

NHS Health Scotland Performance Report Quarter 1 2016

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Purpose

The purpose of this paper is to report to the Board on key achievements and performance in the first quarter of the 2016 – 17 Delivery Plan. This report follows an amended format from previous years, with the focus within Directorate reports being on the Corporate Priorities and Corporate Risks led from that Directorate.

Organisational Summary

Achievements

We began the business year with the formal start of the new hub structure for Healthy Working lives with the potential for greater clarity on the role of territorial boards and our own role in delivery.

As expected, much of the focus in the first quarter of the business year has been on the plans and papers to scope out and develop the context of our work for this year. We produced a range of briefings including a new infographic to support the MESAS alcohol sales data report which received extensive media and political coverage. We also contributed to the Glasgow Centre for Population Health's *Glasgow Vulnerability* paper which was reported in depth in The Guardian.

We completed 54 publications (40% aimed at the public, 52% at professionals and 8% both) and prepared a number of papers and statements including a paper to inform discussions with Ministers about the manifesto commitment to develop a 10 year child and adolescent health and wellbeing strategy, an NHS and inequalities statement, national multi-agency guidance on female genital mutilation and developed a 'Prescribing for Excellence' marketing campaign with NHS Lanarkshire to reduce medicine waste. We continued to work on the evaluation of Primary Care and Community Empowerment Legislation. We secured European funding to promote road safety in partnership with the Scottish Road Safety Alliance.

We influenced the content and recommendations of the Dundee Fairness Commission report and secured the dedicated support of a Senior Planner from Glasgow City Council to help with national implementation of the Place Standard. We completed a planned transfer of the co-ordination and secretariat function of the National Parenting Network from NHS Health Scotland to Parenting Across Scotland. We continued to work with the Improvement Service and NSS to support the preparation of local improvement plans in Fife, Aberdeen, South Lanarkshire and the Outer Hebrides. We published and promoted a new Health Inequalities Awareness module on our virtual learning environment, with 91 people now completing and passing the assessment since its launch.

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Author: Tim Andrew

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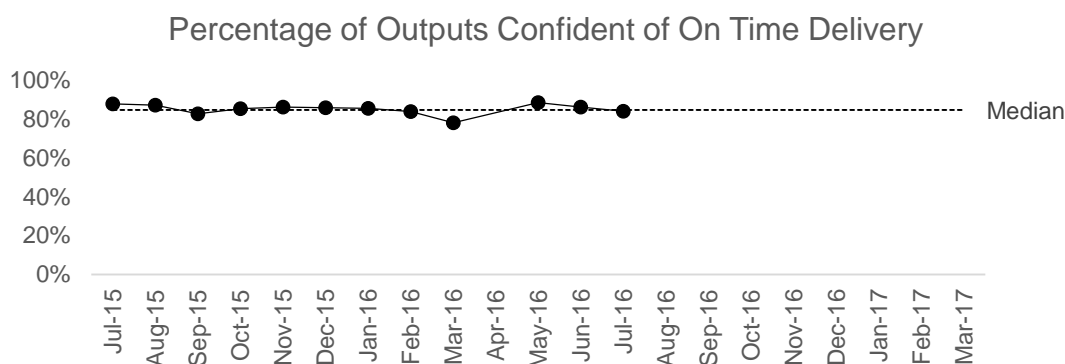
Within the organisation, we saw the completion of the planned recruitment of new non-executive Board members. We continued to carry out senior level engagements with stakeholders across the public service system to systematically collect feedback to inform the next version of our draft strategic plan. We presented our first Board impact report using the new performance framework developed with input from a range of stakeholders last year. We completed our staff development review and objective setting programme for the year as scheduled in May, helping to maintain our position as the best performing board in NHSScotland against the Appropriately Trained and Developed Staff Governance Standard.

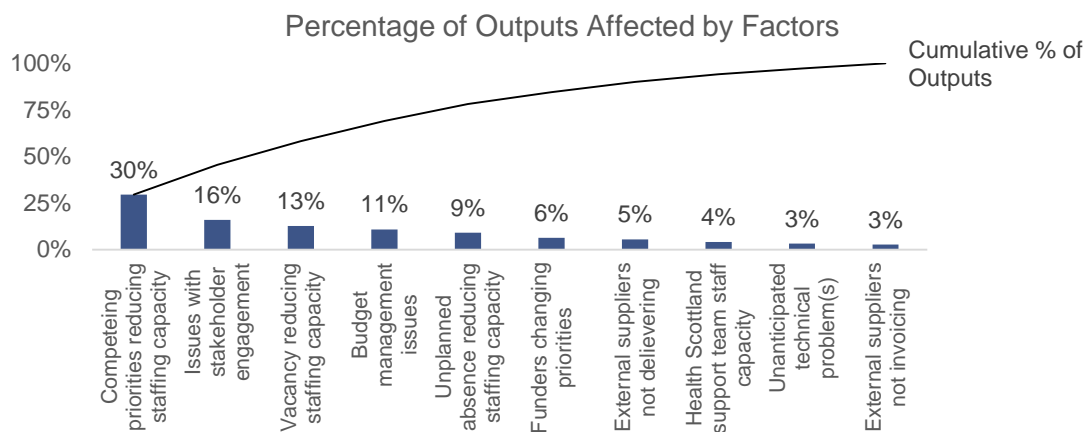
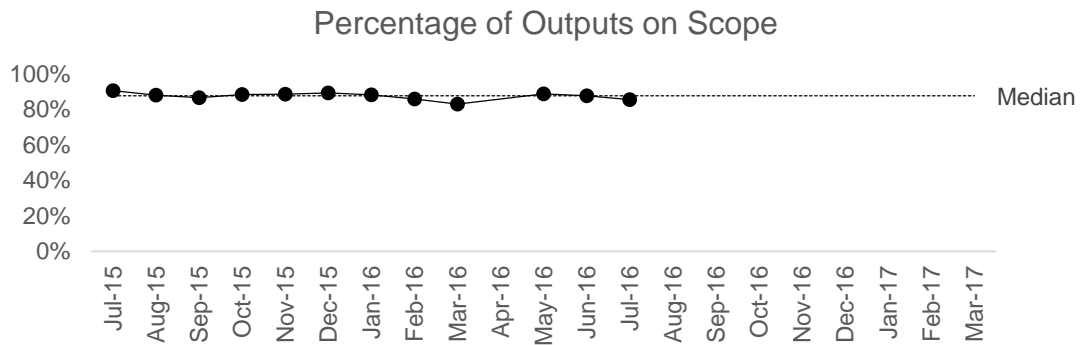
Finally, we were proud to be accredited as the first Living Wage Employer in the NHS in Scotland and absolutely delighted to receive the Recognised for Excellence (three star) award at the Scottish Awards for Business Excellence in May. This puts us in an excellent position to understand and celebrate our strengths and identify the most important areas for organisational improvement and transformation that will support the delivery of our next 5 year strategic plan.

Summary of Performance

Each month we ask staff how confident they feel about delivering the products and services they are responsible for on time and on scope. We also ask about the factors most likely to stop them delivering.

It is evident from the charts below that confidence of being able to deliver is similar to this time last year. Competing priorities is consistently the factor most affecting the delivery of outputs.

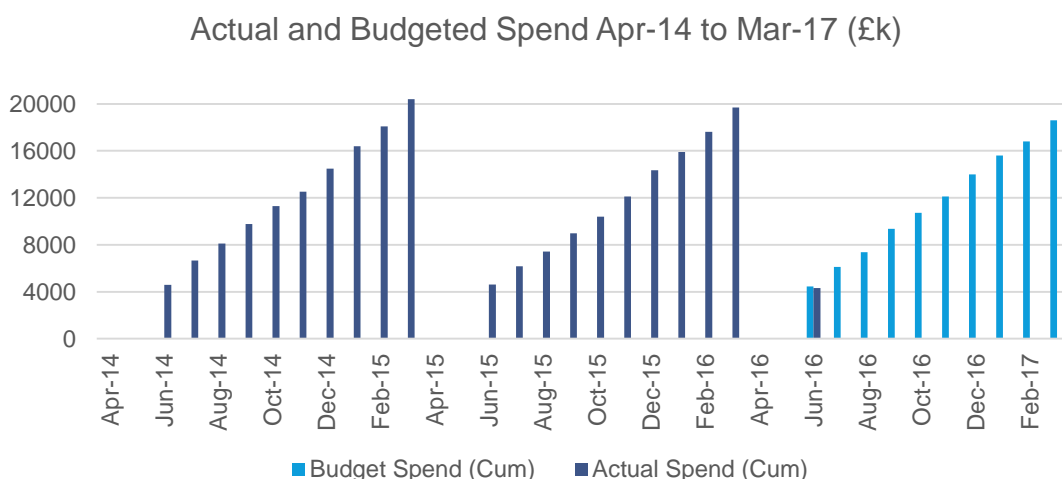




As of June, our 2016/17 revenue resource limit is currently £18,365k. We expect to receive a further £1.5million in non-core allocations later in the year.

We planned to spend £4,382k in Q1. We underspent this by 3% or £137k. This is well within the limits of normal variation in our spending.

A full update on our financial position is in Appendix B.



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Issues of note

The following provides a summary of the issues behind our delivery and achievements which are currently receiving management attention.

healthscotland.scot continues to be behind schedule, although significant progress has been made with content development over this quarter. The Project Board is meeting in August to agree a revised launch date. Delays with this website continue to have a knock on effect on other website development, including the new website for Healthy Working Lives. One factor within this delay continues to be the relatively high turnover in the web team. Further information on the healthscotland.scot corporate priority is on p32 and the Web & Digital Risk is included in the report from Health Equity on p23.

The number of organisations receiving direct or remote healthy working lives support has dropped, we believe because of workforce capacity issues in territorial boards. Further information is given in the report from Health and Work on p12.

Within the current external context, there are inevitably a number of outstanding questions about resource, priority and NHS structure which are impacting on the ability of both government and public service partners to plan for the long term until spending plans and the programme for government are announced. Our intention is to continue to work on the clarity of the thinking and practical suggestions we can offer, with our response to the shared services review on public health being the current focus. We continue to have constructive dialogue with Scottish Government on the best future for the Inequalities Action Group and also on our positioning and optimal communication with government colleagues on various policy positioning and strategic issues. We have been asked to take on new work on supporting NHS provision of BSL services and are developing a response to government on this.

The challenges for health and social care integration mean that Integrated Joint Boards are at differing stages of maturity. There are also a large number of organisations with a role in offering support at local and national level. We are still working hard to engage with partners to achieve an integrated and combined national offer which meets our customers' needs.

Staff vacancies continue at what we consider to be a high level (42.8 in June). Analysis shows that the majority of these vacancies relate directly to the ongoing realignment within Health Equity and Work and Health, including the impact of internal promotions. We expect to see this level dropping within the next few months.

An overview of workforce statistics is given in Appendix A.

What's coming up in the next quarter

We look forward to the Scottish Government sharing its programme for government in quarter two. This will inevitably have implications for our delivery plan.

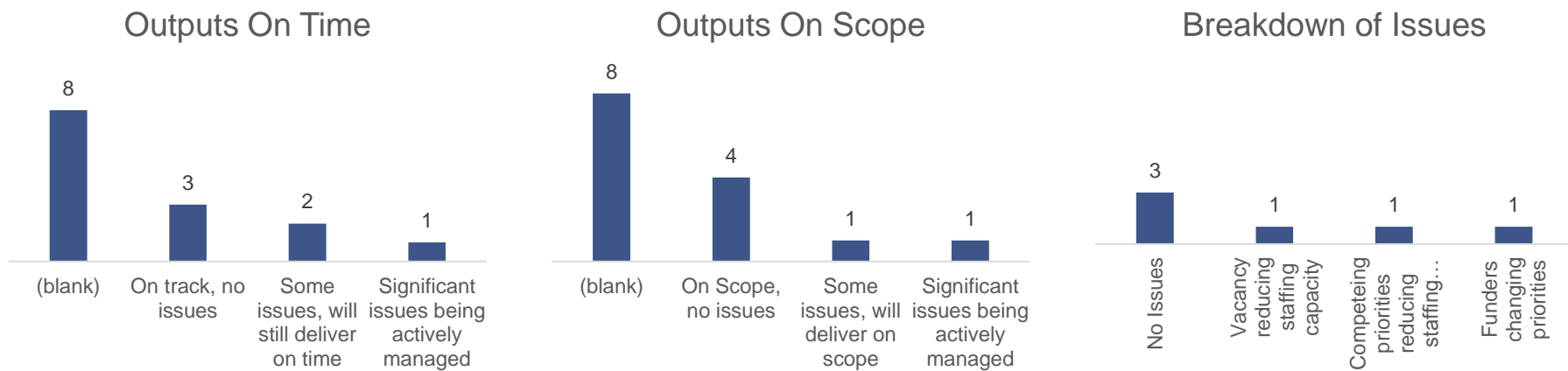
In quarter two we will be presenting the first draft of the 2017-22 strategic plan to the Board and we will begin planning for its first year of delivery in 2017/18. We will also be holding our first all staff event in four years. The focus of this event will be on the emerging priorities and implications of the strategic plan.

Important discussions will continue with government on various programmes, including a cross government Adverse Childhood Experiences (ACE) programme and engagement on leadership for health inequalities. Our interest and contribution to local commissions is likely to continue. We will be pursuing an invite to consider partnership with Improvement Scotland and NSS with Glasgow City Council on their Health & Inequality Commission 2016/17.

Performance & Risk Report: Health & Work

Corporate Priorities

Good work: employment and employability



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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.	<p>A hub delivery model was introduced to deliver Healthy Working Lives services in April to support local boards with reduced capacity coordinate services, such as, training for employers.</p> <p>An implementation plan has been developed prioritising HWL services.</p> <p>We have contributed to the 'Single Gateway Health and Work Service' pilot proposal being developed by the Scottish Government's Strategy Unit.</p> <p>We continued to work with DWP, NHS 24, NSS, and SALUS to develop the Fit for Work Service with specific responsibility for delivery of the advisory element of the service.</p>
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.	<p>A rapid evidence review was undertaken to explore the range of interventions being delivered to address employability support for people with mental health problems.[</p> <p>In addition, there was engagement with three local areas to understand in more detail their approaches to supporting working age people with mental health problems.</p> <p>We contributed to discussions in Lanarkshire on the Individual Placement Support project delivered as part of their employability landscape, offering guidance on the positioning of this work as part of the project's evaluation. Presented findings and work to date at the NHS Scotland event.</p>

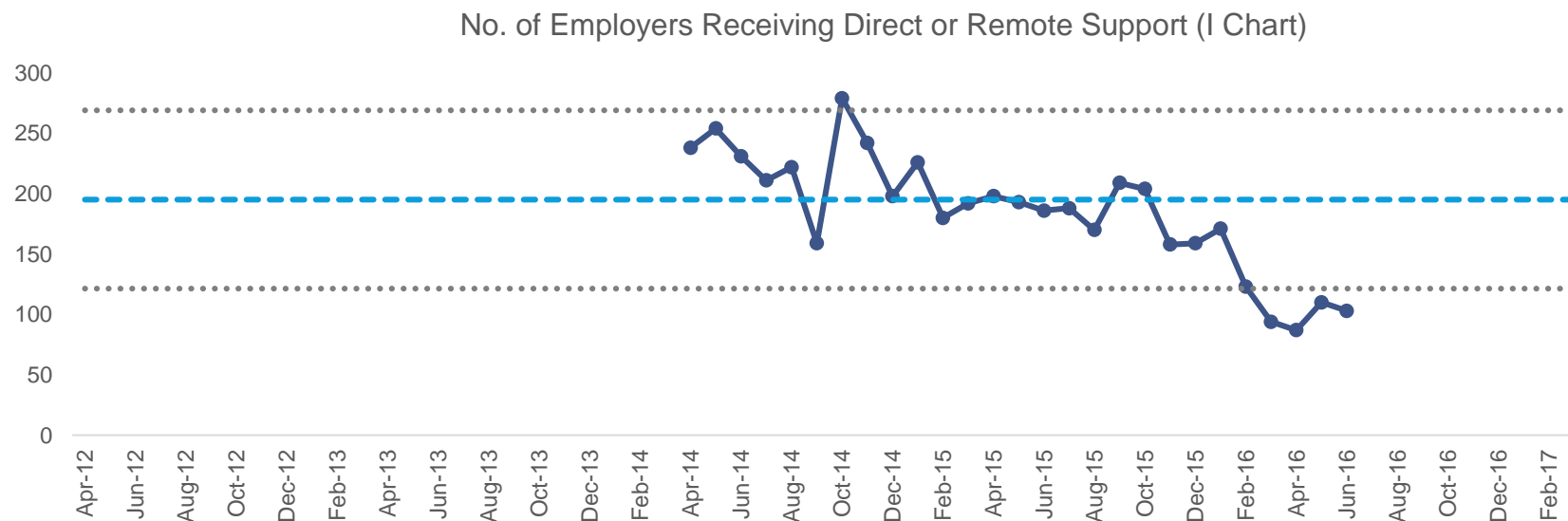
Action	Progress
Lead the development and promotion of the central role of the NHS in promoting the benefits of good work in creating and protecting mental health and wellbeing.	Health Scotland is awaiting confirmation from the Scottish Government on the focus to be developed in supporting mental health for the NHS workforce. It is likely obesity may be prioritised. However, a scoping meeting held between the Health and Safety Executive, Health and Work and the Scottish Government Workforce Directorate on the Health and Safety Action Plan for Scotland action on reducing work related stress and creating mentally healthy workplaces may contribute to this deliverable.
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.	<p>The draft Action Plan was agreed in June with twelve 'action templates'. Health and Work is developing the reporting process for each action with PHS helping to identify how to evaluate success. Health and Work is currently responsible for leading on three actions – Development of a network of OH&S support across Scotland. A working group has been set up and agreement secured with partners and Scottish Government.</p> <p>In partnership with the Scottish Road Safety Alliance European, funding has been secured for a road safety seminar and webinar. In addition, an initiative with Glasgow City Council on health risks and driving for work is being developed to support managers' confidence in dealing with the health of drivers. Health & Work will take and share good practice from this initiative with other employers.</p> <p>Reducing work related stress and creating mentally healthy workplaces. Discussions have been held with the HSE and Scottish Government to explore the possibility of supporting the NHS workforce.</p>

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.	<p>An overview report, '<i>Health outcomes and determinants by occupation and industry in Scotland, 2008-2011</i>', was completed in May and circulated internally for sign-off and to wider stakeholders for comment.</p> <p>A literature review was completed in May and is awaiting comments.</p>
Finalise HWL website	<p>The Alpha development stage was signed off and with feedback from user testing, work has been undertaken with Storm ID (web developer) and lport (database developer) to prepare the PID for Beta. Consequently a number of change requests were identified and agreed. However, negotiations continue to finalise the PID with clarification required on the functionality of the API and the development of a booking system. The production schedule will be reviewed with the launch of the new site now likely to be further pushed back to later in the year. In the meantime content continues to be prepared and new tools developed including a diagnostic tool for employers.</p>

Corporate Risks

Risk	Update
<p>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</p>	<p>Controls:</p> <ul style="list-style-type: none"> • Ongoing dialogue with Hubs through representation on the Implementation Group. • Implementation Plan signed off with supporting papers outlining capacity and resources for 16/17. • Programme Board to consider performance of new hub delivery model (meeting September). • Ongoing performance reporting to identify levels of service delivery and consequent impact on customer and stakeholder expectations. <p>Since the last update we have:</p> <ul style="list-style-type: none"> • Presented a paper to the HS Board identifying concerns regarding reduced national and local workforce capacity, in particular, concerning OH&S advisers as well as local boards' de-prioritisation of the HWL Award. • Continued dialogue with local boards and contributed to developing the Implementation Plan, identifying the National Team's role and responsibilities for this year. • Monitored levels of service delivery. Local teams' data indicate less employers have accessed (reduced by 22%) or engaged (reduced by 40%) in services in Q1 in comparison with the same period last

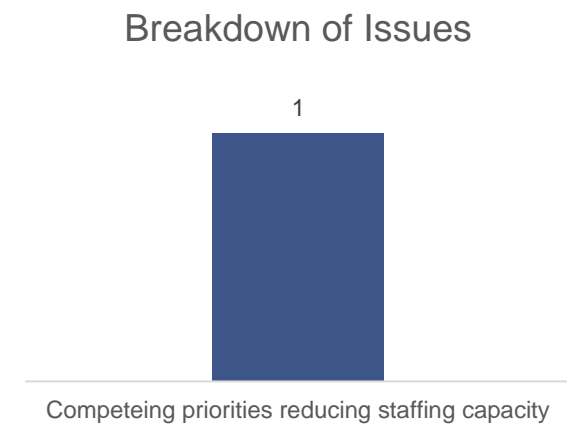
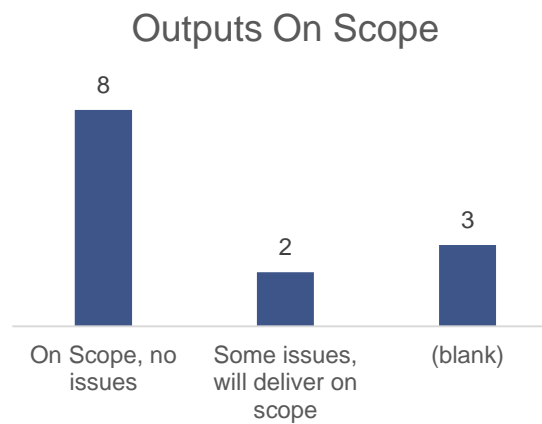
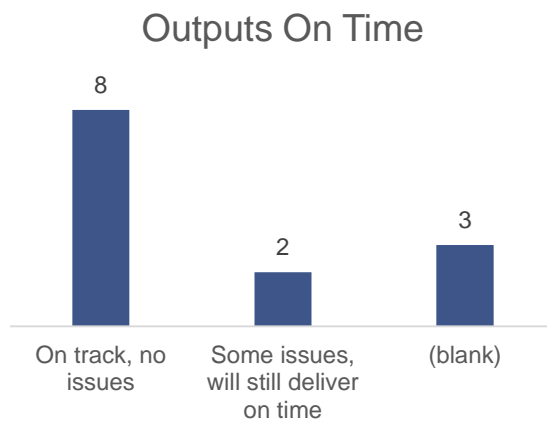
Risk	Update
	<p>year. Most significantly, employers receiving direct support (face to face or remotely) has fallen by 48% in comparison with Q1 in 15/16. However, the number of Award registrations has almost doubled in comparison with the same period last year.</p> <ul style="list-style-type: none"> Continued to prioritise development of digital services including on line training, website and Award e-portfolio/annual review tools and resources.



Performance & Risk Report: Health Equity

Corporate Priorities

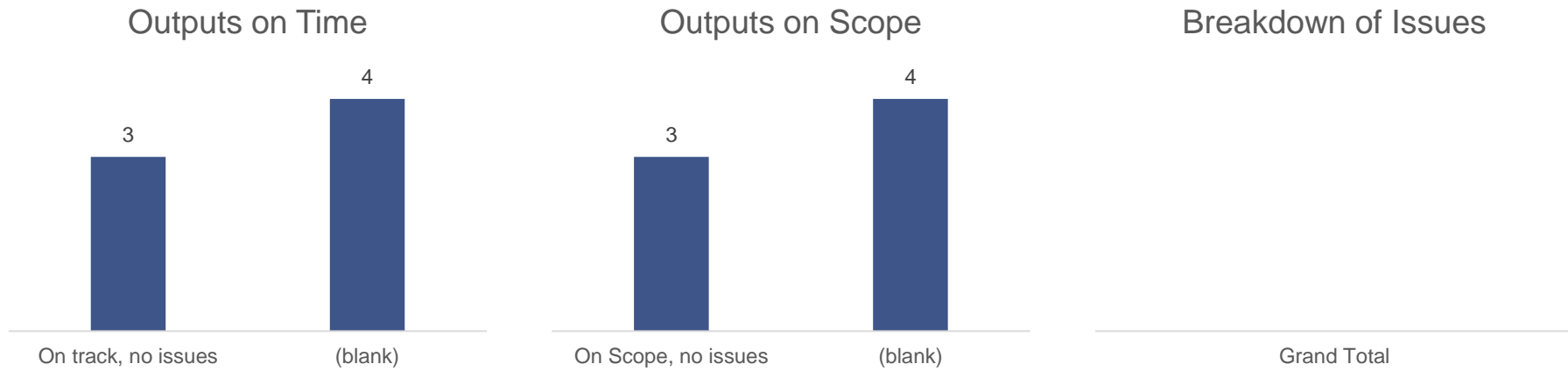
Local Delivery Model



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 Community Planning Partnership between Health Scotland, the Improvement Service and NSS is providing tailored support to Aberdeen City, Fife, Outer Hebrides and South Lanarkshire CPPs, focused on development of these areas' Local Outcomes Implementation Plans. We completed and delivered the input as part of Critical Friends' panel for East Ayrshire's strategic self-assessment and presented findings to elected members, the CEO, Directors and partners. In year, we have agreed to contribute to & co-ordinate a steering group to support Glasgow's Commission on Health & Inequalities due to report in February 2017. We started work with Perth and Kinross on their local fairness commission.
Ensure action to address physical inactivity	<p>We continue to provide a key advisory and/or coordination role at a national strategic level across a wide range of working groups and forums ensuring inequality sensitive considerations in Physical Activity related policy design and delivery.</p> <p>NHS Health Scotland's Scot-PASQ (Physical Activity Screening Questionnaire) was identified and included as the favoured screening tool for inclusion in the WHO Primary Care Physical Activity Toolkit. This followed an international comparison of toolkits by Dr William Bird MBE on behalf of the World Health Organisation.</p> <p>We are mid-way through the coordination and evaluation of the Exemplar Physical Activity Employer Pilot which is a key deliverable within the National Physical Activity Implementation Plan. Report due October 2016.</p>

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	<p>Partnering with HIS and other National Boards and providers to shape a national offer in response to the needs of IJBs. Connected to TRIST (tailored response improvement support team) to carry out a stakeholder analysis to inform our joint communications and engagement activity.</p> <p>We are linking with HIS to embed a focus on reducing inequality, human rights and ensuring equality and fairness of access and experience in services in several of their priority projects. These include: Living well in Communities, Place, Home and Housing strand of iHUB and their dementia programme. We are also trialling new ways of working with the HIS evidence team to conduct a rapid evidence review in response to one IJBs priority. We have explored opportunities for HS to support evaluation of HIS programmes including Burtzorg.</p>

Children & Young People Strategic Action Plan

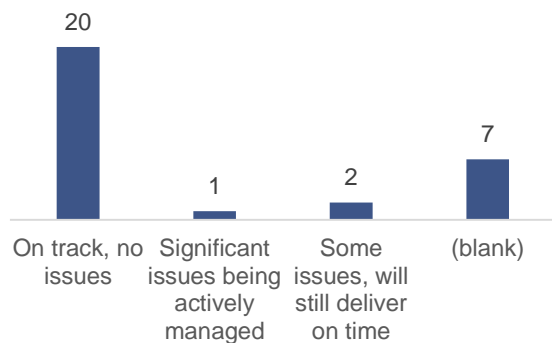


Action	Progress
Work with education providers for undergraduate and CPD programmes for health visiting, midwifery and potentially school nursing to develop competences and learning materials on child poverty and its impact on health and to provide related practice sharing events.	We are developing an elearning module on ' <i>child poverty, health and wellbeing</i> '. A steering group with key partners (including course leaders from relevant higher education institutes) is advising on the content and tone of the module as well as how to embed the module in practice. While the initial audience for the module is health visiting, midwifery and school nursing, the module is designed to have a wider application to other groups of staff and students e.g. early years workers, housing officers, teachers, welfare rights officers. The module is on track to be delivered by mid-September 2016.
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.	We have established and chair the <i>Lone Parents and Welfare Reform</i> sub-group of the SG Health Impact Delivery Group that brings together representatives from the NHS, Department of Work & Pension, LAs, third sector and academia to develop a shared understanding, pragmatic approach and identify practical actions to mitigate the adverse effects of welfare reform on lone parents and their children. We are in the process of combining different types of knowledge: public health intelligence, research from the DWP, academics and advocacy, improvement science, the practical experience and knowledge of those implementing and experiencing 'welfare reform' and use of process maps to capture the actual versus the desired journey of lone parents through the social security system.

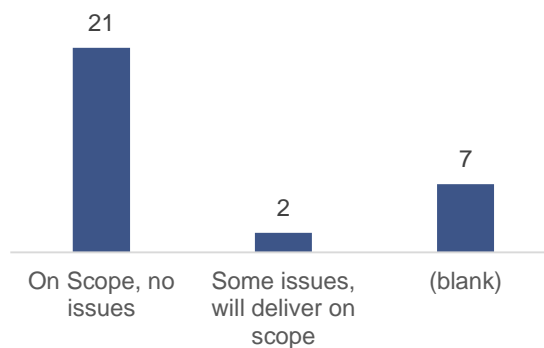
Action	Progress
Use routine data to explore the links between work, poverty and health outcomes for parents and their children (particularly lone parents).	We have drafted 2 papers to inform the lone parents and welfare reform subgroup and these will be published as ScotPHO briefings to allow further dissemination in early Q3. The first paper gives an overview of lone parents in Scotland in relation to health, employment and social security and the second paper focuses on work, income and the wellbeing of children in lone parent households, in-work progression and sustainability of employment for lone parents and the geography of lone parents within Scotland.

Workforce Planning & Development

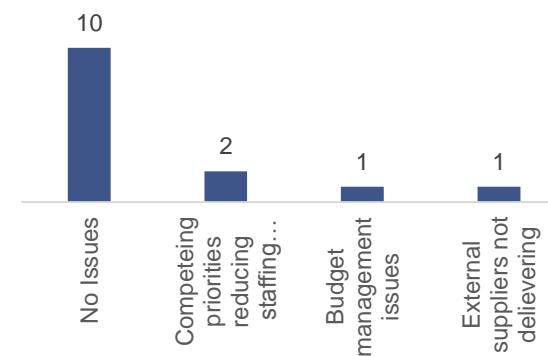
Output On Time



Outputs On Scope



Breakdown of Issues



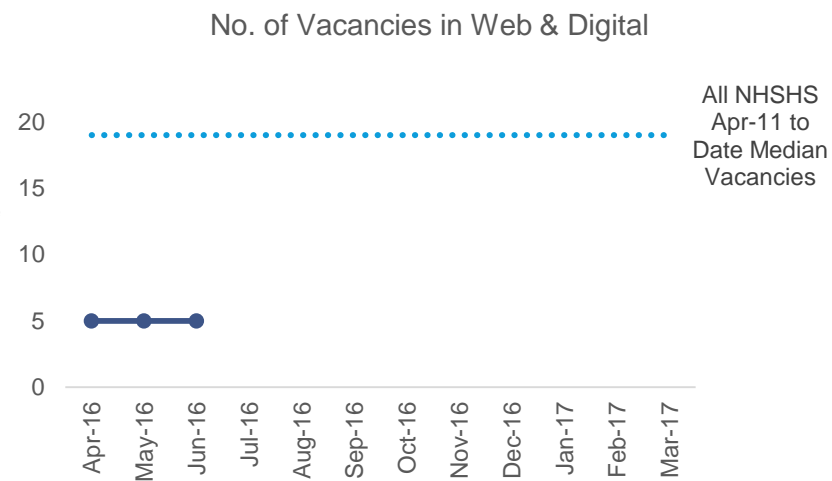
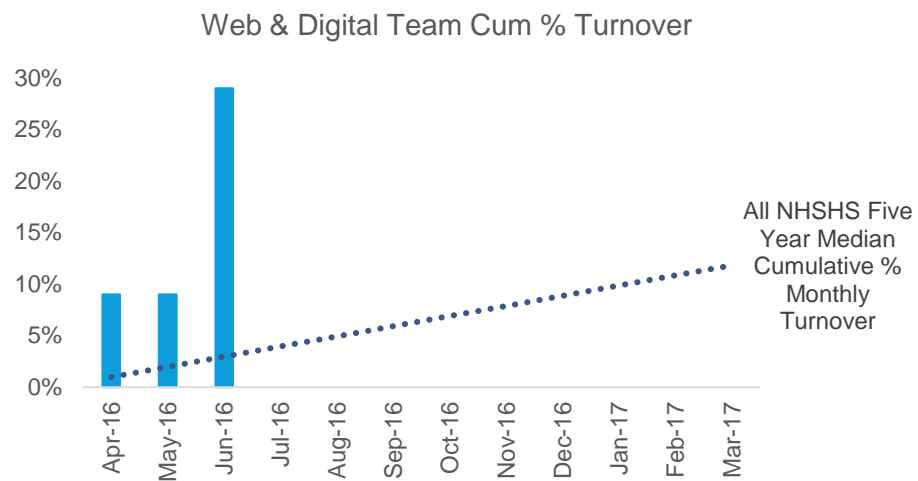
Action	Progress
Place Standard: In partnership with Scottish Government and others raise awareness and promote implementation of the Place Standard - ensuring its impact is distributed in a way that acts to reduce inequalities	<p>NHS Health Scotland led the joint development and finalisation of the Place Standard Implementation Plan 2016/19. Working closely with Scottish Government, Glasgow City Council and Architecture Design Scotland the plan was signed off by the Place Standard Board chaired by the Chief Architect in July 2016.</p> <p>We will lead and are already progressing actions relative to the governance and support, improvement and communications and marketing work streams contained within the plan.</p> <p>We have advertised for a Place Standard Coordinator - fixed term for one year.</p>

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	<p>Alongside internal attempts to strengthen thinking and structures around food and obesity, a range of Health Scotland staff across directorates and programmes, have been undertaking work with FSS, Scottish Government and other stakeholders engaging, informing and influencing key areas of emerging food policy.</p> <ul style="list-style-type: none"> • A strategic understanding has been progressed with Food Standards Scotland involving staff engagement at different levels and through 'Improving Scotland's Diet' meetings, hosted by Scottish Government. • A Health Scotland briefing on obesity is being produced for the Scottish Government around effectiveness / cost effectiveness evidence for weight management interventions and other policy considerations as well as commissioning an obesity module of the social attitudes survey. • Health Scotland have been assisting Scottish Government in progressing their Healthcare Retail Standards, supporting implementation and commissioning the evaluation. • Health Scotland has assisted Scottish Government officials in both Social Justice and Agriculture Food & Rural Communities, as well as engaged stakeholders, around measurement and mitigation of household food insecurity as well as other dimensions of the Scottish Government's short life working group's report on food poverty and the interim report of the Food Commission.

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.	<p>We drafted a report on the WLDAS Police Custody Pilot and Second Poster accepted for Faculty of Public Health conference. Drafting of 'Reducing Offending, Reducing Inequality' resource document continues, positive feedback and ongoing dialogue with Scottish Government on timing and opportunity this content brings and an NHSHS Briefing is being drafted to promote this.</p> <p>We facilitated a local event on leadership and improvement methodology at an event in NHS Ayrshire and Arran and presented at a discussion on local planning in Inverclyde and East Renfrewshire. We drafted a report on findings of service improvement resource (game) and drafted a proposal for roll out of improvement game sessions for Lothian and Borders CJA area.</p> <p>We have on going input to the Scottish Government Community Justice Outcomes and Performance Indicators group.</p>

Corporate Risks

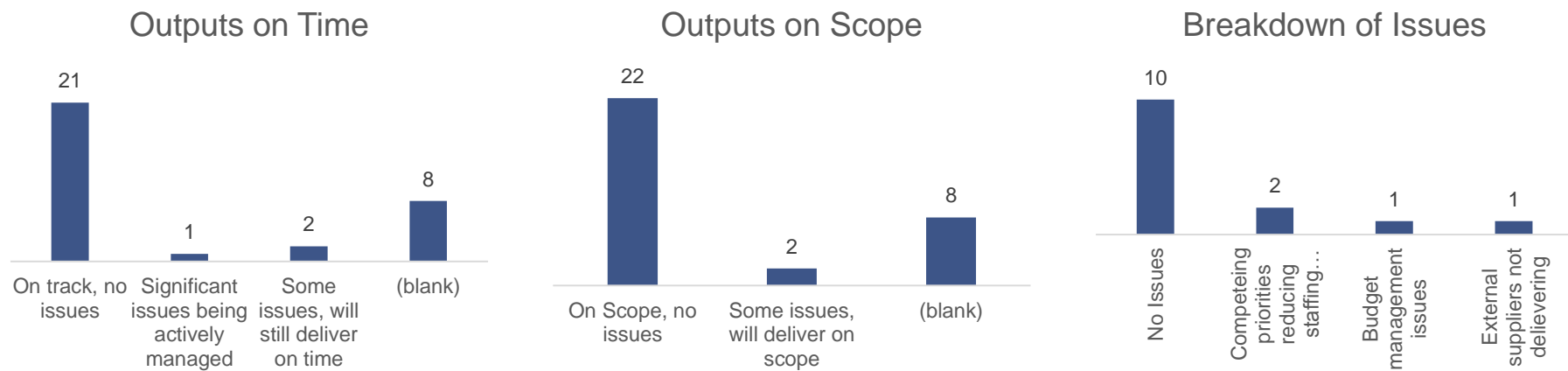
Risk	Update
CR 16-3: Because the knowledge we produce and share about health inequalities is correct but sometimes not followed up with support to apply the knowledge we do not give the people who can act to reduce health inequalities what they need when they need it and so they do not act to reduce health inequalities	<p>Since the last update we have:</p> <ul style="list-style-type: none"> Produced a proposal to use improvement methodology to strengthen our capacity to improve the pace and consistency with which we take knowledge into action
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	<ul style="list-style-type: none"> Restructure to be completed to provide a stable workforce with less reliance on temporary and fixed-term staff. Eight of the 12 permanent posts in the team have been recruited to. Team development (with team engagement) has started to outline the shared / agreed objectives (e.g. retention) Individual sessions are being held with all permanent staff Recognising the role in team make up, a focus group is planned for temporary staff The first of two feedback sessions with the Team set for 17 August. Initial discussions with the Scottish Government Digital Transformation Service have indicated that retention of digital staff across the public sector is a recognised issue. A SG report outlining the current challenges will be used to inform future planning.



Performance & Risk Report: Public Health Science

Corporate Priorities

National Position

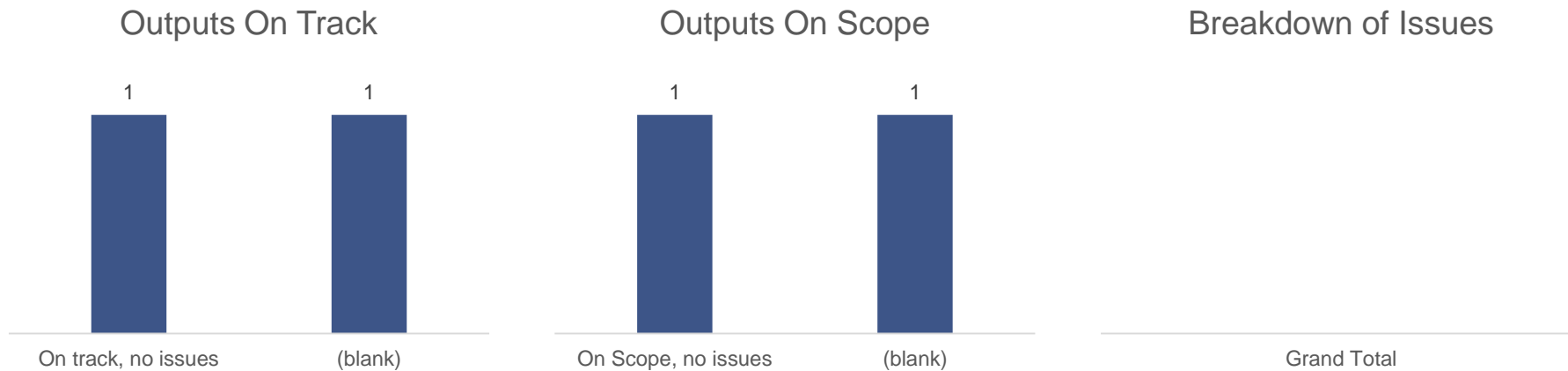


Action	Progress
Provide national leadership and coordination of health equity policy and implementation as part of a public health strategy for Scotland (keeping a focus on HLA, MESAS, Tobacco and public mental health for all, as per the Annual Review letter)	As with all active policies, progress has paused pending the planning behind the programme for Government. There is no exception report on progress on the HLA scheme. MESAS has paused pending a refreshed alcohol strategy and completion of a long-running court case that has delayed implementation of Minimum Unit pricing legislation. Tobacco is in a similar position; we are keeping an active brief on e-cigarettes. Future direction of public mental health depends on the direction that policy makers will take within the new Public Health strategy.
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.	Leadership of action to tackle inequalities has paused pending the forthcoming Programme for Government being announced. This includes determining the future of the Inequalities Action Group.

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 is well engaged in contributing to the outcome of these conversations.
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.	Work is progressing satisfactorily in preparing papers to support this endeavour.
Engage fully in the public health review and implementation of agreed recommendations	There is a pause in the implementation of the Review. The organisation is active in support of the parallel Shared Services Protocol. Work to lead the development of the public health workforce is proceeding.
Shape national scheme for developing elements of the public health workforce	

Action	Progress
Work in partnership with NES and employers to ensure that core PH workforce development is supported	This is progressing satisfactorily through the Scottish Public Health Workforce Development Group. A consultation has started with employers on their commitment to public health practitioners' registration and development. Internally we have started recruitment of an Organisational Lead for PH Workforce Development that will develop a programme of support for specialists and practitioners, both internally and externally.

Workforce Planning & Development

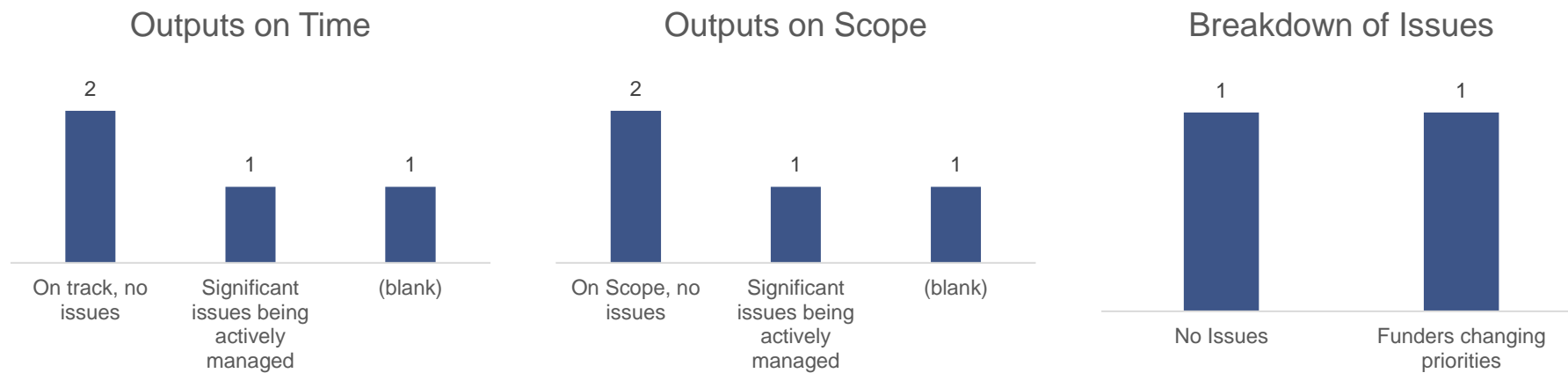


Action	Progress
Lead the collaborative development with partners and stakeholders of an evidence based approach to reduce obesity in Scotland.	This venture is developing steadily. There are good links between Food Standards Scotland and Health Scotland at several levels; with Obesity Action Scotland and, through that unit, third sector organisations and stakeholders, with Scottish Government on evidence-informed policy and cross-cutting issues.

Performance & Risk Report: Strategy

Corporate Priorities

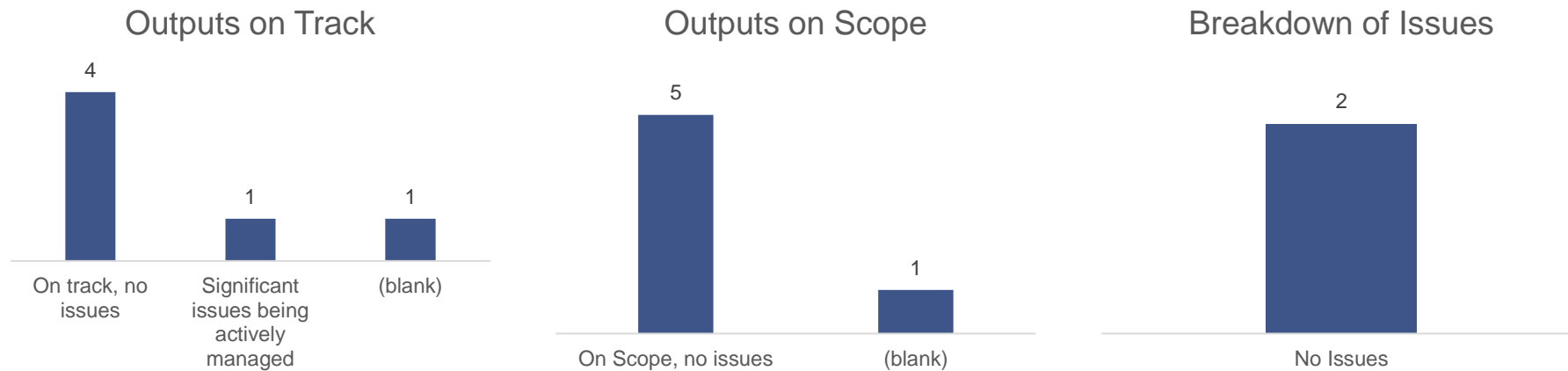
National Position



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.	NHS Health Scotland initiated and managed a Stakeholder Performance Forum to support the development of the organisations performance framework. Subsequent to the development of the Performance Framework, the Stakeholder Performance Forum had completed its primary purpose and has been stood down with a view to revisit role, remit and membership following the development of our corporate strategy in 2017-22. Discussions have been ongoing with the Scottish Government team leading the development of the National Performance Framework Indicators to provide input into the development of the indicators. Further work will be led by the National Performance Team in late 2016 to review a number of the indicators and Health Scotland has offered to input and support this process.
Demonstrate that NHS Health Scotland's knowledge and delivery plan is communicated effectively to target audiences.	<p>The Communications and Engagement plan for the delivery plan was predicated on one communication for all delivery plan documents (the plan itself, one page summary, sector specific summaries and Easy Read version). The publishing team are still working on a number of documents. As a result of the potential risk to our reputation of communicating our delivery plan five months into the delivery year, we have adjusted our plan and will no longer be sending tailored emails to stakeholders. We will instead focus on social media and our website as a vehicle for communicating our delivery plan.</p> <p>Communications and Engagement plans have been drafted for the core programmes to ensure that stakeholders are engaged in our work and that our knowledge is communicated effectively.</p>

Action	Progress
Complete HS.scot	The project is behind the original schedule. However significant progress has been made in Q1 with 96% of content now agreed and quality-assured. Internal user-testing has helped to clarify the architecture of the site. A revised launch date will be agreed with the Project Board in August.
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.	The work of the Inequalities Action Group is currently paused. Further discussion is planned to establish the role and remit of the group and to ensure it does not duplicate work being carried out by other national groups.

NHS



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.	Health Scotland have engaged partners from NHS Boards, and our SG sponsor, to draft a strategic statement for the NHS and its contribution to addressing inequalities. A further engagement event is planned for the 10 th November, to get the insights and experience of the relevant stakeholders, eg from within finance, procurement, workforce, HR, service planning, public health. Key outcomes of this facilitated, practical session will be to raise awareness and support for the NHS role in addressing inequalities; ensure the statement is fit for purpose; build consensus and leadership for the proposed actions, and inform practical approaches to support implementation of the proposed actions.

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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.	This work will progress in Q2 now that the draft NHSScotland strategic statement has been developed.
Work with NES and HIS to 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)	<p>We have had agreement with the health and social care directorate at Scottish Government on developing leadership on health inequalities resources to support IJBs. The proposed resources will be part of a second phase of Quality Portfolio Group materials that support exec/non execs and IJBs with leadership on key subject areas relating to their job roles.</p> <p>The proposed resource development would include a pilot of a dedicated VLE (Virtual Learning Environment) area for IJBs (non-execs and execs) that would include a repackaging of existing learning resources on health inequalities broader collaborative working between NES, HIS and Health Scotland.</p>
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 three related initiatives focussed on the primary care setting. Firstly, research has begun for an evidence review entitled: "What works to reduce health inequalities in the primary care setting." Secondly, a proposal to develop 'health inequalities risk registers' in general practice is being consulted on. Thirdly, an 'Inequalities Audit Tool' for identifying and reducing access inequalities in general practice is under development.

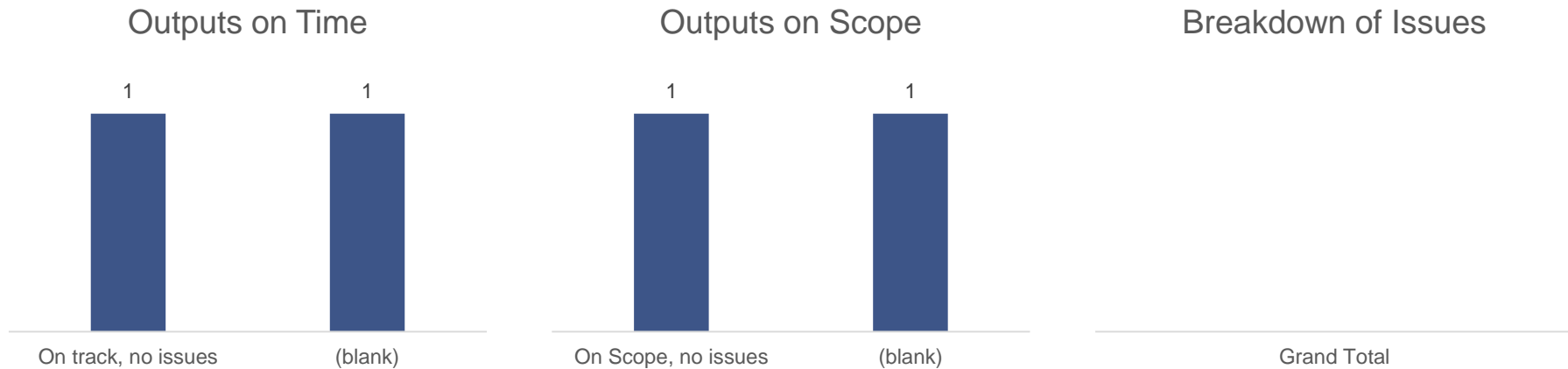
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Workforce Planning & Development



Action	Progress
Refresh performance management processes to ensure staff have a clearer understanding of their contribution to the delivery of AFHS.	<p>An approach has been piloted within the Strategy Directorate as part of KSF discussions in April/May 2016 to more explicitly link personal objectives to outputs within the Corporate Planning Tool. A questionnaire will be sent out in August to assess this approach.</p> <p>In addition the roll out of individual time recording against outputs is providing staff with a greater understanding of their linkages and contribution to outputs. It is also leading to an increase in the number of individual outputs recorded on the CPT.</p>

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 framework has been reviewed in relation to AFHS and remains fit for purpose. However it was felt that greater use of the framework could be made by staff. This was encouraged as part of KSF discussions this year with further promotion of the Learning Journey. A further review of the Framework will be undertaken in response to AFHS 2 when the new strategy has been finalised.

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	<p>Since the last update we have:</p> <ul style="list-style-type: none"> • Reviewed performance in 2015/16 • Identified the leading cause of non-delivery: staff capacity planning • 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 • Deployed the new staff time recording approach in Strategy, Health and Work, CEO and Public Health Science directorates
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	<p>Since the last update we have:</p> <ul style="list-style-type: none"> • The Workforce Planning Group have agreed remit • The Workforce Planning Group have made decisions on the outstanding non-recurring staff requests from the beginning of the year • Reviewed and in-year budget management processes

Risk	Update
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	<p>Since the last update we have:</p> <ul style="list-style-type: none"> • carried out an analysis of manifestos and statements made by FM and Ministers • identified organisational priorities based on our analysis of political manifestos in our first draft of AFHS2017-22 • improved the performance and impact information used at our quarterly performance meetings with our sponsor division
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 our ability to influence our key stakeholders and therefore fail to make an impact	<p>Since the last update we have:</p> <ul style="list-style-type: none"> • Commissioned a module on inequality in the Scottish Social Attitudes Survey to explore awareness, understanding and attitudes to inequality • Undertaken an analysis of what the result of the EU Referendum means for NHS health Scotland

Risk	Update
<p>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</p>	<p>Since the last update we have:</p> <ul style="list-style-type: none"> • Continued to meet with the internal steering group who have facilitated directorate level discussion • Circulated a draft plan to heads of service for their comment and feedback • Provided regular updates on the source • Continued to engage with key policy and decision makers as per the comms and engagement plan • Held an externally facilitated CMT workshop
<p>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</p>	<p>Since the last update we have:</p> <ul style="list-style-type: none"> • As the realignment in CEO, HE and H&W is not yet complete we are unable to progress with this action. However the same approach that was used in Strategy will be applied, • Online survey using same questions • Focus groups with a facilitator • It is expected that the completion of the realignment work will likely result in the 3 directorates concluding in and around the same time so the feedback will happen concurrently.

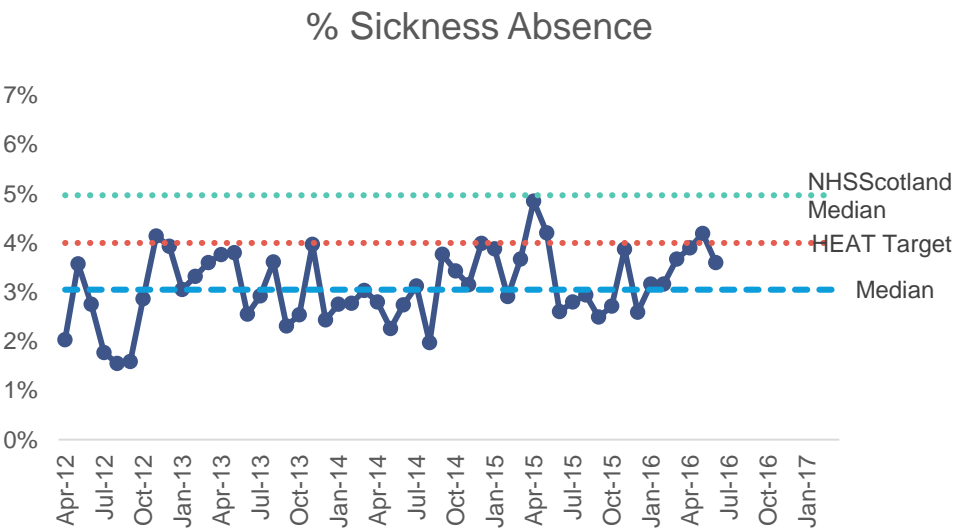
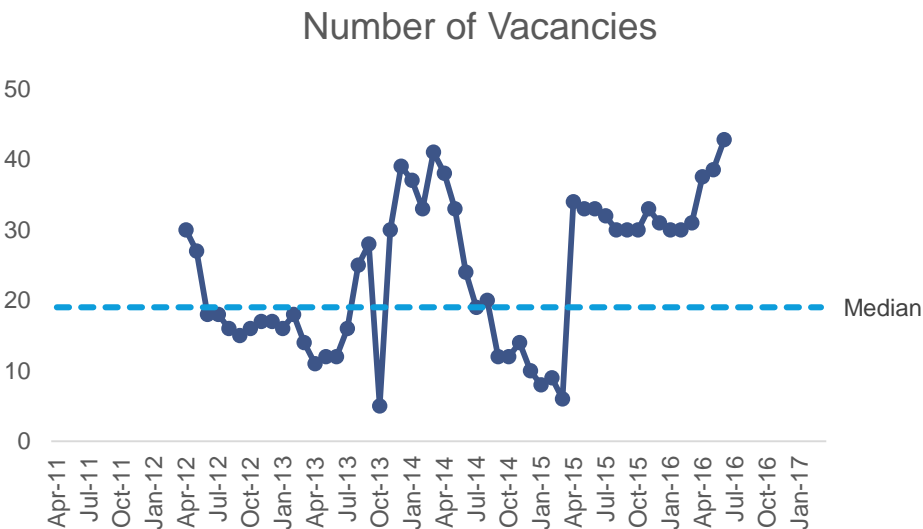
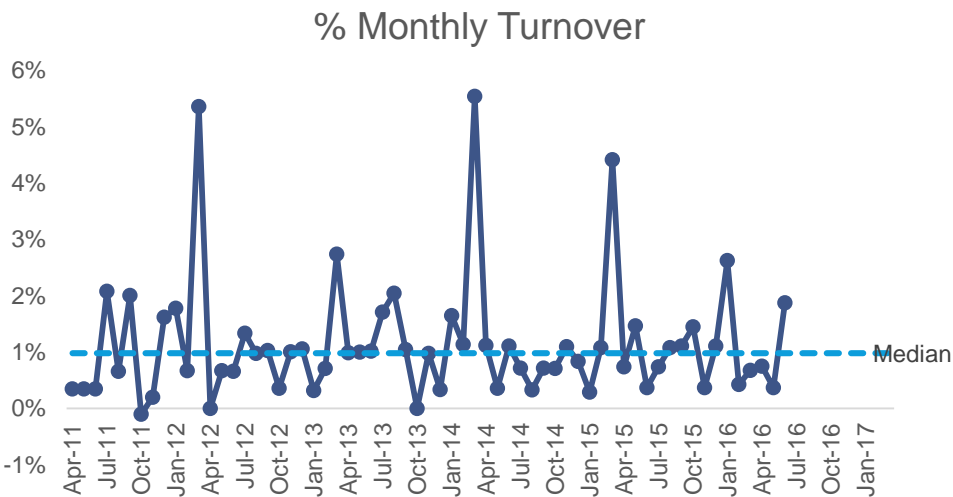
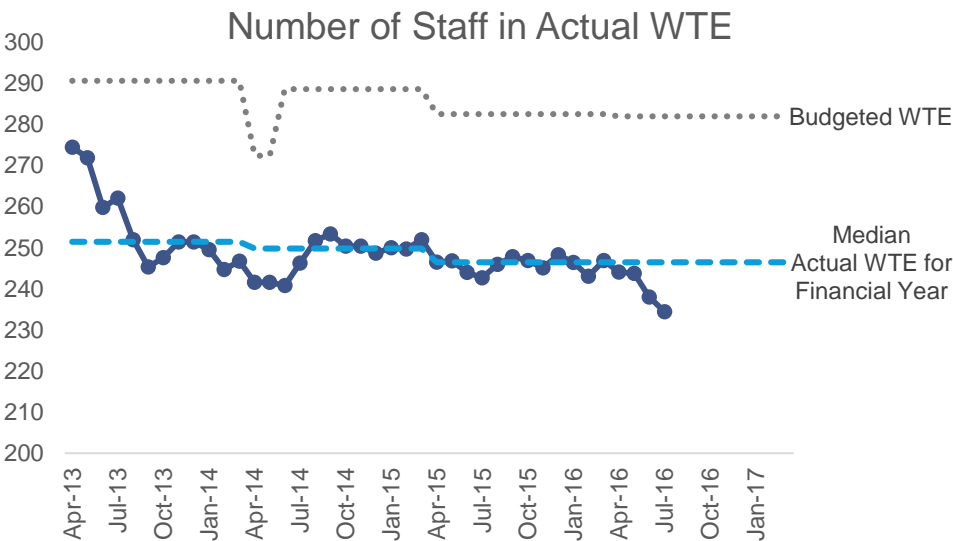
Risk	Update
CR 16-10: As a result of not having structured but flexible approaches to project management there is a risk that we don't deliver on time, scope and budget resulting in not delivering on our commitments.	<p>Since the last update we have:</p> <ul style="list-style-type: none"> • Analysed the reasons for non-delivery. This gives us data to track improvements in performance against. • Started recruitment for an Organisational Lead for Programme and Project Management.

CEO's Office's Update

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	<p>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.</p> <p>Our monthly management accounts help us identify funding to take advantage of strategic opportunities, not only in year-end forecast savings e.g. staffing vacancies, but also in uncommitted budgets and uncommitted spend which are monitored as noted below.</p> <p>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.</p> <p>The year end 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.</p>

Appendix A: Workforce Statistics



Appendix B: Financial Report

2015/16 FINANCIAL POSITION: 3 MONTH REPORT - CMT (30/7/16)

1. Health Scotland's financial position for the 3 month period ending 30 June 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 June there was an underspend of £137k (3%) against the Q1 budget of £4,382k. The total of unallocated budgets at 30 June was £243k but after the Directors meeting on 12 July this was reduced to £211k which will be used to fund approved bids to the CMT in July and thereafter to the Commissioners Group who will consider non-finance bids from August.
3. Matters to be noted at this stage are as follows.
 - The Board's 2016/17 RRL as advised in the June 2016 allocation letter from the Scottish Government was £18,365k which together with our b/f surplus of £226k, (separate email confirmation) from 2015/16 gives £18,589k (rounded down by £2k) for Qtr 1. Non-core allocations of around £1.5m are expected to be received over the remaining course of the year.
 - The £137k underspend against the phased budget consists of 2 main elements; an overall underspend of £87k on staffing and an overall underspend of £50k 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 in Qtr 1. These YTD savings and those expected later in the year will help to fund additional non-recurring staff posts currently being recruited for which there will be additional costs in Q3 and Q4. See 4 below.
 - Projects: Variances to date are mainly due to budget phasing with some spend in Q1 against non-core allocations yet to be received. See 5 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. As part of this bid £150k of non-recurring costs (£168k 2017/18) was also approved but this cost will part offset staff savings in year estimated at £200k - £250k. See 6 below.

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

Dir	Var (£k)	Comments +/- £25k variance
CEO	(24)	Vacancies not sufficient to meet vacancy target
H&W	74	Vacancies at higher level than expected but savings made will help fund non-recurring posts commencing later in year
Strategy	15	
HE	32	Vacancies high but temp cost of £102k part offsets savings in Q1
PHS	(10)	
Total	87	Helps part fund fixed term additional posts later in year

5. Directorate Analysis: YTD project cost variance by Directorate by project

Dir	Var +/- £25k	Comments +/- £25k variance
CEO	-	
H&W: Perf Board Fdg	(43) (57)	Budget phasing as main spend in Q1 Budget phasing – Boards not due to invoice until Q2
Strategy	-	
HE: Pop Health IT Marketing	73 42 (34)	Budget phasing – to review over remainder of year. Budget phasing – budgeted at 50% spend in Q1 Awaiting non-core allocation re mental health later in yr
PHS: SPHN	30	Budget phasing as very low spend in Q1
ALL	39	Project variances across all Directorates < £25k
Total	50	

6. **Our year end forecast** is split into two elements, staff and projects. Our y/e staff savings are estimated at around £200k - £250k but offset by additional staff commitments of £150k leaving £50k - £100k. Our project costs have an unallocated budget of £211k but bids utilising part of this funding will be considered to reduce this to £50k - £100k. These two elements would give a y/e forecast of £100k - £200k which provides for some contingency and could be c/f to next year if the current arrangement with the Scottish Government continues.
7. The 2016/17 **capital resource limit** (CRL) as allocated by the Scottish Government is £583k although we have a figure in our LDP of £350k, being originally split between IT costs at £150k (renewal £50k and new developments £100k) and office improvements at £200k.

Our expenditure on office improvements at Meridian Court and the Gyle will be around £255k but some £55k (mainly fees) will be expensed leaving £200k for capital. Our IT capital costs

are under review at present but could be around £50k as new developments may not happen in the year. We will therefore need to consider a reduction in our capital allocation from £350k by £100k to £250k.

As our operational costs at Meridian Court (6th floor – to 15 July) will be around £85k and our expensed costs of changes at Meridian and the Gyle will be around £55k as identified above we will consider a bid on revenue as part of the Office relocation of £100k - £140k. This bid will offset the capital reduction identified above on a similar basis to 2015/16.

8. Our **cash requirement is £20m** for 2016/17 and we drew down £4.35m (22%) in the first quarter. We are on target to use our £20m cash funding in 2016/17.
9. Information about **creditor payment statistics** is on the enclosed spreadsheet.

Andrew Patience

Head of Finance & Procurement

21 July 2016

NHS HEALTH SCOTLAND

2016/17 FINANCIAL POSITION AT 30 JUNE 2017 (£k)

Annual allocation at 31/05/2016		Annual allocation at 30/06/2016	YTD budget: 3 month period to 30/06/2016	YTD actual: 3 month period to 30/06/2016	YTD var: 3 month period to 30/06/2016	YTD var as % of year to date budget	Recorded commit's (NB Staff is month x 9)	YTD actual plus commit's	Alloc to be com't'd	Alloc'n to commit as % of annual alloc
	Summary by dir/team									
	CEO Staffing									
174	CEO	174	44	44	0	0.0	129	173	1	0.6
224	Finance	224	55	56	-1	-1.8	171	227	-3	-1.3
99	Remun Non Exec Dir & Chair	99	25	23	2	8.0	71	94	5	5.1
519	Executive Directors	519	130	136	-6	-4.6	408	544	-25	-4.8
126	Staffside	126	31	32	-1	-3.2	95	127	-1	-0.8
-41	6.25% Bud Saving Board	-40	-10	0	-10	100.0	0	0	-40	100.0
-33	6.25% Bud Saving CEO	-33	-8	0	-8	100.0	0	0	-33	100.0
1068	Total CEO Staffing	1069	267	291	-24	-9.0	874	1165	-96	-9.0
	CEO Projects									
571	Finance	571	143	126	17	11.9	396	522	49	8.6
9	Staffside development	9	0	0	0	N/A	2	2	7	77.8
28	Support for Board & Chief Exec	31	6	2	4	66.7	2	4	27	87.1
8	Staff development & expenses	5	1	1	0	0.0	1	1	4	80.0
616	Total CEO Projects	616	150	129	21	14.0	400	529	87	14.1
1684	TOTAL CEO	1685	417	420	-3	-0.7	1274	1694	-9	-0.5
	Health & Work Staffing									
1534	Staff Costs	1551	382	284	98	25.7	846	1130	421	27.1
-96	6.25% Bud Saving SCHWL	-96	-24	0	-24	100.0	0	0	-96	100.0
1438	Total H&W Staffing	1455	358	284	74	20.7	846	1130	325	22.3
	Health & Work Projects									
94	Healthy Living Award	94	14	18	-4	-28.6	2	20	74	78.7
47	Engagement	47	11	27	-16	-145.5	11	38	9	19.1
64	Performance	64	14	57	-43	-307.1	1	58	6	9.4
5	Income & Welfare Reform	5	0	10	-10	N/A	10	10	-5	-100.0
600	NHS Board Funding	605	0	57	-57	N/A	274	331	274	45.3
30	Support	30	5	4	1	20.0	6	10	20	66.7
840	Total H&W Projects	845	44	173	-129	-293.2	294	467	378	44.7
2278	TOTAL H&W	2300	402	457	-55	-13.7	1140	1597	703	30.6

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Annual allocation at 31/05/2016		Summary by directorate/team	Annual allocation at 30/06/2016	YTD budget: 3 month period to 30/06/2016	YTD actual: 3 month period to 30/06/2016	YTD var: 3 month period to 30/06/2016	YTD var as % of year to date budget	Recorded commit's (NB Staff is month x 9)	YTD actual plus commit's	Alloc to be com't'd	Alloc'n to commit as % of annual alloc
829		Strategy Staffing	829	205	188	17	8.3	638	826	3	0.4
898		People & Performance	898	222	199	23	10.4	544	743	155	17.3
60		Strategy & Engagement	60	15	12	3	20.0	55	67	-7	-11.7
-108		Redeployment	-108	-27		-27	100.0		0	-108	100.0
-4		6.25% Bud Saving Strategy	-4	-1		-1	100.0		0	-4	100.0
1675		6.25% Bud Saving Redept	1675	414	399	15	3.6	1237	1636	39	2.3
		Total Strategy Staffing									
329		Strategy Projects	329	67	51	16	23.9	15	66	263	79.9
181		Strategy & Communications	188	62	76	-14	-22.6	25	101	87	46.3
1182		People & Performance	1266	375	367	8	2.1	850	1217	49	3.9
8		Estates	8	2	5	-3	-150.0	2	7	1	12.5
1700		EPP Support	1791	506	499	7	1.4	892	1391	400	22.3
3375		Total Strategy Projects	3466	920	898	22	2.4	2129	3027	439	12.7
		STRATEGY TOTAL									
735		Health Equity Staffing	734	182	157	25	13.7	487	644	90	12.3
1891		Learning and Improvement	1908	481	487	-6	-1.2	1466	1953	-45	-2.4
2750		Marketing	2750	685	588	97	14.2	1703	2291	459	16.7
-336		Health Equity - Generic	-336	-84	0	-84	100.0		0	-336	100.0
5040		5% Bud Saving Health Equity	5056	1264	1232	32	2.5	3656	4888	168	3.3
		Total HE Staffing									
392		Health Equity Projects	395	143	70	73	51.0	11	81	314	79.5
0		Population Health	18	0	11	-11	N/A	9	20	-2	-11.1
568		BIP	611	186	180	6	3.2	174	354	257	42.1
351		Place & Equity	351	172	130	42	24.4	62	192	159	45.3
0		IT	31	0	0	0	N/A		0	31	100.0
52		Ehealth	52	10	14	-4	-40.0	34	48	4	7.7
1209		Learning and Improvement	1305	254	288	-34	-13.4	328	616	689	52.8
41		Marketing	41	10	9	1	10.0	7	16	25	61.0
2613		Staff devt & expenses	2804	775	702	73	9.4	625	1327	1477	52.7
		Total HE Projects									

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7653	HEALTH EQUITY TOTAL	7860	2039	1934	105	5.1	4281	6215	1645	20.9
Annual allocation at 31/05/2016	Summary by directorate/team	Annual allocation at 30/06/2016	YTD budget: 3 month period to 30/06/2016	YTD actual: 3 month period to 30/06/2016	YTD var: 3 month period to 30/06/2016	YTD var as % of year to date budget	Recorded commit's (NB Staff is month x 9)	YTD actual plus commit's	Alloc to be com't'd	Alloc'n to commit as % of annual alloc
	PHS Staffing									
832	Evidence For Action	832	207	191	16	7.7	572	763	69	8.3
564	Evaluation	564	140	130	10	7.1	392	522	42	7.4
401	Public Health Network	415	99	97	2	2.0	301	398	17	4.1
541	Public Health Observatory	561	134	134	0	0.0	420	554	7	1.2
84	Professional Support	84	18	19	-1	-5.6	68	87	-3	-3.6
-151	5% Budgeted Saving	-151	-37	0	-37	100.0		0	-151	100.0
2271	Total PHS Staffing	2305	561	571	-10	-1.8	1753	2324	-19	-0.8
	PHS Projects									
83	Evidence For Action	36	27	10	17	63.0	5	15	21	58.3
43	Evaluation	43	9		9	100.0	90	90	-47	-109.3
175	Scot Public Health Network	175	40	10	30	75.0	2	12	163	93.1
438	Public Health Observatory	461	36	24	12	33.3	2	26	435	94.4
10	Professional Support	10	3	1	2	66.7	4	5	5	50.0
5	Other programmes	5	1	1	0	N/A		1	4	80.0
754	Total PHS Projects	730	116	46	70	60.3	103	149	581	79.6
3025	TOTAL PHS	3035	677	617	60	8.9	1856	2473	562	18.5
202	Budget Surplus/Deficit(-)	243	0	-8	8	N/A		-8	251	103.3
18217	Total rev expd (gross)	18589	4455	4318	137	3.1	10680	14998	3591	19.3
	Income									
0	Sale and dist of pubn's	0	0	0	0	N/A	0	0	0	N/A
0	Misc (see analysis below)	0	0	0	0	N/A		0	0	N/A
0	Subtotal income	0	0	0	0	N/A	0	0	0	N/A
18217	Total revenue expd (net)	18589	4455	4318	137	3.1	10680	14998	3591	19.3
6725	TOTAL PROJECTS	7029	1591	1541	50	3.1	2314	3855	3174	45.2
11492	TOTAL STAFFING	11560	2864	2777	87	3.0	8366	11143	417	3.6
0	TOTAL INCOME	0	0	0	0	N/A	0	0	0	N/A

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18217		18589	4455	4318	137	3.1	10680	14998	3591	19.3
Commitment Summary	Budget	YTD Act	YTD %	Act+Com	%	Alloc	to com			
	£k	£k	£k	£k		£k				
CEO & Resource Mgmt	1,685	420	25%	1,694	101%	(9)	-1%			
SCHWL	2,300	457	20%	1,597	69%	703	31%			
EPP	3,466	898	26%	3,027	87%	439	13%			
PDD	7,860	1,934	25%	6,215	79%	1,645	21%			
PHS	3,035	617	20%	2,473	81%	562	19%			
Unalloc Budget/Misc	243	(8)	-3%	(8)	-3%	251	103%			
HS Total	18,589	4,318	23%	14,998	81%	3,591	19%			

Targets:

90% commitment by 31 Dec, 95% commitment by 31 Jan, 90% spend by 29 Feb, 95% spend by 31 Mar, 99% spend by closure of accounts

STAFFING BUDGET	£k	
LDP 24/05/16	11,612	
Distinction Awards	(86)	Not yet received from SG
Distinction Awards	(32)	Not yet received from SG
Extra permanent staff agreed CMT 12/7/16	68	
Other	(2)	
TOTAL STAFF BUDGET	11,560	

	Allocation	Actual
Capital expenditure (£k)	583	46

	Alloc	Drawn	%
Cash (£k)	20000	4350	21.8

Creditor Payment Statistics	2011/12	2012/2013	2013/14	2014/15	2015/2016	2016/17
Ave days to pay invoices	8.83	9.88	8.70	10.99	7.15	6.58

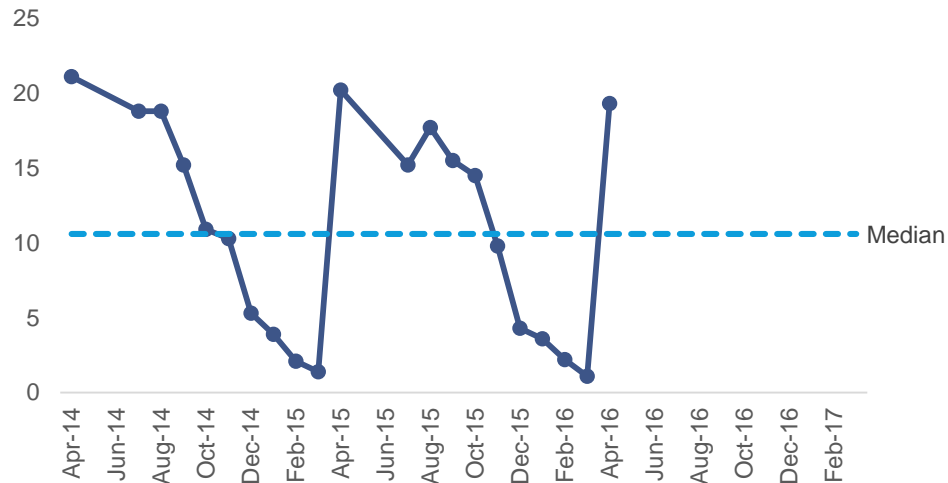
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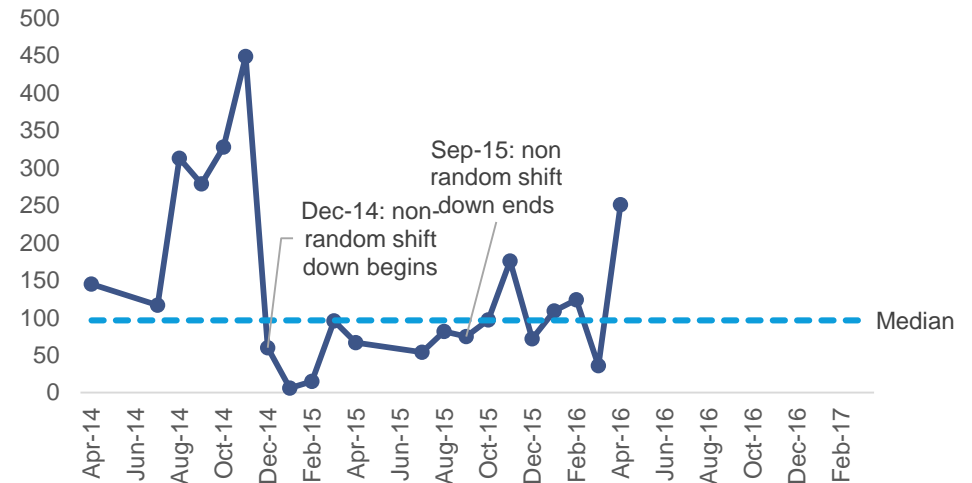
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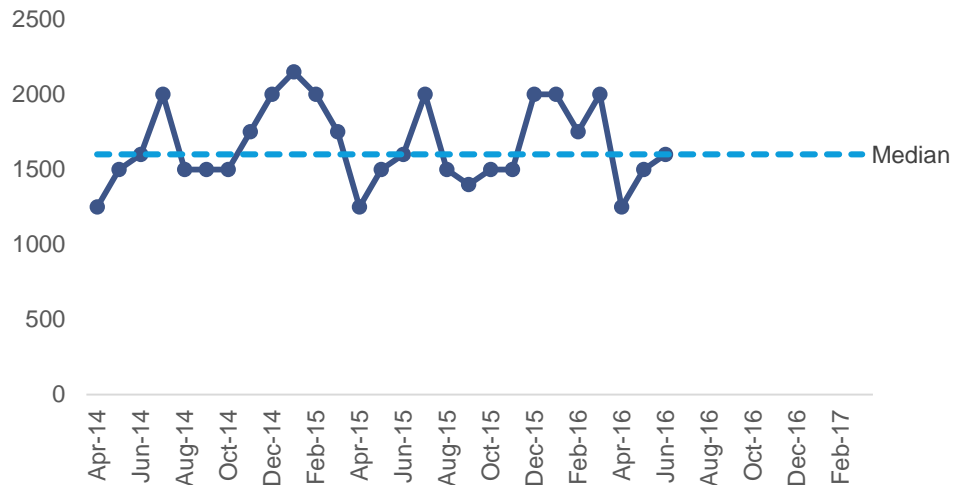
% Budget Uncommitted



Budget Unallocated (£k)



Monthly Drawdown (£k)



Month End Bank Balance (£k)

