



HS Paper 12/18

Board meeting: 18 May 2018

We are working towards all our publications being available in an accessible format. In the meantime, if you require this paper in a more accessible format, please contact us using this email address nhs.healthscotland-ceo@nhs.net

Quarter 4 performance report

Recommendation/action required:

The Board is invited to consider whether the report sufficiently assures them that the organisation performed effectively in the last quarter of the 2017/18 Delivery Plan and in line with the priorities emerging through change and transition work.

Author:	Sponsoring Director:
Tim Andrew	Cath Denholm
Organisational Lead for Improvement	Director of Strategy

April 2018

Quarter 4 Performance Report

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Part 1: Summary

Highlights this quarter

The final quarter of 2017/18 saw significant leadership and engagement activity around our strategic priorities and important developments around change and transition.

We published a number of reports and received significant media coverage. This includes the publication of estimates on the health burden attributable to alcohol in Scotland, including the impact on A&E and inpatient hospital departments and deaths. The results are being used in the refreshed Scottish Government alcohol strategy and will be combined with “what if” scenarios later in 2018 to identify the most promising policy levers.

We also published the results of the obesity module in the 2016 Scottish Social Attitudes Survey which examined what the public think about obesity and the actions that can be taken to address it. The research received significant coverage and support from stakeholders including Obesity Action Scotland and Cancer Research UK. We are using the results in our ongoing work with the Scottish Government around their diet and healthy weight strategy and we are planning to obtain further coverage for the work in our proactive work around the new sugar levy coming into force in April.

We have been active in our policy advocacy and influence work this quarter, including providing extensive support to Scottish Government drug and alcohol treatment policy development and meeting with Kevin Stewart, Minister for Local Government and Housing to discuss the Planning (Scotland) Bill as part of the Scottish Alliance for Places. We contributed to the planning for a second ministerial ACEs meeting hosted by the Deputy First Minister and participated on the day. The First Minister and six other ministers took active roles in the meeting along with around 50 leaders from the public sector, third sector and young people’s organisations. We are now contributing to the plan for taking forward recommendations for action.

Further influencing highlights include being asked by Scottish Government to lead the development of the questionnaire content for a school census of health and wellbeing and co-producing the Primary Care Strategic Outcomes Framework with the Primary Care Evidence Collaborative.

We jointly organised the Chartered Institute of Housing annual conference. This is Scotland’s largest housing event bringing together hundreds of delegates from across the housing spectrum. Health was one of the four conference pillars. We advised on the programme, identified plenary speakers and facilitated a number of relevant break-out sessions, all of which helped strengthen action for health through housing.

We received the final report of the 2017 External Stakeholder Survey. In summary, there was little change to the results from 2016, with scores from 2017 remaining similar, highlighted in the overall satisfaction score at 7.85 for 2017 (compared to 7.73 for 2016). Scores were consistent across all aspects of service. Customers were still overall more satisfied generally than Partners with NHS Health Scotland.

We have started to share specific findings with teams and are planning to work with NSS in 2018/19 to explore how we might start collaborating on stakeholder engagement recording and monitoring. We are not planning to undertake a stakeholder survey in 2018/19 on grounds that the results would not be relevant to us in our new position in the public health body from 2019.

We met with a variety of stakeholders during Quarter 4 including the Climate Change Hub, where we discussed our possible contribution to the climate justice agenda from a health inequalities perspective. We also engaged with Adaptation Scotland around contributing to a new Climate Change Adaptation Programme. We contributed to the Scottish Government Adverse Childhood Experiences (ACEs) Network meeting and had conversations on benefit sanctions and Evidence of Harm with the Welfare Reform Health Impact Delivery Group. We continued to work on our contribution to the ALLIANCE anthology on Health and Social Care to provide a public health perspective.

There were several new engagements relating to poverty, including the Scottish Fuel Poverty Advisory Panel inaugural meeting. We presented an overview of Triple I (Informing Investment in Inequalities) to the Poverty Alliance and met with the Poverty and Inequality Commission.

We completed the strategic and business planning round and received approval from the Board for a 2017/18 Delivery Plan that demonstrates a continuing shift in focus towards the actions most likely to impact on health inequalities and strong plans for effective change and transition over the coming year.

Change and Transition

Quarter four of 2017/18 saw us enter what may be our last full business year as NHS Health Scotland. From here on in, our Quarterly Performance Reports will include a commentary on work undertaken around change and transition.

The Change Oversight Group (COG) Charter presents three themes for work around change and transition; due diligence, vision for the future, and engagement. We will use these same three themes to report on our performance around change and transition.

A major development this quarter was the agreement to create a Change Support Team which will work to ensure that the whole range of change

processes that need to take place across the organisation are underpinned with sufficient planning and project management, facilitating and coordinating resource to enable them to happen well. The purpose is not to do all the change processes or make all the decisions – but to make sure that all staff who are asked to have roles in leading or inputting into specific change projects are enabled to do that in a timely, coordinated and aligned way. The team will sit across the Health Equity and Strategy directorates, reporting via Jane Weir to Cath Denholm, as the corporate lead for Change and Transition and Chair of COG.

Due Diligence

Due diligence is a core part of major organisational change. It involves drawing up a catalogue of the resources we have as an organisation and what we use those resources for. As part of the COG project plan, a list of all teams within NHS Health Scotland has been drawn up, which details whether or not the relevant team is within scope for discussions around shared services. In the first quarter of 2018/19, the new Change Support Team will engage all teams across the organisation to build up the catalogues of resources.

Vision for the Future

The vision for the future theme covers our work around influencing, communicating and engaging to help shape the future around public health reform and shared services. This includes our input to the Executive Delivery Group and Public Health Reform Team in terms of think pieces and our upcoming work around the commissions. Think pieces submitted to date are:

- Public Health Workforce Development
- Sharing power in the new public health body
- Providing the evidence and intelligence base for public health action across the whole system: the role of the new public health body
- Creating a new public health body
- Decision Criteria for Scotland's Public Health Priorities
- Quality improvement and public health
- Health Economics in new public health organisation
- Shared Services for the new public health body - discussion paper
- Health Improvement Function in new Public Health Body

The Public Health Reform team has now started the formal commissioning of work to inform the design of the new body. We are directly or indirectly involved in six of the seven commissions in the first tranche as shown in the table overleaf.

We also met with COSLA and discussed the new public health body and Scottish Government Health and Social Care Partnership statement. We attended the Scottish Government Public Health Reform Programme Board and had a number of discussions with NSS and Scottish Government around the Public Health Priorities.

Commission	Lead Organisations	HS Sponsor Director/Lead Contributor
Improving health	NHS Health Scotland / Integration Joint Board Chief Officers Group	Cath Denholm/ Matt Lowther
Protecting health	National Services Scotland (NSS) / Scottish Directors of Public Health	Andrew Fraser/ Phil Mackie
Healthcare public health	NSS/Health Service Public Health Group/ Improvement Service / Integration Joint Board Chief Officers Group	Pauline Craig (tbc)
Underpinning data & intelligence	NSS / NHS Health Scotland / Improvement Service	Andrew Fraser/ Diane Stockton/ Gerry McCartney
Leadership for public health research	Facilitated workshops undertaken by Scottish Public Health Network (ScotPHN)	Andrew Fraser/ Phil Mackie
Leadership for the broad public health workforce	NHS Health Scotland / National Education Scotland / Improvement Service	Andrew Fraser/Wilma Reid
Workforce of the new body – organisational development	NHS Health Scotland/NSS	Cath Denholm/Jim Carruth

Engagement

The engagement theme focusses on working and communicating with all our staff throughout the period of change and transition. We are providing staff with regular updates through the COG video blogs, written blogs, updates from Gerry McLaughlin, newsletters from the Public Health Reform team and the National Boards Collaborative and a guest blog from Colin Sinclair, CEO, NSS on the subject of Shared Services. Updates on change and transition were also given through office display screens and through the monthly corporate cascade.

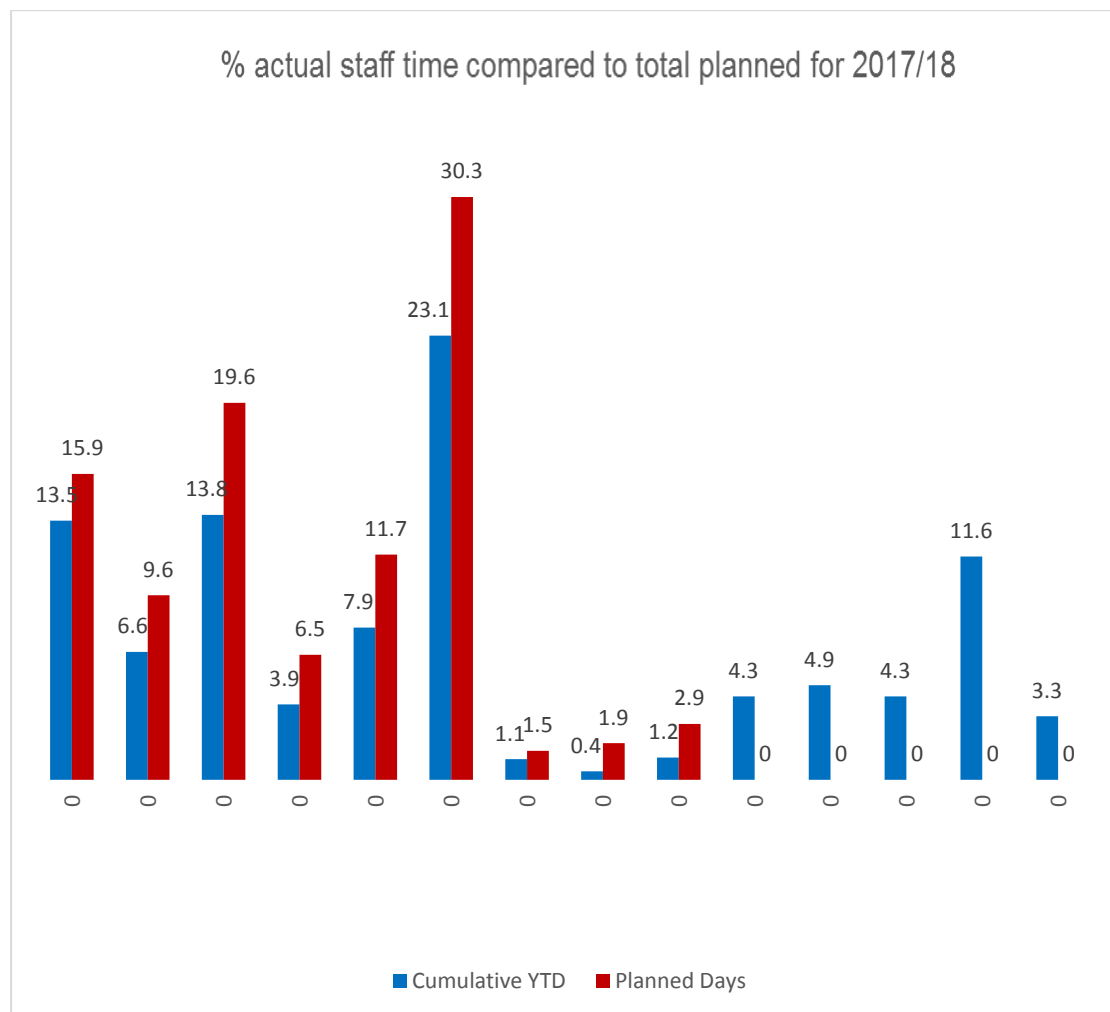
In addition, each of the commissions above includes a requirement for engagement with staff. The Change Support Team and Communications and

Engagement Team will work together to ensure that staff are engaged effectively and are able to contribute to the commissions we are involved in.

We reviewed the joint change management sessions run with NSS and have refreshed the content to make sure that it is relevant to our staff. We have also added supporting contextual information that will be used at the start of the next phase of learning, which is due to run from April to May. This next phase will focus on managers and supervisors and we have 50 places. In addition to this we developed a “change conversation” session that can be delivered to all teams across the organisation. It involves taking time to look at how the emotion of change affects us all and is being offered across the organisation via DMT meetings. Support on the delivery of the session is being offered by the People and Workplace team.

Part 2: Strategic Priority Update

Overview of staff time data: All Strategic Priorities and Strategic Change Priorities.



Strategic Priority 1: Fairer and Healthier Policy

Highlights this quarter

- We continued to develop more effective cross-working between the national leadership and special interest groups including the Scottish Directors of Public Health (SDsPH), Health Promotion Managers, Consultants in Dental Public Health, and the Public Mental Health and Violence Prevention special interest groups.
- We met strategic national stakeholders (Scottish Natural Heritage, Health Protection Scotland and Scottish Environment Protection Agency) to consider environmental sustainable health in the new public health landscape.
- We participated in the Inspiring Scotland Round Table event on Outdoor Learning. Attendees included the Deputy First Minister and we influenced on children's rights, the benefits of outdoor play to child development and raising attainment.
- We continued our strategic advisory role to Scottish Government influencing the content of the draft Active Scotland Delivery Plan, ensuring that the WHO draft Global Action Plan for Physical Activity (2017) guiding principles have been adopted in Scotland and looked to strengthen connection between the draft actions and national Active Scotland Outcomes Framework.
- Three stakeholder events were held for local authority representatives from education and catering to inform the review of the school food regulations.
- The Scottish Prison Service has agreed to proceed with standardising menus across estates to ensure nutritional standards are met.
- Data collection for the harmful drinking study within the Minimum Unit Pricing evaluation portfolio is complete.
- We have published the Public Health Evidence Network Palliative care reports and Healthcare Improvement Scotland are working on how to get the evidence applied locally.
- Informing Investment in Inequalities (Triple I) held a workshop on modelling the impact of fiscal policies and results from new scenarios, including a revenue neutral Universal Basic Income, have been modelled. An abstract on the health impacts of a range of fiscal policies was submitted to the Society for Social Medicine conference.
- We co-hosted a seminar on food poverty measurement with Menu for Change. This is influencing discussions with stakeholders, including government, on how best to build on the interest generated amongst researchers, policy makers and practitioners.
- We presented a report to Minister for Mental Health on pre-engagement sessions on suicide prevention, which was joint work with Samaritans Scotland and the Health and Social Care Academy.

- We conducted two engagement sessions on suicide prevention on behalf of Scottish Government (with a further four sessions being run in April).
- We received positive feedback from those with lived experience on the perinatal mental health messaging in the revised Ready Steady Baby resource.
- The first national youth work award for mental health was made, which we sponsor jointly with the Mental Health Foundation
- We published estimates on the health burden attributable to alcohol in Scotland, including the impact on A&E and inpatient hospital departments and deaths. The results are being used in the refreshed Scottish Government alcohol strategy and will be combined with “what if” scenarios later in 2018 to identify the most promising policy levers.
- We published a paper on drug-related deaths age-period-cohort analysis in BioMed Central (BMC) Public Health along with accompanying blog. The findings will influence drugs policy development.
- We have provided extensive support to Scottish Government drug and alcohol treatment policy development.
- We published the results of the obesity module in the 2016 Scottish Social Attitudes Survey which examined the public think about obesity and the actions that can be taken to address it. The research received significant coverage and support from stakeholders including Obesity Action Scotland and Cancer Research UK.

Issues of note

- There are different perspectives on the Scottish Government’s draft suicide prevention action plan amongst our stakeholders.
- We have had delays in receiving local authority data from Scottish Health Survey team for profile updates, which means that local areas do not have up-to-date information for planning and delivery.
- Maintaining stakeholder relationships for Minimum Unit Pricing (MUP) remains important.
- There was no acceptable tender for children and young people’s own responses MUP study so we had to re-tender.
- We are unable to commission MUP questions in the Scottish Social Attitudes Survey as Scottish Government has not yet confirmed the 2018 survey.
- Delays with the additional modelling work undertaken by commissioned researchers means there is a risk of subsequent delays in modelling Triple I health impacts.
- ISD has not been able to commit any of their core analytical resource to the Burden of Disease Study meaning the study is continuing to run at half capacity. This is impacting on delivery of local estimates, projections (including workforce implications), and “what if” scenarios.

Performance Information

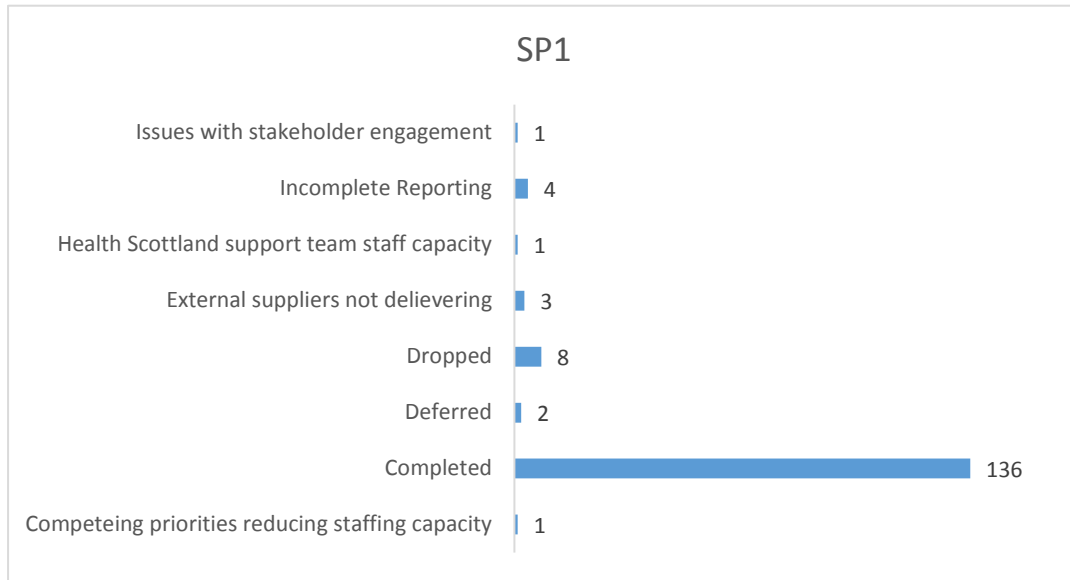
Delivery Commitment Completion

8 out of 16 (50%) of SP1 delivery commitments have all the outputs contributing to them marked as complete.

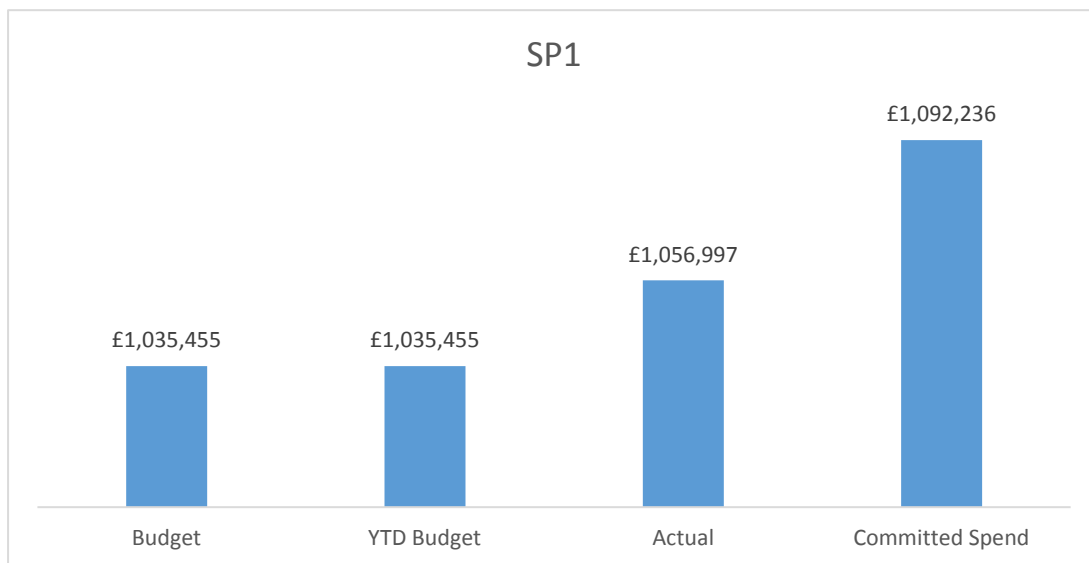
8 out of 16 (50%) of SP1 delivery commitments have one or more contributing outputs that are not yet complete:

- 1.1.1: Publish and disseminate comprehensive Burden of Disease estimates by key demographics and implement next phase of the project
- 1.1.3: Publish and share evidence on the economics of prevention, including the data from the Scottish Burden of Disease study to influence key policy areas.
- 1.2.1: Develop and agree a plan for the evaluation of Minimum Unit Pricing (MUP) and the refreshed alcohol strategy and establish processes to implement evaluation.
- 1.3.3: Co-lead the Scottish Public Health Observatory (ScotPHO) collaborative to deliver public health information and support for the Public Health Information Network for Scotland.
- 1.4.1: Provide expertise and guidance on policy and effective interventions to tackle inequalities in diet and obesity, including improving access to healthier food choices for key populations groups across a range of priority settings.
- 1.4.2: Provide expertise and guidance to enhance workforce capacity and improve collaborative relationships across the public and third sectors for public mental health and suicide prevention.
- 1.4.5 Share expert knowledge of the scale, measurement and impact of food poverty and household food insecurity.
- 1.4.9: Lead, support and advise on the design and implementation of actions relative to the Active Scotland Framework and National Physical Activity Implementation Plan.

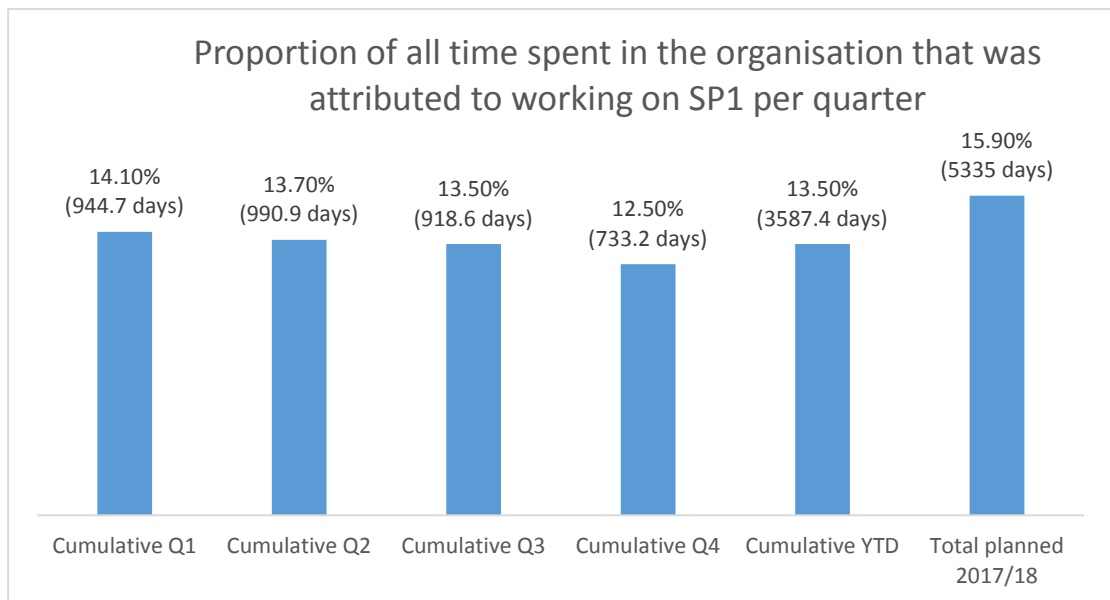
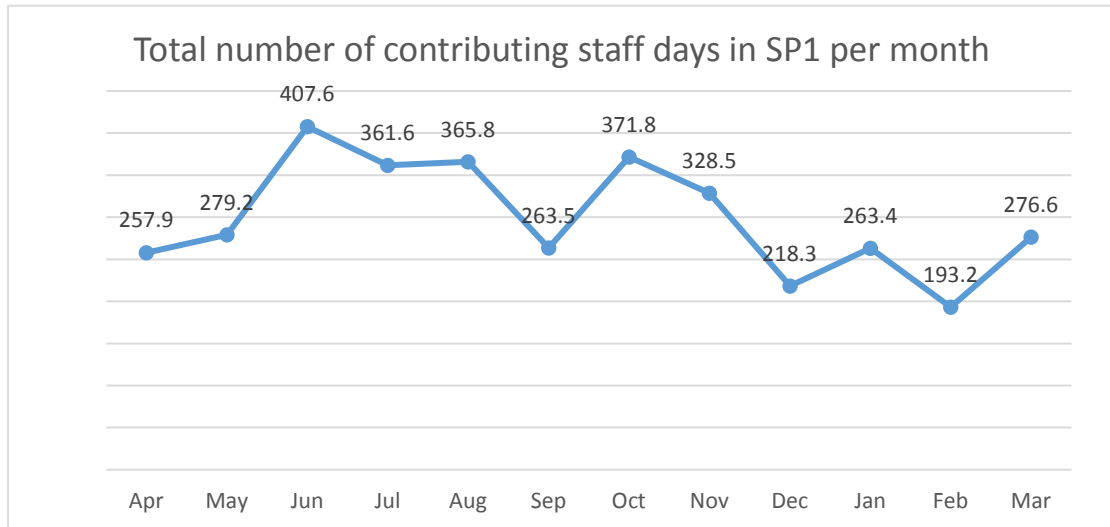
Issues affecting delivery / Final output status



Financial data



Staff time data



Strategic Priority 2: Children, Young People & Families

Highlights this quarter

- We led the organisation of a successful joint conference with Education Scotland on Adverse Childhood Experiences (ACEs) which has led to further opportunities for collaboration.
- We contributed to the planning for a second ministerial ACEs meeting hosted by the Deputy First Minister and participated on the day. The First Minister and six other ministers took active roles in the meeting along with around 50 leaders from the public sector, third sector and young people's organisations. We are now contributing to the plan for taking forward recommendations for action.
- We have been asked by Scottish Government to lead the development of the questionnaire content for a school census of health and wellbeing. We will include children and young people in the development.
- We built further on our earlier collaborations with Education Scotland and the Learning Directorate at Scottish Government on strengthening equality in attainment. We have agreed to support knowledge generation and action and have already provided evidence on the health and attainment impact on children and young people of adverse social circumstances.
- We have completed two substantive pieces of work this year with the World Health Organisation and have been asked to take the lead on developing the next Child and Adolescent Health Strategy for Europe. The World Health Organisation in Europe now sees us as being at the heart of supporting international child and adolescent policy development.
- We secured the inclusion of actions for NHS Health Scotland in the Scottish Government's Tackling Child Poverty Delivery Plan as a result of engagement with the Social Justice Team. This includes building on our work on financial inclusion to which a budget of £500,000 has been allocated.

Issues of note

- We deferred production of child poverty case studies (part of our learning resource) due to staff capacity and will deliver these in Q1 18/19.
- In discussion with colleagues in Scottish Government, we removed the 'Setting the Table' resource from our website and distribution list due to some information no longer meeting recently updated scientific advice. As it is used by the Care Inspectorate for setting nutritional standards within the Scottish Government Early Learning and Childcare strategy it will be revised in the first quarter of 2018/19 and we have set up an advisory group to lead the review.

Performance Information

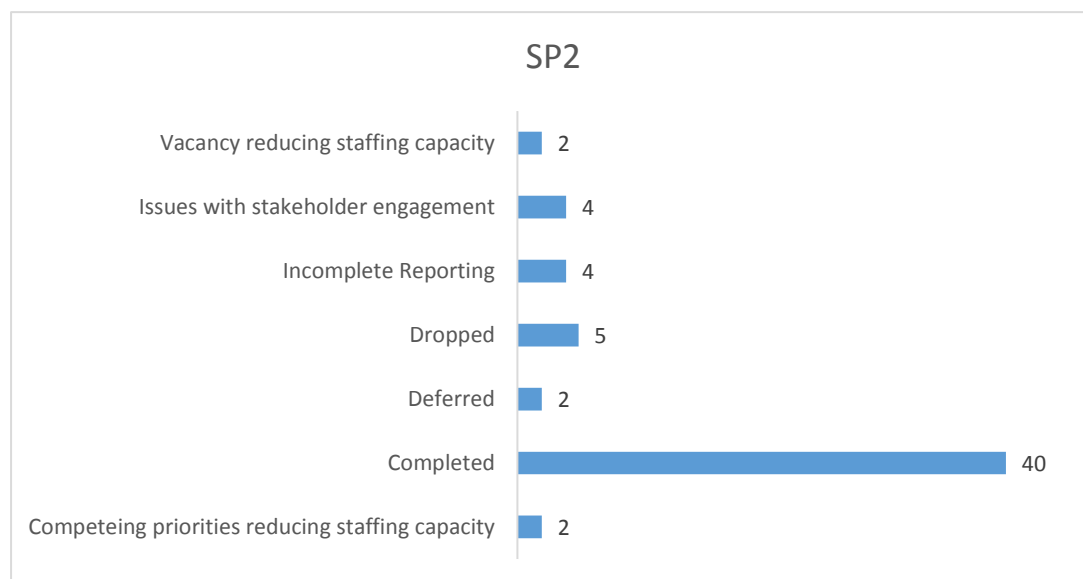
Delivery Commitment Completion

3 out of 10 (30%) of SP2 delivery commitments have all the outputs contributing to them marked as complete

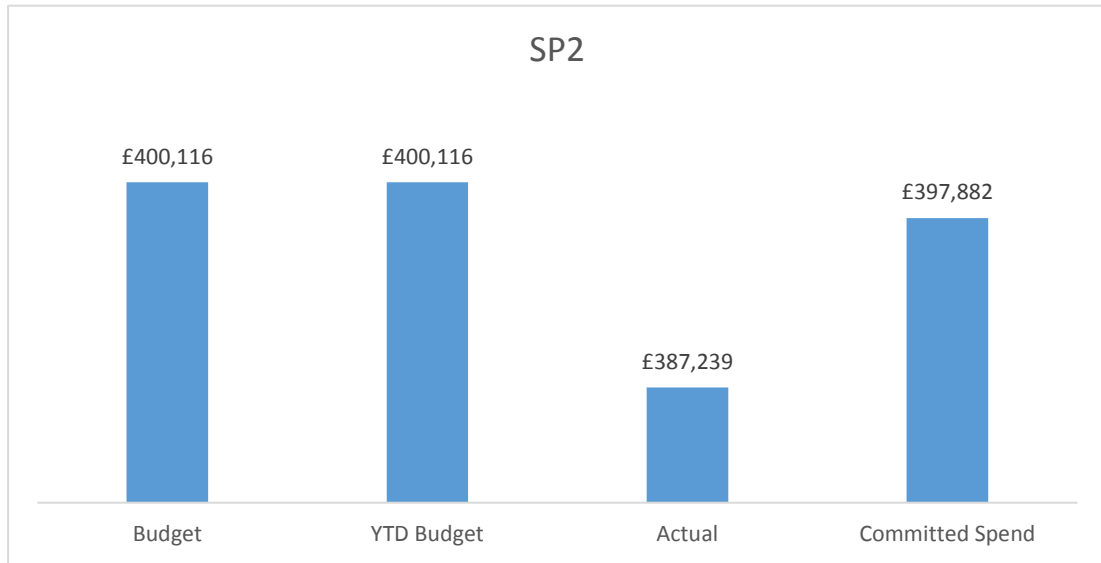
7 out of 10 (70%) of SP2 delivery commitments have one or more contributing outputs that are not yet complete:

- 2.1.2: Provide expertise and support for the development and publication of a 10 year Child and Adolescent Health and Wellbeing Strategy.
- 2.2.1: Establish a Scottish Hub for Adverse Childhood Experiences and identify and agree priority actions for 2017/18.
- 2.3.2: Provide evidence to strengthen community nursing and midwifery policy and strategies on responding to traumatic and adverse circumstances in childhood.
- 2.4.1: Deliver our pledge within the Fairer Scotland Action Plan by leading the NHS contribution and actions focused on child poverty in Scotland.
- 2.4.2: Implement agreed strategies and systems to roll out the learning and principles of Healthier Wealthier Children with local partners.
- 2.5.1: Establish working relationships with the education sector in order to scope and develop a joint approach to addressing health and educational attainment inequality.
- 2.6.1: Undertake a collaborative review, prioritisation and publish information resources for the public and professionals on maternal, children, young people and family health.

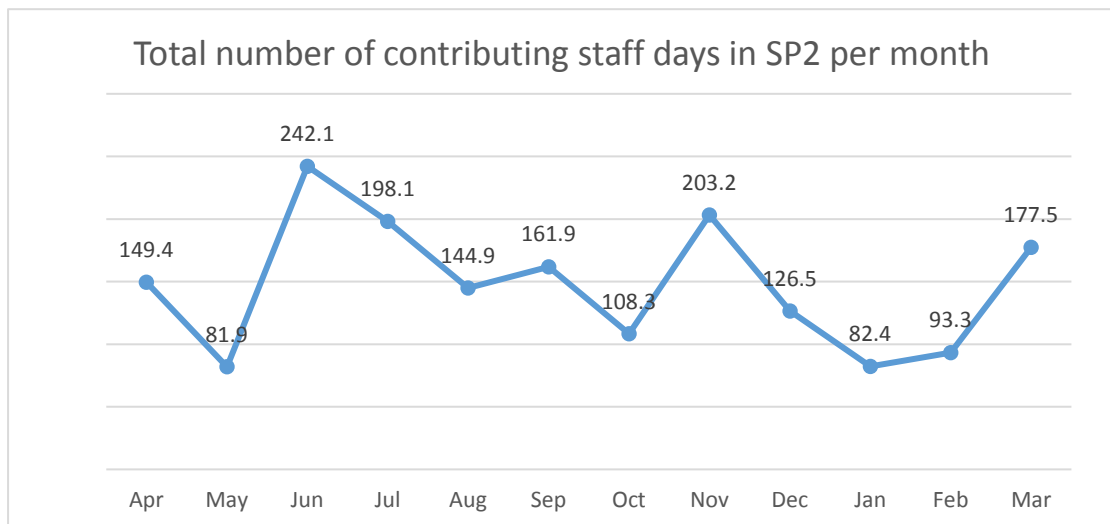
Issues affecting delivery / Final output status



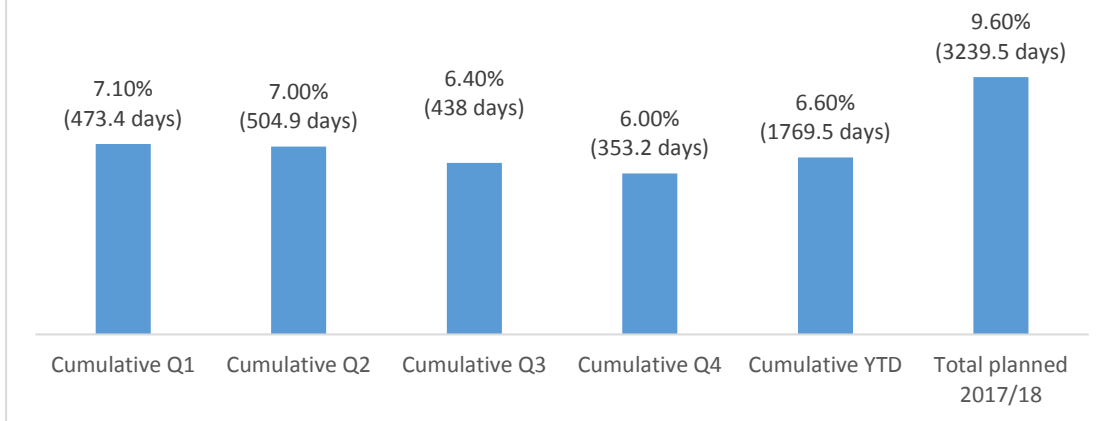
Financial data



Staff time data



Proportion of all time spent in the organisation that was attributed to working on SP2 per quarter



Strategic Priority 3: A Fair and Inclusive Economy

Highlights this quarter

- The new Healthy Working Lives (HWL) website www.healthyworkinglives.scot has successfully launched.
- We provided expert advice to the Health Impact Delivery Group (convened by the Scottish Government to mitigate the negative health impacts of changes to social security and which involves a wide range of decision-makers and stakeholders) on policy options to reduce the impact of sanctions policies on the health of vulnerable people. This has led to a series of discussions with relevant individuals across government and the advice personally considered by the Minister for Social Security.
- We are convening the steering group for the Scottish Citizen's Basic Income pilots group. This work has involved planning a two-year workplan to assess the feasibility and mechanisms for implementing pilots across four local authorities (North Ayrshire, Glasgow, Edinburgh and Fife). It has also involved us advocating and getting shared agreement for NHS Health Scotland to lead an evaluability assessment (and subsequently an evaluation) for the pilots. This will mean that we will have evidence about the health and social impacts of this policy innovation to inform future national and local policy making.
- We have progressed the options appraisal on the Healthy Working Lives (HWL) Award Programme and appraised the Health Governance Committee. A workshop with relevant stakeholders is planned for April 2018, which will lead to a recommendation to the Corporate Management Team on the preferred option.
- We have produced and disseminated evaluability assessments on aspects of the Community Empowerment Act to relevant government officials to help inform the evaluation and implementation of the policy
- We delivered the annual Healthy Living Award National Ceremony presenting 97 new awards to catering sites. The key speakers included the Scottish Government adviser on public sector food and drink policy and Gary Maclean, who was recently appointed by the Scottish Government as the first National Chef of Scotland
- In response to an action within the Scottish Plan for Action on Safety and Health, we brought together representatives from Scottish Government, ROSPA, Napier and Edinburgh Universities, Royal Bank of Scotland, CIPD and Age Scotland to consider age and the worker.
- We hosted a meeting of the UK LOCHER (Learning Occupational Health by Experiencing Risk) Steering Group, which focuses on teaching young people about work related health risks, and supported a Parliamentary reception for invited guests and MSPs.

Issues of note

- Although referrals into the Fit for Work Assessment Service stopped as of 1 March, negotiations on a revised agreement with DWP to continue the Fit for Work Advisory Service up to November 2019 got underway and will be concluded in Q1.
- Work on maximising the potential of the economic footprint of the NHS and wider public sector was dropped to facilitate greater support to the Public Health Reform Team at the Scottish Government.
- Some of the planned work on power and health was delayed to facilitate timely input into the refresh of the Scottish Government's drugs strategy.

Performance Information

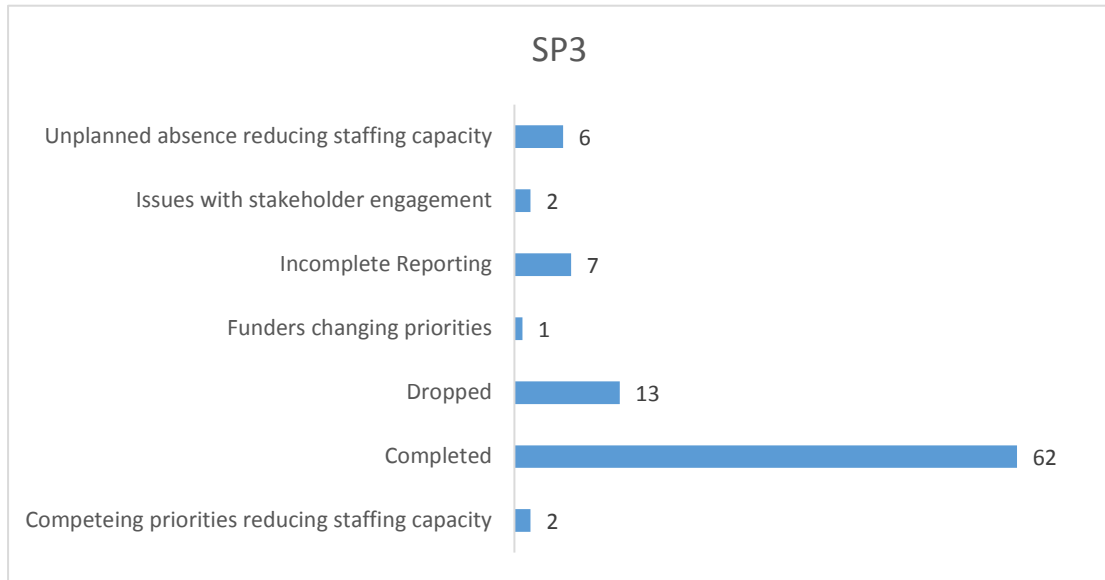
Delivery Commitment Completion

3 out of 12 (25%) of SP3 delivery commitments have all the outputs contributing to them marked as complete

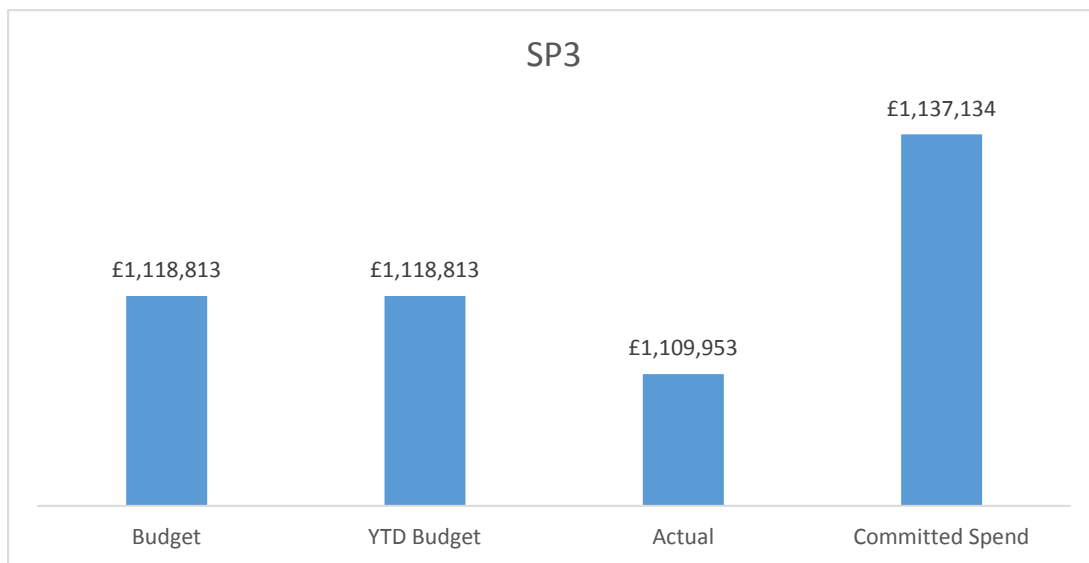
9 out of 12 (75%) of SP3 delivery commitments have one or more contributing outputs that are not yet complete:

- 3.1.1: Provide remote support and advice through the Healthy Working Lives (HWL) Adviceline contributing to delivery of national services and the promotion of a learning and development programme for employers.
- 3.1.2: Work with NHS boards and other partners across the safety and health system in Scotland to deliver agreed support to priority audiences.
- 3.1.3: Launch and develop the Healthyworkinglives.Scot website and other associated e-platforms and online resources for employers.
- 3.2.2: Maintain and increase the commitment of existing award holders to Healthyliving and Healthy Working Lives good practice and promote the awards to new organisations.
- 3.3.1: Provide expert knowledge and advice to the development of 'single gateway' pilot and deliver the agreed NHS Health Scotland contribution to the service.
- 3.5.1: Develop and share with government evidence on effective labour market policies to reduce health inequalities.
- 3.7.1: Undertake a series of analyses and disseminate evidence to relevant stakeholders to inform economic policy.
- 3.8.1: Collaborate with partners to explore the relationship between power and health inequalities and agree with them specific action for future years.
- 3.9.1: Establish a collaboration with NHS partners to measure the economic impact of the NHS and identify actions for NHS boards.

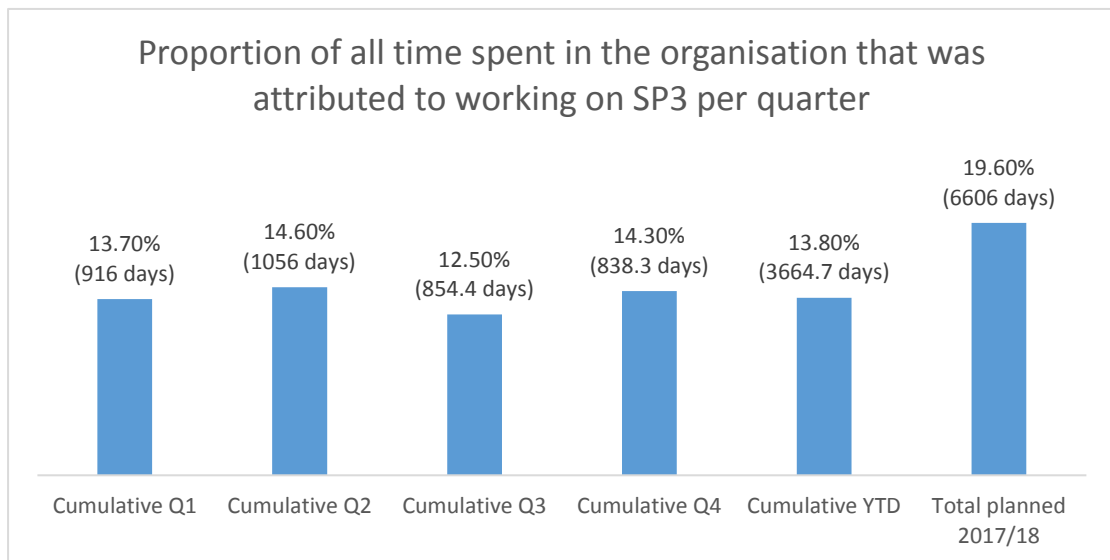
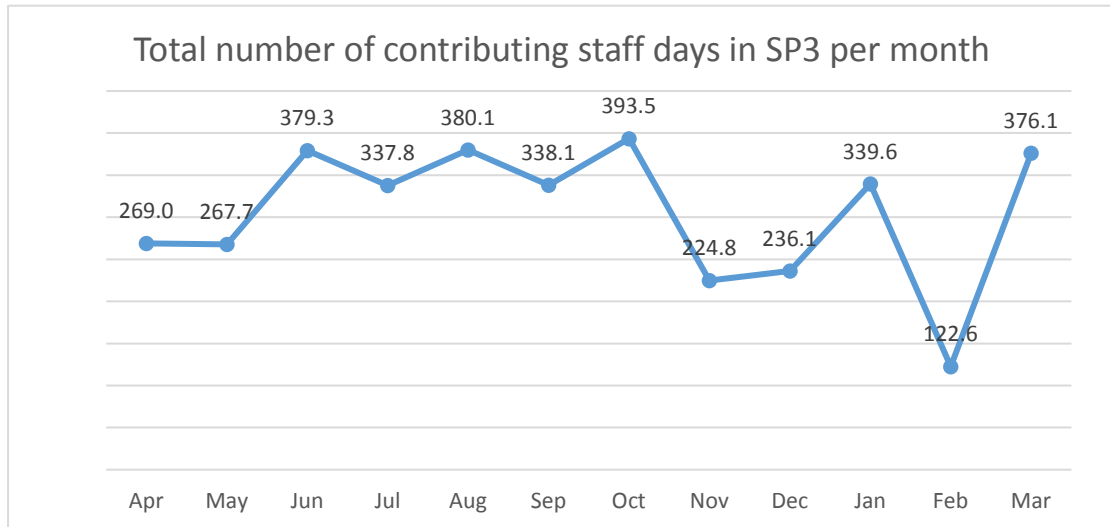
Issues affecting delivery / Final output status



Financial data



Staff time data



Strategic Priority 4: Healthy and Sustainable Places

Highlights this quarter

- We brought together all of the national Place Standard leads to share their experiences and get their input into the national Place Standard review.
- We are in the process of publishing a housing section on the Scottish Public Health Observatory website to help local authorities access relevant data so they can better integrate health outcomes into their local housing strategies.
- We provided national leadership to jointly organise the Chartered Institute of Housing annual conference. This is Scotland's largest housing event bringing together hundreds of delegates from across the housing spectrum. Health was one of the four conference pillars.
- We ran a number of focussed community food events in Glasgow (one on community retailing, one on community cooking classes) and Galashiels (community cafes), complemented by new publications about community retailing and cooking classes.
- As part of the Scottish Alliance for Places we met with the Minister for Local Government and Housing to discuss (and hopefully influence) the Planning (Scotland) Bill.
- We gave a keynote presentation at the annual Places and Spaces for Health and Wellbeing conference attended by a wide range of practitioners and policy makers.
- We ran a session on housing and public health for the HouseMark Scotland Housing, Health and Social Care Club. This was organised by Blackwood Homes which is a provider of homes for disabled people. As a result of the session Blackwood are considering how the wider place (not just the home) can positively influence health and wellbeing.
- We have made initial contact with Scottish Government Climate Change Hub to discuss how we might contribute to the second Scottish Climate Change Adaption Programme development and consultation.
- We submitted a joint response with Health Protection Scotland and the Scottish Managed Sustainable Health Network to the Health and Sport Committee in relation to its one-off evidence session on clean air.
- We ran a session at the National Transport Strategy Review Healthier and Greener Sub-group. It highlighted the connections between transport, health and health inequalities and identified some key transport policies that will have the greatest impact on health and health inequalities. We are now providing additional detail on those proposed policies which will be considered by the National Transport Strategy Steering Group.
- We participated in an Advisory Group workshop hosted by Architecture and Design Scotland to help explore issues relating to care and place in town centres. The session brought together different disciplines exploring

policy, practice and place, offering opportunities for sharing and capturing knowledge and potential for developing pilots.

Performance Information

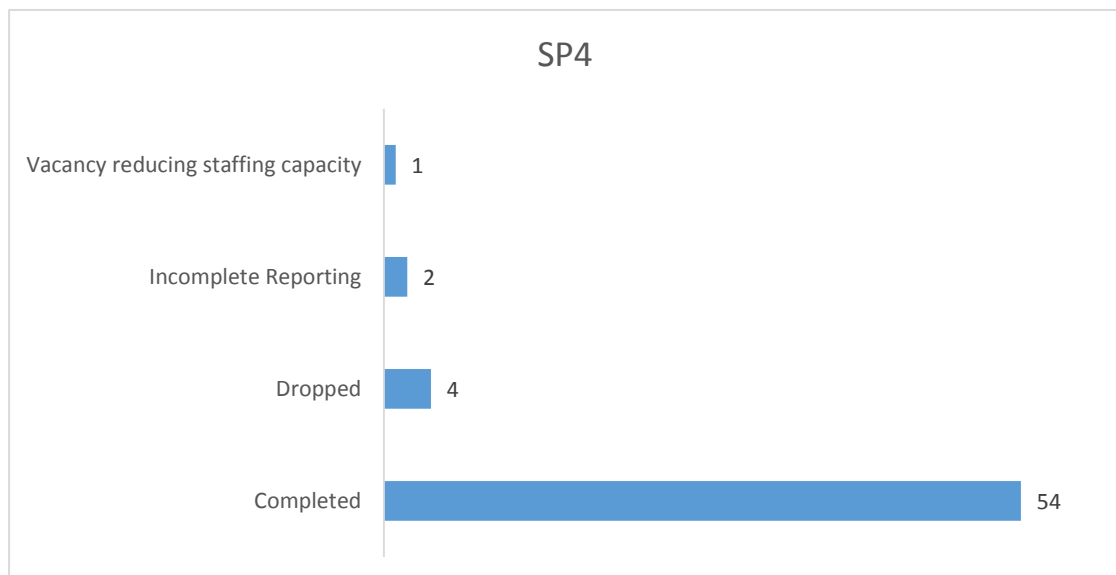
Delivery Commitment Completion

7 out of 11 (64%) of SP4 delivery commitments have all the outputs contributing to them marked as complete

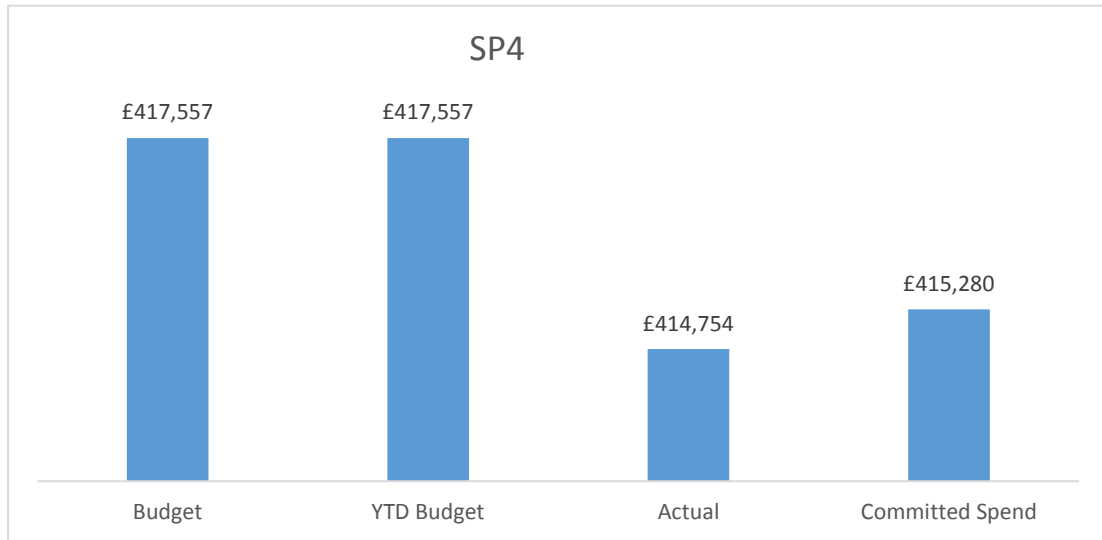
4 out of 11 (36%) of SP4 delivery commitments have one or more contributing outputs that are not yet complete:

- 4.3.2: Coordinate with the Place, Home and Housing Team in iHUB to influence Integrated Joint Boards strategic commissioning plans.
- 4.3.3: Provide evidence and examples of good practice to ensure local housing strategies fully recognise and take account of their contribution to local health outcomes.
- 4.4.1: Provide joint national leadership with SHELTER Scotland to develop and deliver training to inform joint planning and delivery health and homelessness.
- 4.5.1: Lead the planning and delivery of Action 17 (place and community engagement) of the National Housing Delivery Plan.

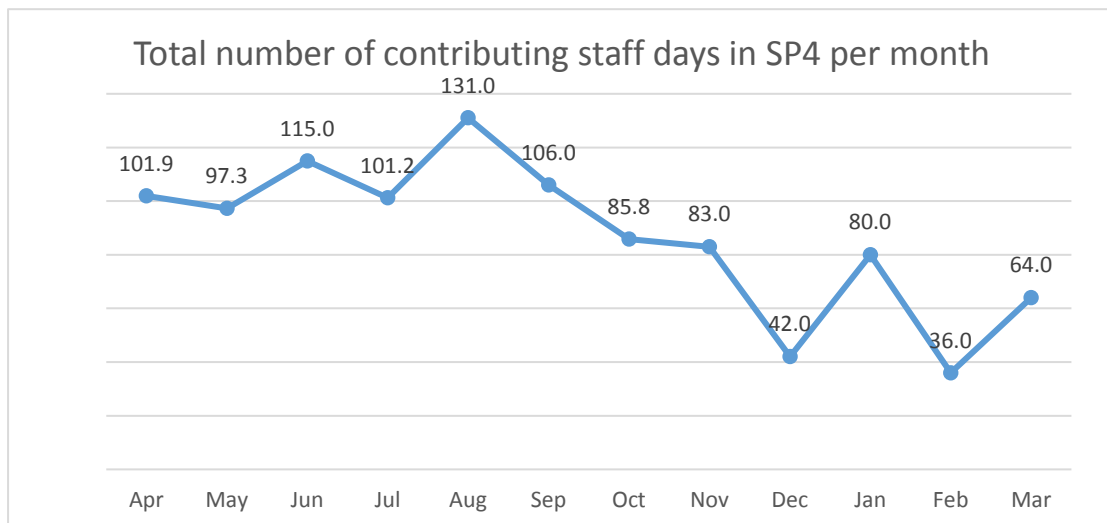
Issues affecting delivery / Final output status



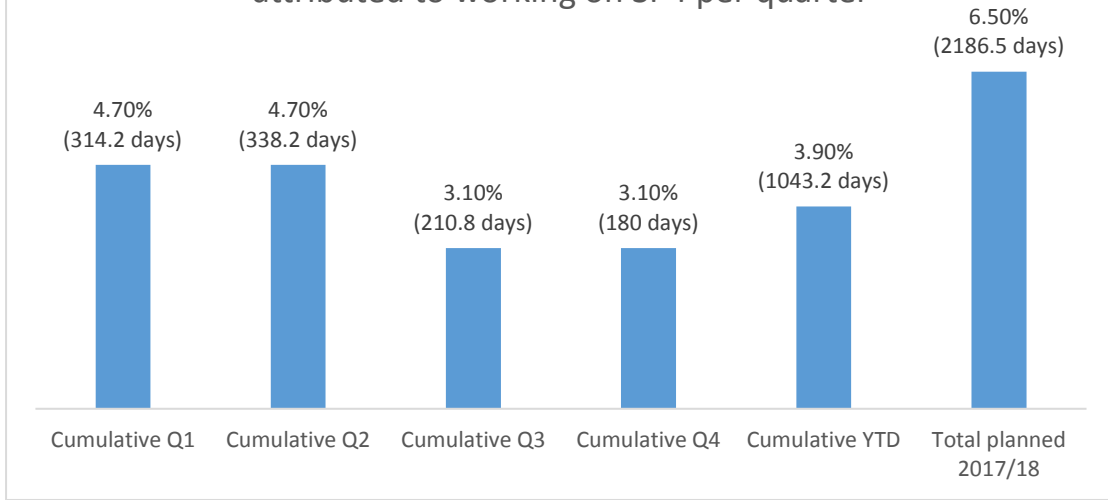
Financial data



Staff time data



Proportion of all time spent in the organisation that was attributed to working on SP4 per quarter



Strategic Priority 5: Transforming Public Services

Highlights this quarter

- We have influenced the Right To Health Peer Research Collective work to be incorporated into the Migrant, Ethnicity, Race and Health World Congress 2018, which Health Scotland is supporting.
- We ran a successful Faculty of Homeless and Inclusion Health event which evaluated positively. It delivered and modelled clinical and strategic leadership in homelessness, engaged a unique spread of NHS colleagues and was run in partnership with Shelter so gave opportunity for shared resource and expertise.
- We continued work with national and local Link Worker programme teams and shared an evaluation plan to inform Scottish Government discussions with Health and Social Care Chief Officers. This included developing a minimum core dataset in collaboration with local teams and NHS National Services Scotland (NSS) Local Intelligence Support Team (LIST) colleagues.
- We co-produced the Primary Care Strategic Outcomes Framework with the Primary Care Evidence Collaborative which is a core component of the Scottish Government's 10 year monitoring and evaluation strategy for primary care.
- The forthcoming Primary Care Workforce Plan acknowledges our role as Scottish Government's partner in the development of their forthcoming 10 year monitoring and evaluation strategy for primary care, and references the Primary Care Evidence Collaborative (that we chair) and the Primary Care Workforce Outcomes Framework that we developed.
- We are named partners on 'Improving Together version 2', a resource to support GP Clusters led by Healthcare Improvement Scotland and the Deputy Chief Medical Officer.
- We partnered Alzheimer Scotland to present our report 'Dementia and equality – meeting the challenge in Scotland' where 127 staff and service users looked at ways of improving services with specific focus on the five equality themes. As a result there was greater appreciation of the inequalities faced by service users and wider learning for public services.
- We co-produced workshops on Introduction to Health Inequalities and Human Rights with the Scottish Community Development Centre to 58 participants from NHS, local authority, Scottish Government and third sector organisations in North Ayrshire, Aberdeenshire and Western Isles. All participants reported increased knowledge about inequalities and on how to apply the learning.
- We produced new learning resources to support the workforce to take action on inequalities including the British Sign Language online learning module.
- We published the Health and Social Care Statement on Inequalities.

- We advised the Chief Medical Officer and government policy leads on the new Health Promoting Health Service outcomes and created the reporting framework and guidance for NHS Boards.
- We delivered a session on behalf of government to get clarity on what is needed to evaluate the Community Empowerment Act Part 2.
- In partnership with Audit Scotland and the Improvement Service we continue to review the Local Outcome Improvement Plans on behalf of the Outcomes Evidence and Performance Board.
- We have strengthened our connection to the Community Planning Network through permanent membership on the group.
- We delivered a workshop to Healthcare Improvement Scotland Palliative End of Life Care staff and Marie Curie which has equipped them to scope inequalities sensitive practice.
- We helped Falkirk Third Sector Interface deliver an inequalities event and supported them to conduct an equalities review to improve accessibility of their online and printed resources.
- We developed communications to support the new simplified bowel screening test. There has been an increase in public satisfaction and screening uptake which will lead to fewer deaths and better health outcomes across the whole population and particularly among our most deprived communities where uptake has been lower in the past.

Issues of note

- The ambition to deliver local projects with a human rights based approach to budgeting was difficult to achieve, as the timing and the context of local budgeting presented barriers. Good learning has been captured and will be shared via the SNAP Health and Social Care Action Group.
- Scottish Government are engaged in discussions but have not made a firm commitment to monitoring or evaluation of link workers due to ongoing negotiations with Health and Social Care Chief Officers. This is testing the good relations with local teams who have been very supportive and responsive to the need for good data and amendments to their existing data collection systems.
- Our approach to co-producing inequalities training resources with third sector partners has had some challenges, for example in harmonising the speed of decision making with project timelines, the need for additional commissioning processes within third sector partnerships and so on.
- There was an increase in flu activity in December and January which required us to react quickly with information for the public, professionals and politicians - promoting the flu vaccine and continuing to publicise that through January.

Performance Information

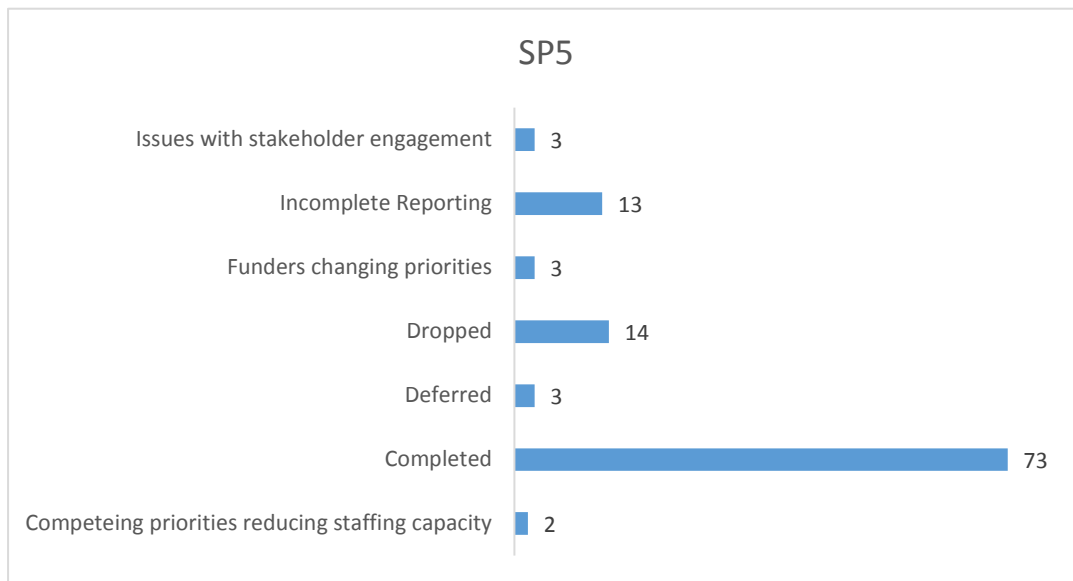
Delivery Commitment Completion

6 out of 16 (37%) of SP5 delivery commitments have all the outputs contributing to them marked as complete

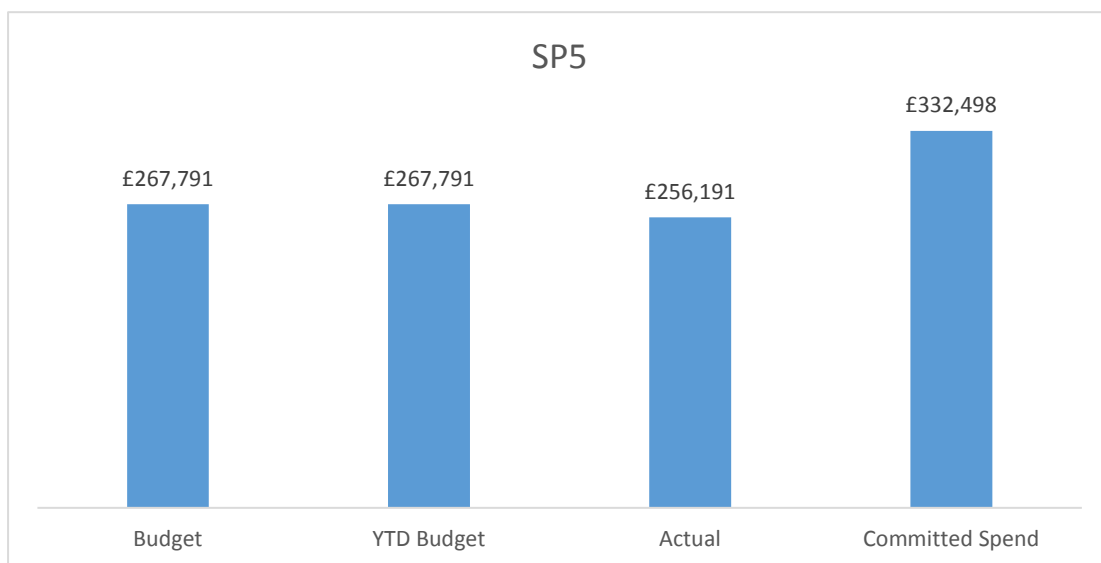
10 out of 16 (63%) of SP5 delivery commitments have one or more contributing outputs that are not yet complete:

- 5.2.1: Working with key partners, provide support and input to national planning groups to influence community planning policy and guidance.
- 5.3.2: Provide evidence and advice to Integrated Joint Boards and Health and Social Care Partnerships (HSCP) to influence planning and practice improvement.
- 5.3.4: Lead agreed health and social care elements of the Scottish National Action Plan (SNAP) for Human Rights.
- 5.4.2: Lead a collaborative to produce and embed a 10-year research and evaluation framework and advise government on gaps and opportunities for transformation in primary care.
- 5.4.3: Deliver tailored support and learning to a number of Community Planning Partnerships (CPPs) to strengthen development of Local Outcomes Implementation Plans (LOIPs).
- 5.5.1: Provide evidence and advice to embed inequalities into our national partners' programmes of support for local health and social care partnerships.
- 5.5.2: Lead the redesign of the health promoting health service (HPHS) framework and performance structure to ensure a stronger inequalities focus.
- 5.7.1: Design and disseminate targeted learning programmes to the public service workforce on human rights and inequalities.
- 5.7.3: Produce and make accessible a range of resources to strengthen knowledge and application of what works to reduce inequalities through primary care settings.
- 5.7.6: Co-produce a plan that increases the third sector's contribution to the planning, commissioning and delivery of health and social care integration in Scotland.

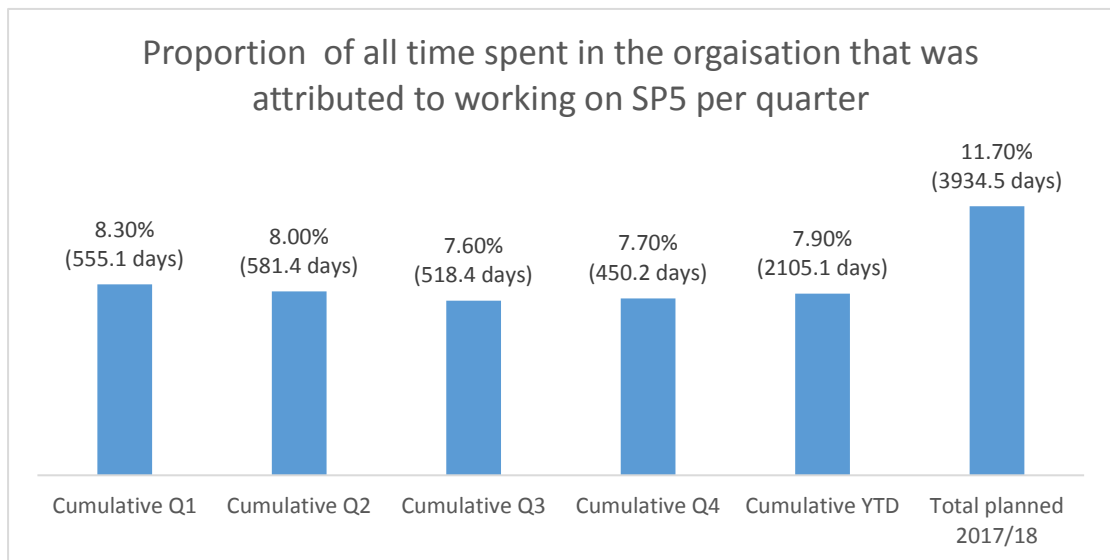
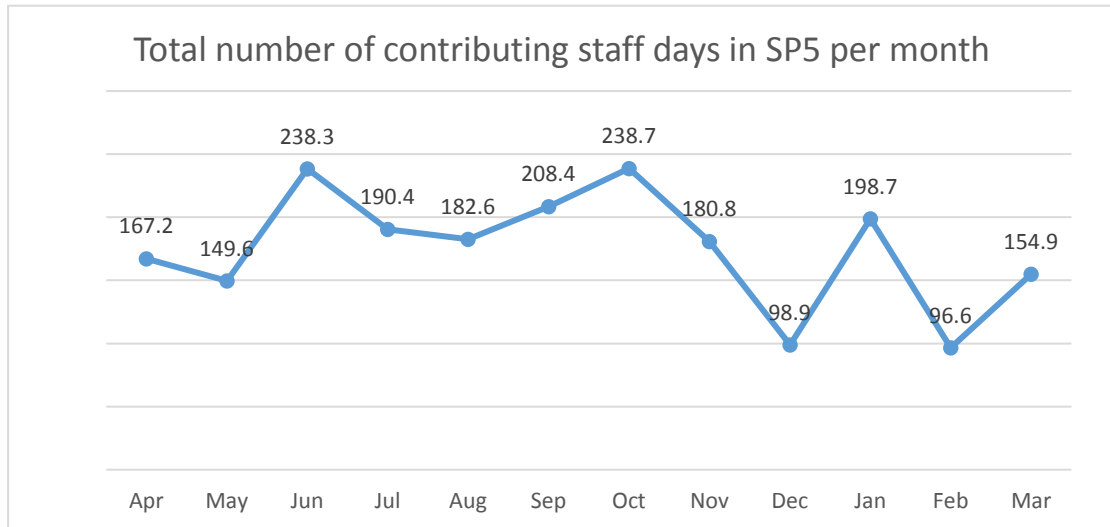
Issues affecting delivery / Final output status



Financial data



Staff time data



Strategic Change Priority 1: Leading Public Health Improvement

Highlights this quarter

- We discontinued our Corporate Relationship Management (CRM) tool and rolled out a new approach to capturing High Impact High Influence (HIHI) strategic engagements using Directors meetings, Commissioners meetings and COG meetings as key information sources.
- We received the final report of the Scottish Social Attitudes Survey on Public Attitudes to Inequality. It is the first time that research of this kind has been carried out in Scotland and gives us insight into what the public thinks about what creates and harms health.
- We secured a 30 minute plenary session at the Scottish Faculty of Public Health conference to share our journey towards embedding a human rights based approach.
- We participated in a learning session with other organisations, including Police Scotland and the Scottish Human Rights Commission (SHRC), sharing experiences on embedding a human rights based approach in our work
- We attended a workshop on the right to health, hosted by the SHRC. We have been invited to consider how best to share learning from it, with the Public Health Reform team and are considering hosting a mini version of the workshop with this team.
- Through ScotPHN we arranged four engagement events (three regional and one virtual) on behalf of the Public Health Reform Team on public health priorities for Scotland. Delegates included NHS and special boards, local government and third sector.
- We also ran an engagement event on the new public health priorities for staff in partnership with Public Health Intelligence (PHI). The event was a success with many staff feeding back that they not only learnt a lot but also benefitted from meeting colleagues in PHI.
- Social media analysis of the year's activities shows that we met or exceeded all targets, including Twitter engagement rate, number of Twitter followers, number of Instagram posts and number of likes. Through ScotPHN we arranged four engagement events (three regional and one virtual event) on behalf of Scottish Government on the new diet and obesity strategy. Delegates included representatives from the NHS, IJBs, CPPs, local government and the third sector.
- Through ScotPHN we undertook a stakeholder event to develop a violence prevention strategy including delegates from public health, Police Scotland, Community Justice, Violence Reduction Unit, Scottish Government and the third sector.

Issues of note

- The output “A business case will be put to the Scottish Directors of Public Health (SDsPH) to agree an approach for their respective contributions to the COSLA political Boards” will not deliver fully as planned. The SDsPH engagement has progressed well with the COSLA Boards during 2017/18. However a key meeting scheduled to review the 2017/18 contribution and agree boundaries and scope of the SDsPH advisory role in 2018/19 on COSLA Boards was postponed due to adverse weather. This meeting has been re-scheduled for April. Following this review, any changes will be made and boundaries further clarified.
- The output “Rationale for governance arrangements between COSLA, is submitted to Scottish Government as part of the preparatory work for the new public health organization” will not deliver. Whilst some discussions have taken place between ourselves, the Public Health Reform (PHR) Team and COSLA in respect of the "different" governance requirements for the new public health organisation, timings have slipped. This work will continue into 2018/19 when PHR Team will discuss governance of the new public health body at our Board Seminar scheduled for 13 April 2018. Our role and contribution to how a "different" governance approach for the new organisation will be developed will be taken forward into 2018/19 work.

Performance Information

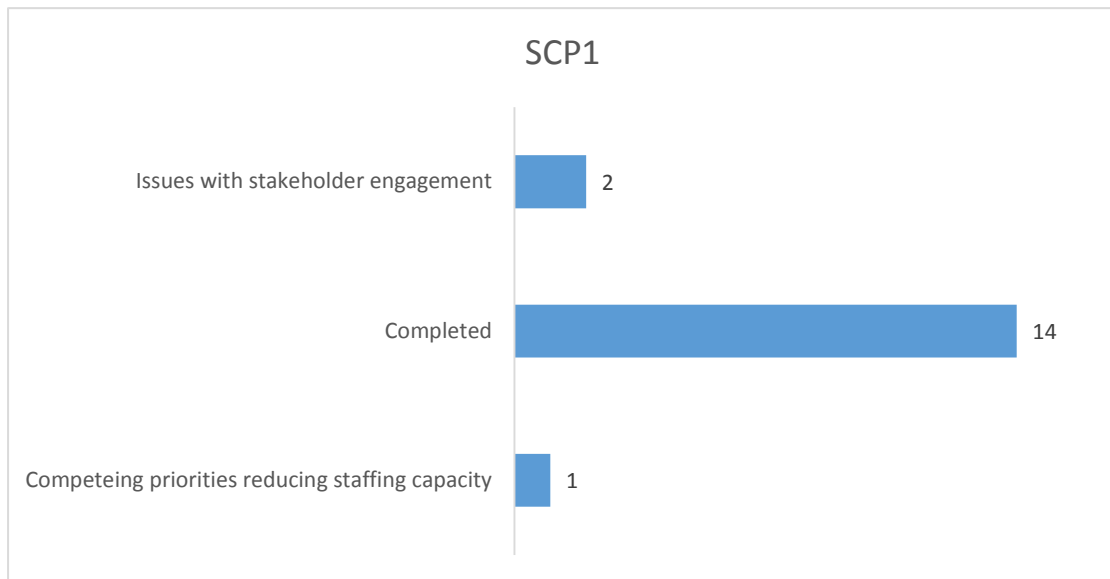
Delivery Commitment Completion

4 out of 5 (80%) of SCP1 delivery commitments have all the outputs contributing to them marked as complete

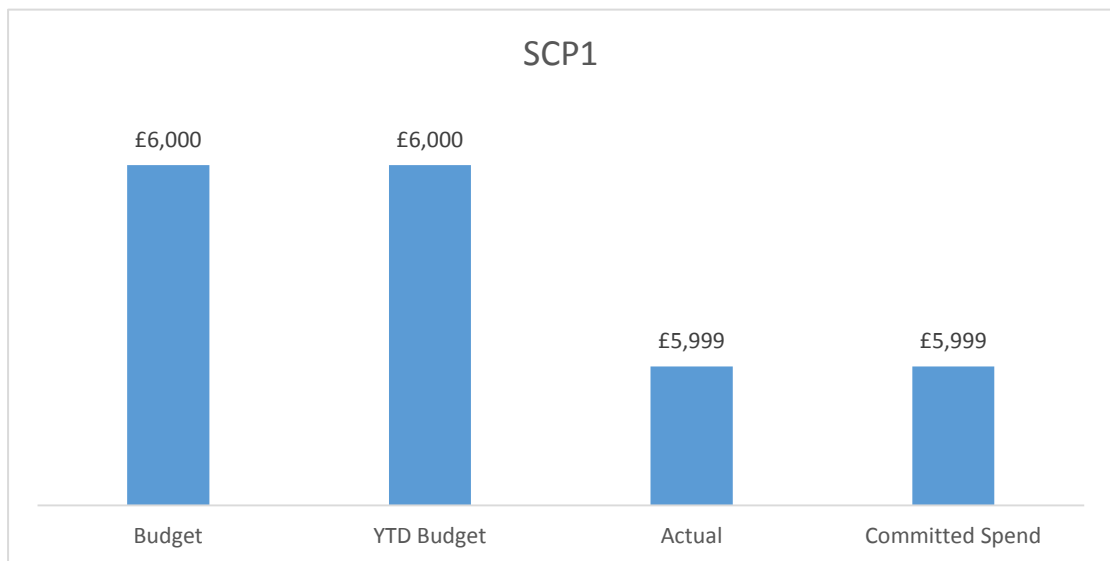
1 out of 5 (20%) of SCP1 delivery commitments have one or more contributing outputs that are not yet complete:

- 6.3.3: We will strengthen collaboration with stakeholders to promote and position health improvement within the emerging public health landscape.

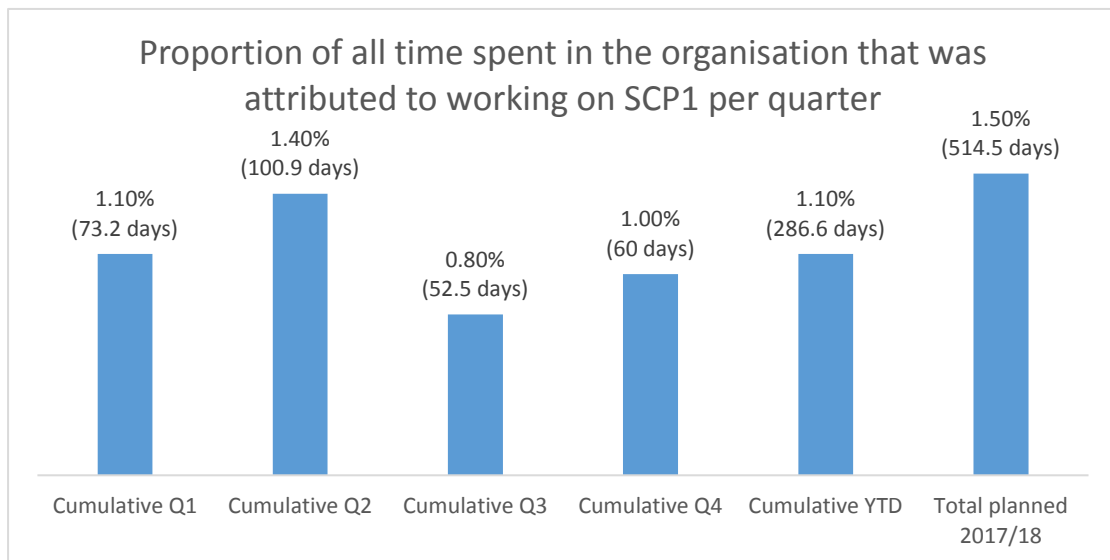
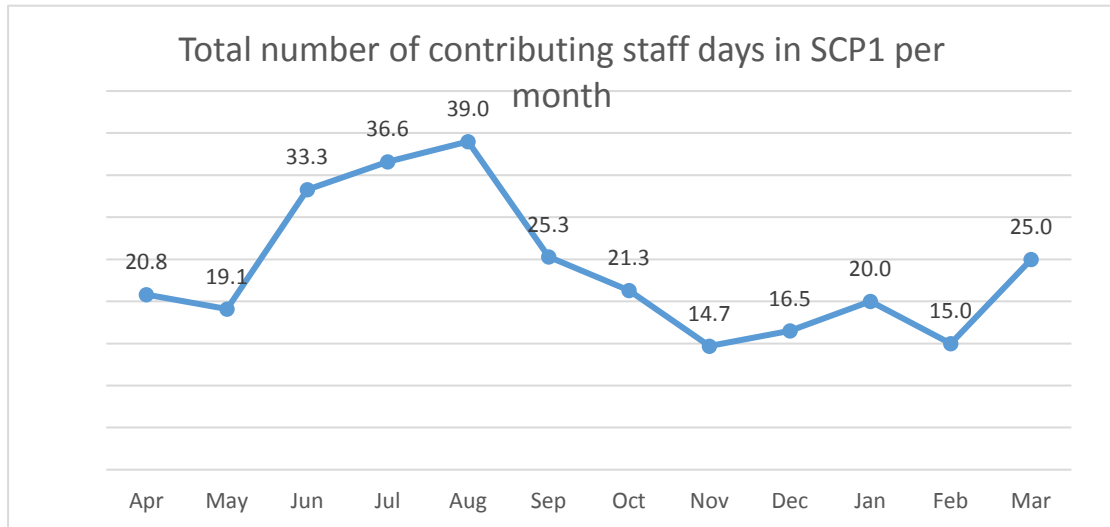
Issues affecting delivery / Final output status



Financial data



Staff time data



Strategic Change Priority 2: Making a Difference

Highlights this quarter

- We presented the results of our 2017 External Stakeholder Survey to CMT, with our overall stakeholder and customer satisfaction score of 7.85 and net promoter score is +8 and are in the process of disseminating organisational, team and programme specific results to staff and discuss areas for improvement.
- The draft 2018/19 Delivery Plan was signed off by our Board.

Performance Information

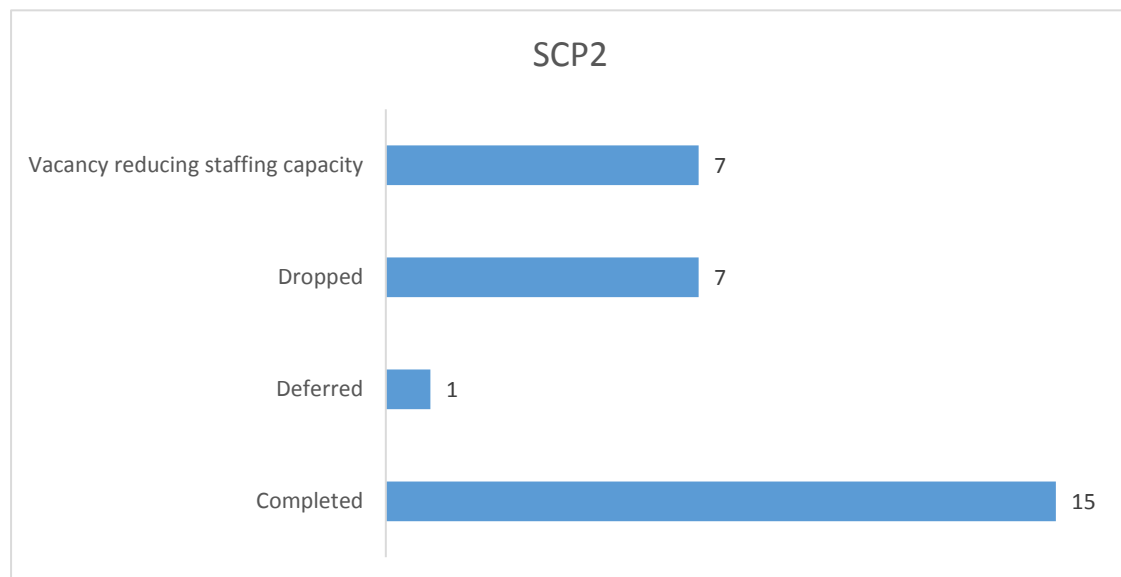
Delivery Commitment Completion

2 out of 3 (67%) of SCP2 delivery commitments have all the outputs contributing to them marked as complete

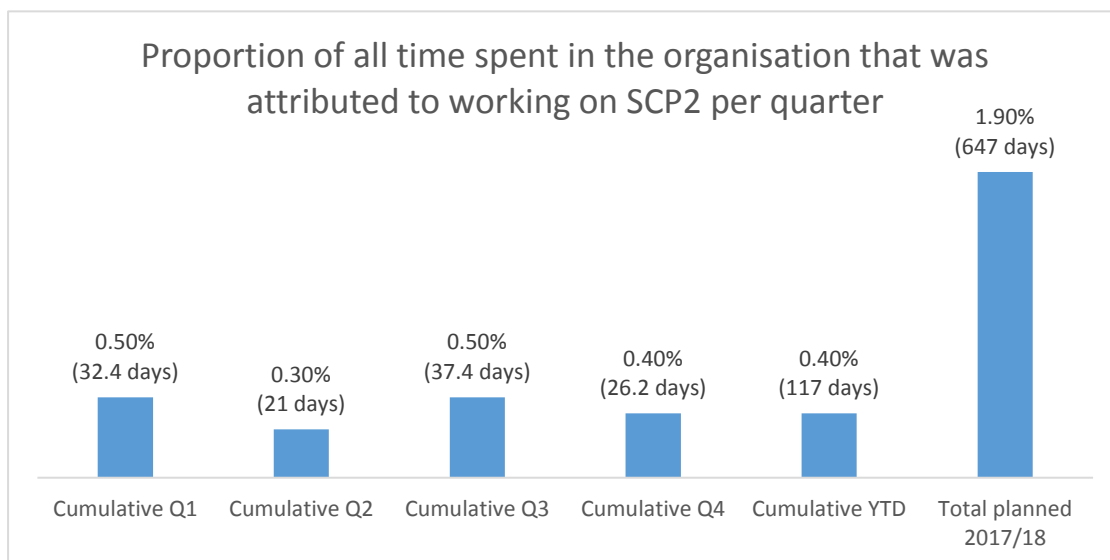
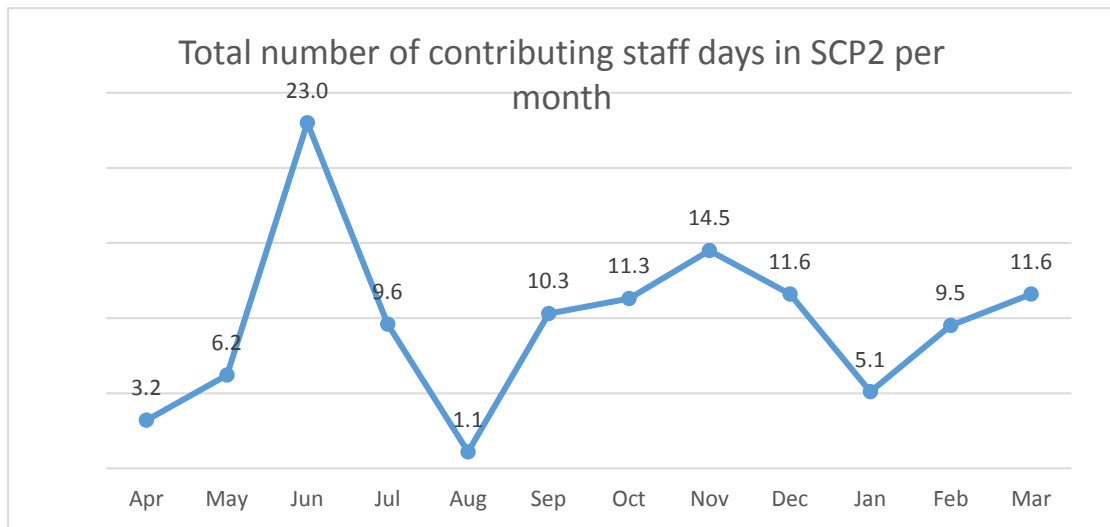
1 out of 3 (33%) of SCP2 delivery commitments have one or more contributing outputs that are not yet complete:

- 7.1.1: We will roll out a best practice 'life cycle' model for products and services.

Issues affecting delivery / Final output status



Staff time data



Strategic Change Priority 3: Fit for the Future

Highlights this quarter

- Change Oversight Group meetings have been taking place roughly on a fortnightly basis and regular communications were issued under on the Change Hub on The Source. This included two 'COG vlogs' from Cath Denholm, an update on change and transition matters from Gerry McLaughlin and a guest blog on shared services from Colin Sinclair, CEO of NSS. Updates on change and transition were also given through office display screens and through the monthly corporate cascade. In addition the first Public Health Review staff briefing (March 2018) was issued to staff and also the first National Collaborative staff newsletter.
- We held an engagement event for staff from NHS Health Scotland and NSS on the public health priorities and provided feedback to the Public Health Reform team.
- We successfully deployed several changes to the Corporate Planning Tool. For example, we made it easier for people to see how much of their time they had planned for the next financial year. We saw big improvements in the quality of staff time planning as a result. Fewer staff were over committed and more staff planned a realistic portion of their time.
- We reviewed the joint change management sessions run with NSS and have refreshed the content to make sure that it is much more relevant to our staff as well as providing supporting contextual information that will be used at the start of the next phase of learning that is due to take place from April to May. This next phase will focus on managers and supervisors and we have 50 places. In addition to this we developed a "change conversation" session that can be delivered to all teams across the organisation. It involves taking time to look at how the emotion of change affects us all and is being offered across the organisation via DMT. Support on the delivery of the session is being offered by the People and Workplace team.
- Developing a reporting Hub. The work on setting up the reporting Hub system, developing some pilot reports and training staff to use it has been partially completed. The initial reports are around Project Tracking, CPT reporting, desk usage, travel costs etc – these need to be further refined by the pilot teams to make them into the final format for staff to use, this will be completed by end of Q1 2018.
- The Business Transformation management support. This support was provided to the BTP steering group via their fortnightly meetings to support with tracking, delivery and prioritisation of projects. This will continue into 2018 as the programme is ongoing.
- The peer support and challenge group continue to meet and review leadership practice and adaptive leadership behaviours and plan to continue into the next financial year.

Issues of note

- The Change Oversight Group (COG) recognised that the Change Hub needed to be improved to ensure it is fit for purpose and able to effectively present the wealth of change and transition information which will be coming out over the next year. Digital Services held a very positive session with some COG members to look at possible ways of doing this and improvements should be seen over the next quarter.
- We will reinforce the importance of meeting planning and performance reporting deadlines throughout 2018/19 period to address issues of slippage.
- Developing the Technical CRM, this was to roll out CRM use for all staff as the corporate contacts system (not just for strategic engagements). It was decided not to take this output forward during 2017-18 in light of a move to the new PH organisation which may have different requirements

Performance Information

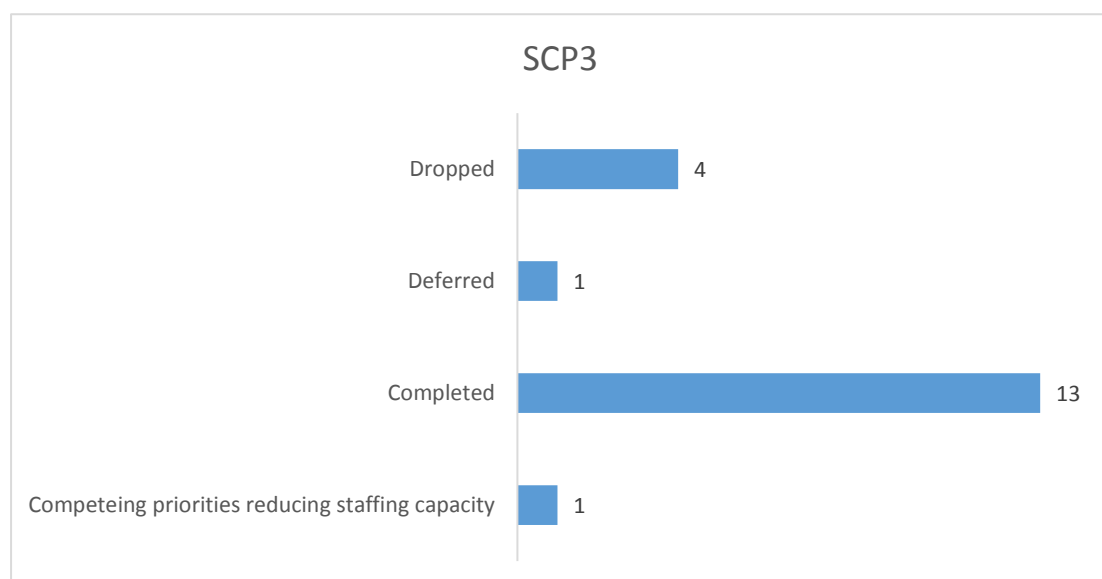
Delivery Commitment Completion

3 out of 4 (75%) of SCP3 delivery commitments have all the outputs contributing to them marked as complete

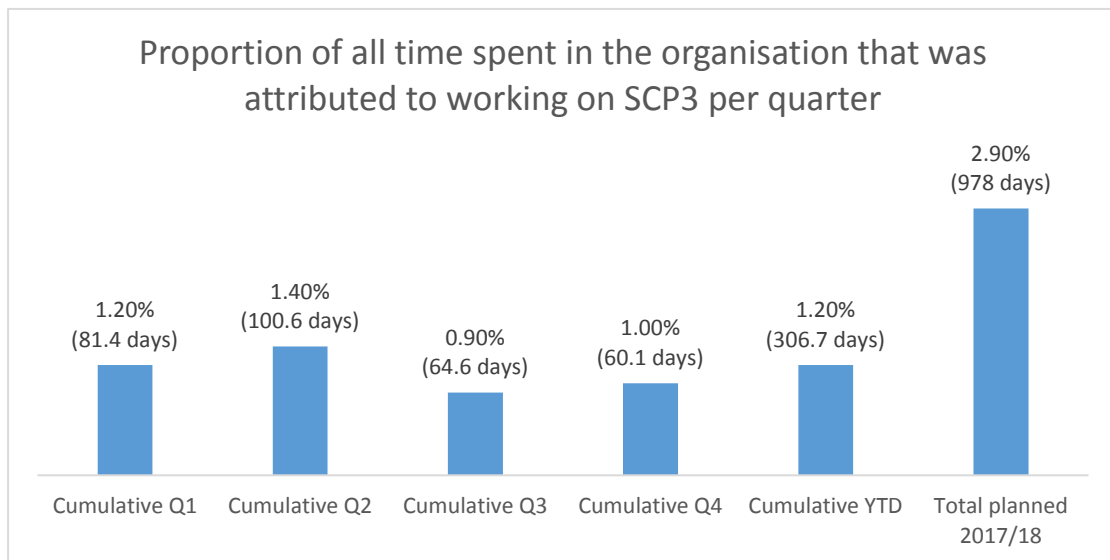
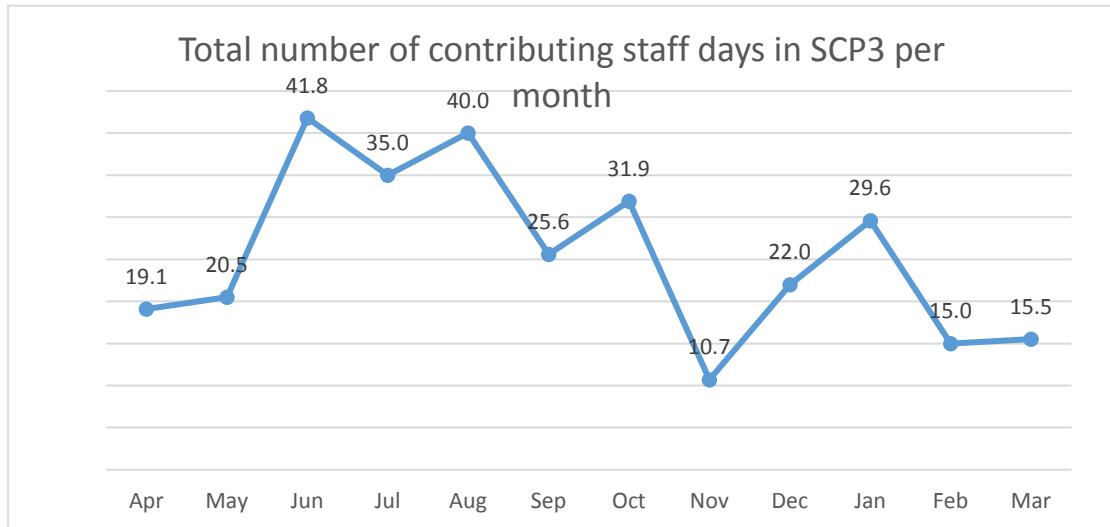
1 out of 4 (25%) SCP3 delivery commitments have one or more contributing outputs that are not yet complete:

- 8.1.1: We will promote and encourage adoption of key behaviours required for the future context, including working across organisational and agency boundaries.

Issues affecting delivery / Final output status



Staff time data



Part 3: Core Services

Performance Information

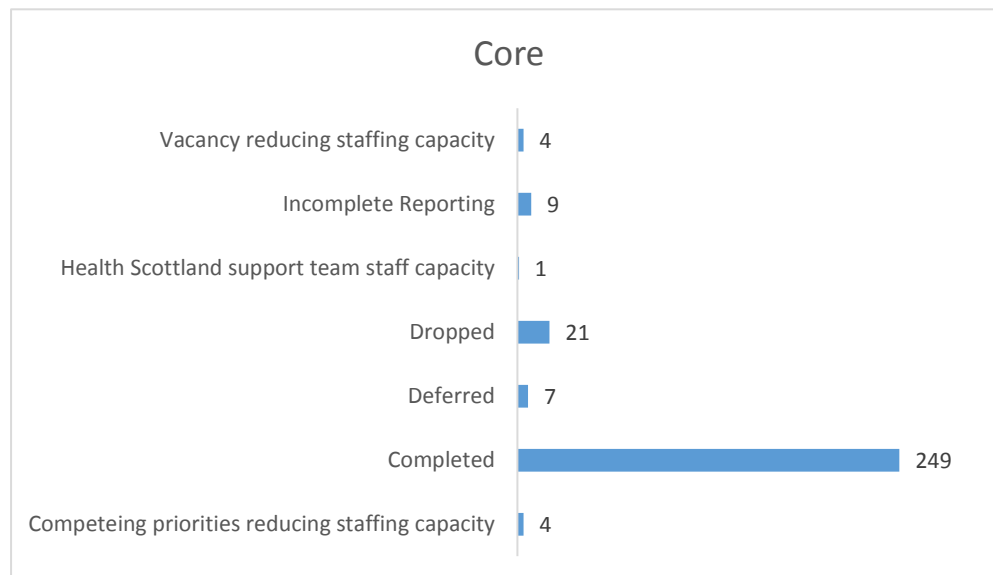
Delivery Commitment Completion

8 out of 12 (67%) of the core delivery commitments have all the outputs contributing to them marked as complete

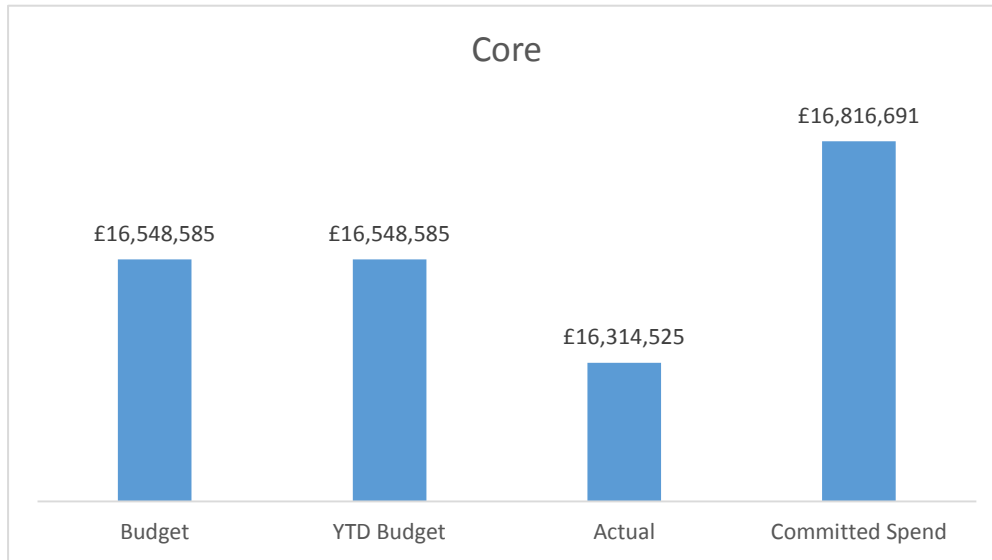
4 out of 12 (33%) of the core delivery commitments have one or more contributing outputs that are not yet complete:

- 9.1.5 We will deliver information for the public and professionals to support informed decision about screening and immunisation
- 9.1.9 We will monitor our performance to drive continuous improvement.
- 9.1.11 We will provide a fully integrated approach to the design and delivery of our products and services.
- 9.1.12 We will provide the planning, monitoring and decision-making systems to ensure that we have in place the workforce we need to deliver this plan

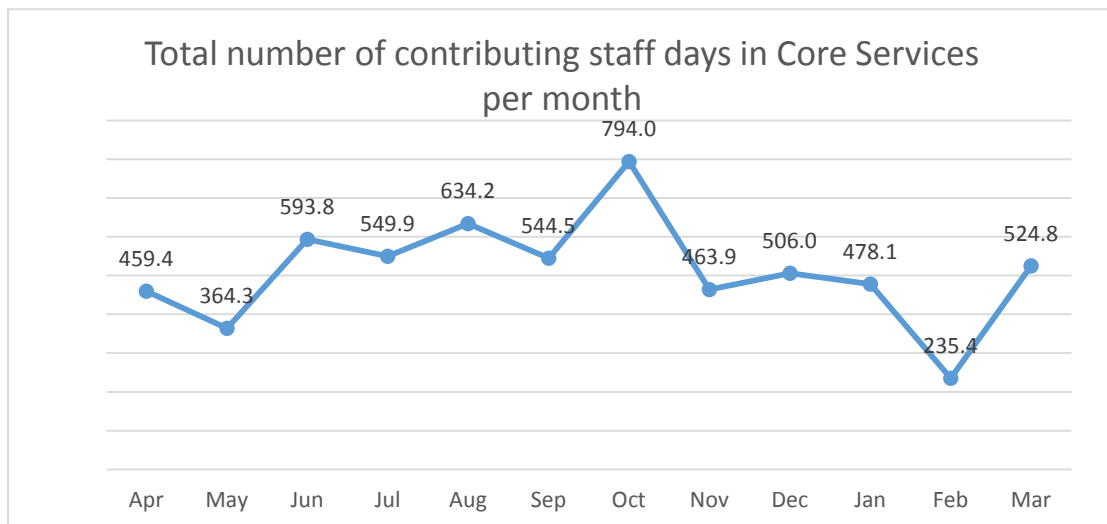
Issues affecting delivery / Final output status



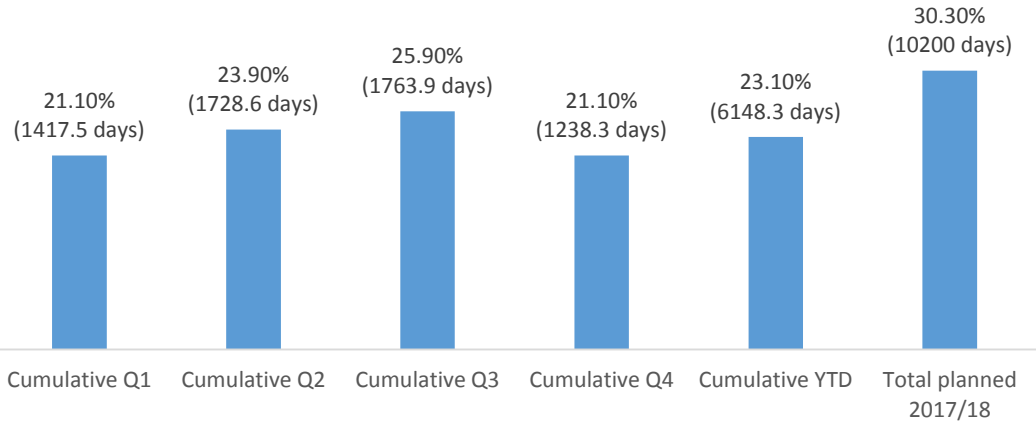
Financial data



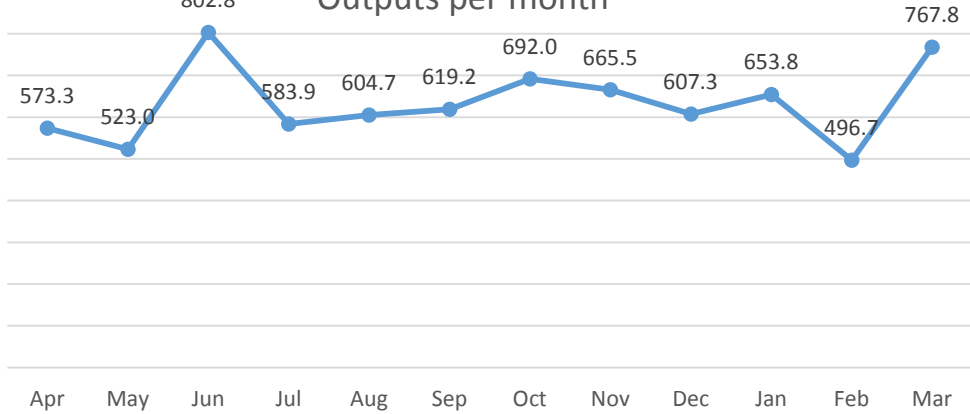
Staff time data



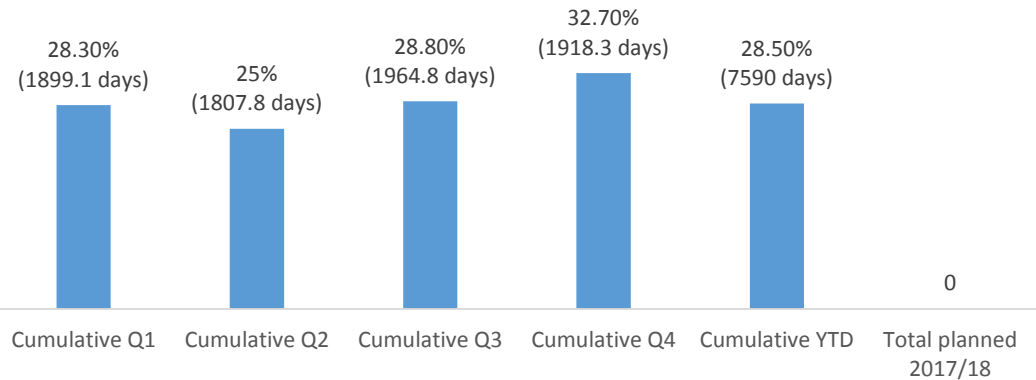
Proportion of all time spent in the organisation that was attributed to working on Core Services per quarter

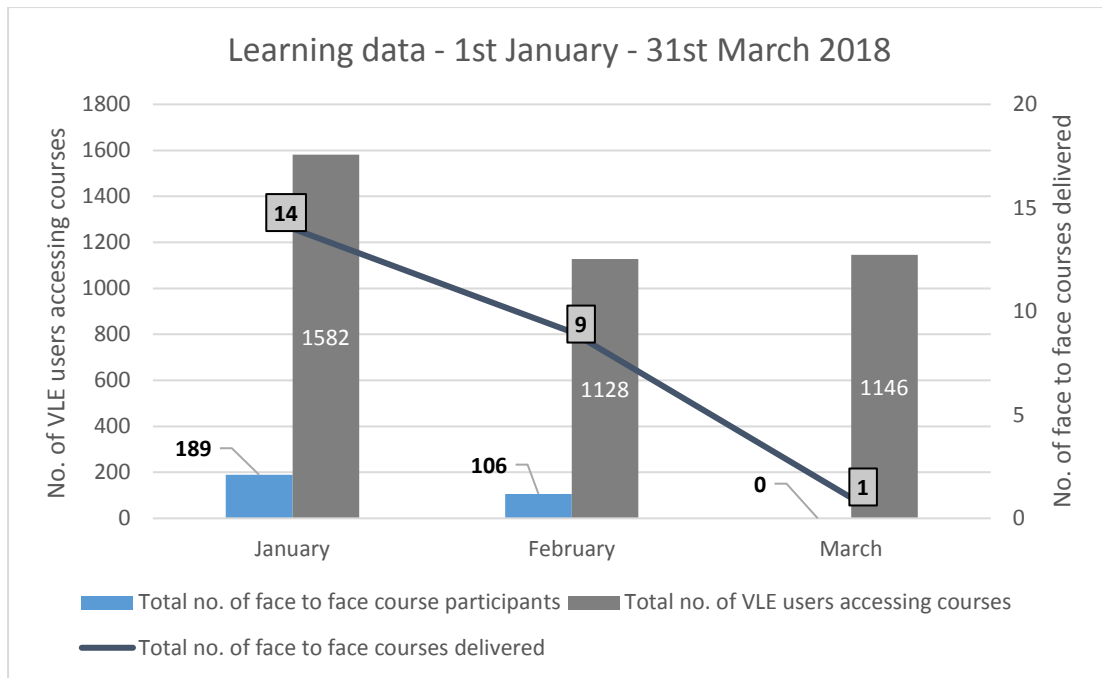


Total number of contributing staff days in Corporate Outputs per month

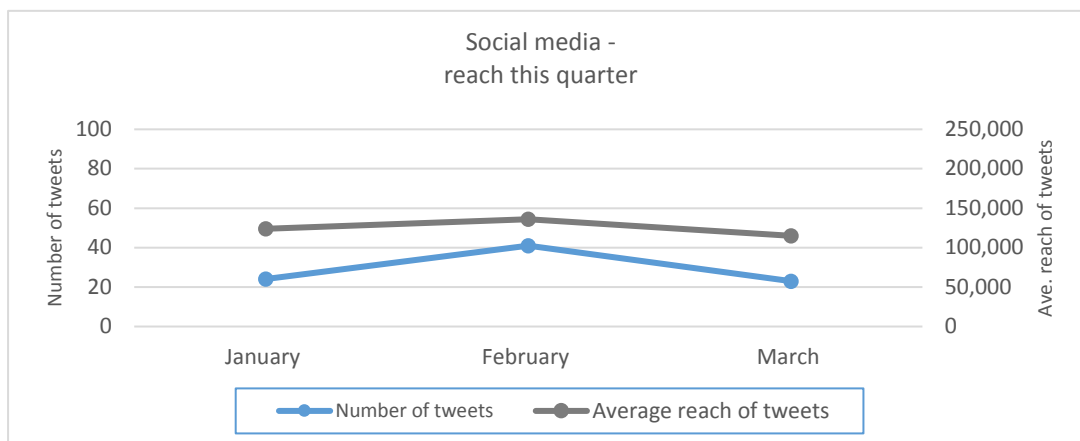


Proportion of all time spent in the organisation that was attributed to working on 5 Corporate Outputs per quarter





- A total of 23 trainers were trained during Quarter 4.
- The figures for face to face training are only an approximation as accurate figures can only be determined after approximately 8 weeks once trainers who have locally delivered training send their feedback forms in for data processing. Please note that stats are not yet available for face to face training courses run in March and that VLE users may be counted more than once if they access more than one course in the three month period.



- The graph above displays the reach of tweets for Q4 for SP1-SP5.
- The average engagement rate for Q4 (for all tweets) was 1.0% which is in line with industry standards (1-2%). We aimed for an average Twitter monthly engagement rate of 1.1% for the year which was achieved (monthly rates ranged from 0.8% to 1.4%).

- Live tweeting from the Relationships and Resilience Conference in March helped to contribute to an increased engagement rate of 1.8% and an additional 65 followers during March for the Children, Young People and Families team twitter feed.
- Based on impressions, engagement rate and a continuous growth in followers, Twitter is helping to achieve our communication and engagement goals of reaching and engaging with people who can act on our messages.

Part 4: Corporate Risks

Risk 17-1: National policy developments

Description

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.

Measures

Engagement with High Influence/High Impact Stakeholders identified in Stakeholder Engagement plan with a target of 90% as measured on the SET CRM.

Update

- Corporate Management Team (CMT) and staff are playing an active role supporting the public health reform (PHR) team around engagement on public health priorities, and the development of options for National, Regional and Local public health services
- NHS Health Scotland staff engaged in and lead a number of shared services workstreams, and are also progressing work around leading Data and Intelligence and Public Health Capability transformation themes within the context of the new public health body.
- We are formally providing communications and engagement leadership to the National Boards Health and Social Care Delivery Programme Board.
- The final draft of the National Collaborative Plan for 2018-19, developed by the Chief Executives of national NHSScotland boards, describes collaboration activity on public health intervention opportunities to promote the aims of the Scottish Government's Health and Social Care Delivery Plan.
- Sponsorship arrangements with Scottish Government have formally transferred to the Public Health Reform team.
- We are developing an action plan to enhance the profile of the public health agenda with the Directors of Planning Group.

Risk 17-2: Supporting the development of a new public health body

Description

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.

Measures

Engagement with High Influence/High Impact Stakeholders identified in Stakeholder Engagement plan with a target of 90% as measured on the CRM.

Update

- We are undertaking regular engagement with Gareth Brown, Policy and Programme Director, and Robert Skey, Programme Director for the Public Health Programme Board.
- We have a meeting planned with Scottish Government Sponsor team to continue fostering a positive relationship and to seek opportunities to influence public health reform.
- We are regularly engaging with all members of the Public Health Reform team as Co-Director for the Executive Delivery Group for Public Health Reform.
- We are providing active support to Scottish Government on a number of aspects of planning for public health reform.
- A range of meetings and discussions have taken place with NSS colleagues to develop necessary relationships, including developing closer relationship with NSS in relation to stakeholder engagement.
- Stakeholder survey analysis is complete and was approved at the March Board meeting.
- A high level engagement tool is being developed to promote effective engagement between NHS Health Scotland staff and CoSLA and Local Authorities.
- We have made various changes in the focus of roles in the Strategic Development and Communications and Engagement teams to prioritise work on influence and preparation for change.

- We are undertaking regular engagement with the communications and engagement leads within the Public Health Reform team and NHS NSS to build a whole system approach to communications and stakeholder engagement.

Risk 17-3: Reducing costs through share services

Description

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

Measures

- Regular and rigorous contributions to collaborative workstreams
- CMT / Director updates on overall national NHS board progress towards the £15m required savings

Update

- The Head of Finance and Procurement has agreed a draft contingency plan with the Chief Executive.
- The Corporate Management Team and Partnership Forum are routinely appraised of progress.
- Savings of £14.6m have been achieved through individual boards with the remaining £0.4m underwritten by National Services Scotland (NSS) against year-end surpluses across the National Boards by 15 February 2018.
- The NHS Health Scotland contribution is £0.568m from capital and £0.325m from revenue as noted below with a potential further contribution from the year end surplus against the £0.4m element underwritten by NSS.
- The NHS Health Scotland initial contribution of £0.5m will be taken from capital through an arrangement with NHS Education Scotland (NES) with the capital being transferred to them, and NES will release £0.5m of revenue savings. This arrangement was confirmed by allocation letters in August 2017. A further capital contribution of £0.068m was made by a

capital transfer to NSS and a release of revenue saving by NSS processed via allocation letters in March.

- The NHS Health Scotland revenue contribution of £0.25m was taken in September with a further £0.75m in February 2018 via allocation letter
- There was a target £1m saving from the 11 workstreams on shared services for 2017/18 but this will be worked on for 2018/19 savings.
- The National Board Directors of Finance have project resource in September/October for a Project Lead (1 WTE) and a project team (1.0 wte in Finance and 0.5wte in HR). This team is not expected to be operational until Jan/Feb 2018.
- The 11 workstreams of shared services are at various stages of review with regard to changes in the way we operate across the National Boards.
- NHS Health Scotland is leading an options appraisal process that will identify the most effective and efficient Publishing Service across the National NHS Boards.
- We have shared some reflections on shared services and staff engagement on shared services development with the Public Health Reform team in Scottish Government.
- Following concerns about the achievability of certain proposals generated from the national boards' issues re partnership involvement and details of implementation and monitoring have been addressed.

Risk 17-4: Stakeholder relationship management

Description

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

Measures

We have a performance measure specifically relating to measuring engagement with High Influence/High Impact Stakeholders with a target of 90% as measured on the SET CRM.

Update

- We have completed the improvement process mapping of our approach to stakeholder engagement.

- The Stakeholder survey analysis is complete. A refreshed stakeholder engagement plan was developed and approved at the March board meeting.
- Further work is planned for sharing and discussing the findings with Information Service Division (ISD) and Health Protection Scotland (HPS) to look at how we can work collectively to improve our stakeholder approaches.

Risk 17-5: Managing our resources

Description

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%

Measures

- Change in the confidence of delivering on time and on scope monthly by comparison to 2016/17
- Comparison between the annual impact assessment reports for 2016/17 and 2017/18
- Rate of factual errors in publications
- Monthly vacancy factor as a percentage from April 2014 to present, monitoring in comparison to previous years

Update

- For the 20 March CMT, we will report an overall underspend to budget of £163k as of 28 February 2018 (11 months) with a year-end forecast to 31 March being an overall underspend to budget of £56k.
- The year end forecast underspend on salaries is £98k against which the Directors have brought forward some spend from 18/19 to reduce the underspend in 17/18 and help manage the 18/19 financial year. This surplus may be taken or not carried forward to 2018/19 being a contribution towards the NSS underwriting of £0.4m against the £15m National Boards Savings Target.

To reduce the impact of this risk:

- CMT has reduced our budget vacancy factor from 6.25% to 5%. Achieving the previous target was unrealistic given the downward shift in turnover in the last 15 months.
- Finance have improved the quality of workforce decision making at the Workforce Planning Group by providing fuller financial updates at the start of every meeting and ensuring each workforce request has the full financial impact against the current budget.
- Commissioners have reviewed uncommitted project spend to identify the areas where we could find funds if required which would have least impact on achieving our strategic goals.
- The Directors/CMT are monitoring the unallocated budget each week through budget surrenders, virements and bids, with the authorisation of bids taking into account a number of factors, so we can optimise the use of any available unallocated budget.

Risk 17-6: Staff engagement

Description

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.

Measures

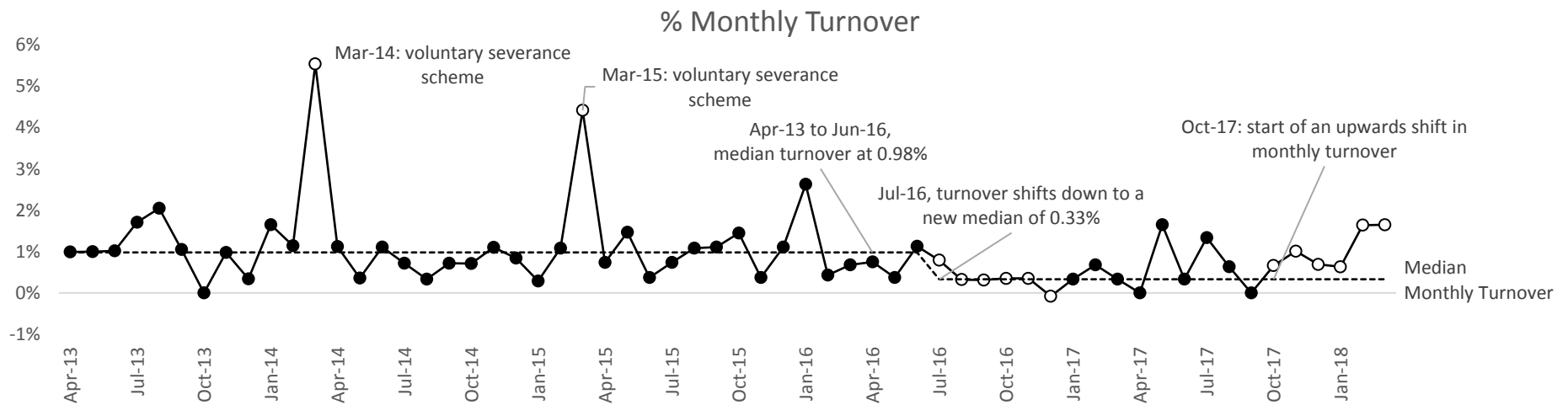
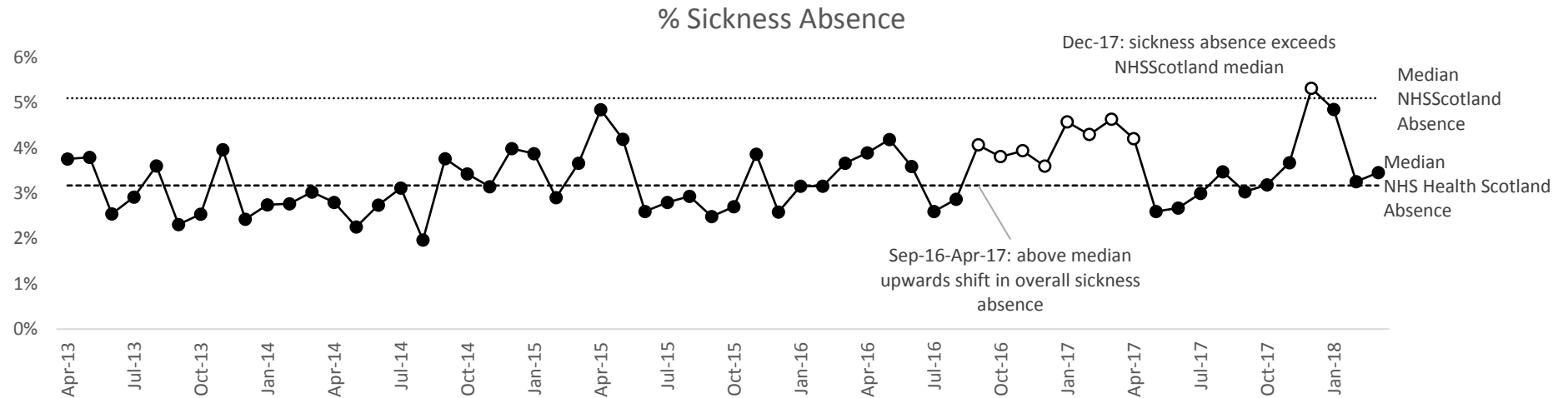
- Monthly monitoring of outputs progress (comparison to previous year).
- Annual iMatter scores.
- Regular temperature check at Partnership Forum (PF), Change Oversight Group (COG) and other fora on staff feedback and issues
- Evidence of capacity to respond quickly and agilely in interpreting developments and their impact.

Update

- We have provided regular updates (video blogs, emails and written blogs) on the progress towards the new organisation.
- We are monitoring exit interviews to capture intelligence on new public body related leavers.
- The Change Oversight Group is meeting fortnightly to provide internal coordination to organisational change.

- A change learning programme is being planned and delivered jointly with NSS for line managers/supervisors (equating to around of our staff), which is being run April to June. This work aims to provide managers with the skill and confidence to have effective change conversations with their teams. This will continue to be carefully monitored for impact.

Part 5: Workforce Statistics



Part 6: Finance Report

NHS Health Scotland's draft financial position for the 12 month period ending 31 March 2018 is summarised below. It was reported in detail to the Audit Committee on 20 April 2018.

- The Board's 2017/18 Revenue Resource Limit as advised in the 3 April allocation letter from the Scottish Government was £19,812k.
- At 31 March 2018 there was an underspend of £115k (0.7%) against the 12 month phased budget of £19,812k. The £115k consisted of an underspend on staffing of £115k.
- Our revised revenue saving from changes in our efficiency savings (see below) has meant we have adjusted our vacancy target from 6.25% to 5%. Our revised vacancy target of 5% gives a salaries budget (net of vacancy factor) at £12,490k.
- Our original efficiency target was £500k on revenue, but we have agreed with the Scottish Government that this should be taken from capital as part of the £15m collaborative savings from the National Boards. This capital has now been transferred to NES who have released the revenue saving. A further £68k from our capital allocation has been transferred to NSS who have released the £68k revenue saving as part of the £15m target.
- We have committed to an initial £250k saving and a further £75k on revenue, being a further contribution to the £15m target from the National Boards beyond the capital as noted above.
- The National Boards have collectively contributed £14.6m of the £15m requirement in 17/18 with NSS underwriting the remaining £0.4m against an agreed carry forward amount with the Scottish Government. Once the year end surpluses across the National Boards are known on 2 May the underwriting offset can be agreed between the boards.