NHS Health Scotland Quarterly Performance Report

Contents

Purpose

This paper reports NHS Health Scotland's key achievements, progress against corporate priorities and risks and performance against its Delivery Plan 2016-17.

Summary

Highlights from Quarter 2

Since our last quarterly update we have had a non-ministerial Annual Review. Sir Andrew Cubie (Chair of Quality Scotland) chaired a stakeholder panel with representatives from the City of Edinburgh Council, NHS Tayside, Shelter Scotland and the Glasgow Centre for Population Health. It was a positive, forward-looking review.

The implementation of the Place Standard continues to go well. All Councils are now aware of the Standard, a third have used it to some extent and a quarter plan to use it in the future.

We have been working closely with the Scottish Government on the Child and Adolescent Health and Wellbeing Strategy. We will be supporting the government in authoring the strategy.

We conducted research on the Fit for Work Scotland service. The purpose of the 'Awareness and Perceptions' research was to help identify the current barriers being experienced by customers. This was done in order to inform our marketing plan. The results have been shared with the Department for Work and Pensions (DWP) and will help inform development of the service, as well as the marketing approach.

We published a series of documents, including guidance for Directors of Public Health, to support the publication of the final report from the Scottish Government's Fuel Poverty Strategic Working Group (FPSWG). Additionally, we were members of the FPSWG and supported the group with staff time and funding.

We contributed to the Scottish Government's Fairer Scotland Action Plan by publicly commiting to deliver key actions in it focused on children and child poverty, that will help reduce health inequalities.

On 28 September we launched a Child Poverty, Health and Wellbeing eLearning module. Between then and 3 November, 250 people had started the course. One learner said: "I found it to be a really useful module which made me challenge some of my beliefs around child poverty."

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At the time of drafting, our new website, healthscotland.scot, is due to launch on 14 November 2016. Feedback from user testing before the launch has been very positive.

Strategic and business planning for next year are well underway. Some specific improvements are being made to the process this year, including simplifying and integrating planning guidance and quality assurance processes and organising budgets differently to support accountability and delivery.

A new approach to flexi-time approach, with greater flexibility for staff about when they work, has been agreed in partnership and implemented from 1 October.

The office work on Meridian Court is substantively complete. Data on desk and meeting room use shows that we are making good use of the office space.

Issues of note

We chose to change the plan for the functions of the new Healthy Working Lives website, delaying the planned launch date. As an increasingly important channel for the target group of customers and with some concerns over falling numbers of employers being reached by our teams in NHS Boards, it was decided to prioritise the functionality of the website over launching on the planned date. Launch is now projected for Spring 2017.

Non core funding for mental health has been reduced. There has been in-depth engagement to agree new delivery plans with Scottish Government.

NHS National Services Scotland's Information Services Division (ISD) is a key partner in the Scottish Public Health Observatory. Changes in prioritisation for NSS staff has implications for some of our valued products, such as community health profiles, and therefore on staff capacity within our own team.

We have been engaged with our sponsor team in government to improve joint working, particularly around policy development processes. This has led to internal discussion sessions with key staff and guidance being revised. Further work with our sponsor team is planned.

As of the end of September our unallocated budget was £250k. This is similar to the September 2014 level of £279k, but higher than the September 2015 level of £75k. The median unallocated budget for each month since April 2014 has been £96.5k. The Commissioning Group have been asked by the CMT to carry out a close review of current priority areas, including changing priorities, and to put forward recommendations by the beginning of December regarding

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necessary changes to plans, including proposals for the use of unallocated budget.

What's coming up next quarter

Following the Annual Review referred above, we expect to receive the Ministerial letter confirming forward thematic areas for action within four weeks.

This will feed directly into our emerging Strategic Plan and Delivery plan, as will further engagement sessions with stakeholders now being planned.
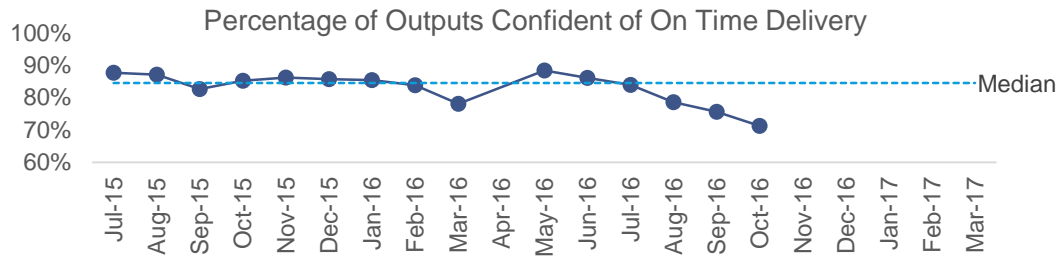
We are just in receipt of our latest stakeholder survey. The detailed results of this are being analysed and key points will be shared with the Board in due course.

A number of important high profile events are planned for the coming quarter, including the Adverse Childhood Experiences event at which Sir Michael Marmot is presenting.

At the end of October the Inner House of the Court of Session backed the Government in its appeal against the Minimum Unit Pricing (MUP) ruling brought by the Scotch Whisky Association (SWA). Pending any further appeal from the SWA, the Government's intention is to move to implementation of MUP as soon as feasible. We are aware of the need to establish an evaluation programme quickly, particularly commissioning new studies and supporting our academic partners to set up baseline studies. This may have knock on consquences for other work planned for the rest of this year.

Performance statistics

Overall confidence among staff that we will deliver on time and budget was 71% (Sep 2016), 12 percentage points down on the same point last year and lower than the lowest point of 2015/16: March 2016, 78%. The drop in confidence translates to 15 of the delivery commitments we made in our Delivery Plan now being rated as at risk. This includes the corporate priority on National Position.

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Percentage of Outputs Confident of On Time Delivery

While the risk of delivery needs to and is being managed, overall we are positive about this data because it reflects a move away from an 'optimism bias' in previous years' reporting, with more detailed reporting and staff time recording each month resulting in more realistic assessments of progress. Reporting levels also improved in October from the last quarter.

Staff capacity continues to be a key factor influencing delivery. Some work to define and accout for vacancies more accurately and to revisit the role of the Commissioning Group and the Workforce Review (Planning Group) in workforce resourcing questions are two of the current steps being taken to address this.

Percentage of Outputs Affected by Factors
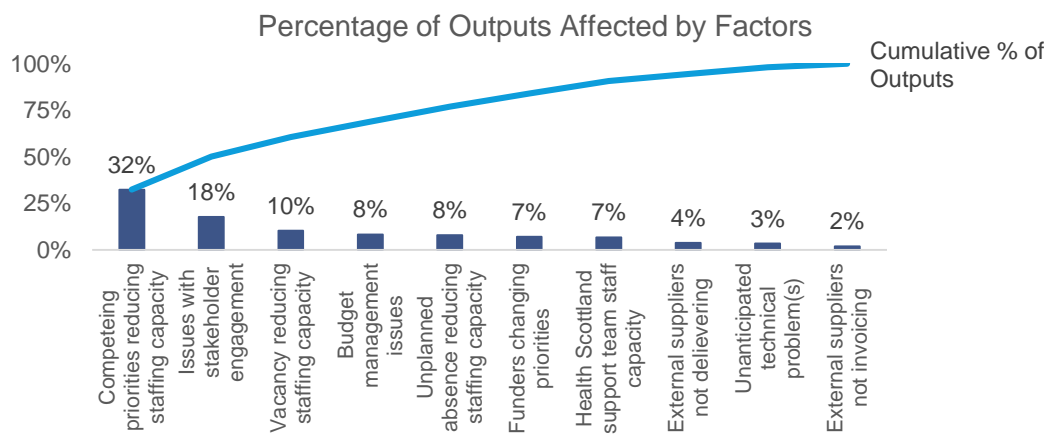
Update: Director of Health & Work

Corporate Priorities

Good work: employment and employability

Outputs On Time

Category	Count
On track, no issues	5
Some issues, will still deliver on time	4
Significant issues being actively managed	4
(blank)	1

Outputs On Scope

Category	Count
On Scope, no issues	5
Some issues, will deliver on scope	5
Significant issues being actively managed	3
(blank)	1

Breakdown of Issues

Category	Count
Vacancy reducing staffing…	2
Issues with stakeholder engagement	1
No Issues	1
Funders changing funding	1
Competing priorities reducing…	1
Funders changing priorities	1

Action	Progress
Develop the synergy across Scottish workplace health and wellbeing services, assisting employers to understand and implement their role in maintenance of and return to, good work.	Delivery of the Healthy Working Lives (HWL) Implementation Plan in partnership with territorial Boards under the HUB structure has now been underway for six months with progress being considered in September by the HWL Programme Board. Progress has not been as positive as hoped and this is being reflected in the HWL KPIs, particularly those related to face-to face activity. This is a situation that is being actively monitored and mitigating action taken. The Programme Board will also be reviewing the current model in January to allow more time for this new structure to bed-in and more informed reflection of what works/does not work, together with clarity on likely resource availability in 2017/18.

We undertook market research in respect of the Fit For Work Scotland (FFWS) Service (FFWs). This was received positively by the Partnership Board and DWP and is now being used to shape the Service's Marketing Strategy.

We have continued to contribute to the development of the Scottish Government's "Single Gateway Health and Work Service' pilot, with a particular focus on the use of the Health Scotland FFWs/HWL infrastructure as core elements of the new service. Pilot areas are currently being identified with a proposed go-live date of late 2017. |

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Action	Progress
Lead and coordinate a series of strategic discussions, at national and local level, to scope the development of approaches to working age people with mental health problems – supporting people stay in employment and get into employment.	This outcome is being progressed principally through activity reported in relation to other Outcomes, especially though the development of the abovementioned 'Single Gateway Health and Work Service' pilot. The core rationale of this pilot is the support people with disability and mental health conditions to stay in and get into employment. Similarly, the outcome is also being addressed in the work we are supporting with the NHS. We are also leading preliminary discussions with Scottish Government in relation to the establishment of a new GP pilot focused on mental health and employment as well as proposing that the new employment service is viewed through a 'health and inequality lens.' This work is, however, at a very early stage and is unlikely to go live before Q4.

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Action	Progress
Lead the development and promotion of the central role of the NHS in promoting the benefits of good work in creating and protecting mental health and wellbeing.	NHS Health Scotland is working with the Health and Safety Executive (HSE), Scottish Government Health Workforce Directorate and NHS Ayrshire and Arran to take forward a review of delivery of workforce mental health interventions within the NHS in Scotland. Several working group meetings have taken place with the interested parties ahead of implementation of an evaluation programme to determine the methodology used by a participating Health Board and how this aligns with HSEs expectations of implement based on the Management Standards approach. The evaluation of the work will lead to creation of a benchmark standard for the NHS in Scotland and contribute to the national review of the Stress Management Standards by HSE. Health Promoting Health Service and Healthy Working Lives are involved in this evaluation programme.

Mentally Healthy Workplace Training and Training for Trainers remain a critical and well evaluated part of the Health Scotland offer and is delivered in partnership with NHS Board and supports mental health improvement work within the NHS as well as other employers. We are conscious that the new Mental Health Strategy has an orientation and focus on mental health service provision and there are associated changes with non-core funding, which puts the future of this training at risk. The delivery model is therefore being reviewed to consider alternative options in light of reduced resources, as well as fluctuating trainer levels at Board level, though resources, albeit at a reduced level, will still be required. |

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Action	Progress
Healthy Working Lives will take a pivotal role in the coordination and co-production of a refreshed Health and Safety Action Plan for Scotland - creating an effective interface between health and safety and good work.	The Action Plan has been agreed with the Partnership for Health and Safety in Scotland and is currently being designed for upload to the internet. This upload will be hosted on the Fair Work Convention web site as a contribution to conventions approach to delivering fair work in Scotland. The Plan for Action is also contributing to how Scotland is participating in the UK strategy to Health GB Work Well. An evaluation criteria has been established and implemented, a marketing strategy agreed and clear roles and responsibilities for longevity of the plan established, including a web based community of practice. Nine of the twelve initial actions on the plan have been initiated. NHS Health Scotland has contributed to the Mapping of the Health and Safety System in Scotland, Gathering of soft data on health and safety performance and the Evaluation of NHS mental health employee interventions in Scotland. NHS Health Scotland is leading development of a national network of OHS advice to small businesses in partnership with IOSH in Scotland and delivery of a management tool to discuss driver health with employees in small businesses, in partnership with Glasgow City Council and the Scottish Occupational Road Safety Alliance. Both actions are progressing well. The third action with the agricultural community, to bring occupational health learning into agricultural college courses, is at a very early stage.

Action	Progress
Support the Fair Work convention through syntheses of evidence on active labour market policies and other briefings ensuring that relationship between these and children's health are explicitly referenced.	Two briefing notes; on Lone Parents, and Active Labour Market Policy and the impact on health (including child health) have been finalised and will be published in Q3. Advance copies have been sent to employability and public health policy leads within Scottish Government. A Good Work Research Report has also been been completed and will be published before end Q4. A Good Work Literature Review has been drafted, and a presentation given to the PHINS seminar in September 2016 to dissiminate findings from this. This will also be presented to a Scottish HSE audience with publication planned for Q4.
	Two journal articles on active labour market policy have been written: they are being prepared for submission to journals before end Q4. NHS Health Scotland has also provided support to the Oxfam-UWS Decent Work project through its research steering group.
	We have identified two new potential areas of work – research on Good Work in public service employment and an evidence review of how increasing voice at work could improve health and reduce health inequalities – and are in early discussions as to how these might support the development of Fair Work.
	More generally in relation to the Fair Work Convention, we have taken forward actions in relation to sharing learning on marketing/engaging with SMEs and on research collaboration. Other specific asks, including providing leadership within NHS Scotland on Fair Work, supporting the development of an Outcome Framework and measures of success, and supporting evaluation activity, are currently under discussion with the Convention.

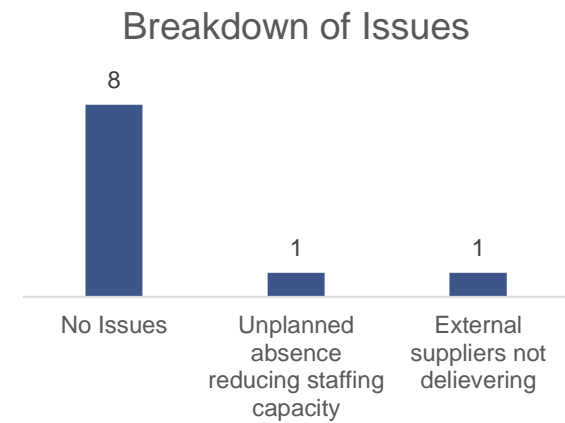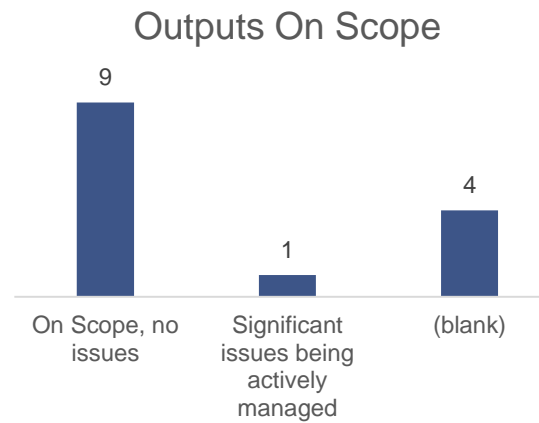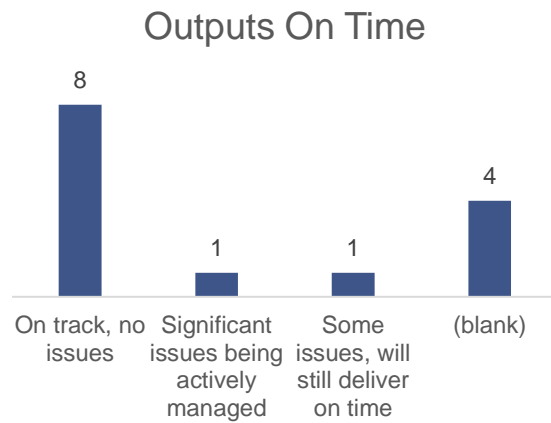| Action	Progress
Finalise HWL website	The Beta stage development of the the website is now underway and we are developing the website content and online-tools. Work is now also going ahead to enable the HWL database and the new website to exchange information. This is a critical development that took some time to scope but will allow us to provide an improved and proactive service based on information about registered users of the site. The current expectation is that the website will be completed by the end of March 2017.

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Corporate Risks

Risk	Update
CR16-11: As a result of financial and workforce related issues linked to the partnership-based delivery of Healthy Working Lives services we may fail to meet the expectations of our customers in terms of the responsiveness of our services and we may not achieve the outcomes we have agreed with our stakeholders	• Continued dialogue with local boards and contributed to an update report on performance for the period April to August which was considered by the Programme Board in September. Barriers have been identified which prevent Boards working collectively and share resources within a Hub structure. Therefore, the Programme Board will review the current model in January. This will allow more time for this new structure to bed down and more detailed evidence of what works/does not work to be gathered. • Monitored levels of service delivery. As face to face services are currently being redesigned and increasingly being delivered through alternative channels, the National Team continues to provide support to Boards and is working towards establishing more direct contact with customers through the Adviceline and on-line. • Continued to prioritise development of digital services including on line training, website and Award e-portfolio/annual review tools and resources.

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Update: Director of Health Equity

Corporate Priorities

Local Delivery Model

Outputs On Time

On track, no issues	8
Significant issues being actively managed	1
Some issues, will still deliver on time	1
(blank)	4

Outputs On Scope

On Scope, no issues	9
Significant issues being actively managed	1
(blank)	4

Breakdown of Issues

No Issues	8
Unplanned absence reducing staffing capacity	1
External suppliers not delievering	1

Action	Progress
Work with the Improvement Service, local Public Health teams, NSS and other partners to influence and contribute to local partnerships' work to address health inequalities	The partnership with the Improvement Service and National Services Scotland has successfully engaged with, given feedback on local strategic papers, provided analysis papers of local data to inform decision-making and delivered & facilitated prioritisation sessions for Aberdeen City, Outer Hebrides & South Lanarkshire CPPs as planned. In addition, Health Scotland has led the co-ordination of support from ourselves, NSS, and Glasgow Centre for Population Health to inform the work of Glasgow City's Commission on Health & Inequalities. The request to do this came in on the back of our partnership work and we were able to respond quickly and flexibly from across the organisation. We had a feedback session with representatives from Inverclyde CPP on the support we have provided for them since 2014. They were very positive and there were a number of lessons for us that will inform our offer to other CPPs. We have contributed to the Community Planning Managers' national group. We have also contributed to the Scottish Government's national group on the evaluability of the Community Empowerment Act.

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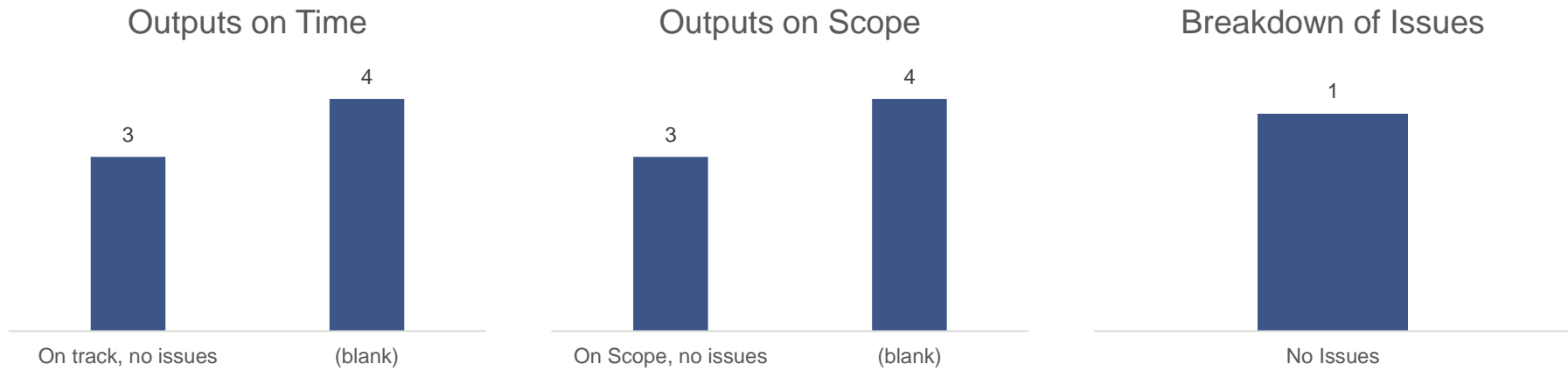| **Ensure action to address physical inactivity see Annual review letter**	The physical activity (PA) and place portfolio oversees this agreed action and delivers actions across PA Strategy & Policy, PA & Environment, Public and Professional Communications, PA in the Workplace and PA within Health & Care Settings.
	Health Scotland is a significant contributing partner to the Ministerial National Strategic Group for Sport & Physical Activity shaping the focus of discussion via the NSG planning group. The considerable shift in policy focus to inequalities and the associated barriers to PA are a consequence of our advice and guidance.
	We continue to lead and coordinate the Health and Social Care Physical Activity Delivery Group, working with a range of partners to develop and deliver a model for improvement that will enable partners to address the importance of leadership and strategic planning while progressing the promotion of physical activity as part of the Integration of Health and Social Care services. This work is taken forward via 4 thematic work streams focussing on: the physical activity pathway and associated interventions; education and workforce development; staff health and wellbeing; and the health and social care estate. It is aligned to the Active Scotland Outcomes Framework.
	We continue to co-ordinate and facilitate the NHS Physical Activity Special Interest Group providing a forum for information exchange, problem solving and horizon scanning. This includes a specific focus on the physical activity related actions and evidence requirements of CMO Letter (19, 2015) Health Promoting Health Service (HPHS). A bi-annual workshop with SG and PA partners is also coordinated by HS to provide joint planning, delivery and review opportunities.
	We remain as a core partner on the Green Exercise Partnership and are in discussion with the Health Finance Team at Scottish Government regarding a 3 year funding package and have provided an update report to the HPHS Ministerial Group on NHS Greenspace. HS currently invests £50k per annum in a match funding programme to develop and/or improve green NHS estates for patients, visitors and staff.

Action	Progress
	HS also invested £10k in inequalities targeted cycle to work schemes managed by Cycle Scotland and is a key advisor to the National Walking Strategy Forum and Cycle Action Plan Scotland Steering Group.

We will have completed the Exemplar Employer Physical Activity pilot by December 2016. This is testing the application of best practice standard within the workplace. HS were one of the pilot sites. The interim findings from the EPAE were presented at the WHO Europe Health Enhancing Physical Activity (HEPA) conference in September 2016, attracting interest and praise at an international level. Considerable learning will feed into the future workplace delivery model for PA.

Finally the Place Standard will act as a key mechanism for local communities and organisations identify and develop proposals to improve conditions to increase level of PA within their local area. |

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Action	Progress
Healthcare Improvement Scotland in relation to Integrated Joint boards (IJBs) to deliver outcome improvement work and that effectively brings together national and local public health capacity	We are contributing to the national partners group to define our contribution to IJBs within a national offer, the next meeting takes place in November. We are linking with various teams in Healthcare Improvement Scotland (HIS) to embed a focus on inequality, equality and human rights within specific priority programmes: Living Well in Communities; Palliative and end of life care; Focus on dementia; ongoing scrutiny processes. We are proposing to work with the newly appointed strategic commissioner for IJBs within HIS to progress Human rights based budgeting in Western Isles at the request of the Chief Officer and also to incorporate inequalities and human rights into strategic planning, commissioning and procurement processes more generally. We are working with the evaluation team within HIS to collaborate on a rapid review of evidence to inform a priority identified by at least one IJB. We have made good connections with the TRIST (tailored and responsive support team) to collaborate around data, analysis and reporting and are currently identifying areas where we can work together. We are meeting with the Director of the I hub in November to work with them around leadership, decision making and the other priorities identified by the Chief Officer group. We have completed a review of the IJB strategic plans to note the extent to which the partnerships have included a focus on inequalities, equality and human rights and are meeting with HIS and Scottish Government to consider the findings and next steps. Scottish Government and HIS have both put in place partnership arrangements to meet and prioritise actions identified by the IJBs we are working to connect with this and seek opportunities of embedding our work into ongoing offers from the teams involved. We are planning development sessions between HIS and HS to share key areas of our work and to identify areas for future collaboration. In Q3 there will be clarity within the national partners group about the asks / requirements from IJBs.

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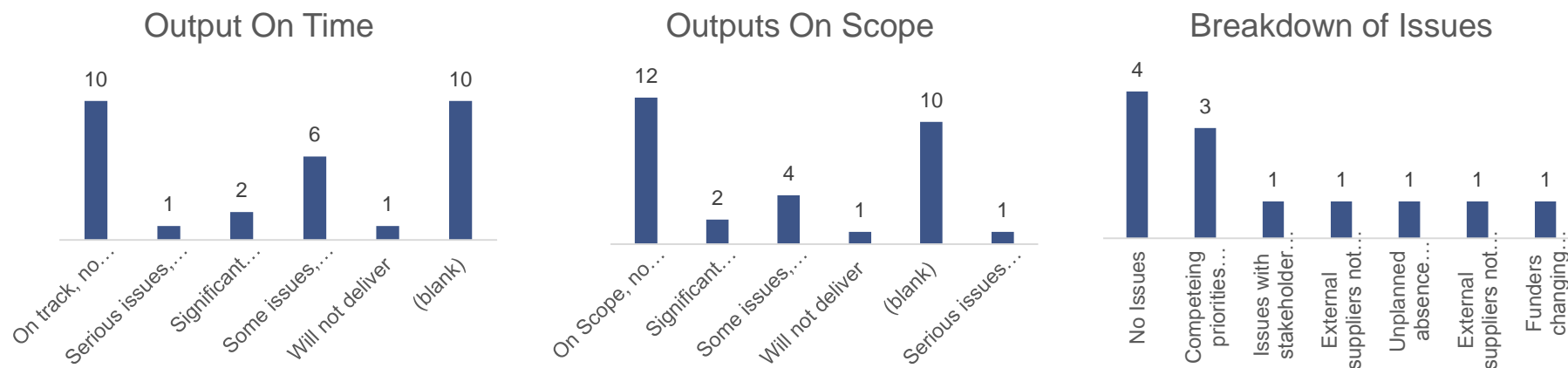Version last saved: 28/11/2016 15:38

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Children & Young People Strategic Action Plan

Outputs on Time

```
          4
   3
On track,    (blank)
no issues
```

Outputs on Scope

```
          4
   3
On Scope,    (blank)
no issues
```

Breakdown of Issues

```
   1
No Issues
```

Action	Progress
Work with education providers for undergraduate and CPD programmes for health visiting, midwifery and potentially school nursing to develop competences and learning materials on child poverty and its impact on health and to provide related practice sharing events.	A comprehensive marketing and dissemination plan was produced for the elearning module launch on 28 September. It was also promoted during Challenge Poverty Week (16-20 October) and demonstrated at our Facing Up to Poverty Event (7 November). Case studies to complement the module were requested from the steering group and an evaluation plan developed.
Establish a work stream focused on lone parents, and parents with young children, on low incomes in order to contribute to mitigating the impact of the economic downturn and ongoing austerity.	The 3rd meeting of the Lone Parents and Welfare Reform sub-group took place and actions were reported on by members of the group. For example, a 'safeguarding' protocol is being considered which will allow early intervention around services working together in the claimant journey to reduce the incidence of sanctions. The Faculty of Public Health accepted an abstract on the group's work for a poster presentation.

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Action	Progress
Use routine data to explore the links between work, poverty and health outcomes for parents and their children (particularly lone parents).	The papers are being finalised and are due to be published as planned in Q3.

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Workforce Planning & Development

Output On Time

Bar chart values:
- On track, no…: 10
- Serious issues,…: 1
- Significant…: 2
- Some issues,…: 6
- Will not deliver: 1
- (blank): 10

Outputs On Scope

Bar chart values:
- On Scope, no…: 12
- Significant…: 2
- Some issues,…: 4
- Will not deliver: 1
- (blank): 10
- Serious issues…: 1

Breakdown of Issues

Bar chart values:
- No Issues: 4
- Competeing priorities…: 3
- Issues with stakeholder…: 1
- External suppliers not…: 1
- Unplanned absence…: 1
- External suppliers not…: 1
- Funders changing…: 1

Action	Progress
Place Standard: In partnership with Scottish Government and others raise awareness and promote implementation of the Place Standard - ensuring its impact is distributed in a way that acts to reduce inequalities	The Place Standard (PS) since its launch in December 2015 has developed into a prominent programme of work drawing in support and expertise across the organisation and key partners throughout Scotland. NHS Health Scotland led on the design, consultation and drafting of a three year Place Standard Implementation Plan which in July 2016 was signed off by the Chief Architect of Scotland. It sets out a series of practical actions on: • Community & Organisational Leadership • Role of Legislation, Policy & Strategy • Workforce & Community Capacity • Higher & Further Education Learning • Public Awareness & Proactive Delivery

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Action	Progress
	• Equitable Application across Communities • Improvement – Evidence of What Works • Funding & Awards Criteria These are governed by a Board (Chaired by Chief Architect), Implementation Group (Chaired by HS) and three working groups (All Chaired by HS). In addition to the above other key successes In Q2 include: - • Local Authority/CPP agreement to use the PS to inform Locality Outcome Improvement and Locality Planning. HS are providing direct learning support to East Dunbartonshire Council. • Joint agreement and investment (SG/HS) in PS training delivered by Improvement Service to all CPP Boards and frontline staff • Ministerial Letter to all CPP Chairs and LA CEOs (co-signed by Chair of HS and Architecture Design Scotland) inviting the nomination of a PS Lead for their area. • Agreement to embed the PS and equality screening into the multi-million pound Sustrans Community Links Plus funding criteria. This year's fund to be launched November 2016. • Place Standard Alliance bringing key leaders across Scotland to be launched in Glasgow on 7th December 2016. • On-going awareness raising and teaching at conferences, professional and community workshops, meetings and universities resulting in increased usage by staff and communities.

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Action	Progress
Strategic Approach to Food & Obesity: Inform and evaluate new and emerging food policy in Scotland using the best available data and evidence, through working in partnership with Food Standards Scotland, and the Scottish Government	Highlights from this quarter include: • A paper to Scottish Government to inform their thinking on obesity strategy in general and healthy weight management in particular. • Establishing a Food and Drink research collaborative between NHS Health Scotland, Scottish Government and Food Standards Scotland (FSS) to improve the coherence, relevance and impact of food and drink related research in Scotland through building collaborations between policy makers, intermediary organisations and researchers. • Submission of written evidence to the Health and Sport Committee to inform the forthcoming session on obesity • Contributed to the Improving Scotland's Diet meeting

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Action	Progress
Community Justice: Better community justice planning, practice and collaboration for people in custody and community, through more effective interventions, reduced impact of offending and sentencing and positive, sustainable change.	The Reducing Offending, Reducing Inequalities document is being received as a useful contribution to planning, especially for local Community Justice coordinators to encourage more health engagement with justice. We have agreed that it will be published after the CJ Strategy goes live end of November. The content however is already helping to strengthen our profile and role in supporting SG and we have now been asked to join the national CJ Strategy Reference Group and run a workshop at the November launch.

The improvement resource has been refined and is being proposed for a roll out across the Lothian and Border area in the winter to generate tests of change as part of the last push of the transition year towards the new local community justice partnership structures taking over in March 2017. We are using elements of the resource in local work we are collaborating on with Inverclyde and East Renfrewshire and have facilitated an improvement session at a national police and forensic medicine event. Our intention to strengthen national collaboration has been successful in that we are likely to require to input less of our own capacity going forward. |

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Corporate Risks

Risk	Update
CR 16-3: Because the knowledge we produce and share about health inequalities is correct but sometimes not followed up with support to apply the knowledge we do not give the people who can act to reduce health inequalities what they need when they need it and so they do not act to reduce health inequalities	• Begun a KIA (Knowledge into Action) improvement project with a cross organisational Improvement Team identified. • Identified additional control measures, drawn from our existing KPIs (see above). • Further developed the EfA (Evidence for Action) Knowledge Matrix as a tool to help explore and clarify the organisation's views on knowledge types and synthesis. • Incorporated KIA considerations into the work of the new Corporate Planning and Performance Group, in particular the development of guidance questions for quality Deliverable Commitments and Outputs. • Hosted, with NES, a national discussion on collaborating for KIA in Public Health. • Reviewed the literature to clarify the evidence base behind the concept of a knowledge broker • Begun providing KIA consultancy to Health Scotland Projects e.g. Triple I.
CR 16-8: As a result of lack of capacity in the Web and Digital team they cannot deliver in response to demand resulting in failure for the organisation to deliver on commitments	• An Employee Engagement Index of 69% in the iMatter Digital Services Team report – with a 73% response rate. • Recruited to two permanent posts, so we now have 10 of the original 12 permanent posts confirmed. • Continued to implement the restructure in order to provide a stable workforce with less reliance on temporary and fixed-term staff. The two outstanding vacant posts from the original structure, the Band 5 Systems Support Developer and Band 4 Digital Production Coordinator, are both at recruitment.

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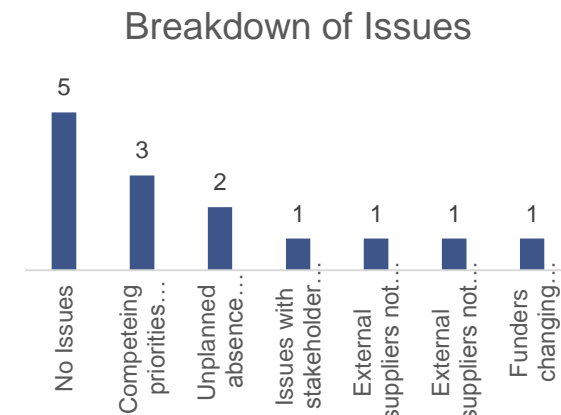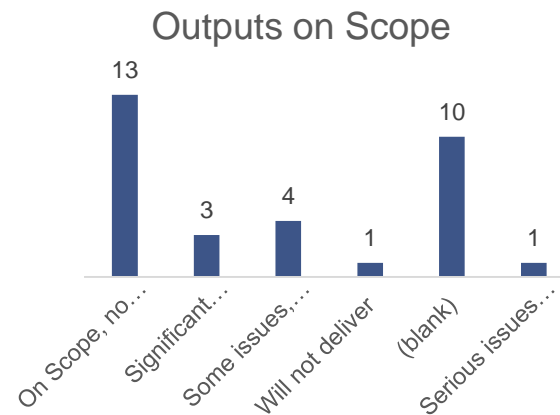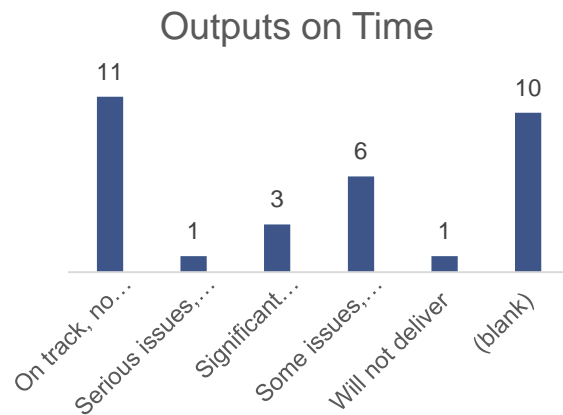Author: Tim Andrew
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- Further increased capacity in the team through one additional permanent and fixed-term role respectively.
- Undertaken facilitated team development through a variety of interactions, which has led to an agreed set of Team actions.
- Ongoing discussions with the Scottish Government Digital Transformation Service have confirmed that retention of digital staff across the public sector is a recognised issue. A Civil Service Board Paper on Reward and Recognition for digital posts was presented over the summer. This included recommendations on an ICT allowance, as well as new pay scales for the civil service. The Paper will be reviewed with a view to NHS Health Scotland learning from the approaches being taken forward.

Update: Director of Public Health Science

Corporate Priorities

National Position

Outputs on Time

Category	Value
On track, no...	11
Serious issues,...	1
Significant...	3
Some issues,...	6
Will not deliver	1
(blank)	10

Outputs on Scope

Category	Value
On Scope, no...	13
Significant...	3
Some issues,...	4
Will not deliver	1
(blank)	10
Serious issues...	1

Breakdown of Issues

Category	Value
No Issues	5
Competeing priorities...	3
Unplanned absence...	2
Issues with stakeholder...	1
External suppliers not...	1
External suppliers not...	1
Funders changing...	1

Action	Progress
Provide national leadership and coordination of health equity policy and implementation as part of a public health strategy for Scotland (keeping a focus on HLA, MESAS, Tobacco and public mental health for all, as per the Annual Review letter)	The Government will propose a strategic statement for priorities in Scotland; Health Scotland is well placed to respond to the likely themes. Health Scotland already has well established work programmes in alcohol health harm (MESAS) which will re-activate depending on the decision to Appeal the latest court judgement, tobacco (and more recently e-cigarettes), physical activity, and a refreshed approach to diet and obesity. The organisation has been active in advocacy for a strong public mental health approach as part of a recent engagement process with the Government. There is continued discussion over future strengthening of the HLA scheme. Work on childcare, school meals and other core Government policy, seeking to ensure and evaluate success in fair implementation of policy, is ongoing. Inequalities and sound approaches in settings and across age groups have been part of recent work, since the Parliamentary elections and in support of the programme for Government.
Work with Scottish Government (SG) policy leads to support the introduction and evaluation of innovative policy ensuring evidence of what works and why is gathered and shared at national level through the Inequalities Action Group.	This has been a particularly active part of recent work. Childcare and school meals policy evaluation is under negotiation. Work on Adverse Childhood Experiences, and on poverty alleviation in fuel, food and for children is ongoing. Health Scotland is successfully bringing an evidence-informed approach to policy-making in a timely way. There are risks to budget setting and analytical capacity which the organisation needs now to manage, reflecting recent successes in influencing policy-making in the work we have offered, and could continue through to implementation and the judgement of what works in practice.

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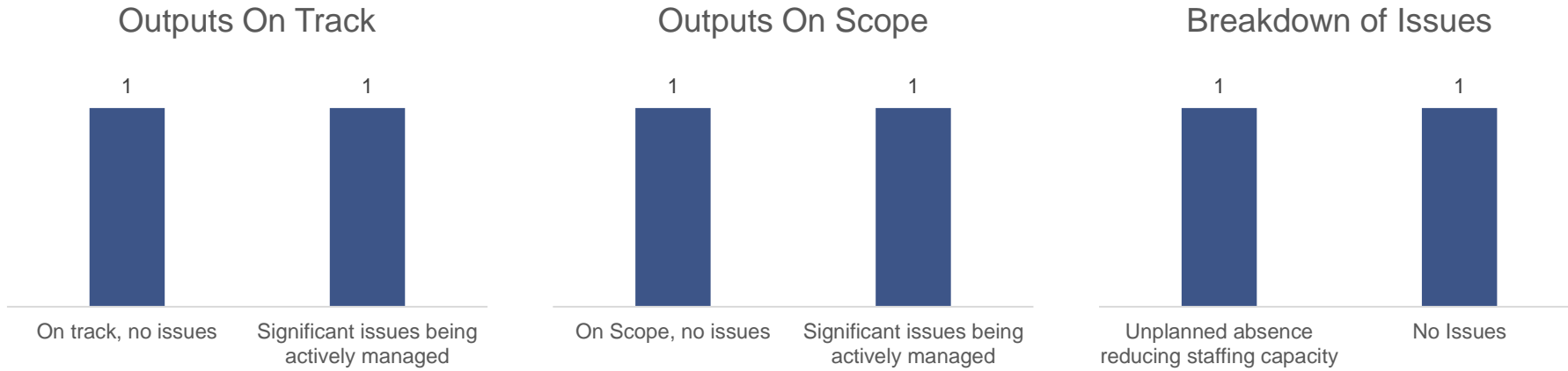Author: Tim Andrew
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Action	Progress
Support SG with the analysis and dissemination of the relational aspects of the fairer and healthier conversations– integrating the results of HS conversation work with the national conversations.	Health Scotland features in the Fairer Scotland Action Plan, committing to pledges designed to alleviate poverty and support access to the means to lead a healthier life. The Healthier Scotland conversation successfully drew on Health Scotland staff to shape the report (last reporting year), and further develpments await policy announcements on next steps.
Work with NHS Chief Executives Group and SG to scope and deliver the application of the economic leverage of NHSScotland within localities with multiple disadvantage.	There has been modest progress on this issue in the reporting period. There is potential to take a continuous improvement approach to procurement and local employability across the health sector as major procurers and employers. Several good practice examples are already evident; reporting this practice to gather a clearer picture of achievements, and realising potential through scaling up and applying good practice across all parts of the country and organisations, are new areas for further work and influence.
Engage fully in the public health review and implementation of agreed recommendations **Shape national scheme for developing elements of the public health workforce**	Health Scotland staff have stayed close to policy colleagues on plans and developments, and have led work in preparation for progress on shared services, public health intelligence, and workforce. Health Scotland is well placed to respond when the Government announces its intentions. A one-year plan for workforce development, led and largely facilitated from within the organisation for the whole public health community, is on track for full delivery.

Action	Progress
Work in partnership with NES and employers to ensure that core PH workforce development is supported	Health Scotland staff have good ties with NES colleagues, and have plans to take advantage of developments led by NES on learning platforms, and inter-disciplinary learning and development. Staff are working with Scottish Government and with NES to build in public health knowledge and skills to the 'transforming community nursing' reviews and to new developments in postgraduate community nursing education. For example we launched the child poverty elearning module recently and already have some take up among the universities providing nursing training.

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Workforce Planning & Development

Outputs On Track

1	1

On track, no issues · Significant issues being actively managed

Outputs On Scope

1	1

On Scope, no issues · Significant issues being actively managed

Breakdown of Issues

1	1

Unplanned absence reducing staffing capacity · No Issues

Action	Progress
Lead the collaborative development with partners and stakeholders of an evidence based approach to reduce obesity in Scotland.	NHS Health Scotland staff are members of the Obesity Action Scotland steering group in collaboration with the Royal College of Physicians and Surgeons of Glasgow (RCPSG), RCPSG Dental Council, Scottish Health Action on Alcohol Problems (SHAAP), University of Liverpool, Scottish Coalition on Tobacco (SCOT), ASH Scotland and the University of Glasgow. http://www.obesityactionscotland.org/ A Journal paper on BMI distribution by SIMD is ready for submission once Scottish Government give the final sign-off. The journal paper is being used as a basis for an inequalities and obesity briefing paper, anticipated to be published next quarter

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Corporate Risks

Risk	Update
CR 16-3: Because the knowledge we produce and share about health inequalities is correct but sometimes not followed up with support to apply the knowledge we do not give the people who can act to reduce health inequalities what they need when they need it and so they do not act to reduce health inequalities	• Begun a KIA (Knowledge into Action) improvement project. A cross organisational Improvement Team has been identified to take the work forward. • Identified additional control measures, drawn from our existing KPIs (see above). • Further developed the EfA (Evidence for Action) Knowledge Matrix as a tool to help explore and clarify the organisation's views on knowledge types and synthesis. • Incorporated KIA considerations into the work of the new Corporate Planning and Performance Group, in particular the development of guidance questions for quality Deliverable Commitments and Outputs. • Hosted, with NES, a national discussion on collaborating for KIA in Public Health. • Reviewed the literature to clarify the evidence base behind the concept of a knowledge broker • Begun providing KIA consultancy to Health Scotland Projects e.g. Triple I.

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Update: Director of Strategy

Corporate Priorities

National Position

Outputs on Time

On track, no issues	Significant issues being actively managed	(blank)
2	1	1

Outputs on Scope

On Scope, no issues	Significant issues being actively managed	(blank)
2	1	1

Breakdown of Issues

Grand Total

Action	Progress
Establish health equity outcomes through the A Fairer Healthier Scotland (AFHS) stakeholder performance forum that require collaborative action across the public, private and third sectors and inform the review of the National Performance Framework Indicators.	Our performance framework was approved by the NHS Health Scotland board as an integral part of our delivery plan in March 2016 with our first impact report, based on the performance framework agreed in June 2016 and based on previous work with our Stakeholder Performance Forum last year. The Stakeholder Performance Forum has since focused its activity on the more challenging task of developing a collaborative performance framework to achieve health equity outcomes. In doing this it became evident that in developing an approach to collaborative performance a number of external factors needed to be taken into account including implementation of the Public Health Review, work on Public Health Shared Services and the development of our new strategy. It has since been agreed to stand down the current Forum and halt the work on collaborative performance awaiting the outcomes of key areas of work outlined above.
Demonstrate that NHS Health Scotland's knowledge and delivery plan is communicated effectively to target audiences.	The Communications and Engagement team is implementing the organisational communications and engagement plan, focussing on Promoting, Protecting and Positioning NHS Health Scotland, our knowledge and our services. The social media and public affairs work is developing apace. Our Twitter reach and engagement continues to increase and new social media routes are being explored, including Instagram. We have significantly improved our public affairs bulletins for staff and received a large amount of positive feedback as a result. We are engaging with the Scottish Government and working with staff to improve our approach to policy advocacy and influence. Communications and engagement plans for core programmes one and four are being implemented. Work around core programmes two and three has been constrained by unforeseen staff absence but is being developed

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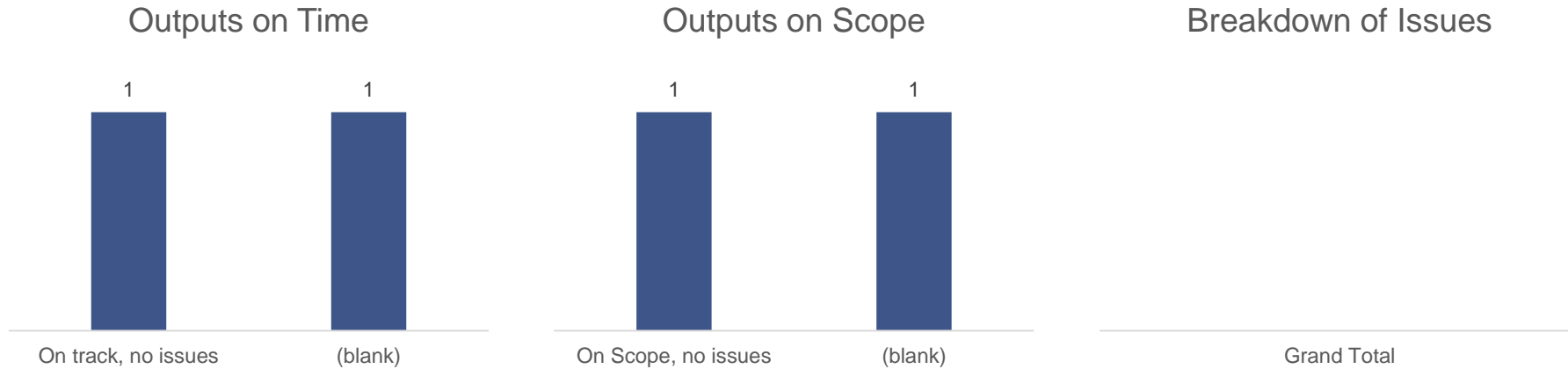| Action	Progress
Complete HS.Com	The revised launch of Phase 1 of healthscotland.scot is on track for 14 November 2016. External user testing in Q2 showed stakeholders found the website easy to use describing it as 'clean, organised and uncluttered'. No significant issues were identified. Final technical and content checks as well as marketing are progressing well.
Lead the further development of the Inequalities Action Group as a collaborative endeavour between HS, SG, CoSLA, Directors of Public Health and other key partners.	Any further development of the Inequalities Action Group will be reviewed with key partners when further information regarding public health and NHS reform in Scotland is available. In the meantime we are continuing to work with national partners to deliver a wide range of collaborative programmes.

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NHS

Outputs on Track

On track, no issues	Significant issues being actively managed
3	3

Outputs on Scope

On Scope, no issues	Significant issues being actively managed
3	3

Breakdown of Issues

Unplanned absence reducing staffing capacity	No Issues
3	3

Action	Progress
Lead the collaborative development and production of an NHSScotland strategic statement for equitable health improvement, focusing on strengthening the role of NHSScotland in achieving health equity.	The next key activity in this regard is a planned event with NHS stakeholders on 10 November 2016. The purpose of this event will be to take the discussion about what is required of an NHS statement on equitable health improvement beyond the public health community. Work in Q2 has been on engaging with key stakeholders in order to secure participation across all the key professional groups and this has proven to be successful.

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Action	Progress
Ensure close alignment of the NHSScotland strategic statement development with 2030 vision and other strategic NHSScotland policy developments as a result of the national conversations.	The Fairer Scotland report Action Plan published in October with three specific commitments for NHS Health Scotland relating to our work to raise the profile and practical skills of the NHS workforce in addressing the issue and impacts of child poverty. • By September 2017, develop and deliver training resources and events (in partnership) to raise awareness of child poverty and its impact on health and wellbeing amongst public services staff. • By March 2018, work in partnership with NHS Boards to develop national referral pathways between NHS services and local advice services to maximise the incomes of patients. • By March 2018, promote the importance and adoption of routine enquiry about money worries by NHS staff to help patients maximise their incomes and referral to advice services where necessary.
Work with NES and HIS to develop a develop a health inequalities 'literacy programme' for IJB executive and non-executive directors (this isn't the right language but something that captures knowledge development)	We have developed a draft of the learning resource - evidence briefings and other HS resources that execs/non execs might find helpful. We have been sourcing case studies which we plan to develop as audio visual learning resources. The materials are being designed to pilot on the VLE in Q4 with our SG contacts and a small number of non execs in order to sense check the approach before developing further. This resource will be informed by the NHS engagement session on inequalities on 10 November (see NHS update).

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Action	Progress
Work closely with Primary Care leaders and policy makers to ensure inequalities is a strong theme in development of the sector within Health & Social Care integration.	Health Scotland's primary care programme is developing a number of related initiatives focused on the primary care setting. Firstly, Health Scotland is working with the Scottish Government and the Scottish School of Primary Care to support effective evaluation of a wide range of programmes and initiatives contributing to the national primary care transformation agenda. Secondly, research is continuing for an evidence review entitled: "What works to reduce health inequalities in the primary care setting." Health Scotland is contributing to national evaluation and review of the community link workers project to help maximise the impact of the role on health inequalities. We continue to consult with Deep End GPs and others on our proposal to develop 'health inequalities risk registers' in general practice; and we are developing an 'Inequalities Audit Tool' to help identify and reduce service access inequalities in primary care.

Workforce Planning & Development

Outputs on Time

On track, no issues	(blank)
1	1

Outputs on Scope

On Scope, no issues	(blank)
1	1

Breakdown of Issues

Grand Total

Action	Progress
Refresh performance management processes to ensure staff have a clearer understanding of their contribution to the delivery of AFHS.	A pilot is underway within the Strategy Directorate and a few other teams as part of this year's objective setting within KSF. Staff were asked for their feedback on this approach in October and the results of this are currently being collated and reviewed. In addition, much of the intent of the 5 year strategic plan that is currently underway is concerned with creating a clearer line of sight between staff's workplans and the priorities that will be in the plan by being more specific about the steps being taken each year towards those outcomes.

Action	Progress
Review the KSF Framework to ensure staff can access the training and development they need to align their work with our HS's strategic aims.	The KSF framework has been reviewed against AFHS 1 in terms of fit for purpose and in terms of the course offer that sits behind the framework. The Workforce Strategy Group has just been reviewed in terms of purpose and focus. Part of its work in the next phase will be to refresh this framework in line with the emerging Strategic Development Priorities that are being identified for the next strategy.

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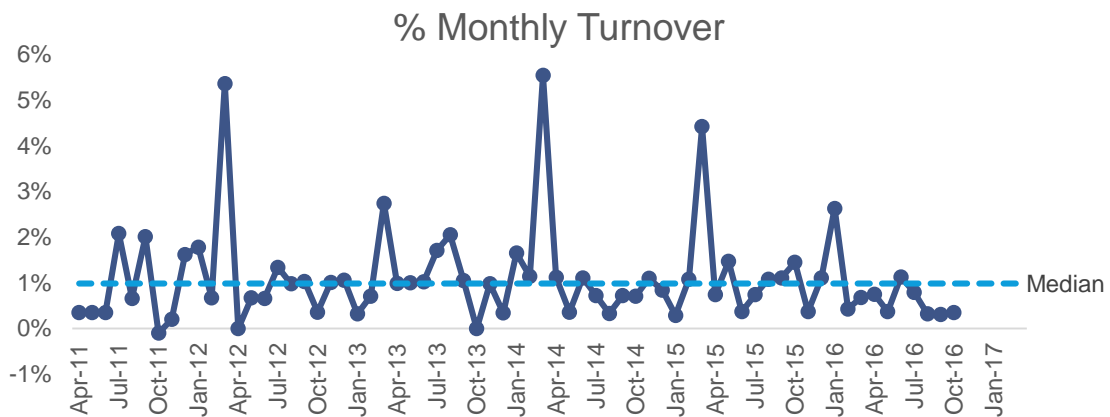Version last saved: 28/11/2016 15:38

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Corporate Risks

Risk	Update
CR 16-1: As a result of ineffective organisational performance management our performance doesn't improve and we don't deliver our corporate priorities on time and on scope	• We reviewed performance in 2015/16 and identified the leading cause of non-delivery as staff capacity planning. • We have developed an approach to tracking actual staff time, the idea being to improve staff capacity planning by providing data on how actual staff time is spent. • We are currently reviewing the role and function of the Workforce Planning (Resource) Group and its relationship with the Commissioning Group, in order to improve the ability of the organisation to respond quickly when gaps in staff capacity are impacting on delivery.
CR 16-2: As a result of not aligning staffing and financial resources to corporate and in year emerging priorities we do not make the best use of our resources and we have less impact than we might so our reputation is damaged	• The function and membership of the Commissioning Group (CG) has been extended to all Service Heads and to include a new responsibility to monitor and reallocate surplus funds in year in support of strategically important work. • The CG has begun meeting on a quarterly basis with CMT to review. external strategic drivers, review planning and performance and agree any remedial actions.
CR 16-4: As a result of our inability to quickly respond to the new political administration and changing landscape we fail to meet expectations of our funders and stakeholders and so we lose the ability to secure our national position	• We have undertaken further analysis of strategic priorities based on our analysis of political manifestos and Programme for Government. • This resulted in the draft strategy and accompanying analysis being adopted by the Board in August. • We have shared our draft strategy with our sponsor division for feedback on our strategic priorities.
CR 16-6: As a result of not aligning and adapting our language to the prevailing public and political discourse there is a risk that we lose	• Commissioned a module on inequality in the Scottish Social Attitudes Survey to explore awareness, understanding and attitudes to inequality.

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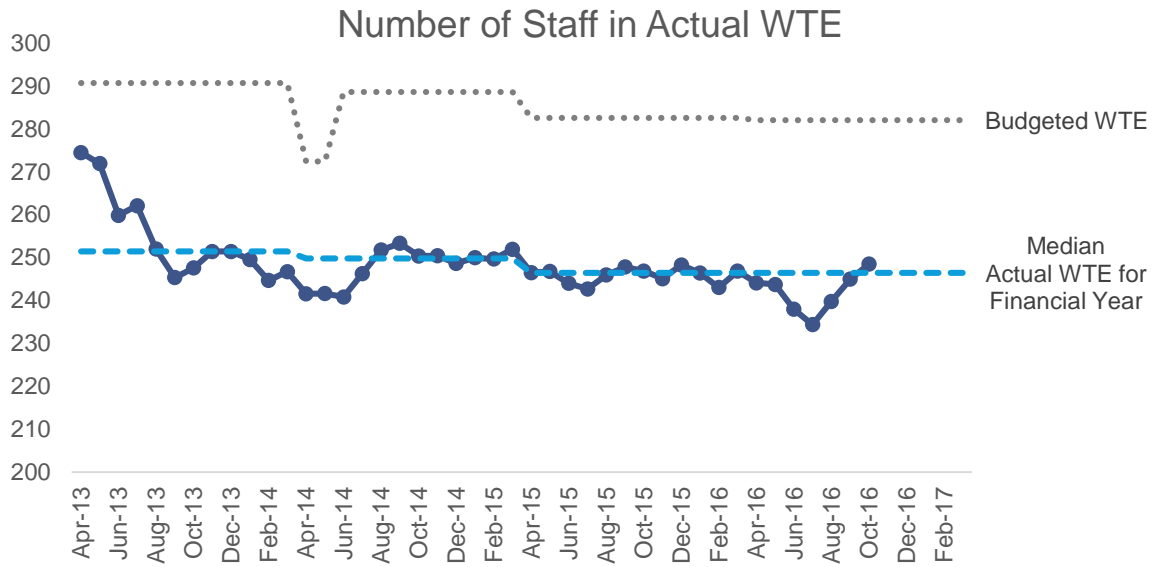Author: Tim Andrew
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our ability to influence our key stakeholders and therefore fail to make an impact	• Undertaken an analysis of what the result of the EU Referendum means for NHS health Scotland.
CR 16-7: As a result of ineffective engagement and/or decision making with regards to our next strategy we will not be effectively positioned for a national leadership position on health inequalities for the next five years	• Continued to meet with the internal steering group who have facilitated directorate level discussion and will support further engagement. • Provided regular updates on the source and via our corporate communications. • Held an externally facilitated CMT and internal steering group workshop to inform further external and internal engagement. • Held an all staff event with a focus on our next strategy.
CR 16-9 As a result of not properly concluding the functional realignment there is a risk that we don't see the improvements we expect from it as quickly as we need	• The realignment is completed within Strategy and CEO. • The majority of work – including at all management levels - is completed in Health Equity and Health and Work.
CR 16-10: As a result of not having structured but flexible approaches to project management there is a risk that we don't deliver on time, scope and budget resulting in not delivering on our commitments.	• We have improved data systems and improved proceses for reporting on and using that data for performance discussions. Conversely, one impact of better data reported elsewhere in this report is that some key performance trackers suggest a down turn in performance. However, we believe much of this is because of more accurate and rigorous recording than before. This is being closely monitored and tracked over time. • The new project office, headed by a new post of Organisational Lead for Programme and Project Management, is now established. It's primary role is to lead in the planning and management of complex and delivery-critical projects

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Update: CEO's Office

Corporate Risks

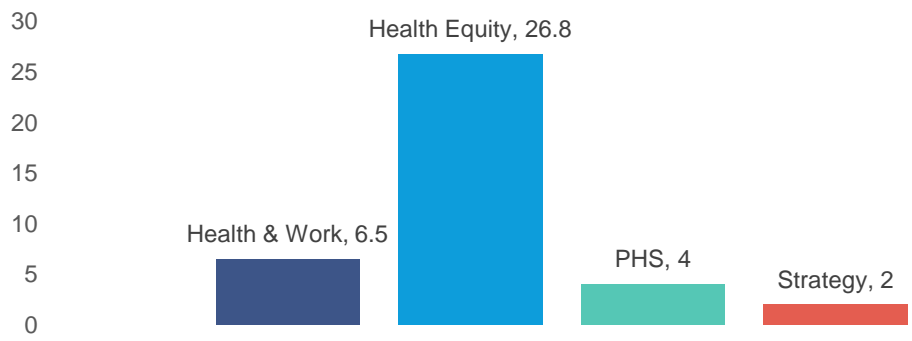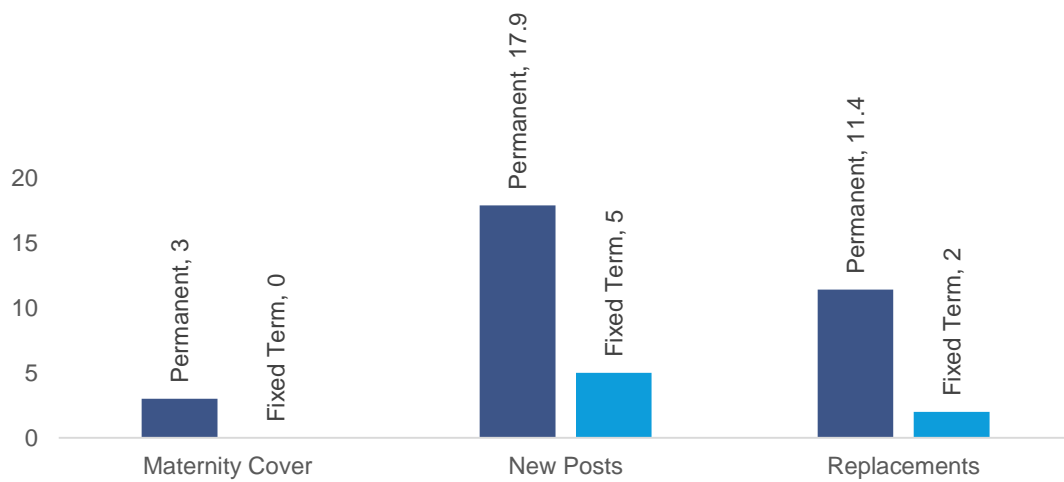| Risk	Update
CR 16-5: As a result of not responding quickly enough to our changing financial situation we do not act quickly enough to deliver against strategic opportunities and we do not meet our financial targets	• We engage in early planning in the longer term (5 year financial plans) which support the Business Plan. We work with the Scottish Government and other strategic partners to help identify any strategic opportunities which may arise in the longer term (5 years), shorter term (3 years), 1 year annual plan and also during the current financial year. • Our monthly management accounts help us identify funding to take advantage of strategic opportunities, not only in year-end forecast savings eg staffing vacancies, but also in uncommitted budgets and uncommitted spend which are monitored as noted below. • These controls and measures have been in place and working for a number of years and help to fine tune our spending notably in the last quarter of the financial year so we can maintain our strategy of spending our full current year funding allocation and managing within 1% b/f and c/f surplus of the funding allocation. • The y/e flexibility is important in providing us with a contingency (should the need arise at the last minute), an option to c/f surplus to the next year (rather than spending it unwisely at the year-end) and a boost to our budgets in the next financial year.

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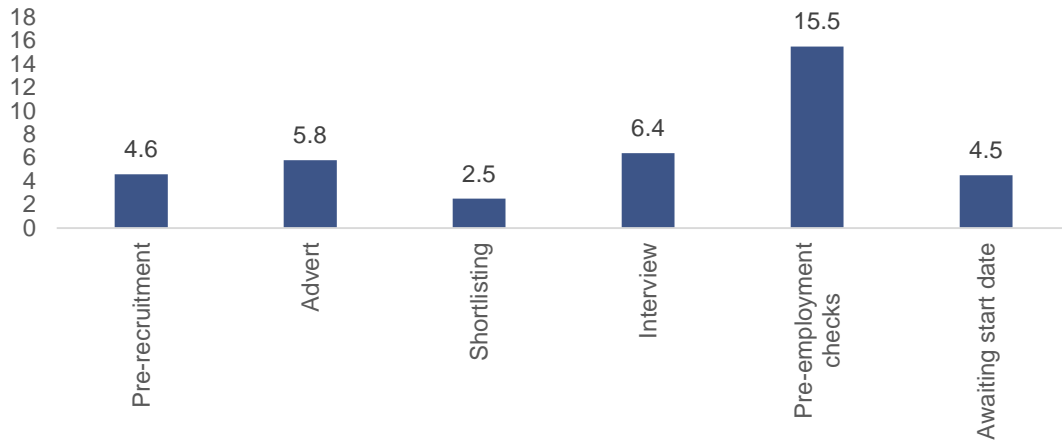Version last saved: 28/11/2016 15:38

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Appendix A: Workforce Statistics

Number of Staff in Actual WTE

% Monthly Turnover

Vacancies by Directorate (WTE)

Health & Work, 6.5
Health Equity, 26.8
PHS, 4
Strategy, 2

Cause of Vacancies by Duration (WTE)

	Maternity Cover	New Posts	Replacements
Permanent	3	17.9	11.4
Fixed Term	0	5	2

Vacancies by Recruitment Process Stage (WTE)

Stage	WTE
Pre-recruitment	4.6
Advert	5.8
Shortlisting	2.5
Interview	6.4
Pre-employment checks	15.5
Awaiting start date	4.5
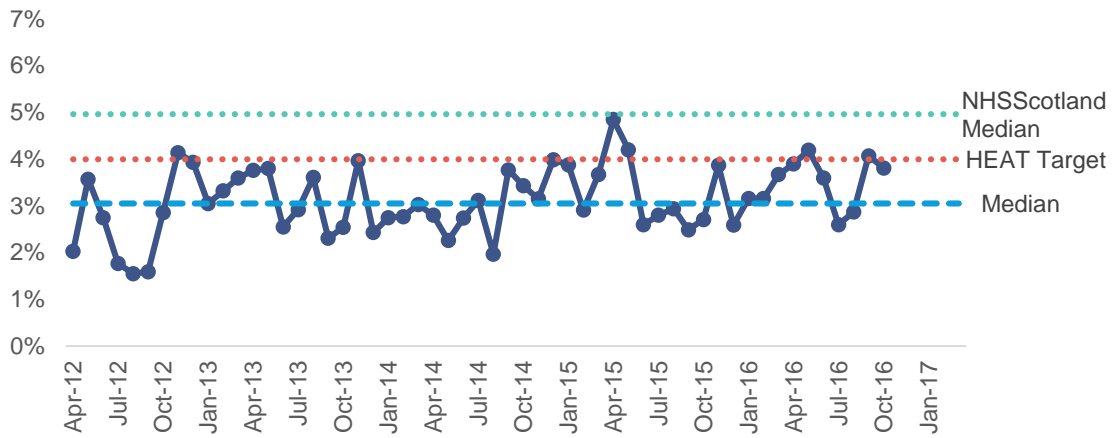
% Sickness Absence

Appendix B: Financial Report

2015/16 FINANCIAL POSITION: 6 MONTH REPORT - CMT (25/10/16)

1. Health Scotland's financial position for the 6 month period ending 30 September 2016 is set out on the enclosed spreadsheet. Further information is provided in the graphs attached to this report.

2. With regard to the **revenue resource limit** (RRL), at 30 September there was an underspend of £250k (2.8%) against the budget of £8,893k. The total of unallocated budgets at 30 September was £173k but after the Commissioners meeting on 24 October this is expected to reduce to increase slightly being the net result after surrenders and bids in the month to £179k, which together with the £40k add back of the mental health efficiency saving gives as around £220k of unallocated budget. As noted in the y/e saving forecast we can reduce the unallocated budget down to £100k so we have around £120k plus any further surrenders available to fund bids over the remainder of the year.

3. Matters to be noted at this stage are as follows.

    *   The Board's 2016/17 RRL as advised in the 3 October allocation letter from the Scottish Government was £19,152k which includes a non-recurring allocation of £919k. We received £500k of non-recurring funding in September mainly being Mental Health at £200k, the vaccination program at £130k, and the Links Worker program at £89k together with some smaller allocations (See separate non-recurring analysis) but this was offset by the smokeline allocation to NHS 24 at £62k, and a non-recurring efficiency saving of £69k (10%) but this will be reduced to £29k in October as £40k of this was attributable to Mental Health based on an expected allocation of £400k.
    *   The £250k underspend against the phased budget consists of 2 main elements; an overall underspend of £73k on staffing and an overall underspend of £177k on projects.
    *   Staffing: Our strategic realignment is taking longer than first envisaged which has the consequence of some unplanned salary savings in Health and Work and Health Equity to date but the saving in Health Equity is offset by significant temp costs. See separate y/e forecast analysis.
    *   Projects: Variances to date are mainly due to budget phasing with timing savings across all Directorates with only one variance above £25k as noted at 6 below.
    *   The CMT at their June meeting allocated £68k (£136k FYE) from the unallocated budget to fund additional permanent staffing to help manage pressure points in the organisation. This element is expected to cost £72k in 2016/17.

4. Efficiency savings for 2016/17 reported to the Scottish Government are £911k (5%) on core funding which has been recycled, and £61k on certain non-core efficiency savings (10%) which is cash releasing on a non-recurring basis so a one-off for this year.

    The core savings are from service re-provision in Health and Work of £600k, and estates savings on the floor reduction in Meridian Court of £225k, which together with some smaller savings of £86k provides us with £911k of recyclable savings. The non-core saving of £61k are cash releasing were due to come from certain non-recurring allocations. The actual cash releasing is now £29k as mental health has received a significant cut in funding for 2016/17 and hence is no longer in the efficiency savings.

5. Directorate Analysis: YTD staff cost variance by Directorate –

Dir	Var (£k)	Comments +/- £25k variance
CEO	(46)	Vacancies not sufficient to meet vacancy target
H&W	88	Vacancies at higher level than expected but savings made will help fund non-recurring posts commencing later in year
Strategy	25	
HE	16	Vacancies are high but high temp costs of £202k YTD in marketing mainly offsets savings in first five months
PHS	(10)	
Total	73	Helps part fund fixed term additional posts later in year

6. Directorate Analysis: YTD project cost variance by Directorate by project
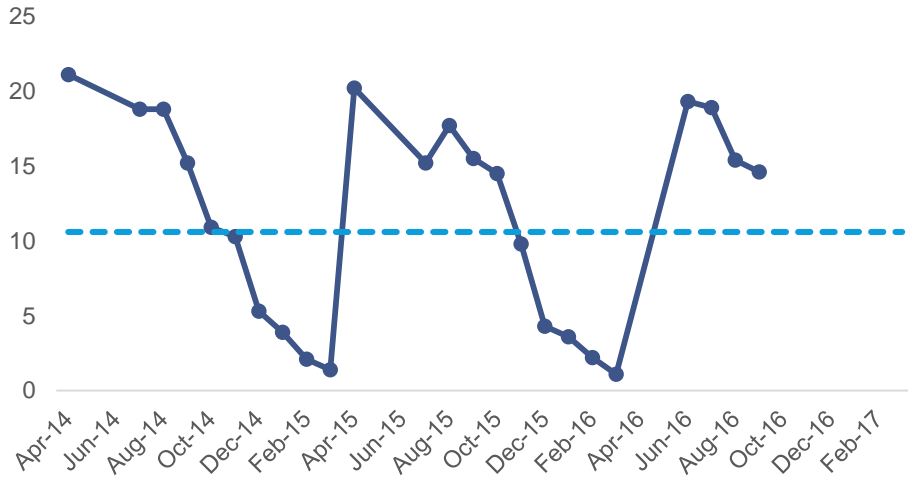
Dir	Var +/- £25k	Comments +/- £25k variance
CEO	-	
Health&W	-	
Strategy	-	
HE: Pop Health	53	This budget of £309k is phased heavily in the second half of the year at £239k but has a low spend of £17k v budget of £70k for the YTD. Under review re possible surrender.

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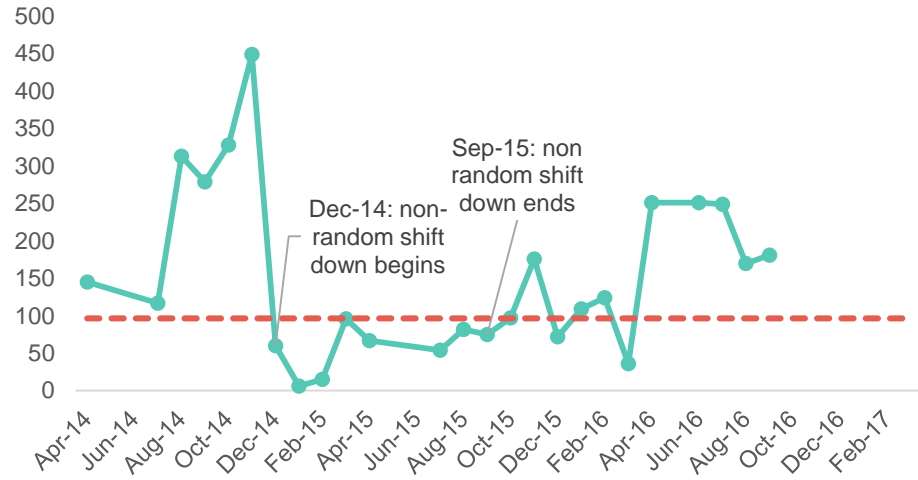| PHS:	-	
ALL	124	Project variances across all Directorates < £25k
Total	177	

7. **Our year end forecast** is subject to a separate report with the forecast being an underspend of £225k split £125k on staffing and £100k on projects which we will c/f to 2017/18 with the approval of the Scottish Government,

8. The 2016/17 **capital resource limit** (CRL) as allocated by the Scottish Government has been reduced to £250k. We submitted in our LDP a capital resource of £350k, being originally split between IT costs at £150k (renewal £50k and new developments £100k) and office improvements at £200k. On review any new IT developments are unlikely and hence as part of the office improvements project we have offered to reduce our capital allocation to £250k.

   Our expenditure on office improvements at Meridian Court and the Gyle will be around £255k with £55k (mainly fees) to be expensed leaving £200k for capital. Our operational costs at Meridian Court (6th floor – to 15 July) will be around £85k and the £55k fees above constituted a bid of £140k and allocated to us in August. Our capital spend YTD is £74k being £60k on office improvements, and £14k on equipment.

9. Our **cash requirement was £20m** for 2016/17 and we drew down £8.5m (44%) to 30 September. We have revised our target down from £20m to £19.5m for cash funding in 2016/17 and advised the Scottish Government in our monthly return.

10. Information about **creditor payment statistics** is on the enclosed spreadsheet.

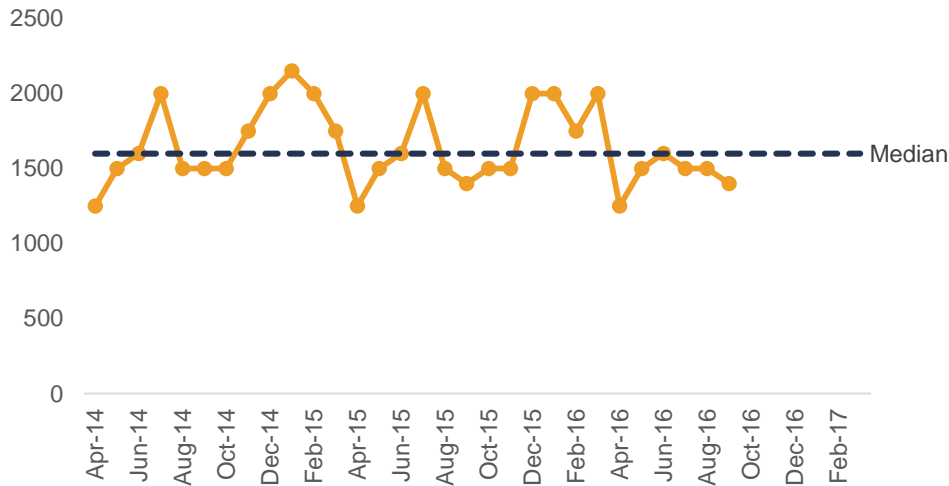**Andrew Patience - Head of Finance & Procurement - 20 October 2016**
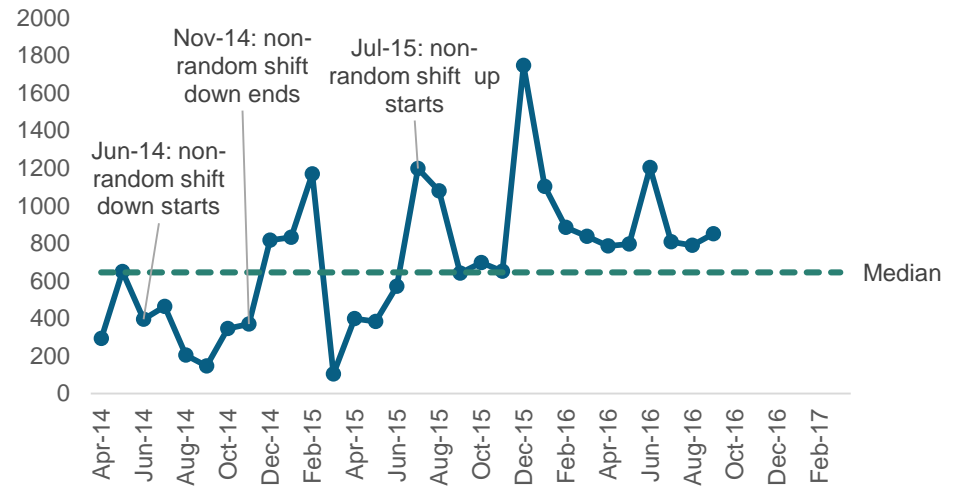
% Budget Uncommitted

Budget Unallocated (£k)

Dec-14: non-random shift down begins

Sep-15: non random shift down ends

Monthly Drawdown (£k)

Median

Month End Bank Balance (£k)

Jun-14: non-random shift down starts

Nov-14: non-random shift down ends

Jul-15: non-random shift up starts

Median

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Appendix C: Corporate Risk Register

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