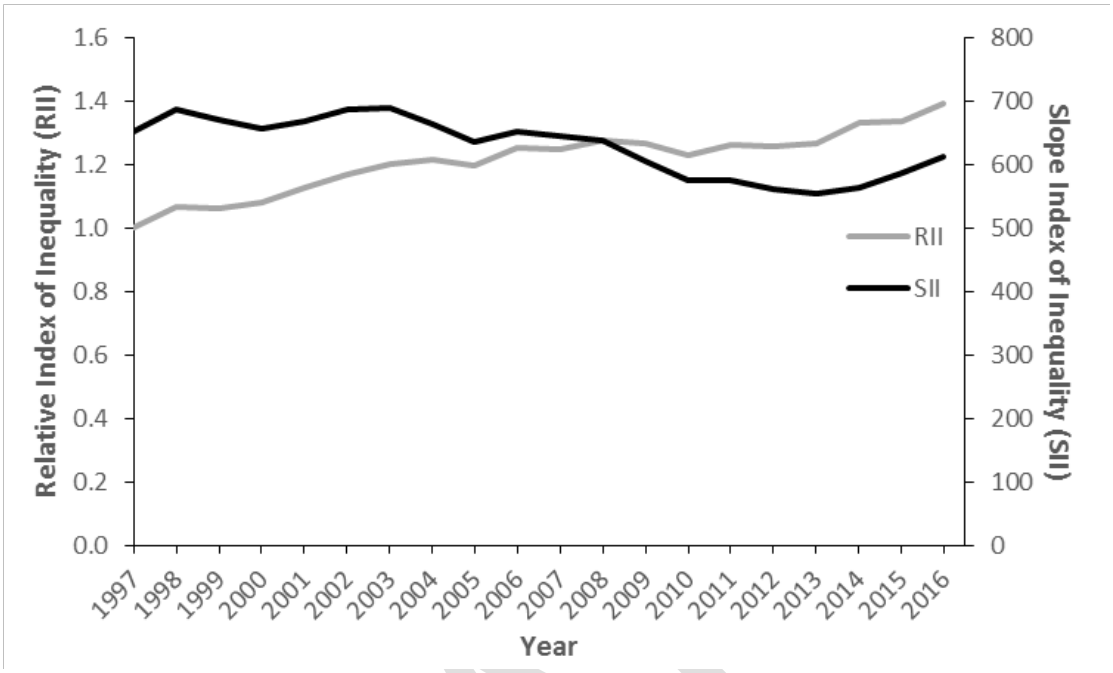
1. **Premature mortality**
2. **Inequalities in healthy life expectancy**
3. **Income inequality**
4. **Relative poverty**

1. Trends in premature mortality (<75 years, Scotland, 1997 - 2016)

Figure 1 below shows the trends in absolute and relative inequalities for premature mortality. Relative inequalities steadily increased between 1997 and 2008 before levelling off until 2013. They have subsequently increased again, due in part to an absolute rise in mortality in the populations living in the two most deprived tenths of areas. Absolute inequalities in premature mortality had declined between 1997 and 2013. This has also subsequently increased, again due to a rise in mortality amongst those living in the most deprived areas.

[1] Long-term Monitoring of Health Inequalities. Edinburgh, Scottish Government, 2017.

Figure 1

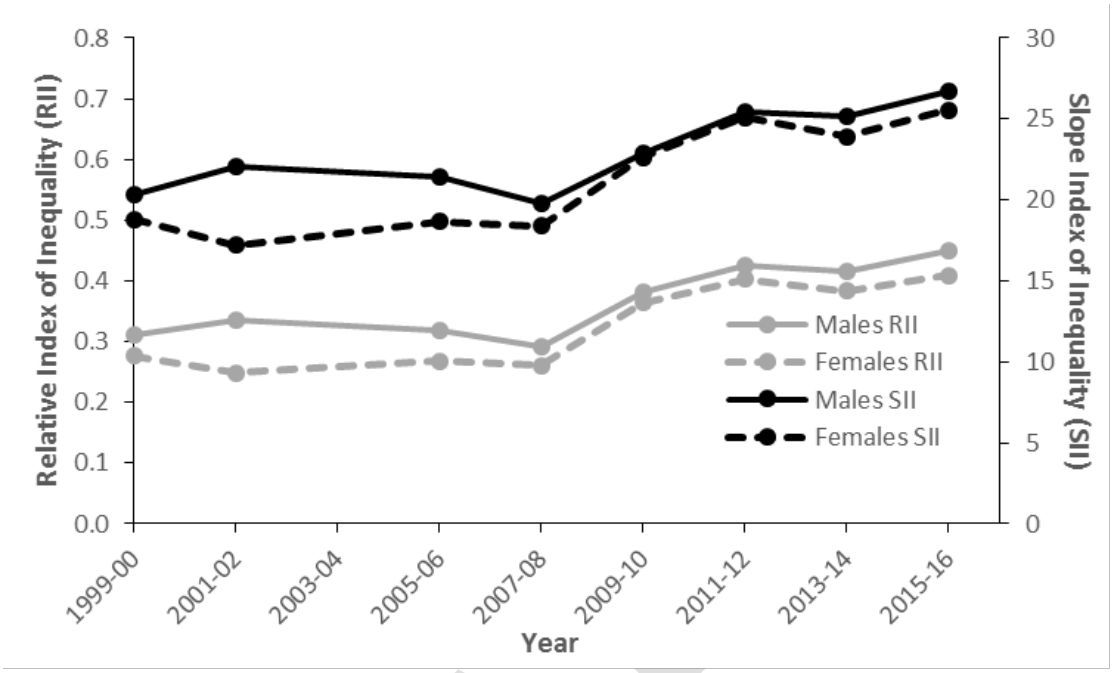


2. Trends in inequalities in healthy life expectancy (Scotland, 1999/2000 – 2015/16)

Figure 2 shows the trends in inequalities for healthy life expectancy from 1999/00 to 2015/16. These inequalities have increased in relative and absolute terms from around 2007/08 onwards on both of these measures. Although life expectancy has continued to increase across the whole population over time, it has increased more rapidly in the least deprived areas and the length of time spent in ill-health in the more deprived areas has remained substantially longer than in the least deprived areas.[2] Healthy life expectancy also remains lower for Scotland than most other European countries.

[2] Healthy life expectancy: deprivation deciles. Edinburgh, ScotPHO, 2015 [accessed at http://www.scotpho.org.uk/population-dynamics/healthy-life-expectancy/data/deprivation-deciles on 29th December 2015].

Figure 2

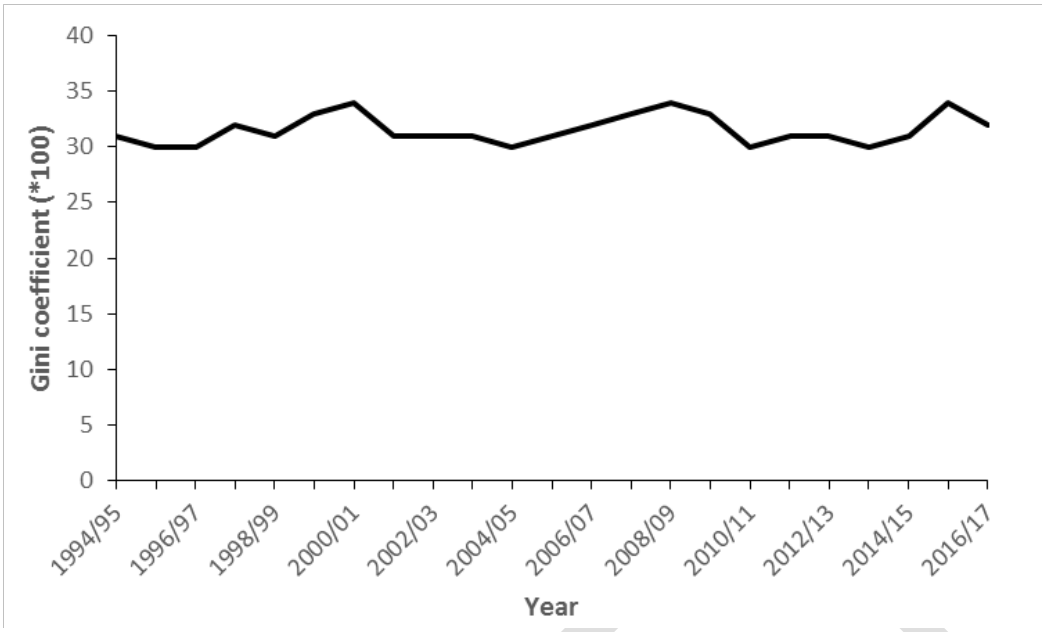


3. Trends in income inequality (as measured by the Gini coefficient)[3]

Figure 3 below shows the trends in income inequality from 1994/5 to 2015/6 using the Gini coefficient (where a value of zero represents complete equality and 100[4] represents complete inequality. The most unequal countries in the world (e.g. Mexico) have Gini coefficients in the 40s, and the most equal have coefficients in the mid-twenties. The Gini coefficient in the UK increased from the mid-twenties to the high thirties during the 1980s and 1990s before stabilising at that level. Scotland has a slightly lower Gini coefficient than the UK overall and the value has been very varied between 30 and 34, over the last 12 years.

[3] Data are from the Households below Average Income dataset held by the Department for Work and Pensions and published in: Poverty and income inequality in Scotland: 2014-17. Edinburgh, Scottish Government, 2018.
[4] The Gini coefficients here are given on a scale of 0-100 rather than the traditional 0-1 scale for easy of interpretation.

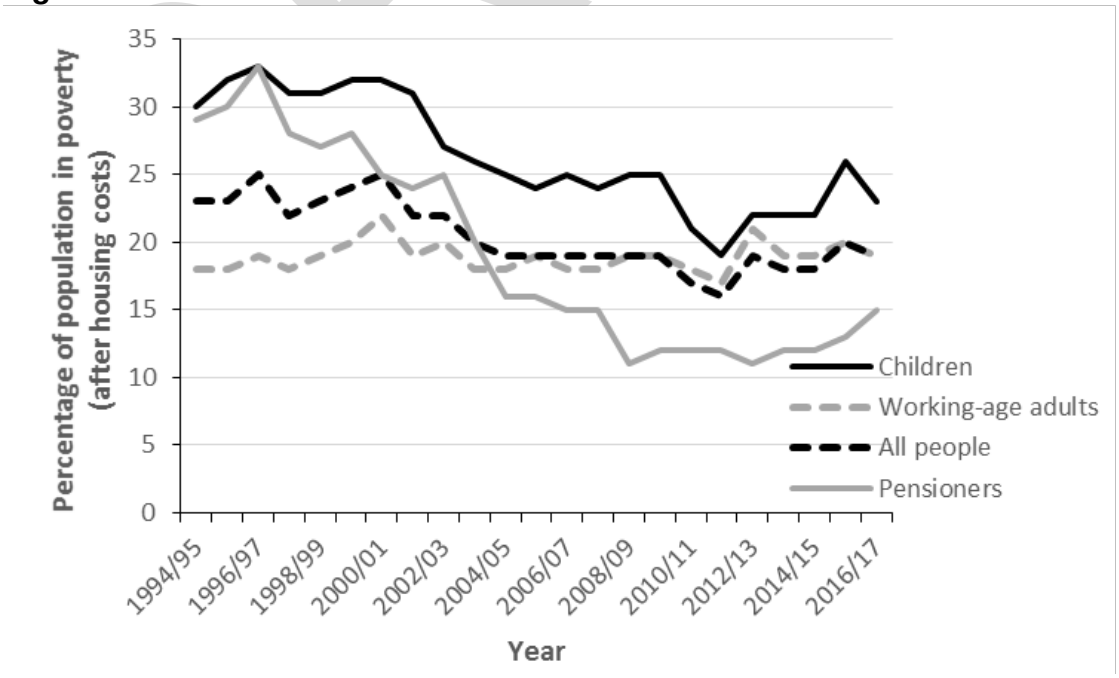
Figure 3



4. Trends in relative poverty (below 60% of median income in the same year, after housing costs)

Relative poverty in Scotland declined steadily from around 2000 to around 2011 for the total population, pensioners and children, but not for working-age adults. Figure 4 below shows that there has subsequently been an increase in poverty from 2011 for all groups.

Figure 4

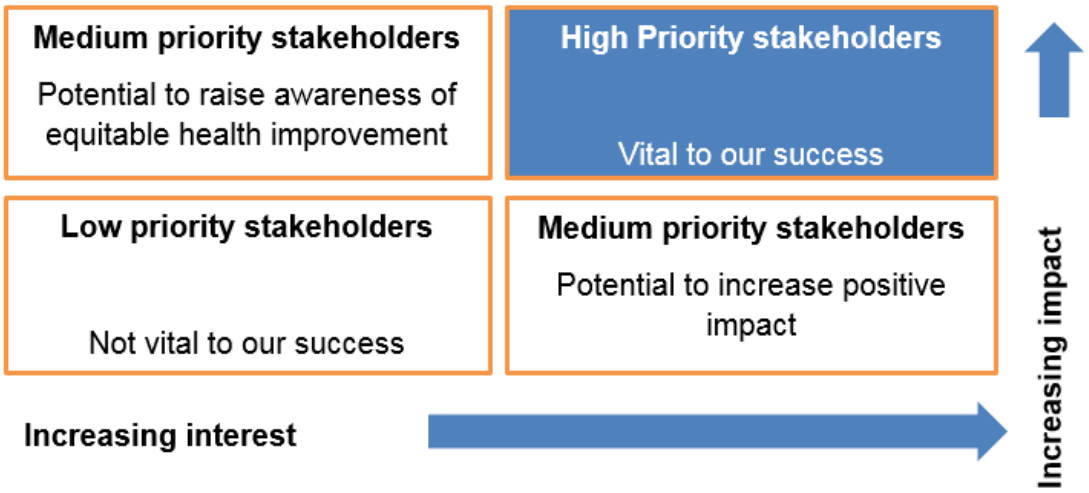


NHS Health Scotland aims to reduce inequalities in health and improve overall health of people living in Scotland. Inequalities in mortality are very high in Scotland compared to the rest of Europe and have continued to increase on many measures in recent years. It is likely that these increases are related to the context of austerity, high poverty levels and changes to the social security system that have reduced the real value of benefits and increased their conditionality. However, many of the recent policies enacted in Scotland (many of which NHS Health Scotland has helped to create) can be expected to make a positive difference in the coming years, including the more progressive income tax system and changes to social security for the devolved benefits.

3. Our results at an organisational level

The second domain of our Performance Framework examines our impact as organisation by seeking to understand the experiences of our stakeholders of working with us.

As demonstrated below, we have used stakeholder analysis to identify the organisations and individuals that are critical to our success as an organisation.



We want to be sure that high impact and high influence stakeholders are influenced by the knowledge we generate and that they see our leadership as helping to generate action to reduce health inequalities.

3.1 Organisational reputation and credibility

As an organisation that depends heavily on influencing others to take action, our reputation and credibility are key factors in measuring our success. While anecdotal feedback is important and very useful in this regard, our main approach to measurement is through the annual Stakeholder Survey. The results below are from the last survey conducted in September 2017.

Stakeholder overall satisfaction mean score is greater than 7 out of 10

GREEN

Our stakeholder overall satisfaction mean score was 7.85, which is greater than our target of 7 out of 10.

Stakeholder satisfaction mean score for 'working with us' is greater than 7 out of 10 for both partners and customers

GREEN

The overall satisfaction mean score for 'working with us' was 8, which is greater than our target of 7 out of 10.

We have engaged with 90% of our identified high impact, high interest stakeholders

GREEN

From a combination of data collected on our Customer Relationship Management (CRM) tool and intelligence recorded about engagement with our stakeholders, we know that we have engaged with at least 90% of the stakeholders identified in our Stakeholder Engagement Plan in the last year.

Stakeholder mean score for 'seeing us as the expert/leader in reducing health inequalities' is greater than 7 out of 10 for both partners and customers

AMBER

We sought to achieve a score greater than 7 for both customers and partners seeing us as the expert/leader in reducing health inequalities. We met this

target for customers, but not for partners. Our mean score for partners seeing us as either the expert or leader in reducing health inequalities and improving health was 6.8 and 6.88, respectively. However, the mean score for both partners and customers (combined) seeing us as either the expert and leader in reducing health inequalities and improving health was 7.11 and 7.17, respectively. The slightly less positive way in which our partners view us, compared with our customers, continues to be the area on which we seek to focus improvement.

The Net Promoter Score (NPS) for Partners is greater than 0%.

GREEN

The NPS is a widely used measure of stakeholder satisfaction. The score is calculated from a question that asks the respondent would they recommend an organisation. We sought to achieve an NPS for partners of greater than 0% and we achieved this with a score of +8%.

The Net Promoter Score (NPS) for customers is +40% or above

AMBER

Having achieved an NPS score for customers of +40% in 2016/17, we sought to at least maintain this score in 2017/18. Our NPS score for customers this year fell by six percentage points to +34%. While this is disappointing, we believe it is in part at least attributable to methodical changes to the way we approached our Stakeholder Survey, engaging this year with a greater number and more diverse group of customers than in previous surveys.

3.2 Reach and satisfaction with our products and resources

Measuring our reach is an important part of our impact assessment. Some of this is again measured through our Stakeholder Survey and some through other methods, particularly through analysis of reach of our online products.

Across all of the strategic priorities we have shared relevant products and resources to our identified high impact/high influence stakeholders

GREEN

78% of respondents were satisfied that we deliver the products, services or resources they need.

Sessions on www.healthscotland.scot that visit at least one core content page

AMBER

In 2017/18, we measured the percentage of sessions on our new website. We identified that 23% of all sessions on www.healthscotland.scot visited at least one page in health inequalities, tools and resources or improving policy and practice. This figure will be used as a baseline that we will measure against in future performance reporting.

Mean reach of our corporate Twitter posts versus the engagement rate

GREEN

Our average number of impressions on Twitter was just under 160,000 per month. This is an improvement on 119,000 in 2016/17. It is in line with our growing number of followers, and shows we are being retweeted more and by people with large followings. This suggests our content is perceived as credible. Our average engagement rate on Twitter this year was 1.1%, an improvement on 2016/17 (1.0%).

The reach of our learning products

GREEN

We review five elements in relation to the reach of our learning products, two of which related to our Virtual Learning Environment (VLE) and three of which relate to face to face training:

- We engaged with 52 stakeholders from various organisations in the development of our learning products.
- From April 2017- March 2018, we trained 32 trainers in our face to face courses.
- We increased the total number of Virtual Learning Environment (VLE) accounts by 18.1% from baseline.
- We delivered 763 courses to territorial NHS boards and local authority areas.
- 6,614 people attended our face to face courses including Scotland's Mental Health First Aid, Applied Suicide Intervention Skills Training and Scotland's Mental Health First Aid: Young People.

The reach of publishing products

GREEN

We measure the scope of our publishing products through the following measures:

- We processed all our orders within our target of five days and 80% were processed within two working days.
- By actively managing our stock levels, we reduced the percentage of publications that went out of stock prior to be being reprinted to only 3.4%.
- At least 80% of stock ordered by territorial health boards was distributed to the identified end users.
- Over 50% of traffic to our publications accessed featured publication(s) on both our new site, www.healthscotland.scot (53%), and our older site, www.healthscotland.com (64%).
- 80% of the publications hosted online in an alternative language have been accessed.

- We increased the uptake of our Web 2 Print (W2P) service reach by 261%.
- We increased the number of registered users of W2P by 105% by funding the print for all NHS Scotland Boards and Health and Social Care partnerships.

Across all strategic priorities, our high impact, high influence stakeholders are satisfied with our products, services and resources.

GREEN

81% of respondents were satisfied that we offer good quality products, services or resources.

Stakeholder satisfaction with mean score for 'products and services' is greater than 7.5

GREEN

We asked our customers and partners to rate our products and services. The satisfaction mean score for 'products, services and resources' was 8.01 for both partners and customers, which exceeded our target of 7.5.

85% of participants at our events indicate that they express a positive intention to apply the learning/tools/resources to their practice.

AMBER

Between April 2017 and March 2018, 83% of delegates rated our conferences as good or excellent, with a positive intention to apply the learning to their work.

The extent to which learning outcomes were met in face to face courses and eLearning modules.

GREEN

An average of 96% of attendees at our face to face courses responded that they have put learning into practice. An average of 79% of VLE learners responded that they have put learning into practice and 78% would be likely to recommend the course to others.

Our Inequality Briefings resulted in our stakeholders having a better understanding of health inequalities and the actions required to reduce them.

GREEN

We generated over 63,000 Twitter impressions through tweets launching our new Inequality Briefings. We conducted a survey of stakeholders who received the briefings directly by email. 92% of respondents stated that the Inequality Briefings were useful to their work.

4. Our impact at a strategic priority level

Our work is set out under five strategic priorities and three strategic change priorities. These are:

1. **Fairer and healthier policy**
   Our knowledge and evidence is used by policy makers to implement strategies that are fairer and influence the social determinants of population health and wellbeing.

2. **Children, young people and families**
   The knowledge and evidence we provide will be used by policy and decision makers to implement strategies focussed on improving the health and wellbeing of children, young people and families.

3. **A Fair and inclusive economy**
   We provide knowledge and evidence on socio-economic factors and their impact on health inequalities to contribute to more informed and evidence-based social and economic policy reform.

4. **Healthy and sustainable places**
   The knowledge and evidence we provide is applied by policy and decision makers to improve the quality and sustainability of places and increase their contribution to health and wellbeing.

5. **Transforming public services**
   We support public sector partners to design and deliver services that have health improvement and protection of human rights at their core.

Our strategic change priorities explain how we will improve our work in order to deliver our strategic priorities, secure the place of fairer health improvement in the new public health landscape and prepare for transition to the new public health body. The strategic change priorities are:

1. **Influencing the future public health landscape**

   The 2015 Public Health Review identified the need for stronger and more collaborative leadership across public health. We continue to lead collaboration across Scotland's public health workforce.

2. **Making a difference**

   Our products and services are developed in consultation with our stakeholders and are effective in informing the future development of public services.

3. **Fit for the future**

   Our people and systems play a strong and supportive leadership role in helping to shape the future of fairer health improvement.

The depth and range of work in these strategic priority areas is considerable. Inevitably there are variations to planned programmes of work as priorities change for us or our partners or unexpected issues occur. The delivery performance for the year, which we regard as very satisfactory, is described in detail separately in our Q4 performance report and end of year accounts.

Moving beyond performance to impact, we consider evidence of how we worked and why that was effective, or not, in working towards our strategic priorities. With this in mind, we provide just two case study examples drawn from a huge range of positive material provided by our staff. The first focuses on the evidence for outcomes achieved and the second on the influence and broader impact that we had as a result of how we went about our work.

4.1 A Story of our Performance: A Stronger Connection between Place and Health

For the purposes of our 2017/18 performance reporting, we asked leads for each strategic priority/strategic change priority to demonstrate the impact of their work as a 'performance story'. We received a depth of material which we plan to use in different ways. The example given here is from Strategic Priority 4: Healthy and Sustainable Places.

The aim of Strategic Priority 4 is to ensure our knowledge and evidence is applied by policy and decision makers to improve the quality and sustainability of places and to increase their contribution to health and wellbeing.

Our focus in 2017/18 was working with partners from across Scotland to lead, support and advise on the coordination, delivery and governance of the Place Standard (the Standard) Implementation Plan and to strengthen the influence of other place based work over health outcomes.

For the place standard, formal and informal feedback on our work to roll the Standard out across Scotland has been extremely positive. Feedback ranges from members of the public to professionals at all levels, elected members and senior WHO and UNICEF staff. The activities delivering on these outcomes involved thousands of participants across Scotland. The Standard itself was awarded winner of the 2017 Royal Town Planning Institute (RTPI) Awards for Planning Excellence in Planning for Wellbeing.

On the wider agenda there were some specific things we set out to achieve e.g. improving the contribution of Housing to health.

- *To provide evidence and examples of good practice to support Local Housing Strategies (LHS) to take account of their contribution to local health outcomes.*

We raised awareness of the links between housing and good health or reducing health inequalities by responding to Local Housing Strategy consultations. We influenced integrated joint boards' strategic commissioning plans and provided evidence of practice to ensure local housing strategies recognise their contribution to health outcomes.

- *To influence Integrated Joint Boards' strategic commissioning plans around housing and health inequalities.*

The Housing Partners for Health and Wellbeing Group influenced national policy and practice, through links with Scottish Government and the Place, Home and Housing Programme of the iHub. This work is also increasingly focusing on a public health approach to maximising the contribution of housing to health improvement. The Scottish Government More Homes team have agreed a need for public health input to the revisions of the Local Housing Strategy Guidance (which is due to be revised in 2018). Practitioners in the health and housing sectors are applying leadership, improved knowledge and skills to deliver effective, integrated services.

Alongside all of this progress, the significance of the relationship between housing, health and health inequalities as a public health priority has been recognised by Scottish Health Promotion Managers group on behalf of the Scottish Directors of Public Health. They have collaborated well with NHS Health Scotland's work on the subject at a local level.

Another aspect is that NHS Health Scotland and partners also now have a better shared understanding of how public health can contribute to improving environmental sustainability.

Knowledge and expertise in Health Scotland about climate change, health improvement and health inequalities has increased substantially, enabling us to make a clearer contribution to Scotland's ambitions. Health has previously been seen as poorly represented in climate change discussions nationally.

- *We planned to scope out the best available evidence, policy and stakeholder activity to inform environmentally sustainable approaches to public health in collaboration with the Scottish Managed Sustainable Health Network.*

An analysis on climate change has informed recommendations about work we will take forward in the next year as well as how the new public health body might take forward the climate change agenda. There has been strong support for our offer of additional expertise and our engagement in this agenda by key stakeholders including Scottish Managed Sustainable Health Network (SMaSH), Adaptation Scotland, Scottish Environment Protection Agency (SEPA), Health Protection Scotland (HPS), Health Facilities Scotland (HFS) and Scottish Government. Climate Justice is a particular areas of interest for the Scottish Government and this is a potential opportunity for us to influence this agenda. We are well positioned through other work such as the National Fuel Poverty Advisory Panel to influence more efficient use of fuel.

- *To support communities and organisations tackling health inequalities in food and health to apply evidence to their learning and practice.*

The study we ran for community cooking class providers was a success. Seven of the eight study group members (cooking skills practitioners or managers) demonstrated that they have applied improvements to their planning and/or evaluation of their cooking skills courses as a result of being part of the group.

Seven community cafes participated in a self-evaluation group and each café developed evaluation plans, key outcomes to report back on and performance stories. Each café reported being positive about what they had learnt and applied and keen to do more evaluation work. They shared their evaluation findings with customers, volunteers and other stakeholders with positive impacts such as volunteers being more motivated and stakeholders

appreciating the value of the work. Positive feedback has been received from stakeholder and networking events and has highlighted interest from communities and organisations to share learning, develop practice, build capacity and inform policy, whilst acknowledging potential difficulties, as expectations and local demand on their services increases.

- *Working with the Scottish Community Development Centre (SCDC) to deliver a programme on community-led health.*

The community-led health sector is increasingly contributing to the delivery of ‘A Fairer Healthier Scotland’. The planned programme on community led health; was successfully commissioned from the Scottish Community Development Centre and completed.

Community Health Exchange (CHEX) has provided inputs at the Community Food and Health Scotland conference and an internal learning seminar on community led health, with positive feedback from both. They also undertook a pilot project to assess the usability of the Public Health Skills & Knowledge Framework among the core and wider public health workforce in Dumfries & Galloway.

Alongside informing community-led health initiatives around the Community Empowerment Act through their communication and engagement channels CHEX has delivered workshops on the Community Empowerment Act with feedback indicating that the sessions were informative, highly relevant to their organisation and improved their knowledge.

4.2 A Story of Influence and Change: Maximising the role of NHS in reducing health inequalities

In 2017/18, we ran a project to look closely at how effective our work is in influencing change. The example given here is taken from Strategic Priority 5: Transforming Public Services.

Most NHS staff appreciate the importance of reducing health inequalities. However, they often want to hear less of 'why it's important' and more of the 'how can we do this within our scope'. Following our Annual Review in 2015, we agreed to collaborate with others to produce a statement for NHS Scotland senior staff that was action orientated, evidence-based and easy to read.

This resource was co-produced with NHS Board representatives. A national working group, consisting of Scottish Government, Consultants in Public Health, Assistant Directors of Public Health, and Senior Health Improvement Officers, was key and highly influential in ensuring the actions were meaningful and practical for NHSScotland staff. We continuously engaged with wider key senior staff to ensure accessibility and help with buy in. The resource was published in June 2017[5].

Influence

Influence has been notable at a number of levels so far:

- The statement has been used to encourage and strengthen discussions around health inequalities in NHS Boards' Strategy Group meetings.
- Senior staff have used the statement to support work around inequalities, both in NHS boards and wider public services.
- The statement has been discussed at national NHS events, including the NHS Procurement Event, with the NHS National Services Scotland (NSS) Head of Procurement and Directors.

[5] http://www.healthscotland.scot/publications/maximising-the-role-of-nhsscotland-in-reducing-health-inequalities

- The statement was used in discussion sessions with senior procurement colleagues when making decisions, such as the impact of moving sites.
- It has been used by NHS Boards to refocus on the NHS role in addressing inequalities and encouraged senior managers who influence strategic plans to go on Health Inequalities Impact Assessment (HIIA) training.
- One NHS board is currently using the resource to help in the development of health inequality indicators for the Health and Social Care Partnership.
- The Heath Literacy Scottish Government Lead made links with the project and encouraged the statement to include health literacy as an action to consider.

Achievements

- The statement led to the Health Promoting Health Service (HPHS) Chief Medical Officer (CMO) letter including reference to health inequalities.
- A Change and Improvement Manager in Renfrewshire Health and Social Care Partnership (HSCP), has framed their work on health inequalities under the five headings from the statement, which helps to frame all work in one place.
- A consultant in Public Health fed back to our Chief Executive that the statement is invaluable in informing their NHS board action plan to tackle child poverty, and is an excellent reference for the role of the NHS in mitigating, preventing and undoing inequalities in health.
- The Kings Fund, which had previously emphasised the key role of the NHS in reducing health inequalities, provided positive feedback about the resource, highlighting the benefit of having all actions for NHS staff in one resource.

5. Domain three: Our organisational enablers

5.1 People and Workforce

The quality, pace and successful delivery of our work very much depends on the productivity of our staff. We consider staff experience, measured through the Employee Index Score from the iMatter survey, to be a useful proxy indicator of productivity. The results below are drawn largely from our 2017 iMatter Survey results.

We aim for all teams to meet or exceed an Employee Index Score of 74%

GREEN

We achieved an overall Employee Index Score of 81 %.

Staff feel well informed

GREEN

The results indicated that 81% of staff agreed they get sufficient information to do their job effectively.

Staff are appropriately trained and developed

GREEN

96% staff completed Personal Development Plan on e-KSF by 31st May 2017 and 81% of staff responded positively to the question on whether they are given the time and resources to support learning and growth.

Staff are treated fairly and consistently

GREEN

87% of staff responded positively to the iMatter question on being treated fairly and consistently. Our staff turnover rate was lower than previous years at 4.83%. We had one formal grievance.

Staff feel involved in decisions

GREEN

78% of staff responded positively to iMatter questions on involvement in decisions.

Healthy and safe working environment

GREEN

In assessing our working environment, we identified that in 2017/18:

- There were seven accidents, seven incidents and one near miss
- Our staff absence rate was 3.56%
- 96% of staff completed Display Screen Equipment modules, 94% completed risk assessment training and 93% completed the Fire Safety module

We see all of the above results as well within the norms of a safely operating organisation.

5.2 Finance and Resources

Successful delivery of our work depends on effective allocation of our finances and resources.

We spend our budget within the revenue resource limit. Corporate priorities are fully resourced (in terms of time and budget).

GREEN

We have met all statutory targets whilst keeping our resources within our limit. In addition to the overarching KPI data we have a number of supplementary indicators which build a greater picture of our performance in relation to finance and resources.

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.

GREEN

In 2017/18, 100% of our available resources were allocated to signed off projects in our business plan by Q2. This is an increase from 2016/17 when 96.2% of our resources were signed off by Q2.

Budget Expenditure: the resource revenue will be managed to the specified percentages in terms of budget committed and spent

GREEN

Our budget expenditure was measured by reviewing the following:

- We achieved our committed spend by 31st January 2018 at 98% (costs incurred and outstanding committed spend to 31st March)
- By 28th February 2018, we achieved our target with 89% spent (costs incurred). Although our actual spend was lower than target at 28 February, taking into account our planned year end outturn and budgeted costs in March, our actual spend on this basis was 89%.
- We achieved a 99% spend by closure of accounts (costs incurred)

Efficiency savings: NHS Health Scotland's contribution to national board target of £15,000,000

GREEN

We made an appropriate contribution to the shared national board target of £15m, consisting of an individual contribution of £325k and a joint contribution of £568k working with NHS Education for Scotland (NES) and NHS National Services Scotland (NSS).

We see all of the above results as well within the norms of an organisation working safely within its financial parameters.

6. Sustainability and environmental report

In addition to its scheme of mandatory reporting, the Scottish Government encourages public bodies to disclose their sustainability and environmental performance via their directors' reports and accounts. In 2017/18 the Board's Sustainability Group was chaired by the Director of Public Health Science, with membership drawn from across the organisation.

Throughout 2017/18, the Group has continued to meet actions identified in response to its Good Corporate Citizen Model self-assessment. More broadly, NHS Health Scotland have worked with colleagues in Health Facilities Scotland (HFS) to develop a Scottish approach to updating the Corporate Green Code reporting system. Overall, this work aims to streamline NHS activity and reporting for Scotland into a single system. One consequence of this was to pause further development in the Board's approach to overall reporting in 2017/18 and focus effort on revising the Board's activity and reporting during 2018/19 using the new approach.

During the year the Board has developed its approach to reducing business-related activities that contribute towards carbon release and creation of waste using its benchmarking process. Annual organisational performance against these benchmarks was considered formally by the Audit Committee in September 2017, with notable progress being reported on intra-office (and wider) travel, paper usage in printing and copying, and waste reduction. The introduction of the new NHS Scotland eExpenses, which includes enhanced car travel data, will further enhance this monitoring. As in previous years, the Board has been commended by the World Land Trust programme for carbon offsetting in its work on paper saving in the publishing service.

The Group has continued to pursue improved sustainability through a focus on issues common to other tenants of its two premises. The Group maintains close links with experts in NHS National Services Scotland (NSS), both as main occupant of the two offices and co-ordinator of sustainability matters for several NHSScotland functions, on their corporate commitment and

opportunities to mesh action plans on topics of joint interest. NHS Health Scotland staff have become more active in supporting NSS develop and deliver its corporate sustainability actions and its environmental monitoring.

The Sustainability Group has continued to progress its broader programme of discussion and encouragement for action that exert greater influence on sustainability programmes across the NHS. The Scottish Managed Sustainability Network (SMaSH), hosted from ScotPHN, is part of this endeavour. During 2017/18 SMaSH and NHS Health Scotland were co-organisers of this national event and made significant contributors at the event. From this closer working with other national agencies, notably Scottish National Heritage and the Scottish Environmental Protection Agency, will be explored in 2018/19.

One important collaboration which has developed further in 2017/18 is that which seeks to encourage NHS suppliers and partners to pursue environmental aspirations through procurement as part of the implementation of the new duty of sustainable procurement duty, Whilst this work is likely to extend into 2018/19, the development represents a significant step forward in national collaboration to support sustainable procurement.

Finally, in regard to its mandatory actions and reporting, NHS Health Scotland started to implement the Climate Change Adaptation Plan it developed in 2016/17. This provides detail of the ways in which the organisation will ensure business continuity and support the Board’s work to support population health in response to realistic climate change scenarios. The Board also worked collaboratively with NSS and the Scottish Ambulance Service (SAS) in producing its three yearly report on actions taken to protect and promote biodiversity.

7. Glossary

Absolute inequalities

A practical value measurement that measures the difference between the lowest and the highest socio-economic groups.

'A Fairer Healthier Scotland' (AFHS)

NHS Health Scotland's five-year strategic statement for the period 2012–2017, which set out our mission and vision.

Department for Work and Pensions (DWP)

The largest government department in the United Kingdom, responsible for welfare and pension policy.

Employee Index Score

This is generated from the responses to questions within the iMatter staff survey and provides an overall percentage of an organisation's level of positive staff experience.

Engagement rate

The twitter engagement rate measures the level of engagement that a tweet receives from the audience and refers to the percentage of people who saw a tweet and interacted with the content.

Gini coefficient

Method used to measure the distribution of income in a given country.

Health inequalities

The unfair and avoidable differences in people's health across social groups and between different population groups.

iMatter

A staff-experience continuous improvement tool designed with staff in NHSScotland to help individuals, teams and Health Boards understand and improve staff experience.

Key Performance Indicators (KPIs)

Measurements of performance against our performance framework.

Morbidity

Frequency in which a disease or unhealthy condition appears in a particular area.

Mortality rates

The number of deaths in a given area or period, or from a particular cause.

Net promoter score (NPS)

A measurement tool used to gauge satisfaction with a service provided. The NPS contains a rating scale with ranges from -100 to +100. 0 is considered good, 40% is an excellent score. The NPS is a widely used measure of stakeholder satisfaction. This is a score that is calculated from the responses to a question that asks the respondent would they recommend an organisation. The Net Promoter Score is defined as: Promoters (the percentage of those scoring 9 and 10 very likely to recommend) minus Detractors (the percentage of those scoring 0 to 6 not likely to recommend) = Net Promotor Score (a positive or negative figure (e.g. 32% minus 20% = NPS +12).

Red, amber and green (RAG)

Scale that uses the colours of traffic lights to signal work status.

Relative Index of Inequality (RII)

Measure of the extent to which a chronic illness/early death varies dependent on socio-economic factors.

Relative inequalities

An analytical measurement that looks at the ratio between the lowest and the highest socio-economic groups.

Revenue resource limit

The target that the Scottish Government sets for public bodies to spend.

Scottish Index of Multiple Deprivation (SIMD)

The Scottish Government's official tool for identifying those places in Scotland suffering from deprivation. It incorporates several different aspects of deprivation, combining them into a single index.

Slope Index of Inequality (SII)

Measurement that is a regression line (slope) showing the relationship between a class or group's health status and its rank in socio-economic terms.

Supplementary indicators

Additional measurements of our performance.

Warwick–Edinburgh Mental Well-being Scale (WEMWBS)

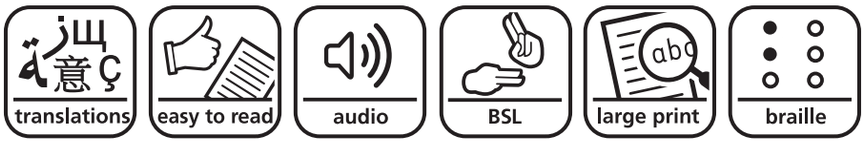
A tool that can be used for assessing a population's mental health.

World Health Organization (WHO)

A specialised agency of the United Nations concerned with international public health. It works with national governments and other partners to ensure the highest attainable level of health for all people.

The Impact Assessment Report for 2017/18 describes NHS Health Scotland's performance as a Health Board and illustrates the impact we have had over the last 12 months.

This resource may also be made available on request in the following formats:



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