NHS Health Scotland

HS Paper 32/16

Board Paper – 25th NOVEMBER 2016

Strategic Planning Update

Recommendation/action required:

The board is asked to: • To note progress in planning our new corporate strategy and strategic plan

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18th November 2016

STRATEGIC PLANNING UPDATE

1. Purpose of Paper

1.1 This paper is intended to provide board members with an update on progress in planning to support the development of our new corporate strategy and supporting strategic plan.

- Board members are asked to note progress in planning our new corporate strategy and strategic plan

2. Background

2.1 Commencing in December 2015 there has been extensive internal and external engagement to inform the development of our strategy for 2017-22. Feedback collected during this engagement phase has been systematically collected and analysed. Alongside the engagement activity, policy analysis and horizon scanning has been used to inform our strategic direction and strategic priorities for the next five years.

2.2 At the board seminar on 11th August, the board reviewed the draft strategy which set our approach which was agreed at the subsequent board meeting on the 26th August to enable further planning and development to be undertaken, including internal and external engagement to in order to bring a final draft strategy and accompanying 5 year strategic plan to the board in February in advance of final approval in March 2017 alongside the Strategic Plan and 2017/18 Delivery Plan.

3. Programme for Government

3.1 At the board meeting it was agreed that the strategic priorities should be aligned with the Programme for Government and forthcoming regulation and legislation.

3.2 Subsequently, the Scottish Government published the Programme for Government in September 2016 setting out the government's plans for the next five years. An analysis of the programme has confirmed a strong alignment with our identified strategic priorities and have been factored into our planning to support the development of our strategic priorities and accompanying mid-term and short term outcomes.

3.3 In addition to alignment with our strategic priorities, the programme also set out the Government's intention to examine the number, structure and regulation of health boards. In addition to the outcomes from the public health review, we are ensuring that the development of our strategy is responsive and adaptable to the emerging external landscape once further details are announced.

3.4 Within the context of measuring our performance and impact, the programme for Government also announced a review of NHS targets to ensure they lead to

improved outcomes for people, aligned to the review of the National Performance Framework, scheduled to report in March 2017, the outcome of these reviews will inform the development of our refreshed performance framework to support implementation of our strategy.

4. Progress in developing our Corporate Strategy

4.1 Following approval of the draft strategy in August a number of processes have been working in tandem, with overall coordination and leadership support through the Strategy Directorate. A brief summary of the main aspects of these follows:

5. Strategic Plan

5.1 At the Board meeting in August at which the 5 year Strategy was approved in draft, we confirmed our intention to develop an accompanying 5 year strategic plan to support implementation of our Strategy and to be agreed by the board in February in advance of final approval in March 2017 alongside the Strategy and 2017/18 Delivery Plan.

5.2 The purpose of the Strategic Plan is to set out the detail of how the 5 year outcomes set out in the Strategy will be achieved. The Plan will have a number of audiences, but in particular it is aimed to address the consistent feedback from staff during the last 5 years that there was not sufficient 'line of sight' between the high level ambitions of the corporate strategy and what teams should expect to deliver on a year on year basis.

5.3 The Strategic Plan will cover both the 5 Strategic Priorities (SPs) already shared with the Board in draft and 3 Strategic Development Priorities (SDPs).

5.4 The purpose of the SPs is to set out what the organisation aims to deliver and achieve over the 5 year period. The purpose of the SDPs is to set out how the organisation intends to change and improve how we operate over these 5 years in order to fully achieve our strategic aims. Both the SPs and SDPs are outlined broadly below. All SPs and SDPs have assigned Commissioners who are Service Heads.

6. Strategic Priorities

6.1 The Commissioning Group membership and remit has been refreshed. Important aspects are that all Heads of Service now have a role on this Group in order to strengthen the cross organisational focus of our planning even further. This Group has been leading the further development of the strategic priorities agreed at the board meeting in August. The strategic priorities are outlined below and see also Appendix A:

- Health and Wellbeing – Ensure health and wellbeing improvement strategies are equitable and focused on prevention of harm to health and wellbeing
- Children and Young People– Reduce health inequalities and improve the health and wellbeing of children and young people

- Income and Work – Maximise the impact of income, and work on health and wellbeing
- Sustainable Places– Improve the quality and sustainability of physical and social environments for health and wellbeing
- Transforming Public Services–Transform how public services improve health and wellbeing

6.2 Each priority has an identified Strategic Lead (Commissioner) to support the development of the strategic priority who will be responsible for the development of mid-term (5 year) outcomes, contributing short term outcomes (1-2 years) and supporting performance measures and indicators to provide a clear framework for measuring our impact and performance in implementing our strategy.

6.3 Planning is on track with outcomes to support our strategic priorities to be agreed in December 2016 to enable business planning to be completed within the required timescales and the development of our 2017/18 delivery plan in time for approval by the board in March 2017 alongside our strategy and supporting strategic plan.

7. Strategic Development Priorities (SDPs)

7.1 The SDPs to date have been drafted through a process of inquiry which has included:

- the EFQM external assessment in June 2016;
- staff feedback from staff surveys and the All Staff Event in October 2016;
- Board feedback from a number of seminars this year;
- A direct ask to a number of staff to personally identify the aspects of the organisation they feel need to change in order to be in a position to deliver the organisation's strategic priorities.

7.2 The 3 SDPs which have emerged from these are:

- Influence
- Impact; and
- One Organisation.

7.4 Work is still in progress to determine the 5 year outcomes that will sit under each of these SDPs, but the working draft is attached as Appendix for information and we will be happy to respond to Board comments and questions as part of the discussion of this paper.

7.5 A positive to highlight for the Board is that the work to develop and take forward the change indicated within the SDPs is not only heavily informed by our EFQM improvement approach, but the methodology by which we intend to deliver these changes shows how embedded these approaches have become to our core development work
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8. Delivery Planning

8.1 In parallel with developing 5 year plans, work is well underway for the 2017/18 Delivery Plan. Key changes to approach this year were highlighted in the last Strategic Planning and Performance Paper to the Board in August including: strengthening the role and accountability of commissioners in relation to business planning, particularly with regard to their role in relation to approval and sign off of the required delivery commitments; improvements to the Corporate Planning Tool; changes to definition of the key planning units of Outputs and Delivery Commitments to ensure greater specificity and accountability.

8.2 In addition since then, the Corporate Planning and Performance Group has reached two key decisions which are intended to lead to significant improvement in planning this year:

1. Several disparate parts of planning and quality assurance have been brought together into one set of guidance and questions for staff.
2. We have agreed to move to a system of indicative budgets for each Strategic Priority area. The intention is that Commissioners will have greater input into prioritising our financial resources and greater accountability for budgets aligned with short, medium term outcomes and our strategic priorities.

9. Summary

9.1 The summary position is that we are on track to reach agreement on Strategic Plan outcomes which in turn will enable the detailed planning of delivery commitments for 2017/18 in January 2017. This will in turn support the detailed planning of outputs and resource through February to March 2017. The Board will have the opportunity to see and comment again on the draft Strategy, Strategic Plan and draft Delivery Plan (including Delivery Commitments) at its seminar in early February.

10. Partnership

10.1 A cross directorate AFHS steering group have met weekly to encourage and facilitate engagement within all directorates as the strategy has developed. The steering group will continue until March 2017 and will have a key role in facilitating engagement with staff in the development of the Strategic Plan to sit with the Strategy.

10.2 The group has specific staff side representation as well as representatives from each directorate. The draft Strategic Development Priorities are also due to be discussed at the next Partnership Forum.

11. Finance and Resource Implications

11.1 Our working assumption is that for 2017/18 we will be working within broadly the same budget. However, the impact of external factors including future UK and

Scottish Government budgets are uknown at this point and we will require to be flexible in responding any future changes to resource allocations.

12. Communications

12.1 An external and internal communications and engagement plan has been agreed and continues to be implemented and reviewed. This includes ongoing engagement with staff through our AFHS group, updates on the organsiaitons intranet, briefing for teams and our all staff event in October with further engagement in populating our strategic plan commencing in November 2016

13. Risk

13.1 The following risk is identified in the Corporate Risk Register : **'The planning methodologies used to prepare a new strategy to replace 'A Fairer Healthier Scotland - Our Strategy 2012-2017' may be insufficient to result in a robust strategic plan for the next 5 years.'**

13.2 We continue to work on managing against this risk. The audit committee received a report in August on our strategic planning to date process adopted so far to ensure effective engagement and focus has been very good. We will maintain the progress to date but are mindful that a number of external factors provide ongoing uncertainty including the Public Health Review implementation, NHS board restructuring and the impact of the UK spending review in November and will consider implications of these in managing the above risk.

14. Equality and Diversity

This paper has no direct proposals in it regarding equality and diversity. However, in year equality and diversity updates have now been to all committees and work is currently underway to develop our revised equality outcomes for 2017-21 (see Appendix C).

Our intention is that, when agreed, they are fully integrated into the strategic ambitions outlined in this paper and delivery commitments/outputs flowing from our work on these outcomes will be built into next year's delivery plan.

15. Sustainability and Environmental Management

This paper has no direct implications regarding sustainability and environmental management. However, any sustainability and environmental management goals or targets, as they affect our externally focused work on the environmental impacts on health or on how we operate as an organisation, are within the overall intent of the strategy and detail will be included within the Strategic Plan.

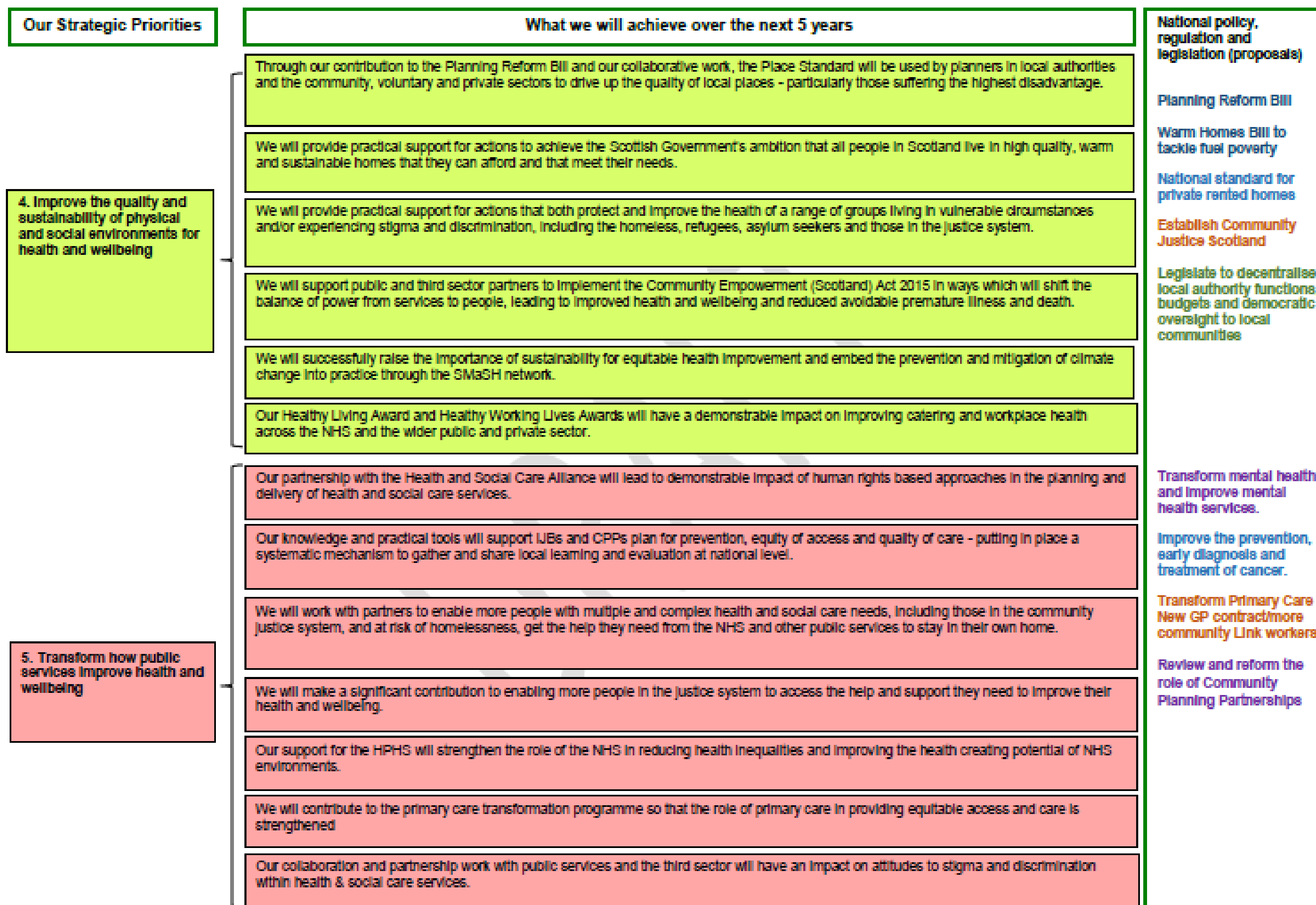
16. Action/Recommendations

16.1 This paper is intended to provide board members with an update on progress in planning to support the development of our new corporate strategy and supporting strategic plan.

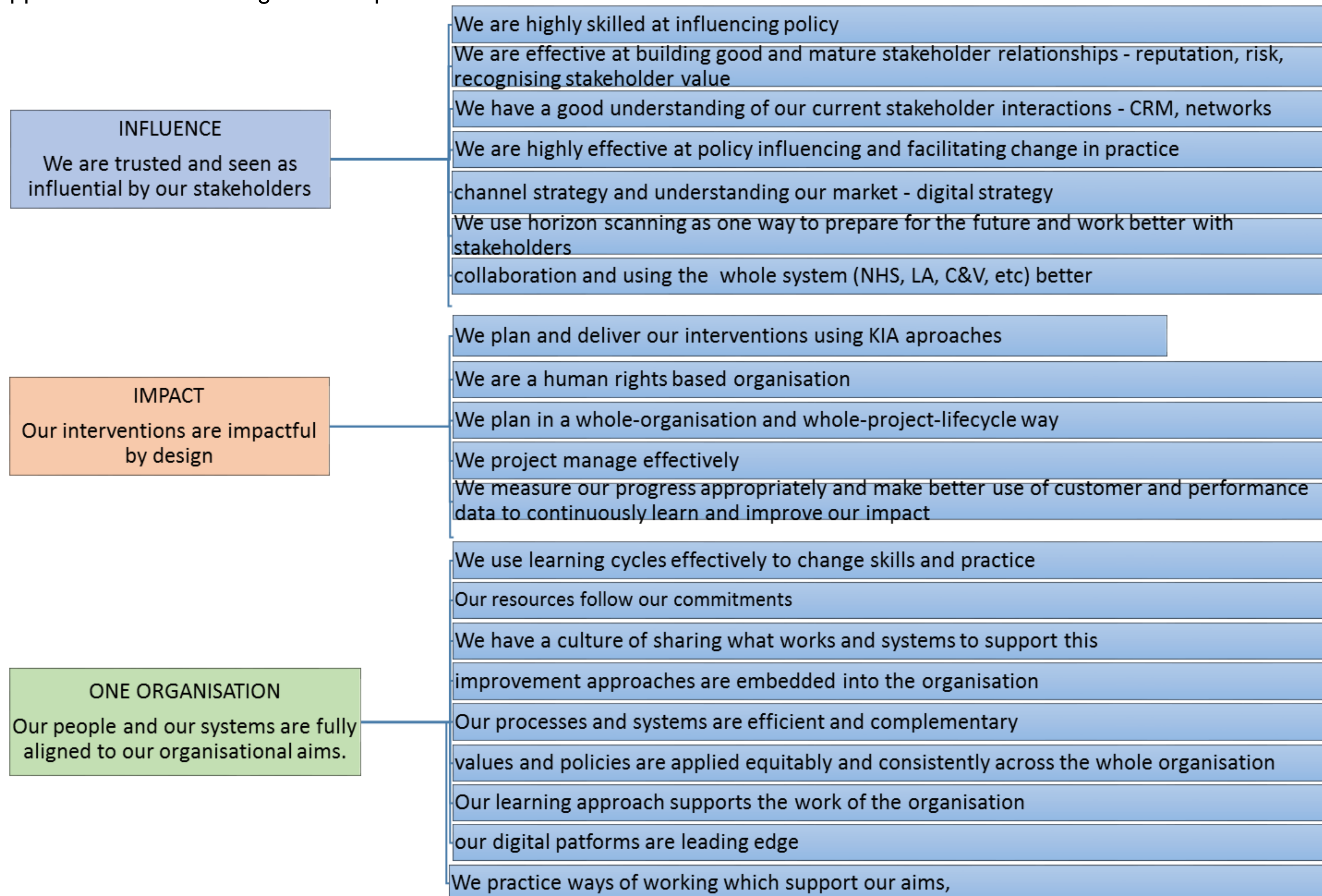
- Board members are asked to note progress in planning our new corporate strategy and strategic plan

Appendix A Draft Strategic Priorities

Our Strategic Priorities	What we will achieve over the next 5 years	National policy, regulation and legislation (proposals)
1. Ensure health and wellbeing improvement strategies are equitable and focused on prevention of harm to health and wellbeing	We will demonstrate and model the financial benefits of fiscal, legislative and regulative measures to reduce health inequalities and improve health. Our products and services will enable policy and decision makers at national and local level to utilise the best available evidence, including economic evidence, in the development of policy. We will increase the skills and knowledge of the public health workforce and planners of public services in utilising preventative approaches, leading to a shift in resources towards prevention. We will ensure that the development and provision of information for the public is accessible and clear about their right to health and what harms and creates health and wellbeing. We will lead for an integrated, coherent approach between national and local strategies to improve population health and wellbeing	Establish social and economic rights and embed Scotland's National Action Plan on Human Rights and the UN Sustainable Development Goals in the National Performance Framework.
2. Reduce health inequalities and improve the health and wellbeing of children and young people	Our profiling, surveys, comparative analyses and practical support will enable NHS and other policymakers and practitioners to understand the prevalence and impact of adversity in childhood on health and wellbeing outcomes. We will provide NHS policymakers, planners and practitioners with practical support to apply the evidence and data to delivering preventative actions and measuring progress in addressing poverty and other adversity in childhood. We will work with key partners to provide training for NHS staff and stimulate action on the high impact factors for family adversity including poverty, mental health, gender based violence, addictions and crime. We will enable our partners to creatively deliver up-to-date, accessible, relevant and accurate information to parents, families and young people.	Child Poverty Act New specific offence to help tackle domestic abuse. New Framework for Families with Disabled Children Better mental health services for children and young people
3. Maximise the impact of income, and work on health and wellbeing	We will play a significant role in focussing employers on prevention and mitigation of poor work practices, developing sustainable workplaces and employees and shaping access to fair work throughout the working life cycle. We will work with the Fair Work Convention, employers and government to promote the health, economic and social benefits of good work and influence recommendations on labour market policies. Our work around the buying power of the NHS and public finances will lead to improved sustainability and increased incomes for those in the lowest income brackets. We will provide knowledge to improve understanding of the impact of income and wealth distribution on health and wellbeing, and inform the actions to promote fairness and equality. We will work with policy and decision makers across sectors to generate knowledge about the impact of austerity and social security changes on health and wellbeing, and support the Scottish Government establish its vision for a new social security system in Scotland.	New Labour Market Strategy Fairer Scotland Action Plan Commence socio-economic duty for Public bodies Scottish Social Security Bill and Agency. New Scottish Social Security Agency


Our Strategic Priorities
What we will achieve over the next 5 years
National policy, regulation and legislation (proposals)
4. Improve the quality and sustainability of physical and social environments for health and wellbeing
Through our contribution to the Planning Reform Bill and our collaborative work, the Place Standard will be used by planners in local authorities and the community, voluntary and private sectors to drive up the quality of local places - particularly those suffering the highest disadvantage.
We will provide practical support for actions to achieve the Scottish Government's ambition that all people in Scotland live in high quality, warm and sustainable homes that they can afford and that meet their needs.
We will provide practical support for actions that both protect and improve the health of a range of groups living in vulnerable circumstances and/or experiencing stigma and discrimination, including the homeless, refugees, asylum seekers and those in the justice system.
We will support public and third sector partners to implement the Community Empowerment (Scotland) Act 2015 in ways which will shift the balance of power from services to people, leading to improved health and wellbeing and reduced avoidable premature illness and death.
We will successfully raise the importance of sustainability for equitable health improvement and embed the prevention and mitigation of climate change into practice through the SMaSH network.
Our Healthy Living Award and Healthy Working Lives Awards will have a demonstrable impact on improving catering and workplace health across the NHS and the wider public and private sector.
Planning Reform Bill
Warm Homes Bill to tackle fuel poverty
National standard for private rented homes
Establish Community Justice Scotland
Legislate to decentralise local authority functions, budgets and democratic oversight to local communities
5. Transform how public services improve health and wellbeing
Our partnership with the Health and Social Care Alliance will lead to demonstrable impact of human rights based approaches in the planning and delivery of health and social care services.
Our knowledge and practical tools will support IJBs and CPPs plan for prevention, equity of access and quality of care - putting in place a systematic mechanism to gather and share local learning and evaluation at national level.
We will work with partners to enable more people with multiple and complex health and social care needs, including those in the community justice system, and at risk of homelessness, get the help they need from the NHS and other public services to stay in their own home.
We will make a significant contribution to enabling more people in the justice system to access the help and support they need to improve their health and wellbeing.
Our support for the HPHS will strengthen the role of the NHS in reducing health inequalities and improving the health creating potential of NHS environments.
We will contribute to the primary care transformation programme so that the role of primary care in providing equitable access and care is strengthened
Our collaboration and partnership work with public services and the third sector will have an impact on attitudes to stigma and discrimination within health & social care services.
Transform mental health and improve mental health services.
Improve the prevention, early diagnosis and treatment of cancer.
Transform Primary Care New GP contract/more community Link workers
Review and reform the role of Community Planning Partnerships

Appendix B Draft Strategic Development Priorities



Appendix C

Premises and Systems Equality Outcome (approved and published 22 March 2013)**:**

Our premises and systems meet the needs of all our staff and visitors

What does the evidence tell us?	What we will do (and how we will do it)	How you will know we have done it, including measures of success	Who is responsible for doing it	Which protected characteristics this relates to	Update / Comments for Proposed Revisions
Informal feedback and anecdotal evidence told us that our systems and premises generally work well for our staff and visitors. However, experience shows that when we are developing new systems or moving premises, by actively considering how this will affect all our staff – and with a particular focus on those with protected characteristics – we can anticipate particular problems. It is impossible to anticipate every possible problem. Therefore, it is important that we have mechanisms in place to allow staff to gather intelligence on staff experience and tell us whether our systems and premises are working for them.	Where new systems are being developed, we will assess and take account of the needs of the staff required to use them.	By March/April 2014, we will: Report the key findings of these assessments to the Audit Committee and Board. Published the findings on www.healthscotland.com	Organisational Improvement Manager	All	Although we have strived to achieve this aim with new systems, it has sometimes been carried out after implementation due to deadlines. I feel we should keep this aim and strengthen our processes to ensure it is not undermined by tight deadlines.
	We will proactively seek to find out what barriers staff may be facing in relation to our premises and systems by carrying out qualitative surveys.	By March/April 2014, we will: Report the results of the staff survey: *Sharing disability status* to the Partnership Forum, Staff Governance Committee and the Board. Report the results of other qualitative surveys to the relevant subcommittee and the Board.	Organisational Improvement Manager	All	We could still improve this by having a more formal response from teams to the services survey, to ensure an action plan is in place for any work required.
	We will monitor the results of the two-yearly staff survey for intelligence which indicates that our systems or premises are not meeting the needs of our staff and visitors.	By March/April 2014, we will: Report any intelligence from the staff survey which indicates that our premises or systems are not meeting the needs of our staff and visitors.	Head of People & Performance	All	As part of the OIG work we ensured that advice and engagement with staff was an integral part of this project so that changes could be made in the design phase so that it would be as good as possible for all staff and visitors. Also this will now be influenced by evidence from iMatter which is a survey measuring employee engagement and is linked to Staff Governance themes and aimed at improving employee experience
	We will work in partnership to implement a corporate complaints process so that staff and visitors have a channel through which they can escalate concerns related to NHS Health Scotland's premises and	By March/April 2014, we will: Confirm the implementation of a corporate complaints process to the Board Report the number of complaints received, themes and other pertinent information to the Audit Committee and the Board.	Head of People & Performance	All	We still have work to do on advising staff of internal complaints processes for individual teams and in communicating the process for general complaints.

	systems where they are not being addressed appropriately.				

Workforce Equality Outcome (approved and published 22 March 2013):

We have a workforce that:

- **Welcomes, values and promotes diversity;**
- **Is competent in advancing equality and tackling discrimination (within and outwith the organisation), and**
- **Embraces our organisational aim to reduce health inequalities**

What does the evidence tell us?	What we will do (and how we will do it)	How you will know we have done it, including measures of success	Who is responsible for doing it	Which protected characteristics this relates to	Update / Comments for Proposed Revisions
The way posts are advertised and the reputation of the employer can affect who applies to work there. NHS Health Scotland currently attracts a diverse range of candidates, with larger proportions of candidates who identify as women, black and minority ethnic or lesbian, gay or bisexual than found in the wider population.	When recruiting, we will advertise widely so that NHS Health Scotland continues to attract a wide range of candidates for employment.	The profile of applicants to recruitment opportunities in NHS Health Scotland compared to data on the population of Scotland. We will publish this information in our annual Workforce Plan.	People & Performance	All	Taking this into account and other feedback a review of the way we recruit and where we recruit will be an important activity for us in the next business year.
Recruitment processes are open to bias. There is wide evidence for this. NHS Health Scotland's own recruitment and selection statistics seem to point towards biases in our recruitment: candidates who identify as men and who are in particular age brackets are less likely to be appointed than other candidates.	We will continue to include and monitor information on equality in our recruitment and selection training so that NHS Health Scotland's recruitment and selection processes are fair with applicants not being disadvantaged by identifying with a protected characteristic.	By 2017 the current trend for candidates who are men, identify as BME, or are over 40 years old, being less successful in recruitment will have reversed (i.e. the profile of applicants to recruitment opportunities is similar to the profile of candidates shortlisted and appointed annually, reported in 2013, 2015 and 2017). We will publish this information in our annual Workforce Plan.	People & Performance	All	We expect to continue this work and potentially include another for recruitment of Modern Apprentices in 2016/17. Having completed the unconscious basis training there is feedback which will inform they way we recruit again going forward and it imperative that these recommendations are implemented.
We currently have no evidence on the differences in rates of pay in NHS Health Scotland. However, People & Performance speculate that based on the whole organisation, it is likely that the average woman will be paid less for an hour's work than the average man.	We will monitor NHS Health Scotland's employees' hourly rate of pay to make sure it is similar whether an employee is a woman or man, disabled or non-disabled, identifies as BME or not.	Evidence of Equal Pay Audits in 2012/13, 2014/15 and 2016/17. We will publish this information on healthscotland.com.	People & Performance	All	This work will continue as we now have baseline data, which we can compare against. We also plan to liaise with other boards for opportunities to share learning and best practice.
NHS Health Scotland's workforce is 77% female. However this is not evenly spread across grades. Evidence from NHS Health Scotland's Workforce Plan shows that in higher grades there are more men employed than in lower grades, where there are more women.	We will monitor our workforce profile to make sure that having a protected characteristic is not a barrier to progression in NHS Health Scotland.	The proportions of staff in grades 2-4, 5-7 and 8 and above (including Executive and non-AfC grades) who are women and men, disabled and non-disabled are similar (workforce profile data in 2013, 2015 and 2017). We will publish this information in our annual Workforce Plan.	People & Performance	All	We plan to revise and refresh the way we monitor our workforce profile, specifically our reporting cycle.

Evidence within NHS Health Scotland on this does not immediately point to any problems. However, evidence from the wider NHS indicates that access to development opportunities can be denied to staff with particular protected characteristics.	We will monitor our workforce information to make sure that all staff in NHS Health Scotland have fair opportunities for development. Where we identify trends, we will investigate them and take action if appropriate.	The profile of staff with completed Personal Development Plans (PDPs) and attending internal training course attendees is similar to the profile of the whole workforce, particularly in respect to whether an employee works whole or part time or identifies as disabled or non-disabled (training course attendance data in 2013, 2015 and 2017; the profile of staff with completed PDPs in 2013, 2015 and 2017. We will publish this information in our annual Workforce Plan.	People & Performance	All	We anticipate that this work will continue, with some improvements to the L&D survey to better capture any issues around denied development opportunities.
Surveys of NHS Health Scotland's staff have consistently reported between 10 and 20 per cent of staff reporting having experienced or witnessed discrimination. Even if this is relatively low compared to other employers, we should strive to achieve a culture where bullying and harassment is unacceptable.	We will work in partnership to make sure that the proportion of NHS Health Scotland's staff reporting in staff surveys experience of discrimination of any kind (including because of a protected characteristic) declines.	Proportion of staff reporting experiencing discrimination declines in successive staff surveys between 2013, 2015 and 2017. We will publish this information in our annual Workforce Plan.	People & Performance	All	We expect to continue this work as part of iMatters and additional survey questions if required.
Anecdotal evidence through feedback from the all staff event and the AFHS Audit of the Business Plan 2012/13 shows that some staff are not confident promoting approaches to advance equality and tackle inequalities.	We will develop a training course to support staff in implementing our strategy so that the proportion of staff who are clear about and have confidence in their role in meeting NHS Health Scotland's purpose to reduce inequality and promote equality both within the organisation and in terms of what the organisation seeks to achieve through its strategy, *A Fairer Healthier Scotland* (AFHS) increases.	Ninety per cent of NHS Health Scotland staff have completed training in health inequalities (which includes equality) by 31 March 2014. Feedback from staff who have attended All Staff Events and other events where staff engagement in AFHS is discussed indicates increased confidence.	People & Performance	All	Although, around two thirds of staff have completed this training, the improvement work mentoned in paragraphs 23-30 will look to address the Health Inequalities e-Learning Module and identify any other trainings/tools staff require. Part of the new strategy now includes core scripts for staff on our key strategic messages.

Outward Facing Equality Outcome (approved and published 22 March 2013):

Our outward facing work advances equality in health and tackles the unfair inequalities in health outcomes

Working towards our outcome in 2013/14 What does the evidence tell us?

Everyone has characteristics which are protected in law: a gender, an ethnicity, a sexual orientation and religion or belief. These protected characteristics link to health outcomes but the relationship between them is complex. Sometimes the relationship is a positive one. In other cases, there is no relationship at all. Sometimes, where the relationship is negative, the cause is how society relates to the characteristic such as by discrimination in access to services or employment. Equally Well (Scottish Government, 2008) notes that 'Sometimes [protected characteristics] and life circumstances interact and pose increased risks to health. People do not just live in poverty, they may also be a lone parent, may have a long-term disability that affects the work they can do, or live with discrimination which has an impact on their mental health. Gender, and masculinity in particular, contributes to problems of violence, to the reluctance of men to seek help for problems and may make men more likely to resort to alcohol and drugs than to seek help for a mental health problem.'

But the amount and quality of the evidence varies depending on the characteristic, the health issues involved, the difference in outcomes, the reasons for these differences, and what works for tackling those problems and helping individuals improve their health. For example, we know a lot about the links between sexual behaviours and blood-borne viruses and how these link to sexual orientation, gender and ethnicity. Yet there are other characteristics about which we know relatively little. Sometimes, data is available but it has not been processed, other times, there are gaps in the data.

However, while evidence is mixed, there is evidence. The Audit Scotland report, Health Inequalities in Scotland (Audit Scotland, 2012), highlighted that there are practical ways in which practice can be improved so that it more effectively challenges in the inequalities in Scotland's health. Ways we can do this involve bringing the existing evidence into practice, such as through assessing the impact of our work on health inequalities. This includes considering the impact of new and revised pieces of work on people because of protected characteristics as well as other factors, like literacy and socio-economic status, which also make people more likely to suffer from inequalities in health outcome.

What we are going to do	How we are going to do it	How you will know we have done it, including measures of success	Who is responsible for doing it	Which protected characteristics this relates to	Update / Comments for Proposed Revisions
All NHS Health Scotland's work takes every opportunity to tackle unfair inequalities in health and does not make them worse.	We will continue to consider the impact of everything we do on people who are more likely to suffer worse health outcomes including people with protected characteristics, making sure it aligns with AFHS in a way that is integrated with our business planning and report systems. We will systematically identify areas of NHS Health Scotland's work which we believe there is a risk of making inequalities worse, and assess in more detail their impact on people with protected characteristics.	By March/April 2014, we will: Report to the Board the proportion of our projects which have demonstrated that they have considered their impact on people with protected characteristics Systematically assess the quality of projects' assessments of their own impact, reporting the result to CMT and the Board Publish completed impact assessments on www.healthscotland.com, reporting key findings and the number of assessments to the Health Governance Committee and Board.	Organisational Improvement Manager	All, plus other characteristics which make people vulnerable to unfair inequalities in health outcome	This section refers to HIIA and the quality assurances of HIIAs carried out, no. completed, etc. As mentioned, improvement work is underway to identify the specific issues associated with HIIA and find appropriate solutions to address them. As mentioned in paragraph 32, following development work on the Health Scotland website, we will no longer automatically publish our HIIAs on our website. We will provide information on how to gain access to them.
NHS Health Scotland supports its partners to assess how their work impacts on health inequalities.	We will promote evidence-based planning and practice, so boards are better equipped to identify when as impact assessment is required	By March/April 2014, we will: Provide information sessions for NHS Health Scotland staff on health inequalities impact assessment so that they are better equipped to advocate this approach to partners Support partners (policy makers, NHS Boards, local authorities, CPPs and the voluntary sector) to lead health inequalities impact assessments, and include a	Head of Equality	All, plus other characteristics which make people vulnerable to unfair inequalities in health outcome.	Because we no longer have a specific team (The Equality Team) to support this work, there is a need for some capacity building to ensure staff feel confident to support partners in the use of HIIA (see paragraph 33-34).

		list of these in the Board in the year-end equality report Implement our Equalities ~~Knowledge~~ Into Action Framework, reporting on progress to the Health Governance Committee and Board			Previous work has already been done, including staff sessions, however the improvement work mentioned should help to better identify what staff need. The Equalities Knowledge Into Action Framework refers to this framework (table) we are using in Appendix 1. We plan to use this again in 2017-21.
NHS Health Scotland contributes to improved data systems in the collection of information on equality characteristics, social and health inequalities	We will undertake research to quantify the variation in health outcomes for people with protected characteristics, seeking ascertain any interaction between social class and equality groups in determining health outcomes. We will disseminate intelligence to inform ScotPHO and the Equality Team's website on the prevalence, incidence and other health issues in relation to protected characteristics. This will contribute to the promotion of evidence-based policy planning and practice. We will provide support to NHS Boards on the setting and monitoring of health outcomes in line with the Equality Act 2010.	By March/April 2014, we will publish any results emerging from our, reporting key findings to the Health Governance Committee and Board.	Equalities Intelligence Manager	All	This work is ongoing and will be revised in line with our next strategy, and in discussion with the Equalities Intelligence Manager.
NHS Health Scotland makes a key contribution to greater equality in practice through workforce development interventions in NHS Boards.	We will provide development support to Boards on implementing the Scottish specific duties.	By March/April 2014, we will: Identify and prioritise specific learning and development support with Boards Develop and share learning resources with partners Reporting to the Health Governance Committee and Board	Learning & Workforce Development	All	Same as above. This work is ongoing and will be revised in line with our next strategy, and in discussion with the Organisational Lead for Workforce Development.