NHS HEALTH SCOTLAND

**Board meeting to be held on 27 November 2015
at 10.30am in Room G1/2, Meridian Court, Glasgow**

AGENDA

1.   Apologies

2.   Register of Board Members' Interests

3.   Minute of previous meeting: 21 August 2015
     (HS Mins 5/15)

4.   Matters arising (action list attached).

5.   Chair's Report
     (HS Paper 30/15)

6.   Chief Executive's update (Including complaints return).
     (HS Paper 31/15)

7.   Business Plan: Quarterly Progress/Outturn Report
     (Quarter 2)
     (HS Paper 32/15)

8.   Planning update (including Annual Review Action Plan)
     (HS Paper 33/15)

9.   Public Health Review: Interim findings presented by the
     Minister at the Faculty of Public Health Conference
     (HS Paper 34/15)

10. Any Other Business

11. **Date of next meeting**: 5 February 2016, Room G1/2,
     Meridian Court, Glasgow.

NHS HEALTH SCOTLAND

Minute of the Board meeting held at 10.30am on Friday 21 August 2015 in Board Room 1 and 2, Gyle Square, Edinburgh.

Present: Ms M Burns (Chair)
                    Dr AM Wallace
                    Ms A Jarvis
                    Ms Maggie Mellon
                    Mr M Craig
                    Ms J Fraser
                    Dr P Stollard
                    Mr R Pettigrew
                    Ms E Fullerton (via teleconference)
                    Mr G McLaughlin
                    Ms C Denholm

In attendance: Dr A Fraser
                    Mr A Patience
                    Mr G Dodds
                    Ms C Denholm
                    Mr M McAllister
                    Ms J Kindness
                    Mr T Andrew
                    Ms E Molony
                    Ms M Kerrigan (Minute)

                                                                           ACTION

Welcome

Mr Mark McAllister, the new Organisational Lead for Strategic Development, was welcomed to the meeting.

1. **Apologies**

    No Apologies were received.

2. **Declaration of Members' Interests**

    No meeting-specific interests were recorded.

3. **Minutes of previous meetings**
    (HS Mins 4/15 pts 1 and 2)

    The minutes of the previous meetings held on 23 June 2015 were agreed as an accurate record.

4. **Matters Arising (Action List)**

   Under 23 June, item 7, (DoS's action) insert 'ongoing' in the   **CEO Admin**
   progress column.

   The DoS confirmed that the EFQM report would be   **DoS**
   circulated. She informed the Board that there will be an
   EFQM session at the next Board Seminar.

5. **Chair's Report (verbal update)**
   (HS paper 24/15)

   The chair informed the Board that the recruitment process is
   underway for new NHS Health Scotland Board members,
   with 125 applications received.

6. **Chief Executive's Update**
   (HS paper 24/15)

   In giving his update, the CEO indicated that following a
   successful workshop with Who Cares Scotland,
   arrangements are now being made to ensure the
   appropriate level of learning is available to all staff.

   The Board expressed an interest at the workshop in having
   training on being a corporate parent. It was felt the Board
   should play a leadership role in terms of the corporate
   parenting responsibility of the Health Service.

   The DoHE indicated that there was an e-learning module
   and agreed to email the link to members of the Board as a   **DoHE**
   starting point.

   The CEO indicated that there had been real enthusiasm
   around the inequalities briefings with very interesting and
   positive responses, some of which had been cited in his
   update paper.

As a result of meeting with the Improvement Service, developed plans are underway to jointly make an offer to a limited number of CPPs to help them access and work with some of the evidence in an attempt to produce the first outcome plans for their local area.

The CEO updated the Board on functional realignment. He indicated that the process was complete in Strategy and substantial progress had been made in the DoHE's directorate, with consultation complete and implementation begun. Alignment in HWL had been delayed because of delays in agreeing the delivery model for the healthy working lives service, but consultation on a new internal structure was now underway. It is expected that the alignment will be complete by the end of this calendar year.

The DoHE gave a progress update on his directorate. He indicated that Pauline Craig had been appointed Head of Population Health and a further three posts have been advertised nationally.

It was confirmed that the functional realignment will be evaluated, both from a process and impact perspective. The DoS agreed to bring a report to the Board in the early part of 2016.   DoS

7.   **Annual Review 2014/2015**
     (HS paper 25/15)

The purpose of bringing this paper before the Board was to highlight the plans for the Annual Review.

The Governance Manager explained the programme for the day. She indicated that around 40 people from various organisations will be in attendance, with questions from the twitter feed and webcast.

In discussion
- It was suggested that there should be more of a focus on austerity. The chair agreed to incorporate this in her presentation;   Chair

- It was noted that briefing was coming to the non-executives at a late stage. It was pointed out that this was mainly caused by the timing of interactions with Scottish Government.

The DoHE agreed to send Board members a link to Mental Health For All, Physical Activity and Place.   **DoHE**

The paper and briefing was noted.

8.   **NHS Health Scotland Quarter 1 Corporate Report**
      (HS paper 26/15)

The DoS spoke to the paper. She indicated that the new reporting format commenced this financial year.

The DoS explained that section one of the report gives an overview of organisational performance across a number of domains: planned outputs for each core programme, staffing, efficiencies and finance. Section two gives an overview of each Directorate's performance in relation to planned outputs and key highlights from the quarter.

In discussion the following comments were made:

- Page 5 of the report, last paragraph, should read "2016/17" and not "2015/16";   **DoS**

- Page 6, "We are maintaining our headcount …."

  The Board felt it was important to be involved in the bigger strategic decisions concerning the allocation of funding between staff and programmes. It was agreed that this should be explored at a future Board seminar.   **GM**

- Page 25 of the report (appendix A), 2.2 is duplicated on point 2.3;   **DoS**

- Concern was expressed about the level of financial information that was provided, this being less than under the reporting format used last year. A specific suggestion was made regarding the inclusion of a table highlighting key financial headings. The need to align reporting as much as possible with Audit and Board meeting schedules was also highlighted, as this will facilitate information being available. The DoS and EFPM agreed to consider improvements to the inclusion of financial information in the next report.   **DoS/EFPM**

- It was agreed to improve the colour presentation for future reports. In particular, it was suggested that   **DoS**

boxes highlighting issues should be a different colour
from those highlighting progress.

It was agreed to run with this format for a year and   **DoS**
thereafter hold a reflection session.

The Board noted the assessment of progress against the
2015/16 Business Plan.

9.   **Voluntary Redundancy Policy**
      (HS paper 27/15)

      The DoS indicated that end of year audit had highlighted
      that although the revised VR policy had been reviewed by a
      number of Committees, the final version had not been
      formally approved by the Board or any Committee on behalf
      of the Board. The DoS therefore asked that the Board
      formally approve NHS Health Scotland's Voluntary
      Redundancy Policy.

      She indicated that the policy had been updated with regards
      to progress, some aspects of governance around decision
      making and reporting, but also said that the Policy had not
      been changed in terms of the substantive terms of voluntary
      redundancy, which remained fully compliant with Agenda for
      Change terms and conditions.

      After discussion it was agreed the policy would continue to
      be of interest to the Partnership Forum, Remuneration
      Committee and Staff Governance Committee and any
      changes or updates to approach should be signed off by the
      Partnership Forum and overseen by the appropriate
      Committee. Given the importance of the policy in terms of
      reputation and governance, substantive changes to policy
      would continue to be brought directly to the Board for final
      approval.

      The Board formally approved the VR policy v.2.

10.   **Annual Risk Report**
      (HS paper 28/15)

      The purpose of this paper is to report the risk management
      arrangements within NHS Health Scotland to the Board and
      provide assurance that risk is adequately and appropriate
      managed.

      It was also pointed out that the job titles in some of the

                                                                                            DoS

supporting protocols required to be updated. It was noted that these would be amended at the point the protocols were republished.

In discussion the following comments were made:

- In updating the Board the CEO indicated that there were regular management team reviews of the Register which gives an opportunity to identify where either there is an escalation of risk or an event has introduced risks.

- There was a query as to how adverse events are identified and reported. It was noted that this is due to be discussed at the Health Governance Committee meeting. The DoPHS and DoS agreed to develop options for a proportionate system of reporting ahead of that discussion.   **DoPHS/DoS**

- It was felt that the report would benefit from an overarching management commentary, assessing overall performance on risk over the year. It was agreed to include this in future reports.   **DoS**

- It was noted that the CMT will regularly review the CRR, but there was also a desire for the Board to be involved relatively soon in a more substantive discussion on the strategic risks now facing the organisation, with a view to updating the CRR and also revisiting the risk appetite previously agreed.   **DoS**

The report and appendices were noted. It was also agreed that there would be a substantive discussion around risk and risk appetite at a Board seminar.   **Governance Manager**

11. **Proposed dates for future Board/Committee meetings (HS paper 29/15)**

    It was agreed:

    - to reverse August 2016's Board and Audit Committee meetings. The Audit Committee will now take place on 19 August and the Board on 26th August.   **CEO Admin**

    - to hold the Audit Committee the third week in January 2017 and not 1st February 2017.   **CEO Admin**

    - to look at a separate date for a development session for Board members.   **E&GL/CEO Admin**

The Board approved the proposed dates subject to the above changes.

12.   **Any other business**

There was no further business.

13.   **Date of next meeting**

27 November 2015, Room G1/2, Meridian Court.

**NHS HEALTH SCOTLAND
2015 BOARD ACTIONS**

21 August 2015			
ITEM NO.	**ACTION**	**ACTION BY**	**PROGRESS/ COMPLETED**
4	**Matters Arising (Action List)**		
	Under 23 June, item 7 insert 'ongoing' in the progress column in relation to the DoS's action.	**CEO Admin**	**Complete**
	EFQM report to be circulated	**DoS**	**complete**
6	**Chief Executive's Update**		
	The DoHE agreed to send a link to the elearning module to Board members.	**DoHE**	
	The functional realignment report to be brought before the Board in early 2016	**DoS**	**Scheduled for 5 Feb 2016**
7	**Annual Review**		
	Mental Health For All and Physical Activity & Place link to be send to Board members.	**DoHE**	
8	**NHS Health Scotland Quarter 1 Corporate Report**		
	Page 5 of the report, last paragraph, should read "2016/16" and not "2015/15"	**DoS**	**complete**
	Explore at a future Board Seminar the allocation of funding between staff and programmes.	**GM**	
	Page 25 of the report (appendix A), 2.2 is duplicated on point 2.3	**DoS**	**complete**
	Consider improvements to the inclusion of financial information in the next report.	**DoS/EFPM**	**complete**
	Improve the colour presentation for future reports, in particular it was suggested that boxes highlighting issues should be a different colour from those highlighting progress.	**DoS**	**In progress**
	Run with the format for a year and thereafter hold a reflection session.	**DoS**	**Noted.**
10	**Annual Risk Report**		
	Update job titles in some of the supporting protocols.	**DoS**	**Noted for when protocols**

			next revised.
	Develop options for a proportionate system of reporting in relation to adverse events.	**DoPHS/DoS**	**In progress.**
	An overarching management commentary to be included in future reports.	**DoS**	**Review of risk reporting in progress. Discussion proposed for Feb 2016 Board seminar**
	A substantive discussion around risk and risk appetite should be included in a future Board Seminar.	**GM**	**As above.**
11	Proposed dates for future Board/Committee Meetings		
	It was agreed to reverse August 2016's Board and Audit Committee meetings. The Audit Committee will now take place on 19 August and the Board on 26 August.	**CEO Admin**	**Complete**
	The Audit Committee to be held the third week in January 2017 and not 1st February 2017	**CEO Admin**	**Complete (now 1 February)**
	Look at a separate date for a development session for Board members.	**E&GL/CEO Admin**	**Ongoing**

27 March 2015			
ITEM NO.	**ACTION**	**ACTION BY**	**PROGRESS/ COMPLETED**
7	**Delivery Plan and Financial Plan 2015/16**		
	Air Quality to be discussed at 17 April Board Seminar.	**Governance Manager**	**Ongoing**

28 November 2014			3
ITEM NO.	**ACTION**	**ACTION BY**	**PROGRESS/ COMPLETED**
7.	**Q2 Corporate Report**		
	Consider how the External Stakeholder Performance Forum links with the Health Governance Committee.	**HoSE**	**Update report – on agenda for 9 October HGC**

NHS Health Scotland

BOARD MEETING: 27 NOVEMBER 2015

CHAIR'S REPORT

Recommendation/action required:

The Board is asked to note the paper.

Author:	**Sponsoring Director:**
Margaret Burns Board Chair	

20 November 2015

Purpose of Paper

1.   The purpose of this paper is to provide an update to the Board on activities and matters involving the Chair which are not covered by other papers on the agenda.

NHS Chairs Group Meeting

2.   On 31 August I attended the Chairs Group Meeting. Again the focus of the discussion was the integration of health and social care and the new health and social care partnerships. There was also a presentation about the consultation on Healthcare Improvement Scotland's (HIS) proposed new quality of care reviews. Health Scotland will be working with HIS to ensure that these reviews will look at equity of healthcare provision.

Healthy Working Lives

3.   In September I had meetings with George Brechin, member of the Health and Safety Executive's Board and Chair of their Partnership for Health and Safety in Scotland, and with Andrew Cubie, Chair of the National Advisory and Advocacy Group for Healthy Working Lives. The discussions covered our mutual interests in, and the future development of, healthy working lives in Scotland, particularly looking at how we engage all stakeholders. The Health and Safety Executive welcome our role, set out in our Annual Review action plan, to facilitate the development of a health and safety plan for Scotland.

Migrant and Ethnic Health Research Conference

4.   On 24 September I gave the opening address and chaired part of the Migrant and Ethnic Health Research Conference in Glasgow. Health Scotland has had a longstanding role in promoting and supporting research in this area.

Board Seminar

5.   On 2 October, I attended the Board seminar at which the Board and members of the senior leaders group discussed progress in our approach to quality improvement with EFQM and discussed the strategic priorities for next year's planning cycle.

HSE Dinner

6.   On 6 October I attended a dinner held by the Health and Safety Executive Board for its Scottish stakeholders. The main purpose of the dinner was to discuss HSE's new strategy and health and safety developments in Scotland.

Chairs Group Meeting with Cabinet Secretary

7.   On 26 October I attended the Chairs Group meeting with the Cabinet Secretary and the Ministers for Public Health and Sport and Mental Health. The discussion covered integration, reform of primary care, quality reporting

systems and finance. The financial position of the NHS in Scotland will not be clear until after the announcement of the comprehensive spending review on 23 November.

NHS Senior Leaders Meeting

8.   On 4 November the Chief Executive and I attended the programmed meeting of NHS senior leaders – chairs, chief executives, senior planners and Scottish government. There was discussion about how the service will cope with what is likely to be an increasingly challenging financial climate.

Faculty of Public Health Conference

9.   On 5 and 6 November I attended the Faculty of Public Health Conference in Peebles and chaired the first session. In her key note speech, the Minister for Public Health, Maureen Watt, set out the broad outline of the public health review report. This endorses our key concerns about the need for a Scottish Public Health Strategy, a focus on inequalities and a strong national support for local delivery. It was notable that the Minister spoke about the fundamental importance of tackling health inequalities.

10.   Health Scotland was well represented at the conference.

Family Adversity Seminar

11.   On 19 November I attended and chaired a session of a seminar organised by Health Scotland and the Institute of Health Equity on behalf of the UK and Ireland Public Health Inequalities Collaboration. The purpose of the seminar was to share research and practice on family adversity, children and young people.

Communications

12.   There are no specific communications issues arising from this paper which are not addressed through other relevant plans.

Risk

13.   Any risks associated with this update are incorporated within related project plans.

Equality and Diversity

14.   There are no specific equality and diversity issues arising from this paper.

Environment

15.   There are no specific environmental issues arising from this paper.

Action/Recommendations

16.   The Board is asked to note this paper.

Margaret Burns
Board Chair
20 November 2015

NHS
Health
Scotland

BOARD MEETING: 27 NOVEMBER 2015

CHIEF EXECUTIVE'S UPDATE

Recommendation/action required:

The Board is asked to note the paper.

Author:	**Sponsoring Director:**
Gerald McLaughlin Chief Executive	

16 November 2015

CHIEF EXECUTIVE'S UPDATE

Purpose of Paper

1.   The purpose of this paper is to provide an update to the Board on activities and matters involving the Chief Executive and Directors which are not covered by other papers on the agenda.

Staff Survey

2.   The Staff Survey for 2015 was completed in September 2015. Health Scotland's draft response rate was 84% and is the highest response rate in any Board.

3.   The results are expected to be known in December and will be discussed by both the Partnership Forum and Staff Governance Committee. Following this an action plan will be created.

National Conversations

4.   Following the acceptance in the summer of our proposal to the Scottish Government to support the *Creating a Fairer Scotland* and *Creating a Healthier Scotland* national conversations, we have now informally seconded a member of staff to work three days a week at the Scottish Government for a short term period. The staff member will be undertaking the analysis of the *Creating a Healthier Scotland* conversation and ensuring links are made with the relevant themes emerging from the *Creating a Fairer Scotland* conversation.

5.   In addition we have arranged two internal conversation sessions so that staff can input, as citizens rather than members of staff, into the two conversations. These sessions are scheduled for the 1 December (10.30 to 12) in Meridian Court, Glasgow and 2 December (11 am to 12.30) in Gyle Square, Edinburgh. Non-Executive Directors are welcome to attend. (Contact elspeth.molony@nhs.net for more information).

Performance Management

6.   Significant progress has been made in developing a suite of Key Performance Indicators (KPIs) for the 2015/16 financial year. These have been developed in partnership with our stakeholders and are the first iteration of a performance framework which we can build and improve upon in future years. Work is progressing in collating baseline data for 2015/16 to be incorporated in our end of year impact report and to support business planning for 2016/17.

7.   Allied to this work, the external Stakeholder Performance Forum met on Thursday 12 November and has agreed to take forward detailed work on

piloting an approach to collaborative performance on inequalities outcomes that can be replicated and scaled up across multiple outcomes. The 'Cost of Living' has provisionally been identified as the first collaborative performance outcome to be developed. A project plan is being drawn up.

Stakeholder Engagement Event

8. NHS Health Scotland is delivering a Stakeholder Engagement on Tuesday 1 December 2015. The event will support business planning around our core programmes for 2016/17. The event is targeted at policy and decision makers and has reached capacity. The event, which aims to inform our outcomes and deliverables for 2016/17, will also be an opportunity to identify potential synergies and areas for future collaboration with our stakeholders.

9. Non-Executive Board Members who wish to attend the event should contact Mary Riordan (mary.riordan@nhs.net or 07740 023567).

Healthy Working Lives

10. The new shared governance arrangements for Healthy Working Lives have now been established with the new Programme Board, chaired by Paul Stollard, and the Implementation Group has now met twice. The principal piece of work being progressed is the Implementation Plan for the new delivery arrangements that are due to go live in April 2016.

Meetings/Event Attended

11. 8 September – first meeting of Health and Care Partners Group held in St Andrews House.

    10 September – Outcomes, Evidence and Performance Board held in Scottish Enterprise offices in Glasgow.

    11 September – Infrastructure Delivery Group held in St Andrews House.

    15 September – Thinking Ahead in the Early Years – GCPH 17th Healthier Future Forum held in the Trades Hall, Glasgow.

    24 September – Alzheimer Scotland Dementia Awards held in the Glasgow Marriott Hotel, Glasgow.

    23 October – Scottish Assembly on Tackling Poverty organised by The Poverty Alliance and attended by the Cabinet Secretary for Social Justice, Communities and Pensioners Rights.

    4 November – NHS Scotland Senior Leaders Forum with NHS Chairs.

5 November – Faculty of Public Health Scottish Conference, Peebles Hydro

11 November – First meeting of Violence against Women & Girls Joint Strategic Board, co-chaired by Cabinet Secretary for Social Justice, Communities and Pensioners' Rights and COSLA Spokesperson for Community Wellbeing.

12 November – Scottish Parliamentary reception hosted by Scottish Natural Heritage in partnership with NHS Health Scotland and sponsored by Malcolm Chisholm MSP, celebrating the contribution the natural heritage can make to health and well-being.

Complaints

12.   From 14 August 2015 to 17 November 2015 we received a total of 25 complaints. One complaint was received for Health Scotland in respect of our flu vaccination communications and website. The remainder of the complaints were all intended for other health bodies.

13.   The complainants were all advised to contact the relevant NHS Board, Practice Manager at their GP surgery, or passed directly to the appropriate NHS complaints team. One complaint was passed to the office of the Director General Health and Social Care at Scottish Government.

Finance and Resource Implications

14.   There are no finance and resource implications as such arising from this paper.

Communications

15.   There are no specific communications issues arising from this paper which are not addressed through other relevant plans.

Risk

16.   Any risks associated with this update are incorporated within related project plans.

Equality and Diversity

17.   There are no specific equality and diversity issues arising from this paper.

Environment

18.   There are no specific environmental issues arising from this paper.

Action/Recommendations

19.   The Board is asked to note this paper.

Gerald McLaughlin
Chief Executive
18 November 2015

BOARD MEETING: 27 NOVEMBER 2015

NHS HEALTH SCOTLAND QUARTER 2 CORPORATE REPORT

Recommendation/action required:

The Board is asked to note the assessment of progress against the 2015/16 Business Plan.

Author:	Sponsoring Director:
Duncan Robertson **Policy and Risk Officer**	Cath Denholm Director of Strategy

17 November 2015

NHS HEALTH SCOTLAND QUARTER 2 CORPORATE REPORT

Purpose of Paper

1.   The Board is asked to note the assessment of progress against the 2015/16 Business Plan.

Background

2.   Quarterly corporate performance reports are presented by NHS Heath Scotland Overall figures, Core Programmes, Directorates and Teams. The Corporate Report summarises the financial and non-financial performance against resources, outputs set out in the business plan on a quarterly basis and assesses strategic risk of implementation. Initially the report is drafted for the Corporate Management Team and then finalised for the NHS Health Scotland Board and Scottish Government.

3.   At an organisational level the report contains summaries covering Financial Information, the Workforce Plan, a summary of the Corporate Risk Register, and Headcount, Turnover, Absence and KSF information.

4.   There have been a number of significant changes made to the way reporting is completed and presented in 2015/16. We have moved from quarterly to monthly performance reporting (with monthly reports considered by CMT, and quarterly reports considered by CMT, the Board and Scottish Government), enabling more time to address issues that emerge while at the same time greatly reducing the amount of time it takes staff to complete reporting. The presentation of the revised performance reports is focussed much more on quantitative performance data, in association with performance narratives for each Directorate.

Summary

5.   Quarter two has been a busy and productive period.

6.   We had a successful Ministerial Annual Review in August. We achieved a much higher engagement with external stakeholders in the public session than we have in the past.

7.   We were mentioned in two Scottish Parliament debates and received three invitations to give oral evidence as a result of written submissions to calls for evidence. Our oral evidence to the Work, Wages and Wellbeing inquiry was featured in the Herald newspaper and our evidence to the Finance Committee was featured in the Scotsman and the Herald newspapers.

8.   We commenced work on the co-production of a new Health and Safety Action Plan for Scotland and we contributed to the Fair Work Commission to inform their process of developing recommendations for Scottish Government and input to the Scottish Government's discussion on the future Social Security in Scotland.

9.   Our Healthyliving Award has attracted interest from Public Health Wales, the Welsh Assembly and Health and Social Care Northern Ireland.

10.   We have been actively engaged with a number of important and high profile initiatives, including the Dundee and Fife Fairness Commissions and continue to take a lead role in promoting a human rights based approach to health and social care, under the auspices of the Scottish National Action Plan for Human Rights. We were contributors to two major international conferences – one on health and wellbeing in education in Glasgow in September and one on global alcohol policy in Edinburgh in October.

11.   We achieved an 84% return in the 2015 national staff survey. Once again, the highest return of all Boards.

12.   In terms of operational performance, all Directorates are reporting good performance and active management of areas of work where constraints have been identified or where there is a risk that we will not deliver what was planned on time and on scope.

Workforce Plan summary

13.   In this financial year we have had 16 leavers and 16 new starts. The number of vacancies at any time is partly accounted for by this turnover and partly by the larger than usual number of vacancies being held in the Health Equity Directorate while the realignment work is completed. We anticipate this figure decreasing significantly as we move through the year, particularly as we come to the end of Q3.

14.   The Organisational turnover (including planned and unplanned exits from the organisation) was sitting at 5.51% in September 2015. With a brief peak above the 4% HEAT standard in April and May, absence is currently under 3%.

15.   During this quarter we exceeded our 90% KSF review target, with 98% of staff having had a review and 97% of staff agreeing an up to date Personal Development Plans.

Finance and Resource Implications

16.   With regard to the revenue resource limit (RRL), at the end of the 6 month period there was an underspend of £111k (1.2%) against the phased budget of £9,078k.

17.   The 2015/16 capital resource limit (CRL) is £100k which relates to our IT replacement program at £30k and expected property costs of £70k in relation to changes in our floor usage at Meridian Court.

18. Our cash requirement is £20m for 2015/16 and we drew down £9.25m (46.3%) in the first half of the year.

Partnership

19. Work in partnership continued, with one partnership forum meeting (3 September 2015) in the quarter and continued strong partnership engagement, particularly around the current Office Improvement work and the functional realignment.

Communications

20. With regards to this report, there are no specific communications outwith the normal publication of Board papers and sharing of key messages and decisions with all our staff through the monthly Corporate Cascade system.

21. With regards to corporate communications and engagement activity, this is picked up within the body of the report.

Risk

22. A number of specific risks have been outlined in the body of the Quarter 2 Corporate Report.

23. The Corporate Risk Register (Appendix 1) was most recently updated and published on the NHS Health Scotland website in November 2015.

Equality and Diversity

24. The Quarterly Corporate Reports measure progress against the Delivery Plan, in line with *A Fairer Healthier Scotland*, which sets out the role, direction and priorities of NHS Health Scotland and the commitment is to focus on the biggest health challenge facing Scotland – health inequalities.

Sustainability and Environmental Management

25. No Sustainability and Environmental Management issues have been identified.

Action/ Recommendations

26. The Board is asked to note the assessment of progress against the 2015/16 Business Plan.

Duncan Robertson
Policy and Risk Officer
17 November 2015

NHS Health Scotland Performance Report Q2 2015

Introduction & Overview

This is NHS Health Scotland's performance report for the second quarter of our 2015/16 delivery year.

This has been a busy and productive period.

We had a successful Ministerial Annual Review in August. We achieved a much higher engagement with external stakeholders in the public session than we have in the past. The resultant Annual Review letter and action plan from the Minister gives a very strong platform from which to plan our work for the next period.

We were mentioned in two Scottish Parliament debates and received three invitations to give oral evidence as a result of written submissions to calls for evidence. Our oral evidence to the Work, Wages and Wellbeing inquiry was featured in the Herald newspaper and our evidence to the Finance Committee was featured in the Scotsman and the Herald newspapers. We also improved our approach to social media, with a very successful inaugural social media inequalities campaign with strong engagement throughout the week and positive feedback.

We commenced work on the co-production of a new Health and Safety Action Plan for Scotland and we contributed to the Fair Work Commission to inform their process of developing recommendations for Scottish Government and input to the Scottish Government's discussion on the future Social Security in Scotland.

Our Healthyliving Award has attracted interest from Public Health Wales, the Welsh Assembly and Health and Social Care Northern Ireland.

We have been actively engaged with a number of important and high profile initiatives, including the Dundee and Fife Fairness Commissions and continue to take a lead role in promoting a human rights based approach to health and social care, under the auspices of the Scottish National Action Plan for Human Rights. We were contributors to two major international conferences – one on health and wellbeing in education in Glasgow in September and one on global alcohol policy in Edinburgh in October.

We achieved an 84% return in the 2015 national staff survey. Once again, this is the highest return of all Boards and we look forward to receiving the results in December to start planning our next improvements.

In terms of operational performance, all Directorates are reporting good performance and active management of areas of work where constraints have been identified or where there is a risk that we will not deliver what was planned on time and on scope.
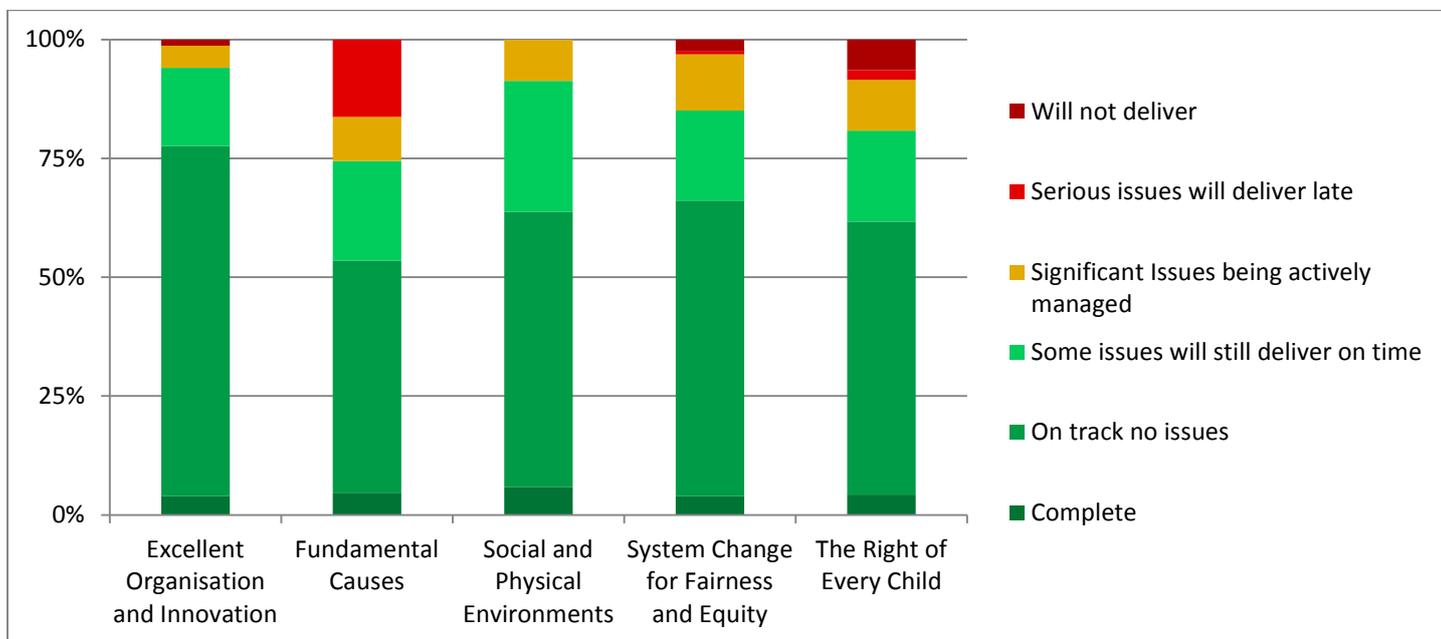
Section 1 of this report gives an overview of organisational performance across a number of domains: planned outputs for each core programme; staffing, efficiencies and finance.

Section 2 gives an overview of each Directorate's performance in relation to planned outputs and key highlights from the quarter. Where there are progress exceptions the issues have been identified and are being actively managed. Where appropriate they are also logged on the Corporate Risk Register (Appendix 1).
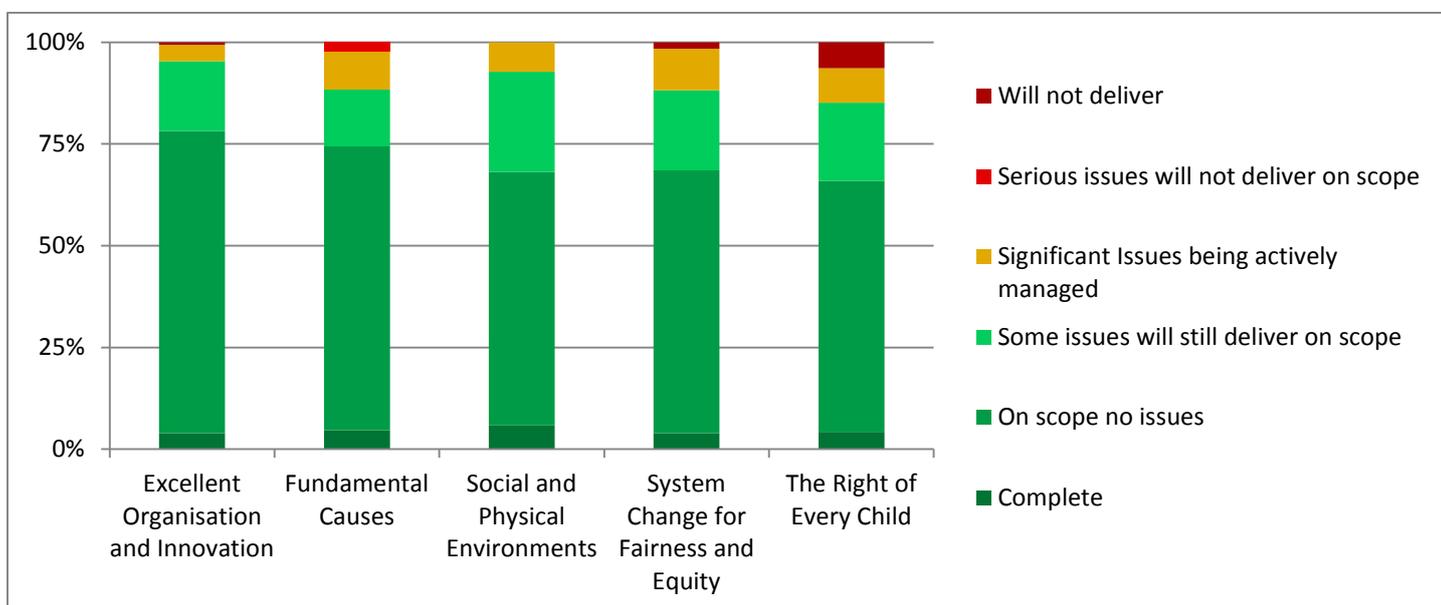
Section 1.1: Organisation Output Performance

This section shows how likely we are to deliver the products and services needed to achieve our Delivery Plan commitments on time and on scope, across our five Core Programmes (as recorded at 21st October 2015).

Likelihood of Delivering Outputs On Time by Core Programme

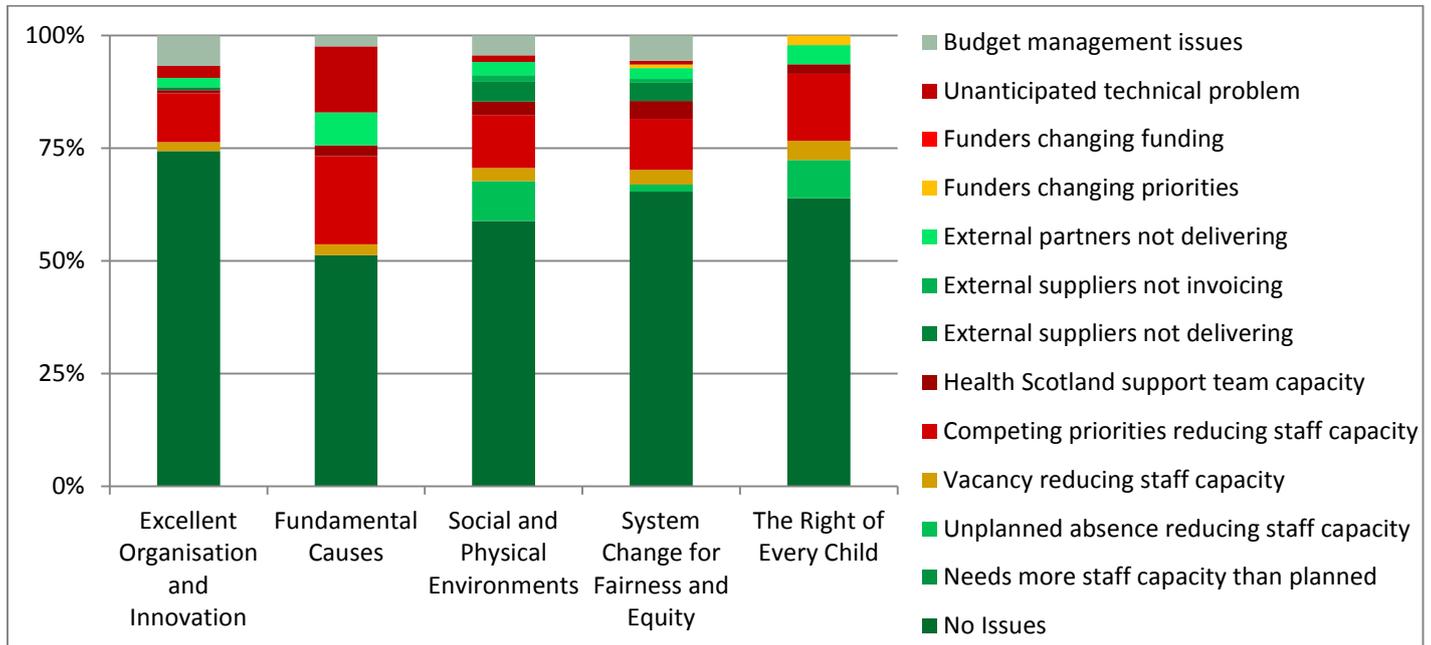Likelihood of Delivering Outputs On Scope by Core Programme

We are reviewing and considering remedial action in relation to staffing issues constraining delivery in Core Programme 1 – Fundamental Causes

The delays that have led to outputs being marked as red ('Will not deliver' or 'Serious Issues') in Q2 for Core Programme 4 can be explained as follows:

One project has been stopped due to a reappraisal of the requirements. The remainder have been delayed due to senior staff absences in Q1 and Q2. All staff have now returned and the delays are being actively managed. We expect to deliver within scope.

Issues Affecting Outputs by Core Programme

1.2 Corporate Priorities

Our Corporate Priorities for 2015/16 are largely drawn from our 2014 Annual Review Action Plan and therefore form a significant element of our formal contract with the Scottish Government. Given their significance, these areas are specifically tracked at monthly corporate management team meetings. The Corporate Priority update, including RAG (Red, Amber, Green) status, is correct as of 21st October 2015
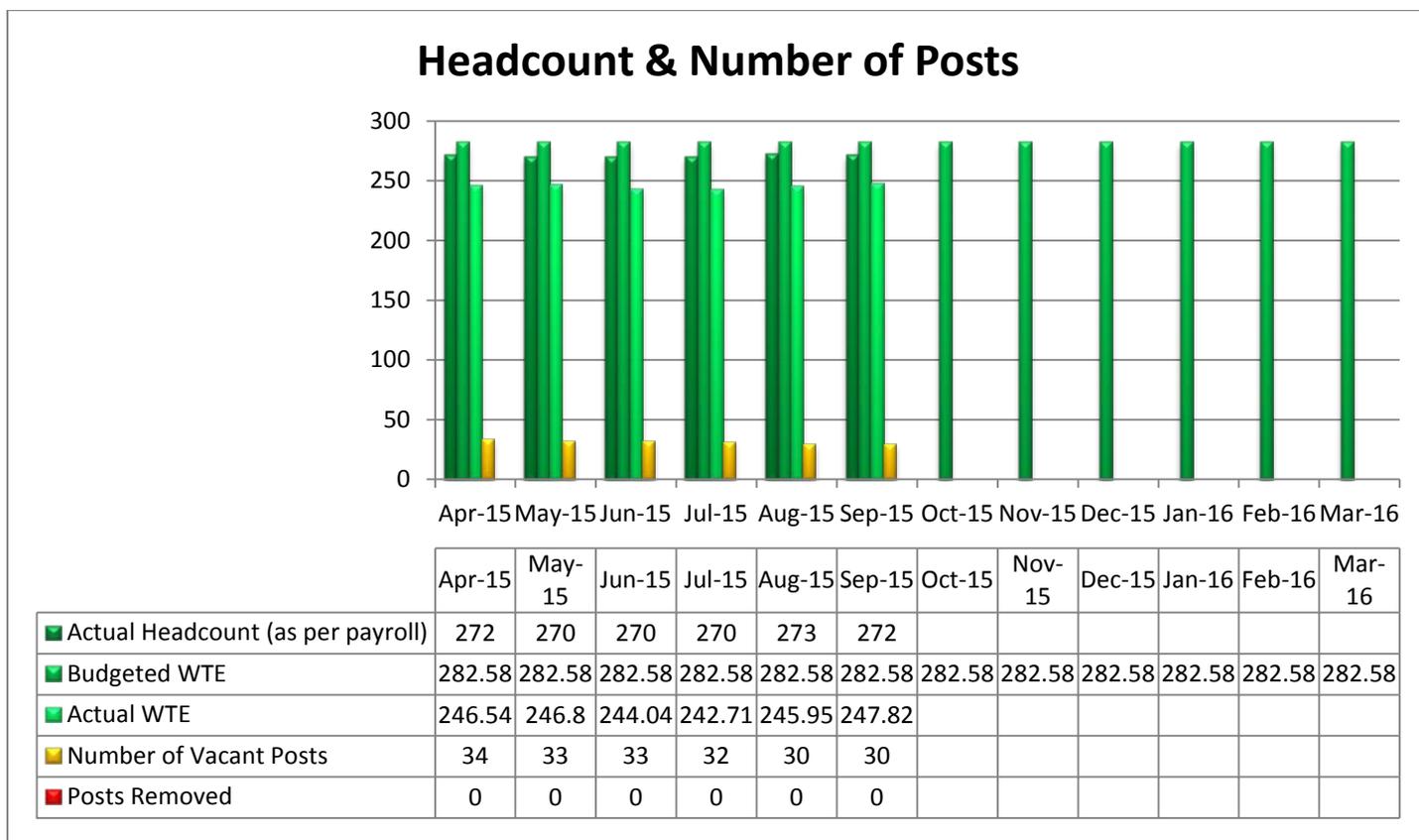
Corporate Priority Update

Title	Progress	Exceptions
Briefings - Families with young Children & Gender	Green	
Good Work	Green	
Power & Inequalities	Amber	Unanticipated technical problems
Place Standard	Amber	External partners not delivering
Diet and Obesity – HS Approach	Amber	All planned work is now complete, rated Amber as slightly later than anticipated.
HWL and FFWS.	Green	
NHS Manifesto	Amber	Funders changing priorities
Local Delivery Model	Green	
Primary Care	Amber	Changes in Scottish Government personnel and internal changes have slowed development of plans.
Community Justice	Green	
Transition Management	Green	
Right of Every Child	Amber	Competing priorities reducing staff capacity
KPIs	Green	
Health Scotland Website	Amber	Competing priorities reducing staff capacity
HWL Website	Green	
ECM	Green	
Corporate Reporting Tool	Amber	External Suppliers not delivering
Network Reviews	Green	
National Position	Green	
Office Accommodation	Green	

1.3 Workforce and Financial Performance

Headcount, Turnover and Absence
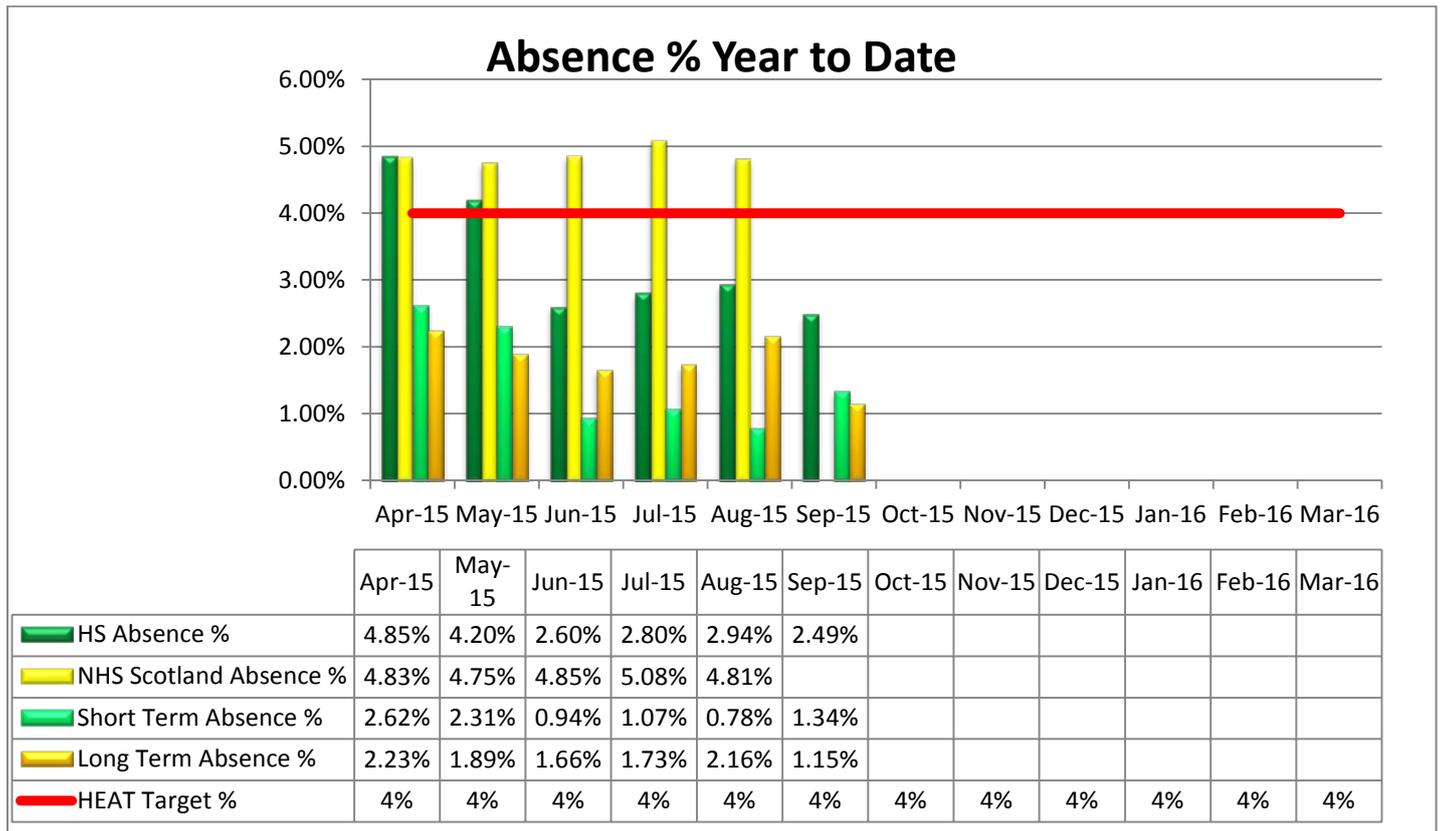**As at 30 September 2015**
Table 1

Headcount & Number of Posts

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
🟩 Actual Headcount (as per payroll)	272	270	270	270	273	272						
🟩 Budgeted WTE	282.58	282.58	282.58	282.58	282.58	282.58	282.58	282.58	282.58	282.58	282.58	282.58
🟩 Actual WTE	246.54	246.8	244.04	242.71	245.95	247.82						
🟨 Number of Vacant Posts	34	33	33	32	30	30						
🟥 Posts Removed	0	0	0	0	0	0						

The table illustrates the number of posts in our overall workforce structure, our actual headcount and Whole Time Equivalent (WTE) including Directors and secondees in and out. In this financial year so far we have had 16 leavers and 16 new starts. The number of vacancies at any time is partly accounted for by this turnover and partly by the larger than usual number of vacancies being held in the Health Equity Directorate while the realignment work is completed. We anticipate this figure decreasing significantly as we move through the year, particularly as we come to the end of Q3.

Table 2

Turnover

	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2015/16	0.74%	2.21%	2.58%	3.32%	4.40%	5.51%						
2014/15	1.12%	1.48%	2.59%	3.31%	3.64%	4.36%	5.07%	6.17%	7.01%	7.30%	8.38%	12.80%
2013/14	0.99%	1.99%	3.01%	4.72%	6.77%	7.82%	7.82%	8.80%	9.14%	10.79%	11.93%	17.47%
2012/13	0.00%	0.67%	1.33%	2.67%	3.65%	4.68%	5.04%	6.05%	7.11%	7.43%	8.14%	10.88%
2011/12	0.35%	0.70%	1.05%	3.13%	3.79%	5.80%	5.70%	5.90%	7.52%	9.30%	9.97%	15.33%

Organisational turnover (including planned and unplanned exits from the organisation) was sitting at 5.51% in September 2015. This is broadly as expected.

Table 3

Absence % Year to Date

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
HS Absence %	4.85%	4.20%	2.60%	2.80%	2.94%	2.49%						
NHS Scotland Absence %	4.83%	4.75%	4.85%	5.08%	4.81%							
Short Term Absence %	2.62%	2.31%	0.94%	1.07%	0.78%	1.34%						
Long Term Absence %	2.23%	1.89%	1.66%	1.73%	2.16%	1.15%						
HEAT Target %	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%	4%

With a brief peak above the 4% HEAT standard in April and May, absence is currently under 3%. Long term absence is making up a smaller portion of the absence overall and we are continuing to work with line managers in supporting staff with a sustained return to work.

Q2 KSF Figures
As at 2 October 2015

Post Outlines Assigned	91%
Reviews	98%
Objectives	97%
PDPs	97%

Our continued strong performance in KSF has exceeded the target of 90% set in all areas. Focus now turns to ensuring that the mid-year reviews for all staff are carried out and that the quality of these conversations is to a high standard.

Staff Personal Development Plans (PDPs) were anonymised and analysed to ensure that staff are identifying meaningful development activities and that we have adequate training opportunities in place to address these needs. No significant issues were identified and we will be responding to any gaps by offering internal courses, where possible, in Q3 & Q4. Further analysis of PDPs has begun and will go into Q3 to map the identified activities against the Competency Framework to ensure knowledge, skills and attitude alignment with *A Fairer Healthier Scotland*. Development of a mid-year review communications plan has begun with involvement of the Learning and Development Network to maintain the momentum of and staff engagement with the Personal Development Planning and Review process.

Financial Position 6 MONTH REPORT

As reported to the Audit Committee on 28 October 2015

- NHS Health Scotland's latest financial position for the 6 month period ending 30 September 2015 is set out on the enclosed spreadsheet. Further information is provided in the graphs attached to this report.

- With regard to the **revenue resource limit** (RRL), at the end of the 6 month period there was an underspend of £111k (1.2%) against the phased budget of £9,078k. The total of unallocated budgets following the Directors meeting in late September was £75k which is being held at present as part of our planned year end surplus. We expect our staff savings to rise during the year to around £125k which together with project savings also of £125k gives our target year end surplus of £250k to carry forward to 2016/17.

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

  - The Board's 2015/16 RRL as advised in the September 2015 allocation letter from the Scottish Government was £19.446m which mainly relates to core funding but we expect this to rise to £19,907k as we receive confirmation on non-core funding in the October to March period.
  - The £111k underspend against the phased budget consists of 2 main elements; an overall underspend of £60k on projects and an overall underspend of £50k on staffing.
  - At present there is a spend of around £150k against an expected future immunisation allocation of £166k so our true position is around a £260k surplus YTD however there is a lag on our project spend which is expected to catch-up in the second half of the year.
  - In relation to the £50k underspend on **staffing**, this includes exit costs of £55k in the first quarter and we are phasing the additional vacancy factor of 1.25% (6.25% in 2015/16 compared to 5% in 2014/15) against Health Equity Directorate for the first six months as our vacancy factor will be higher than normal due to strategic realignment in the same period.

- The 2015/16 **capital resource limit** (CRL) is £100k which relates to our IT replacement program at £30k and expected property costs of £70k in relation to changes in our floor usage at Meridian Court. Related to this our transitional revenue costs on our property strategy were increased by £148k to £300k for 2015/16 to allow a full year of funding pending our property review notably on the part floor use at Meridian Court. This additional funding was provided by the Scottish Government as we had conceded £150k of capital as our original capital allocation was £250k.

- Our **cash requirement is £20m** for 2015/16 and we drew down £9.25m (46.3%) in the first half of the year.

Section 2 – Directorate Overviews

This section reports brief highlights from each Directorate and shows how likely we are to deliver the products and services needed to achieve our Delivery Plan commitments on time and on scope.
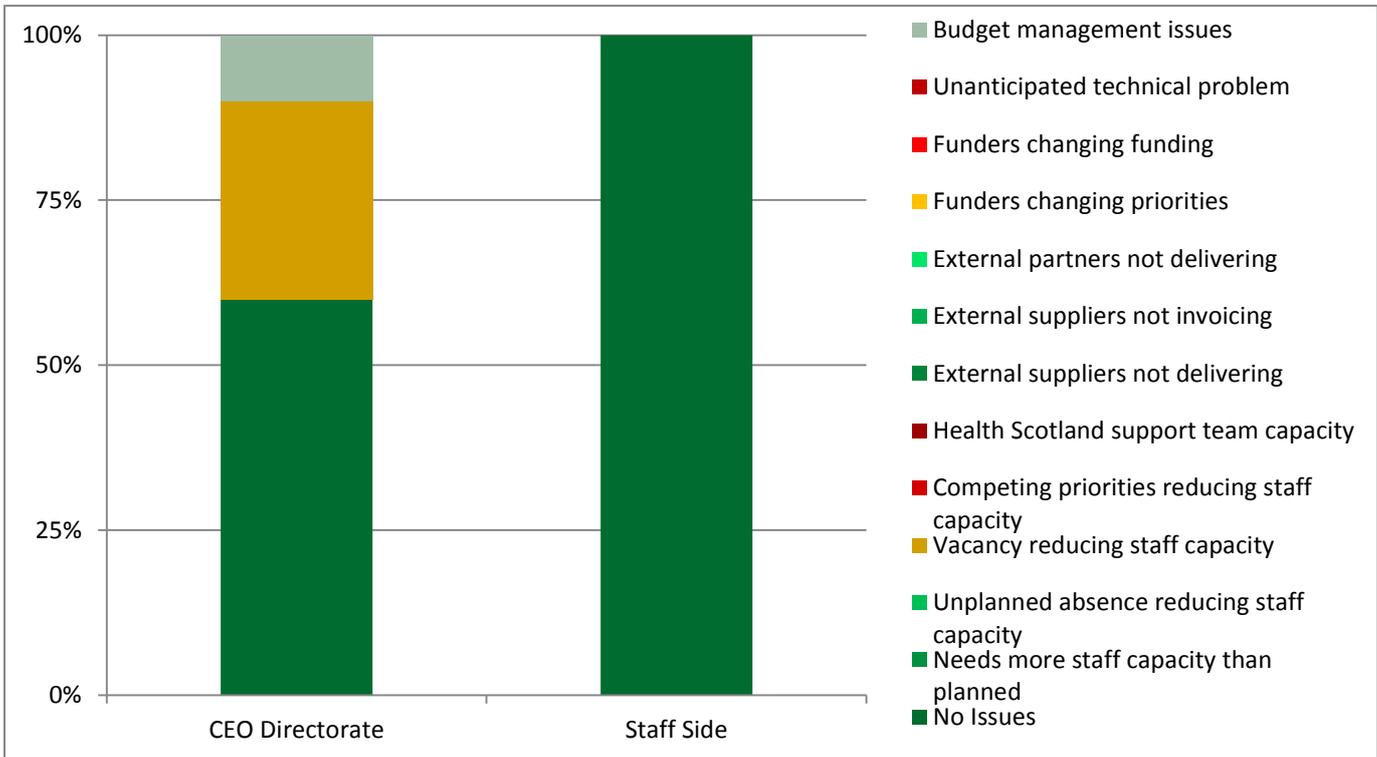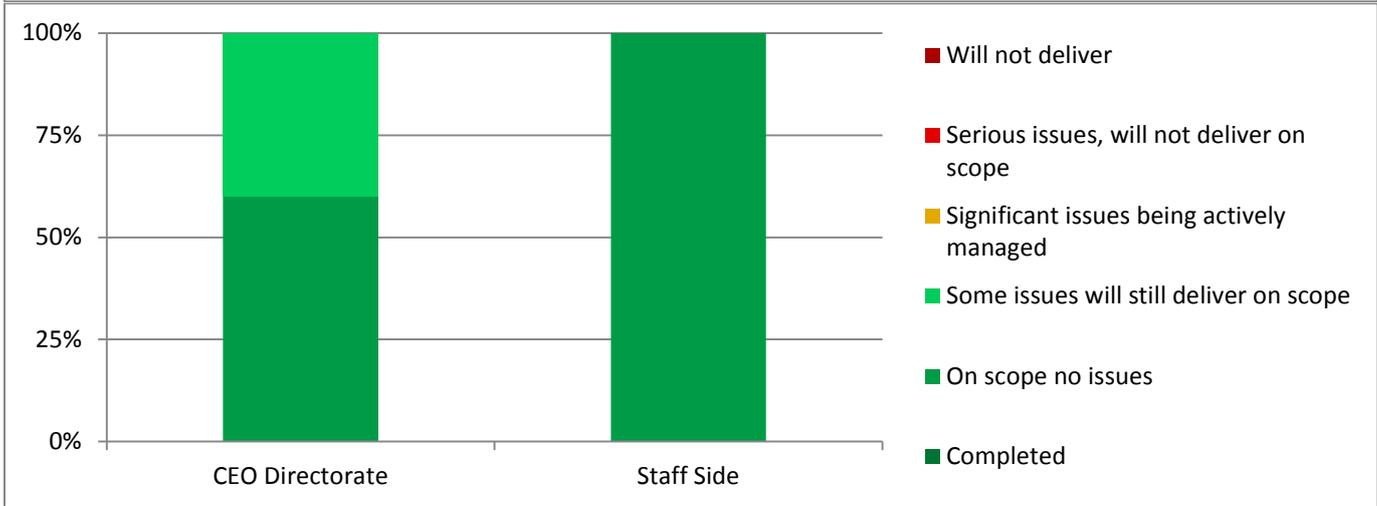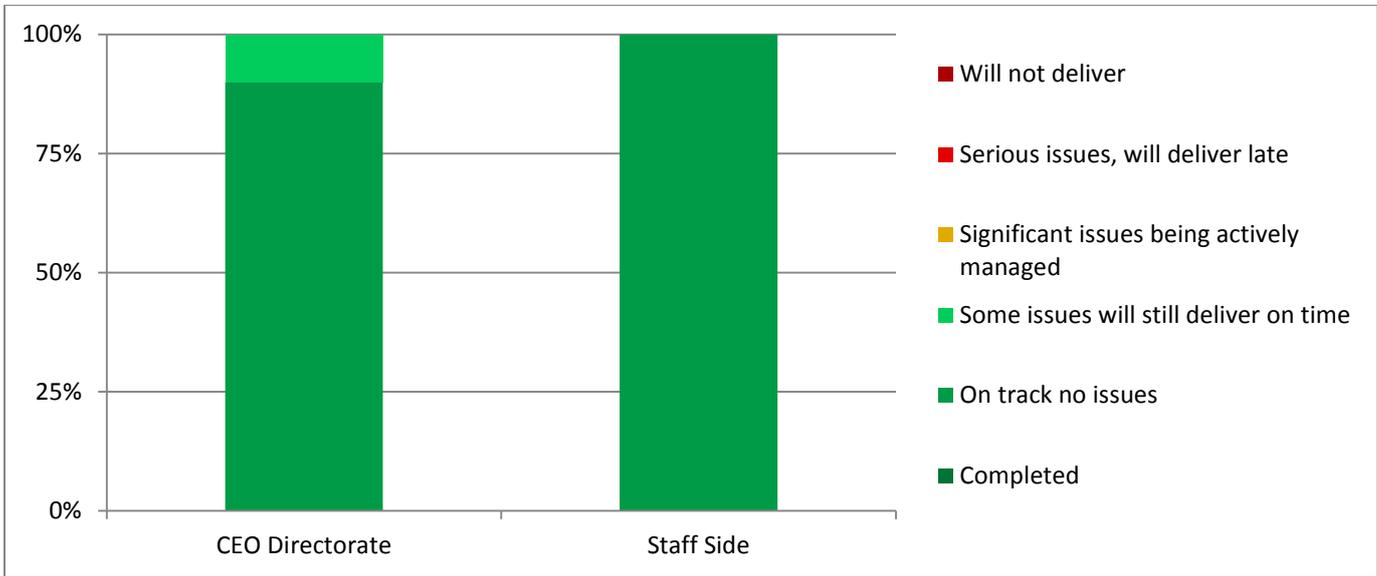
CEO Directorate

NHS Health Scotland's governance processes and meetings ran to schedule and plan. In particular, we delivered a collaborative joint seminar between the NHS Health Scotland Board and the Food Standards Scotland Board on 21 August. This resulted in the development of a strategic discussion relating to shared vision and ambition for reducing inequalities within the food agenda.

We were particularly pleased with the outcomes of our Ministerial Annual Review held on 26 August. We achieved a much higher engagement with external stakeholders in the public session than we have in the past. We took the opportunity to showcase the journey of our work over a period of years linked to the outcomes we have achieved and the next steps in the transition of our work for the next year.

We met with Naomi Eisenstadt, the Scottish Government's Independent Adviser on Poverty and Inequality and committed to supporting her work, especially in relation to worklessness in the under 25s and in-work poverty.

We continued to perform our finance and procurement functions and financial performance, as reported in Section 1.3, causes no concerns for this time of year.

Work in partnership continued, with one partnership forum meeting (3 September 2015) in the quarter and continued strong partnership engagement, particularly around the current Office Improvement work and the functional realignment. As highlighted in individual Directorate reports that follow, overall progress with the functional realignment varies according to Directorate, with the Strategy Directorate and Executive and Governance team of the CEO Directorate complete. Health Equity is now well into implementation and Healthy Woking Lives has just completed the formal consultation phase. The latter has been slower to reach this stage because of the need to conclude work with territorial Boards around shared strategic and delivery arrangements before making internal changes. This means that the full process is unlikely to be fully complete until the end of March 2016, but we remain confident in the effectiveness of the final results because of the comprehensiveness of the partnership approach taken and the attention being paid to quality job design.

Chart 1 — Delivery status (Time)

X-axis: CEO Directorate, Staff Side
Y-axis: 0%, 25%, 50%, 75%, 100%

Legend:
- Will not deliver
- Serious issues, will deliver late
- Significant issues being actively managed
- Some issues will still deliver on time
- On track no issues
- Completed

Chart 2 — Delivery status (Scope)

X-axis: CEO Directorate, Staff Side
Y-axis: 0%, 25%, 50%, 75%, 100%

Legend:
- Will not deliver
- Serious issues, will not deliver on scope
- Significant issues being actively managed
- Some issues will still deliver on scope
- On scope no issues
- Completed

Chart 3 — Issues

X-axis: CEO Directorate, Staff Side
Y-axis: 0%, 25%, 50%, 75%, 100%

Legend:
- Budget management issues
- Unanticipated technical problem
- Funders changing funding
- Funders changing priorities
- External partners not delivering
- External suppliers not invoicing
- External suppliers not delivering
- Health Scotland support team capacity
- Competing priorities reducing staff capacity
- Vacancy reducing staff capacity
- Unplanned absence reducing staff capacity
- Needs more staff capacity than planned
- No Issues

11

Health Equity Directorate

Highlights

During the reporting period the Directorate made good progress with corporate priorities and other planned work in support of our agreed delivery plan. There are no major problems reported against planned business but some examples of less comprehensive completion or slower progress. Most significantly in this period we agreed the implementation plan for the new Directorate structure and made preparations to recruit to a new senior leadership team.

Strategic influence included work with Health Promoting Health Service policy leads to review progress against Chief Executive's Letter 1 (CEL1). It also included elements of the revised Chief Medical Officer letter to NHS Chief Executives, producing a draft framework for Health Improvement of offenders and a plan to implement recommendations from the work on Homelessness and Health with Directors of Public Health and Scottish Government.

We made response to the NHS Health Improvement Scotland Quality of Care consultation, incorporating the need for inequalities focused practice and governance. Work was completed on incorporating action for gender based violence and financial inclusion into the commissioning process for training for the new health visiting pathway.

We worked with locality partners on the Tobacco Prevention Young People strategy (including hosting 3 regional awareness raising events with 177 people across health, social care, and third sector). We published local performance stories highlighting suicide prevention activities. These include the awareness-raising work in Orkney and the memorial services in Renfrewshire and these small-scale evaluations are now some of our most downloaded resources.

Delivery of products and services included supporting Suicide Prevention Week where social media was successfully used for the first time; launching *Good Mental Health for All* (presented at the Annual Review); launching our new learning brochure containing details of the wide range of e-learning modules and training courses; publishing and distributing *The Childhood Flu* school pack and resources for health professionals, the materials for the Scottish Government's seasonal flu campaign *Flu, I'm ready for you* and printing the Meningitis B leaflets aimed at protecting babies and distributing to GPs, pharmacies and health boards.

We also progressed work on internal excellence and improvement including user research for NHS Health Scotland website, improvement of navigation and layout of the Virtual Learning Environment (VLE) in light of user survey feedback, a trial infographics service for Monitoring and Evaluating Scotland Alcohol Strategy (MESAS) and Free School Meals projects and improved telephone conferencing arrangements leading to a £20k+ efficiency saving. We are improving our ability to measure reach and knowledge into action e.g. childhood flu
- 683,000 video play
- 4887 clicks on childhood flu page of Immunisation Scotland site

Risks and Issues to Note

Stakeholder management needs close attention as we prioritise our national NHS contribution towards a reduction in inequalities. We have identified a potential risk around our intellectual property (copy write issue) and legal advice has been sought. Technology enabled business improvement projects have presented some risks to delivery of expected products but are being actively managed.

13

Healthy Working Lives Directorate

This has been a successful quarter for the Directorate with 100% of planned outputs completed or expected to be delivered on time and 100% completed or expected to be delivered on scope. We are actively managing the small number of outputs where there may be a risk to delivering on time and in scope over the delivery year.

Highlights

Quarter two saw the establishment of the new shared governance arrangements for Healthy Working Lives (HWL) with the new Programme Board, chaired by Paul Stollard, and Implementation Group meeting for the first time. There is an agreed terms of reference for both groups, and the Implementation Group has undertaken to develop a delivery plan for 2016 /17 for approval by the Programme Board in March 2016.

The consultation on the Directorate restructure was also launched during Q2 and is due to complete on 6 November.

Externally, we commenced work on the co-production of a new Health and Safety Action Plan for Scotland, a new piece of work that features in the 2015 Annual Review Action Plan.

We were also invited to contribute to a meeting of the Fair Work Commission to inform their process of developing recommendations for Scottish Government and are currently following-up with a more detailed written submission. Other submissions in Q2 were made in respect of the Scottish Government Consultation on Regulations and Statutory Guidance under the Welfare Funds (Scotland) Act.

Scottish Government Fairer Scotland: Employment Support Services Discussion and the Welfare to Work UK Parliamentary Committee Benefit Delivery Inquiry as well as co-ordinating input from NHS to the Scottish Governments discussion on Future Social Security in Scotland.

Progress in terms of Healthy Working Lives performance remains strong with all but one performance measure on target, and results from a customer survey sent to 412 HWL Award registered organisations reinforced the impact it has had on participating workplaces, with 82% of respondents saying the Award created a healthier more motivated and productive workforce and 61% saying it contributed to the health of the wider community.
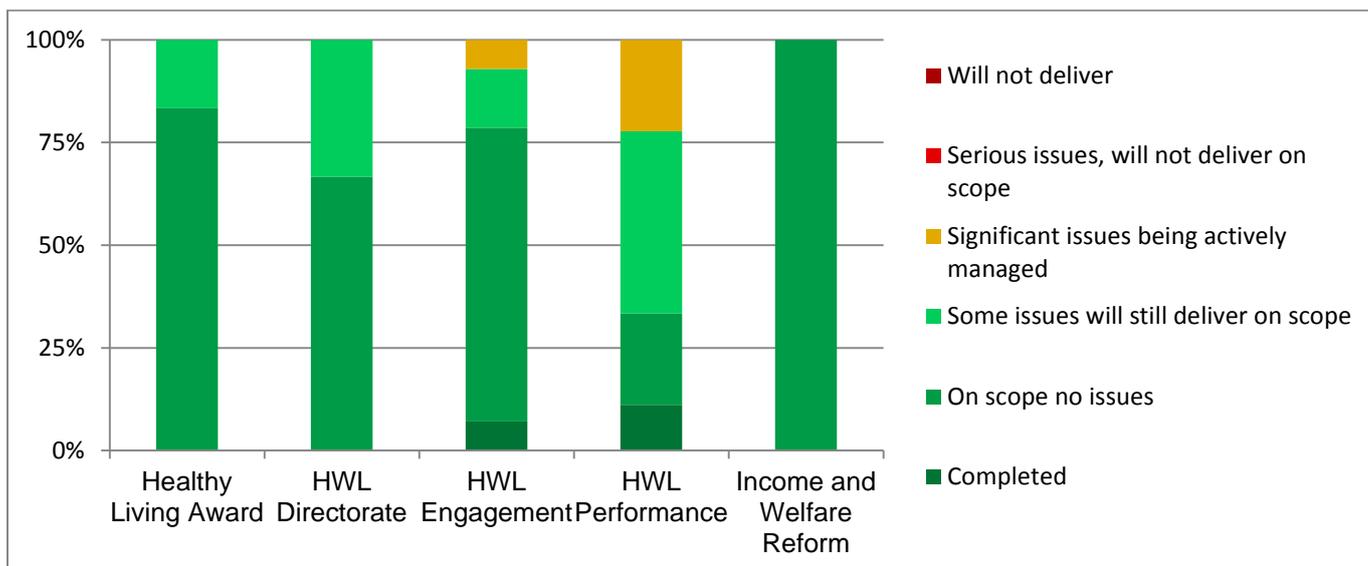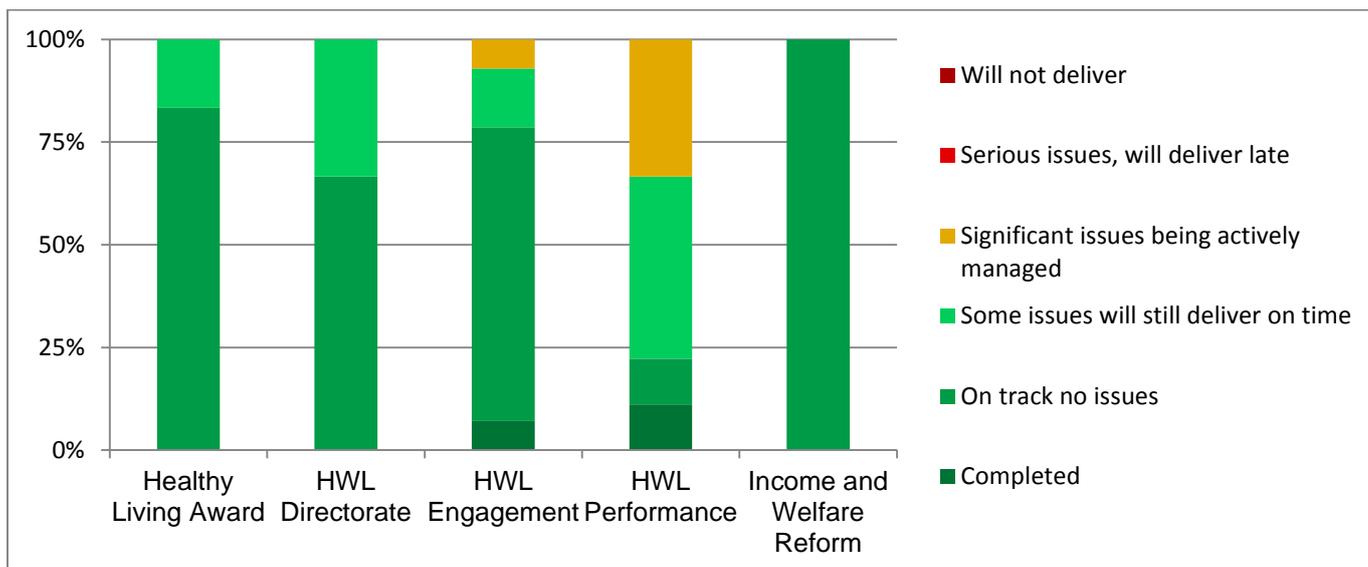
The number of Healthyliving Awards also continues to grow with the Glasgow Gurdwara featuring amongst new Award holders. The Healthyliving Award has also attracted interest from Public Health Wales, the Welsh Assembly and Health and Social Care Northern Ireland.
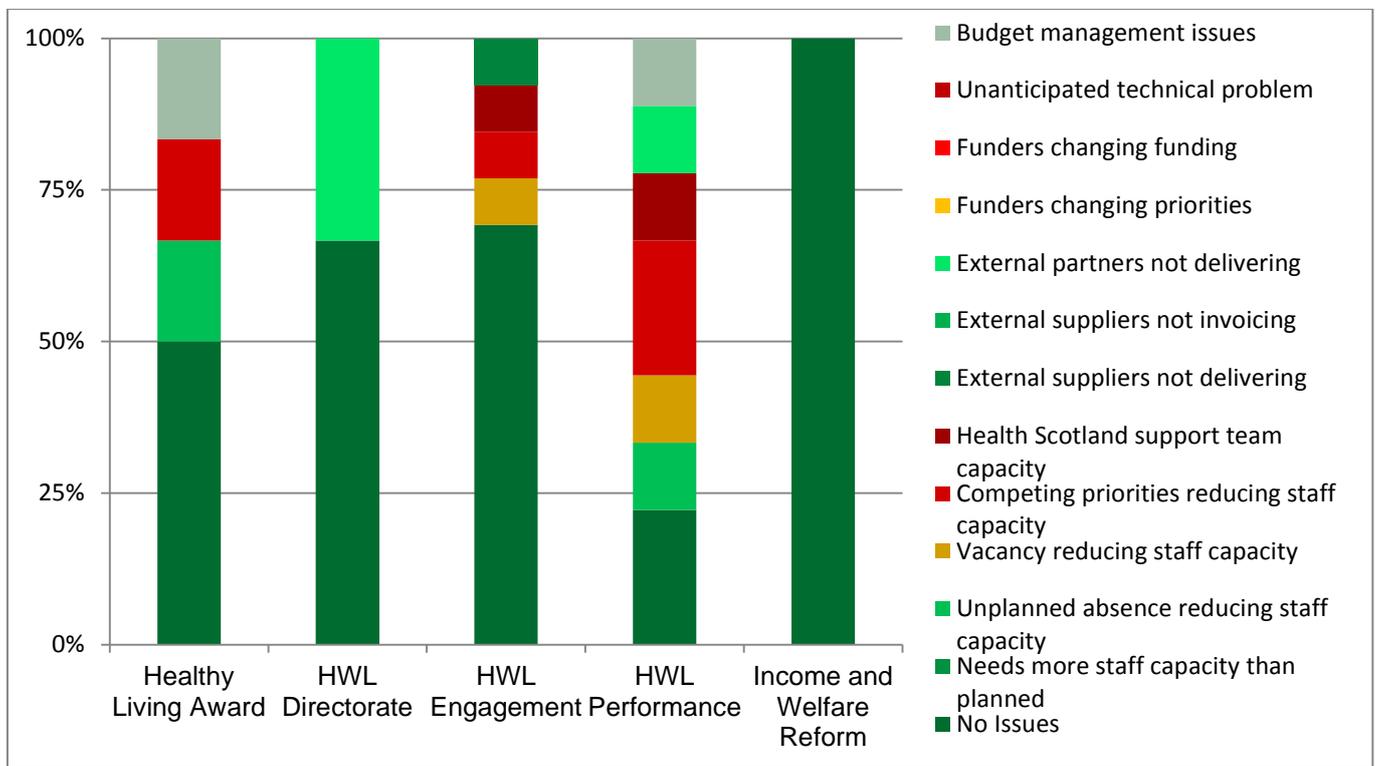
External contractors have been appointed to develop healthyworkinglives.com with the new functionality required for the site being essential to delivering self-service support to employers within the new delivery model for Healthy Working Lives.

Risks and Issues to Note

The level of investment and adviser capacity that will be made by available by territorial Health Boards for delivering the Healthy Working Lives programme beyond April 2016 is currently unknown. This uncertainly creates risk in relation to finalising the implementation plan for delivery from April 2016 onwards.

There is scope to develop the role of NHS Health Scotland in relation to the Fuel Poverty Strategic Review, development of Employment Support Services and development of Social Security in Scotland, though the current capacity of relevant staff risks limiting the impact we can make in these areas.

Public Health Science Directorate

Public Health Science (PHS) has had an active and busy quarter 2, with satisfactory progress seen in all teams. Staff vacancies and pressures of workload have led to six outputs which will deliver late and two that we will not deliver. These staffing pressures are being actively considered and taken up via the internal commissioning process. One of the outputs that we will not deliver was self-generated work and is not expected to have an impact on stakeholder expectation or other programmes of work. The other output not being delivered relates to wider work that is being taken forward with partners and will be taken forward in the next delivery year

All teams within PHS have reported financial progress within the target variation, or that adjustments can be made to meet the financial target variation.

Highlights

The Health Inequalities Forum, whose purpose is to provide open learning exchange within NHS Health Scotland, has been re-established, with 4 presentations given in quarter 2. The forum is booked into March 2016 (quarter 4) and this reflects how inequalities have been embraced by staff so that they are now confident to discuss their work and inequalities in this internal forum.

We were mentioned in two Scottish Parliament debates and received three invitations to give oral evidence as a result of written submissions to calls for evidence. Our oral evidence to the Work, Wages and Wellbeing inquiry was featured in the Herald newspaper and our evidence to the Finance Committee (*Health inequalities: What they are and how to reduce them?)* was featured in the Scotsman and the Herald newspapers.

PHS led the content production of the first Inequalities Briefing. The briefing offers evidence-based recommendations for action across a range of public policy areas to tackle economic and social inequalities. The briefing received very positive feedback from colleagues in the NHS and in academia.

The MESAS programme published its alcohol sales and price update report in August, accompanied by infographics for the first time. The report and infographic were popular with both stakeholders and Scottish Government, and were used to brief the Minister.

A position statement on food poverty was published. Food poverty is a significant threat to health and wellbeing and contributes to health inequalities. The statement sets out what we know about this emerging public health issue and identifies better measuring and monitoring as priorities. It has been cited in work and presentations by specialists in the field since its launch.

Scottish Public Health Network (ScotPHN) supported the writing and publication of the Independent Review, commissioned by the Cabinet Secretary on trans-vaginal mesh implants. We were invited to give evidence to the Scottish Parliamentary Petitions Committee along with the Chair of the Review group and NSS colleagues.

We published a briefing on Intimate Partner Violence and, prompted by this paper, we have been approached by a key stakeholder organisation to help to organise and contribute to a seminar in 2016 focused on supporting children exposed to intimate partner violence within the home.
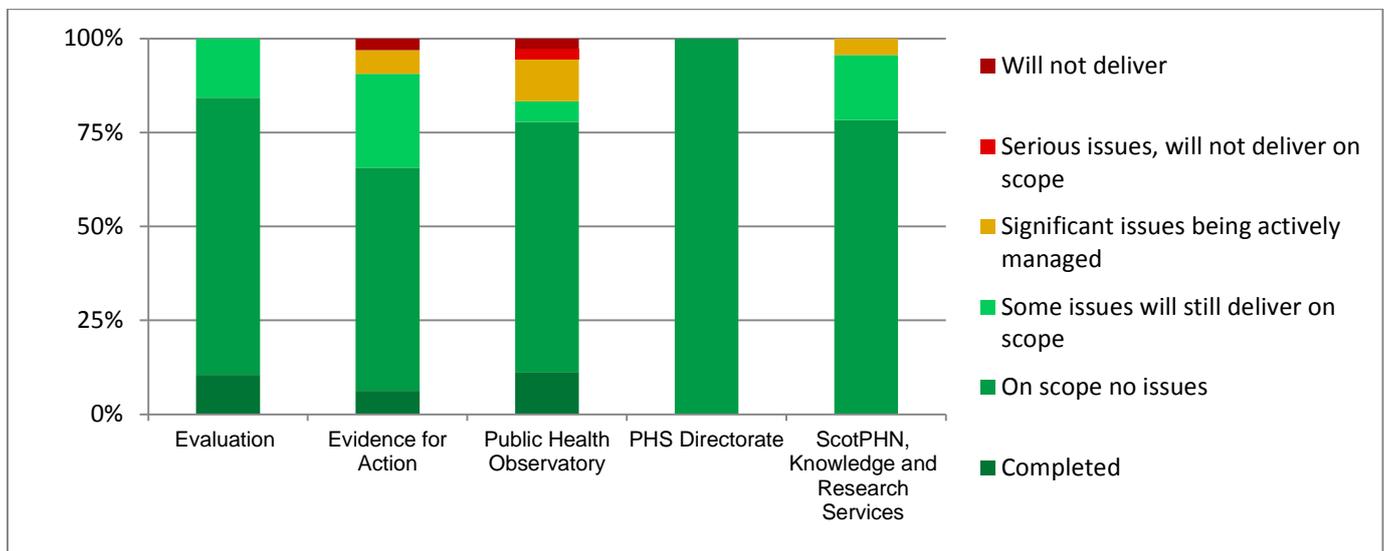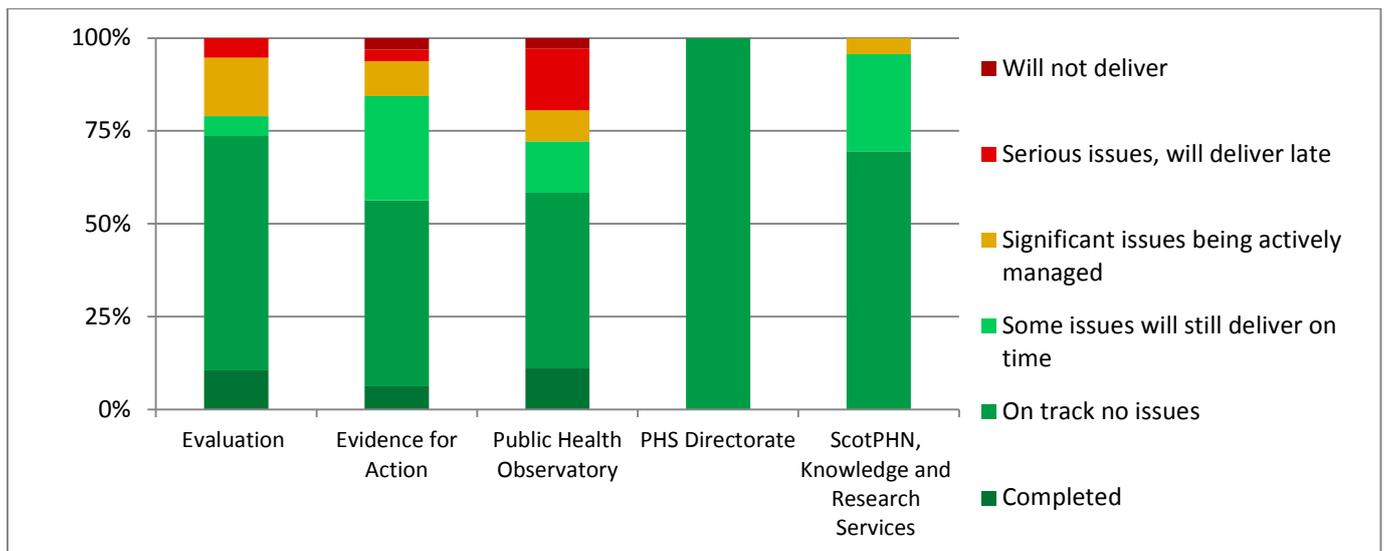
The work on the Games Legacy Evaluation, including the Go Well East evaluation looking at the impact of the Games on the East End of Glasgow, has been shortlisted for the Civil Service Awards in the Analysis and Use of Evidence category. This is the work of many people in Scottish Government, Glasgow city council, academia and other organisations. NHS Health Scotland sits
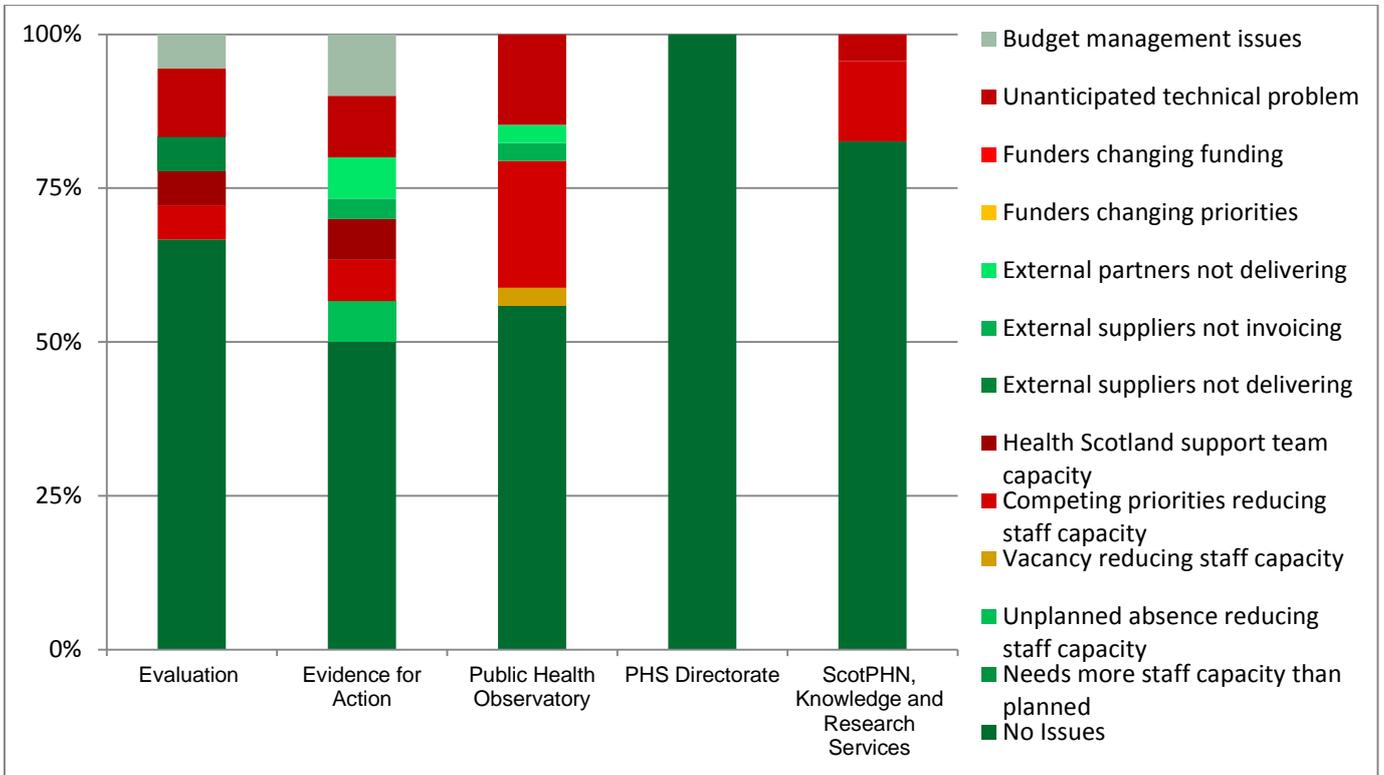
on the steering groups for this work and has contributed funding of £10,000 per annum to the Go Well East study.

Risks & Issues to Note

The Government review of the public health function will report shortly. We expect a strong focus on prevention, equity and quality, and how to widen and deepen the influence of Public Health, both as a public service function and an important outcome for Scotland. This is an important review for NHS Health Scotland and one to which we need to be ready to respond effectively.

The Public Health Observatory programme and the Evidence for Action (EfA) children and young people's programme are both at full capacity in terms of staff resource available for the work demands currently placed on these teams. This is being given active attention at Directorate and Corporate Management Team level.

Strategy Directorate

This has been a successful quarter for the Directorate with 100% of planned outputs completed or expected to be delivered on time and 100% completed or expected to be delivered on scope. Any risks to full delivery by the end of the year are being actively managed.

Highlights

We gathered key improvement lessons from Directorate staff about the realignment process for the Strategy Directorate, which we are using to continue to review and improve how we work. We have also shared these with the Change Advisory Group to inform approaches to change in other Directorates and are continuing to lead several of the realignment processes as they affect other parts of the organisation.

We led a review of customer satisfaction of all of our internal functions. Early results indicate improvements in all of our corporate support functions. We have also led a number of process improvements, including strengthening the commissioning process, improving reporting, developing the new corporate planning tool and supporting a project to measure NHS Health Scotland's reach. We are in the final stages of the development of a corporate performance framework containing key performance indicators.

We have prepared the ground for national action through further development of the Inequalities Action Group. Close work between our public affairs function and the Healthy Working Lives Directorate and the Public Health Science Directorate has had a strong and visible impact, particularly within parliament and in media interest.

We improved our approach to social media, with a very successful inaugural social media campaign with strong engagement throughout the week and positive feedback. We hosted a successful parliamentary event with the Health and Social Care Alliance and the Scottish Human Rights Commission (SHRC) to launch case study materials of a human rights based approach to health and social care. We are also maximising collaboration opportunities around the Scottish Government's two national conversations and have been asked to support the analysis of the feedback received as part of the *Creating a Healthier Scotland* conversation.

We led the negotiation and agreement with Scottish Government for our 2015/16 Annual Review Action Plan which sets a strong, clear and purposeful direction on which to build the 2015/16 Delivery Plan.

We led the promotion of the 2015 national staff survey across the organisation. We have achieved an 84% return, which is, once again, the highest Board return. We also held 6 sessions to engage staff in work to prepare for *A Fairer Healthier Scotland 2.*
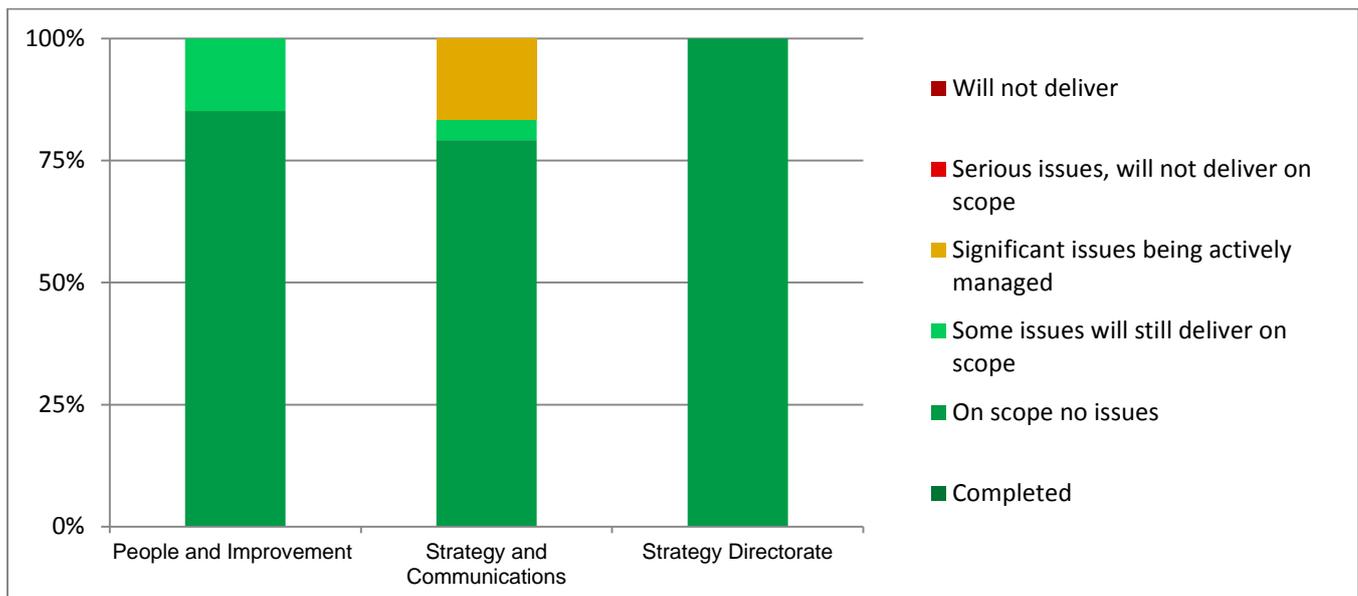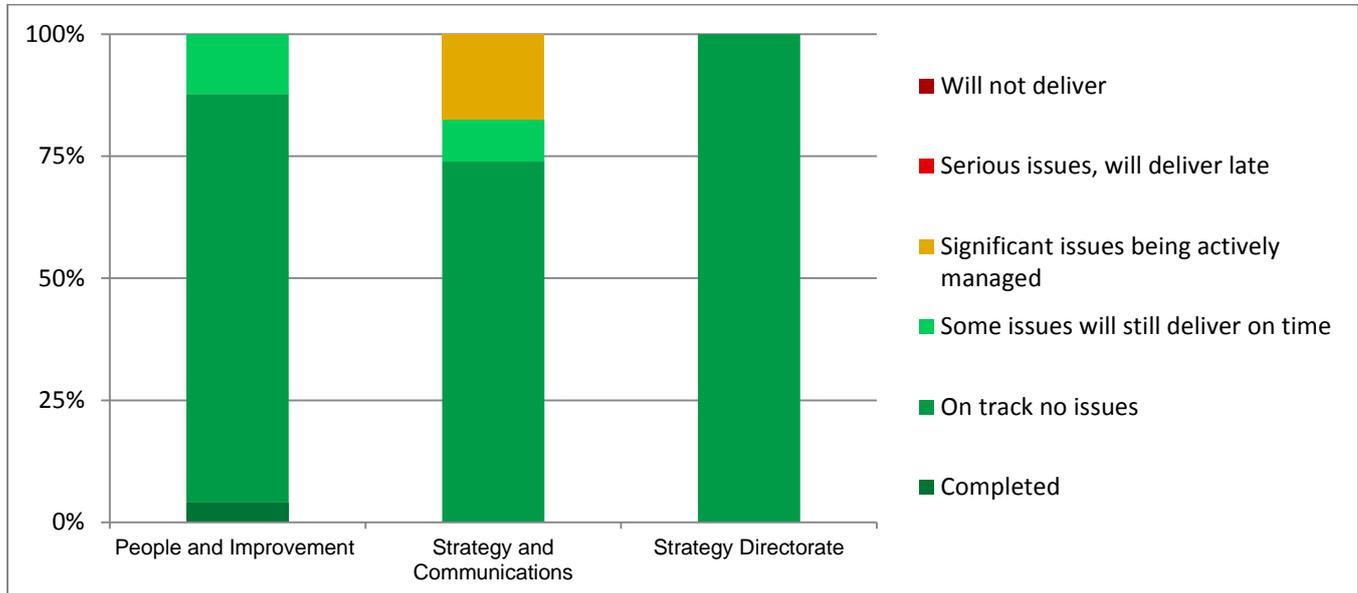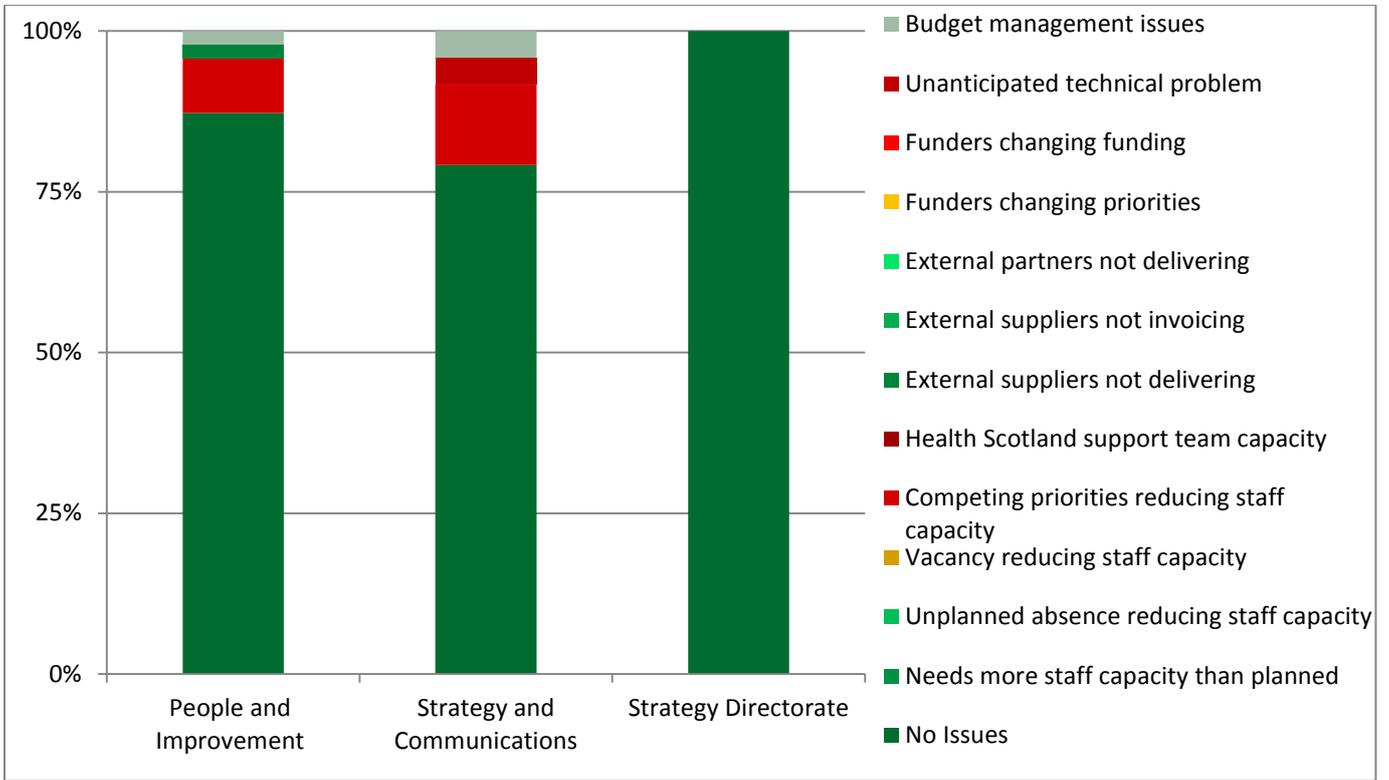
Risks and Issues to Note

Recent incidents within our public affairs work have highlighted the need to strengthen internal processes and governance and further develop staff skills in advocating for fairer policy. A number of improvements will be put in place in Q3 to manage and mitigate the impact of these risks.

The delay in implementation of the Employee Support System (eESS) and ongoing national uncertainty on timelines continues to impact on the efficiency of our work, as we are having to manually work on some reports.

We are working to ensure a focus on and support for staff to ensure early and effective engagement with stakeholders in the planning process.

Significant progress has been made in developing the new Corporate Planning Tool and we now have reasonable confidence in delivery in time for the planning round. Timescales remain challenging, however, and contingency plans are in place.

Legend (top to bottom):
- Budget management issues
- Unanticipated technical problem
- Funders changing funding
- Funders changing priorities
- External partners not delivering
- External suppliers not invoicing
- External suppliers not delivering
- Health Scotland support team capacity
- Competing priorities reducing staff capacity
- Vacancy reducing staff capacity
- Unplanned absence reducing staff capacity
- Needs more staff capacity than planned
- No Issues

Appendix 1 – Summary of Risks on Corporate Risk Register
Updated 13th November 2015

Ref	Potential threat or risk identified
	Reputational Risks Appetite – Open (Target score 12 – 16)
1.1	As a result of unsuccessful strategic engagement or national positioning, there is a risk that we will not have the influence required to effect the changes needed to improve policy, practice and support for action at national level or that some current delivery partners will disengage.
1.2	Closed
1.3	Closed
1.4	As a result of an ambitious strategy that relies on the contribution of many agencies to effect real reduction of inequality in health, there is a risk that the organisation cannot demonstrate measurable impact.
1.5	As a result of inadequate and/or ineffective policy advocacy, there is a risk that could make public a policy position that is not consistent or feasible within the current policy context.
	Financial Risks Appetite – Cautious (Target score 5 – 10)
2.1	As a result of inadequate financial planning and performance management, there is a risk that we fail to optimise the effectiveness and efficiencies of our resource allocation.
2.2	As a result of changing political priorities impacting on spending plans and efficiency targets, there is a risk that our financial planning assumptions may become unrealistic.
2.3	As a result of poor planning or prioritisation processes, there is a risk that our financial resources will not be spent on the most important or effective things to achieve a reduction in health inequalities.
	Compliance and Regulatory Risks Appetite – Minimalist (Target score 3 – 4)
3.1	As a result of inadequate management of processes for corporate governance and compliance, there is a risk that we will not meet our regulatory, legislative or business continuity obligations.
	Operational Risks Appetite – Open (Target score 12 – 16)
4.1	As a result of unsuccessful change management processes, there is a risk that staff will not feel engaged with organisational aims.
4.2	As a result of changing strategic direction and economic constraints, there is a risk that our workforce resource is not aligned with our priorities or not sufficient.
4.3	As a result of recruitment challenges in an improving employment market there is a risk that we are unable to attract and retain the right staff to implement AFHS.

Ref	Potential threat or risk identified
4.4	As a result of actual or perceived lack of partnership working, there is a risk that employee/employer relations will be impaired.
4.5	As a result of not continuing to improve ways of introducing and maintaining technology in a coordinated and consistent way, there is a risk that our technology footprint will become disjointed and the risks will not be fully articulated and managed.
4.6	Closed
4.7	As a result of limited experience or expertise within a small organisation, there is a risk that contracts and SLAs have been or will be entered into that are not appropriate or have significant flaws.
4.8	As a result of reduced financial allocation we will not be able to do the range of work necessary to achieve our corporate ambitions.

NHS Health Scotland

HS Paper 33/15

BOARD MEETING: 27 November 2015

Planning update (including Annual Review Action Plan)

Recommendation/action required:

The Board is asked to:

- Note the current stage of planning and progress and comment on any issues that raise concerns or queries for the Board at this stage in the planning process.
- Formally note the agreement with Scottish Government of the 2015 Annual Review Action Plan and confirm it as the basis on which priorities for the 2016/17 Delivery Plan will be set.

Authors: **Sponsoring Director:**

Mark McAllister, Organisational Lead for Strategic Development Tim Andrew, Organisational Lead for Improvement Josephine White, Organisational Lead for People and Workplace	Cath Denholm, Director of Strategy

18 November 2015

PLANNING UPDATE (INCLUDING ANNUAL REVIEW ACTION PLAN)

Purpose of Paper

1.   The Board is asked to note the update on progress with strategic and business planning for 2016/17 and to formally note the agreement with Scottish Government of the 2015 Annual Review Action Plan.

2.   The paper is in three parts:

- A summary of improvements in approach being pursued this year.

- A summary of current progress with planning.

- A summary of specific issues, risks and considerations for the Board at this point in the planning process.

3.   You can find a timeline of key events in appendix A and a note of corporate priorities as currently drafted in Appendix B. Appendix C, attached separately, contains the Minister's Annual Review Letter and Action Plan.

Improvements

4.   We continue to improve our planning approach. In particular, improvements include:

- continuing to ensure full alignment and integration of all our plans;

- greater definition of our Strategic and Operational planning stages;

- continuing to develop the Commissioning approach and to extend experience of this role to more senior managers;

- further changes to the design and application of the Prioritisation Tool;

- further steps to ensure full alignment of the Delivery Plan and Annual Review Action Plan;

- increasing focus on specific performance indicators;

- developing and deploying a new corporate planning tool.

5.   Key features of these improvements are discussed below.

Full Alignment and Integration of our Plans

6.   The workforce, finance and business plans (which also incorporate Local Delivery Plan (LDP) requirements)) have been aligned into one Delivery Plan for the last 3 years. In 2014 we also added in our Property Assets Management Strategy (PAMS).

7. LDP guidance has not yet been issued, however we do not expect the planning priorities to be changed from last year. These are: Health Inequalities and Prevention; Antenatal and Early Years; Person-centred care; Safe care; Primary Care; Integration. Given the relative usefulness of LDP guidance for the wide scope of our work across the public, private and third sector, we have negotiated an approach to setting our priorities that takes cognisance of LDP guidance but is more specifically driven by Annual Review Action Plan.

8. We intend to follow a similar approach to workforce planning as last year. A cross organisational Workforce Planning Group (WPG) is now established, in partnership, and will oversee final proposals. As a first step, an initial salary budget forecast will be prepared using October's payroll information. The staff budget for 2015/16 is expected to be reasonably stable, given that most directorates have or shortly will confirm their revised structures following functional realignment. There will, however, be an opportunity for this to be confirmed in February 2016 before budgets are fully set.

9. One particular feature of the realignment process has been to introduce, where appropriate, a far greater number of generic job descriptions. Staff with these job descriptions will then have portfolios of work allocated over given time periods. As deliverables are defined and priorities for 2016/17 determined, there is an opportunity to revise portfolios and move staff between portfolio groups in order that resource follows priority. The processes by which staff are involved in the allocation of portfolios have been developed and agreed in partnership.

10. We are also starting to see the benefits of improvement projects that have sought to speed up workforce development decisions (the allocation of resources to PDP activities) and also ensure that PDPs are more effectively aligned with agreed delivery plan priorities.

Strategic & Operational Planning Processes

11. We are becoming increasingly clear about the value of an approach that starts with Strategic Planning from early September (setting and agreeing strategic Deliverables for the organisation across 5 core programmes) and finishes with Operational Planning (articulating the outputs required to deliver the Deliverables and ensuring allocation of available resource (staff and budget) from January to March.

12. The Strategic Planning approach is led through the Commissioning process, now in its third year, and is following the same set of 5 Core Programmes agreed last year. Throughout this period Commissioners meet weekly as a group and there are also multiple engagements with core programme groups and potential delivery leads as these develop. There are also three Strategic Planning Reviews (in October, December and February) and the Board discussed emergent core programmes at its seminar on 3rd October.

Refining the Prioritisation Tool to Inform Decision Making

13.   This phase of planning also includes application of the Prioritisation Tool. The prioritisation tool gives all external deliverables a numerical value based on a set of criteria which determine how great an impact they will make on health inequalities. 70% of our external products and services rely on one or more support teams, but support teams cannot support all the requests made of them. The Prioritisation Tool score therefore helps support teams make sure they direct their resources to the most important pieces of work. It also helps highlight to the CMT any resource issues that put the most important pieces of work at risk.

14.   We used the Prioritisation Tool last year. However it was not as useful in making decisions as we had hoped. After planning last year we reviewed the tool and have made several improvements which will help it more accurately identify the most important pieces of work.

Alignment with the Annual Review Action Plan

15.   Another significant area of continuous improvement is the integration of the Annual Review Action Plan (ARAP). The final ARAP was received at the end of October. This has previously been circulated to the Board but is also included as Appendix C to this paper and the Board are asked to formally note its receipt in the context of forming the basis on which priorities for the 2016/17 Delivery Plan will be set.

16.   An important piece of learning from 2014/15 was that, although the ARAP was received in a similar time frame and shared with all staff, it did not form a strong enough driver to inform the content of Deliverables put forward in the draft Delivery plan for 2014/15. That led, in March 2014, to the creation of Corporate Priorities as a way of raising awareness amongst staff of the importance of these actions. This has proved to be effective for a number of reasons and feedback from staff has been very positive. Recognising this, this year the Corporate Priorities have been formally identified and agreed at a much earlier stage and circulated to all staff. The draft Corporate Priorities (they will be reviewed again at the next Strategic Planning Meeting in December) are also attached as Appendix B.

17.   An important improvement in this area has also been to involve a far larger number of staff this year in the development and framing of the ARAP and the resultant Corporate Priorities. We met with the Corporate Leadership Forum (comprising CEO, Directors and their direct reports) and Organisational Leads (essentially the middle management tier of the organisation) on 14 September to discuss the ARAP and emerging priorities before they were finalised. These have since been shared with all staff through a joint email from all Directors.

Increasing Focus on Specific Performance Indicators

18.   NHS Health Scotland has made a commitment as an organisation to establish a more robust performance framework. This was identified as a high priority

improvement goal for the organisation through the EFQM baseline assessment in 2013 and was also an action for us within our 2013/14 and again in the 2014/15 ARAP.

19.   The Board discussed emerging plans for this at a seminar earlier this year. Significant progress has now been made in developing a suite of Key Performance Indicators (KPIs) for the 2015/16 financial year. These have been developed in partnership with our stakeholders. The 2015/16 indicators are the first iteration of a performance framework which we can build and improve upon in future years

20.   As planning for 2016/17 develops further work will be undertaken with domain leads to develop a further iteration of KPIs that are fully integrated with work currently underway to develop short term outcomes for each of the core programmes.

21.   For 2015/16, the priority will be collating performance data we already collect as an organisation (from the BPT and CRM systems) and establishing systems to collate additional data to support performance reporting. The baseline data collected in 2015/16 will inform business planning for 2016/17 and be reported through the end of year impact reports, commencing with the 2015/16 report.

Deploying an Improved Planning Tool

22.   Planning involves exchanging large amounts of information about pieces of work, staff time and budgets between teams. Our current tool is based on out of date technology and dependent on a single developer. We will deploy a new IT system for planning for 2016/17. The new tool offers us huge opportunities to improve performance information, management and how our resources link with our products and services. It also retains some of the positive and unique features of the old tool, particularly the ability to integrate fully with live financial information.

Current Progress

23.   At the time of writing, the planning process is on track.

*   The commissioning group have defined corporate priorities for 2016/17. These have been shared with the organisation.
*   Commissioners have pulled together cross-organisational teams and groups to identify the commitments we will make to government to deliver in our 2016/17 Delivery Plan (we refer to these commitments as deliverables). These link the long-term vision described in AFHS with our annual delivery plan.
*   By the time the Board meets, staff involved in deliverables will be applying the prioritisation tool to them.

Specific Issues, Risks and Considerations

24. The planning process links to four corporate risks. These are explored in turn:

    2.1 As a result of inadequate financial planning and performance management, there is a risk that we fail to optimise the effectiveness and efficiencies of our resource allocation.

    And

    2.3 As a result of poor planning or prioritisation processes, there is a risk that our financial resources will not be spent on the most important or effective things to achieve a reduction in health inequalities.

25. The planning process is a major control on this risk in general. Specifically within the planning process, the prioritisation tool and corporate priorities are designed to help us focus our resources on the most important work to deliver in 2016/17. In addition, we are planning work in 2016/17 as part of Core Programme 5 (Organisational Excellence) to help us improve further in this area.

    2.2 As a result of changing political priorities impacting on spending plans and efficiency targets, there is a risk that our financial planning assumptions may become unrealistic.

26. We are currently working on the assumption that our revenue resource limit for 2016/17 will be smaller than 2015/16. Current assumptions are up to a 5% reduction, which will be confirmed once the government spending review is announced.

27. In real terms, our budget is now more or less the same as it was in 2004/05 and more than 35% less than our funding peak in 2009/10. Historically we have absorbed reductions mainly through reducing our project budgets. However we are working to deliver improvements to accommodation in Meridian Court which would release £300,000 currently spent on estates and should mitigate any reduction in our overall funding next year.

28. However, the Board will wish to explore long term financial implications for budget, staff and delivery when this picture becomes clearer.

    4.2 As a result of changing strategic direction and economic constraints, there is a risk that our workforce resource is not aligned with our priorities or not sufficient.

29. The improvements in approach outlined in paragraphs 7 – 9 above are aimed to mitigate this risk.

30. In developing our delivery plan, we have already undertaken a number of actions as part of the planning process set out earlier in paragraph 6 provides

opportunity to identify potential risks and mitigation at an early stage in the planning process.

31. Engaging our stakeholders in the development of our delivery plan will assist us identify potential policy and strategic shifts and enable us to plan for these in developing our delivery plan moving forward.

32. There are also a series of operational risks associated with planning, several of the controls and mitigations for which we have mentioned above. Others (like the risk of users not adopting the new planning tool) are integrated into normal risk and project management processes.

Finance and Resource Implications

33. There are no immediate financial or resource implications arising from this paper. However, as discussed above, the control and mitigation of corporate risk 2.2 will become important once the outcome of the government spending review is understood at the end of this year/very early in the New Year.

Partnership

34. The main element of the Plan which is being developed in Partnership is the Workforce Plan, although obviously other issues may impact.

Communications and Engagement

35. Making sure staff know what they need to know at the right time requires focus and consistent effort. Commissioners are a major communication channel. Each commissioner is working with different staff and has adopted appropriate ways of staying in touch with them.

36. As well as engaging the Corporate Leadership Forum and Organisational Leads as referred to above, we revised entirely the information sessions we run each year for all staff and received much more positive feedback than last year's sessions. The Strategy directorate continue to lead in keeping staff informed of timelines and next steps, usually through emails, the Source and also the office wipeboards.

37. In addition to continued communication and engagement with staff, we have planned a Stakeholder Engagement event on 1st December 2015. Structured around our core programmes, the event is targeted at policy and decision makers and aims to inform our outcomes and deliverables to ensure they are consistent with our partner's policy and strategic priorities. The event will also be an opportunity to identify potential synergies and areas for future collaboration.

38. Feedback from the Stakeholder event will be used to inform our outcomes and deliverable planning and be used as part of planning sessions with the Corporate Leadership Forum and Organisational leads, and also feed into the

December strategic planning review. A report on the event and how this has informed our delivery plan will also be circulated to stakeholders.

Risk

39.   The Delivery Plan, by its nature, should address most if not all risks in the CRR. At this stage in the Planning Process, the following risks are most pertinent and discussed above: 2.1, 2.2, 2.3 and 4.2.

Equality and Diversity

40.   The Equality Act 2010 requires us to integrate our public sector equality duty into the exercise of our functions. Our Delivery Plan articulates what work we will do. However, because our equality outcomes focus on how we work, how the two link is not always immediately obvious. There are two main tools for linking our planning work with making sure we fulfil our equality duty.

41.   The **prioritisation tool** specifically focuses our work on those things that make the most difference to inequality. As described above, this helps us direct our resources to the things that make the biggest difference to inequality.

42.   We also **assess the impact** of the deliverables in the Delivery Plan. We use this to mitigate the risk that we do not consider the needs of people with protected characteristics in our work and therefore discriminate. We report to the Health Governance Committee on this.

Sustainability and Environmental Management

43.   We are currently reviewing our travel guidance for staff and how we conduct our work between sites. As part of this, we expect a clear set of sustainability targets, related to travel specifically, to be incorporated into KPIs for the Workforce element of the 2016/17 Delivery Plan.

Action/ Recommendations

44.   The Board is asked to:

- Note the current stage of planning and progress and comment on any issues that raise concerns or queries for the Board at this stage in the planning process
- Formally note the agreement with Scottish Government of the 2015 Annual Review Action Plan and confirm it as the basis on which priorities for the 2016/17 Delivery Plan will be set.

Cath Denholm
Director of Strategy
18 November 2015

NHS Health Scotland
Key Dates for Planning 2016/17

2015
Strategic Planning

14 Sep
Directors, Team Heads and Organisational Leads look at priorities after annual review

22 Oct
Strategic Planning Mtg 1: Finalise Corporate Priorities

19 Nov
Deliverables drafted

9 Dec
Strategic Planning Mtg 2: Agree comprehensive, prioritised list of deliverables

7 Jan
Staff put outputs on Corporate Planning Tool

10 Feb
Strategic Planning Mtg 3: Review Staffing and Resourcing

Delivery Plan approved by the Board

Planning Tool Live for In-Year

September	October	November	December	January	February	March	April

Information Sessions for Staff

Prioritisation of deliverables and roll out of new planning tool

16 Dec | Scottish Government sighted on near-final deliverables

23 Feb | CMT sign off finalised Delivery Plan including Financial LDP

Budgets phased

Operational Planning
2016

CORPORATE PRIORITIES 2016/17

Although introduced late in the 2015/16 planning process, feedback has consistently been that the Corporate Priorities have been a very useful way to provide clarity for all staff on where cross organisational effort and resource must be allocated.

The table below details, in as much detail as we can at this stage*, the 206/17 Corporate Priorities and the key actions required to deliver those priorities. Included in this table are:

- All of the actions from the 2015/16 Annual Review Action Plan in Appendix A
- Other Corporate Priorities and Actions that the CMT have agreed to carry over from 2015/16 (note that some of these have changed slightly in name)
- A note of the 2015/16 Corporate Priorities that we have agreed do not need to continue as Corporate Priorities next year.

We asked the following questions in reviewing the list of Corporate Priorities:

- **Is it in the ARAP?**
- **If it was identified as a Corporate Priority in March 2015, but is not in the ARAP, what is the justification for it continuing into the next business year?**
- **In particular, does it require cross organisational inputs and/or buy-in, which are not yet in place either because of resource gaps or because of the stage of development of the work?**
- **Have we identified it through horizon scanning and we have a role to play but our offer and the necessary resources have not yet been scoped/identified?**

* It is worth being aware that this list may be added to or altered slightly when the draft deliverables and prioritisation scores are considered at the next Strategic Planning Review on 9th December.

Appendix B – Corporate Priorities 2016/17

CORPORATE PRIORITIES LIST 2016/17

Status Key: N= New; C=continuing work already under way; F=work finishing 2015/16 or no longer a corporate priority

National Position				
Actions – 2016/17	**Status**	**Core Programme**	**Lead**	**Lead Director**
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)	N	CP3	tbc	Andrew Fraser
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.	C	CP5	tbc	
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.	N	CP3	tbc	
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.	C	CP1	tbc	
Engage fully in the public health review and implementation of agreed recommendations Shape national scheme for developing elements of the public health workforce	N	CP3 CP3	tbc	
Work in partnership with NES and employers to ensure that core PH workforce	N	CP3	tbc	

Appendix B – Corporate Priorities 2016/17

development is supported				
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.	C	CP5	tbc	Cath Denholm
Demonstrate that NHS Health Scotland's knowledge and delivery plan is communicated effectively to target audiences.	C	CP5	tbc	
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.	C	CP5	tbc	

Appendix B – Corporate Priorities 2016/17

Local Delivery Model				
Actions	**Status**	**Core Programme**	**Lead**	**Lead Director**
Jointly plan with the Improvement Service in relation to Community Planning Partnerships (CPPs) and with Align local support work with that being undertaken by the Improvement Service where possible. Ensure action to address physical inactivity see Annual review letter	C	CP3 CP3	tbc tbc	George Dodds
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	N	CP3	tbc	

Appendix B – Corporate Priorities 2016/17

Good work Employment and employability				
Actions	**Status**	**Core Programme**	**Lead**	**Lead Director**
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.	C	CP2	Tbc	Steve Bell
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.	N	CP2	Tbc	
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.	N	CP3	Tbc	
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.	N	CP2	tbc	
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.	N	CP1		
Complete HWL website	C	CP5		

Appendix B – Corporate Priorities 2016/17

Children and Young People Strategic Action Plan				
Actions	**Status**	**Core Programme Lead**	**Lead**	**Lead Director**
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.	C	CP4	Tbc	George Dodds
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.	C	CP4	tbc	
Use routine data to explore the links between work, poverty and health outcomes for parents and their children (particularly lone parents).	N	CP1	tbc	

Appendix B – Corporate Priorities 2016/17

NHS				
Actions	**Status**	**Core Programme**	**Lead**	**Lead Director**
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.	C	CP3	Tbc	Cath Denholm
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.	N	CP3	tbc	
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)	N	CP3	tbc	
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.	N	CP3	tbc	

Appendix B – Corporate Priorities 2016/17

Workforce Planning and Development				
Actions	**Status**	**Core Programme**	**Lead**	**Lead director**
Refresh performance management processes to ensure staff have a clearer understanding of their contribution to the delivery of AFHS.	N	CP5	tbc	Cath Denholm
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.	N	CP5	tbc	
Place Standard				
Detailed Actions tbc	C			Andrew Fraser
Strategic Approach to Food (and possibly Obesity – tbc)				
Detailed Actions tbc	C			Andrew Fraser
Community Justice				
Detailed Actions tbc	C			George Dodds
2015/16 Corporate Priorities which will not continue as Priorities into 16/17 (but please note that in many cases the work will still be ongoing, now that the scope and approach is established)				
Power & Inequalities	F		Andrew Fraser	
Transition management	F		George Dodds	
ECM	F		George Dodds	
CPT	F		Cath Denholm	
Network Reviews	F		George Dodds	
Office Accommodation	F		Cath Denholm	

Minister for Sport, Health Improvement and Mental Health

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Margaret Burns CBE

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Your ref:
Our ref: A12104921

October 2015

NHS HEALTH SCOTLAND ANNUAL REVIEW 2015

I am writing following my chairing of NHS Health Scotland's Annual Review on 26 August 2015.

I would like to start by thanking you, the Board members, Corporate Management team and staff for a very efficient, effective and successful day. I would ask you to pass on my appreciation for the effort that must have gone into the day.

As you are already aware, I am keen to ensure the rigorous scrutiny of NHS Boards' performance, whilst encouraging as much direct dialogue and accountability between stakeholders and Boards as possible. I was, therefore, very pleased to see the level of turnout of stakeholders for the public session and the high level of engagement and dialogue that followed.

Showcase and Marketplace

I enjoyed the opportunity to learn more about some of NHS Health Scotland's activities through the showcase presentations and in the marketplace. In particular I noted the links between work and improved mental health and I observed the importance of engaging with employers on this. I would like to see NHS Health Scotland continue to lead collaborative approaches to good mental health for all at both local and national levels.

NHS Health Scotland played an important leadership role in the implementation of NHS smokefree grounds this year, in particular the successful development and delivery of the

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national campaign on smokefree grounds. I look forward to NHS Health Scotland's support for NHS Scotland's commitment to this policy.

I am encouraged to see a substantial reduction in smoking rates in the most deprived areas of Scotland and ask NHS Health Scotland to retain a focus on smoking cessation with priority groups who have very high smoking rates. I would also welcome your support in facilitating consideration of emerging evidence around e-cigarettes. In particular, help to develop a consistent NHS Scotland-wide approach to the provision of cessation support for those people that choose to use e-cigarettes and to support NHS Boards to continue to develop their position on outdoor e-cigarette use within NHS grounds.

I recognise NHS Health Scotland's investment to date on Active Scotland Outcomes and the deliverables outlined in the National Physical Activity Implementation Plan (A More Active Scotland). This work should be further strengthened through a particular focus on supporting inactive populations at most risk of poorer health outcomes within health and social care, community and work place settings.

I appreciate the ongoing work on MESAS and I would stress the continuing importance of HS's support for SG in the provision of evidence to back *Scotland's developing alcohol strategy*, and in particular the case for MUP. The evaluation of the What Works (and what doesn't) in Alcohol strategy will be influential in identifying future policy options and I would ask that HS continue to provide SG with up-to-date evidence to support the on-going development and implementation of alcohol policy.

Your work on promoting healthy diet through the promotion of the Healthy Living Award is commendable. I will expect you to continue to work with catering outlets in the public, private and third sectors to promote, support and maximise uptake of the award at Standard and Plus levels.

Public Session

Introduction and opening comments
As in previous years, all Boards are expected to submit a written report to Ministers on their performance over the course of the year. Your self-assessment gave a detailed account of the specific progress NHS Health Scotland had made in a number of areas, most specifically around the actions identified in the 2014 annual review.

In your presentation you clearly outlined progress and challenges. You described the wide range of issues that NHS Health Scotland addressed in 2014-15, in working with and supporting external partners, informing the wider causes of health inequalities, while also working to improve your performance as an organisation. In particular you have reported good progress in engaging and working with staff.

Audience Questions
I was impressed by the quality of questions from the audience. NHS Health Scotland clearly has a well developed relationship with their stakeholders.

Amongst the points I took away was the important one of ensuring that NHS Health Scotland's work, with Scottish Government policy teams and with territorial Boards on new initiatives, needs to take account of timing to ensure that you are in a position to offer support to Boards when they are expected to roll out the new approach.

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Your work on mental health, particularly in young people, on human rights and on improving the visibility of public health in the new health and social care partnerships was touched on. I would commend you for your work to date and hope that you will continue to work with partners on these important issues.

Private Session

I found the discussion with the full Board very useful and informative. I am pleased to note that the Board feel that they are seeing more evidence of the impact that NHS Health Scotland is having and that the focus is on getting things right rather than avoiding getting them wrong. I agree with the point made about the need for NHS Health Scotland to be ahead of the curve in tackling health improvement and inequalities, and I would like to see the Board build and enhance its reputation with its stakeholders.

You suggested that the Board would like to recruit non-Executive members with 'lived experience'. This is a laudable ambition and I trust that you are successful as this would significantly enhance the perspective of the Board.

We discussed your work in collaboration with partners. Your work to date has provided you with valuable lessons and I would encourage you to continue to develop this, particularly in regard to health and social care partnerships.

The issue of child poverty was raised. NHS Health Scotland is engaging with international partners but it was agreed that it is an issue that you could be working more closely with the Scottish Government on. Child poverty is an issue that it is critical to address in order to give our children the best start in life. I would encourage NHS Health Scotland to explore with Scottish Government policy leads what your contribution to this important area should be, particularly in improving the contribution of NHSScotland.

I am pleased with the progress that NHS Health Scotland has made in working with, and supporting, your staff. You should continue to work to improve engagement, using the feedback from staff surveys and keeping a close eye on sickness absence levels.

The annex to this letter sets out in more detail the actions I would like NHS Health Scotland to take forward over the coming year. I recognise that you will develop more focused plans that will support delivery of these.

Again, I would like to thank you and your team for organising this year's annual review, and I look forward to hearing about the progress made.

Yours sincerely,

Jamie Hepburn
Minister for Sport, Health Improvement and Mental Health

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Annex A

NHS HEALTH SCOTLAND ANNUAL REVIEW 2015 - ACTIONS

Theme 1: Demonstrating Impact

OUTCOME
NHS Health Scotland work has had a measureable impact across Scottish Government health, welfare reform, employment and housing policy domains.

KEY ACTIONS
- 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.
- Provide national leadership and coordination of health equity policy and implementation as part of a public health strategy for Scotland.
- Work with Scottish Government (SG) policy leads to support the introduction and evaluation of innovative policy ensuring evidence of what works and why it is gathered and shared at national level through the Inequalities Action Group.

Theme 2: Strengthening system wide support for action to reduce health inequalities

OUTCOME
Policy makers, planners and practitioners are able to access and turn the knowledge about what works for health equity into action.

KEY ACTIONS
- 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.
- Demonstrate that NHS Health Scotland's knowledge and delivery plan is communicated effectively to target audiences.

Theme 3: NHS Health Scotland's delivery priorities are aligned with improvement support activity for Community Planning Partnerships and Integrated Joint Boards in order to build health equity outcomes into local planning and practices

OUTCOME
NHS Health Scotland (HS) resources (workforce and financial) focus on deliverables that are most likely to have the greatest impact on health equity at national and local policy, planning and practice levels.

KEY ACTIONS
- 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.
- Jointly plan with the Improvement Service in relation to Commuity Planning Partnerships (CPPs) and with Healthcare Improvement Scotland in relation to Integrated Joint Boards (IJBs) to deliver outcome improvement work that brings together, effectively, national and local public health capacity.

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Theme 4: The Impact of welfare reform, poverty and austerity on health – working with the public, private and third sectors to <u>promote Good Work</u> and support for access to and <u>sustainability of employment</u>

OUTCOME
An increased number of employers apply good workplace practices to promote health, wellbeing and safety and recognise the principles of good work.

KEY ACTION
- 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.

OUTCOME
A refreshed approach to employment and employability services for people with mental health problems has been scoped and developed.

KEY ACTION
- 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 to stay in employment and get into employment.

OUTCOME
Equality and equity outcomes are central to employment and procurement policy and practice within the NHS in Scotland.

KEY ACTIONS:
- 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.
- 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.
- Align local support work with that being undertaken by the Improvement Service where possible.

OUTCOME
A refreshed approach to Health and Safety for Scotland aligns with the Fair Work framework

KEY ACTION:
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.

OUTCOME
The relationship between income maximisation (including social security and fair work) and health outcomes for children is clear and well understood - stimulating action to address child poverty at national and local levels.

KEY ACTIONS:
- Support the Fair Work convention through syntheses of evidence on active labour market policies and other briefings ensuring that relationships between these and children's health are explicitly referenced.

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- 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.
- 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. Use routine data to explore the links between work, poverty and health outcomes for parents and their children (particularly lone parents).

Theme 5: Strengthening the role of NHS Boards and Integrated Joint Boards in improving health equitably

OUTCOME

Develop, in partnership with HIS and local public health teams, an improvement programme targeted at strengthening the role of executive and non-executive directors of NHS Boards and IJBs in preventing and mitigating the harm to health caused by inequality.

KEY ACTIONS

- 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.
- 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.
- 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.

Theme 6: Workforce Planning and Development

OUTCOME

NHS Health Scotland's workforce aligns with and meets the ambitions of both A Fairer Healthier Scotland and Workforce 2020.

KEY ACTIONS

- Complete and evaluate the realignment of NHS Health Scotland's functions and structure within available budget and in order to support delivery of AFHS.
- Refresh performance management processes to ensure staff have a clearer understanding of their contribution to the delivery of AFHS.
- Review the KSF Framework to ensure staff can access the training and development they need to align their work with NHS Health Scotland's strategic aims.

OUTCOME

Through joint work with NHS Education Scotland, NHS Health Scotland has made a clear, constructive contribution to the development of the public health workforce in Scotland.

ACTIONS

- Shape national scheme for developing elements of the public health workforce
- Engage fully in the public health review and implementation of agreed recommendations.

- Work in partnership with NES and employers to ensure that core PH workforce development is supported.
- Work with NHS Education Scotland and Healthcare Improvement Scotland to develop a health inequalities 'literacy programme' for IJB executive and non-executive directors.

NHS
Health
Scotland

BOARD Paper 34/15

BOARD MEETING: 27 NOVEMBER 2015

PUBLIC HEALTH REVIEW

Recommendation/action required:

The Board is asked to note the content of this paper and suggested next steps.

Author:

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Sponsoring Director:

Andrew Fraser
Director of Public Health Science

18 November 2015

PUBLIC HEALTH REVIEW

Purpose of Paper

1.   This paper sets out the current position with respect to the Review, the extent of our current involvement with the Review, its key themes and the issues they raise for us, and proposes to set out our role in anticipating the report's completion, contributing to its implementation.

Background

The current status of the Review

2.   The public health review was launched in November 2014. One year on, the Minister for Public Health, Maureen Watt, set out the main findings of the Review's interim report and direction of travel at the Scottish Public Health conference in Peebles. In general the foundations of the review have remained – the challenge of cohesive, now 'bold, committed', leadership at national level; and the challenge of effective partnership at local level, especially with regard to Community Planning Partnerships (CPPs). The Minister also addressed a further theme of the Review, namely developing the core and wider public health workforce. A Health Scotland funded report had identified a core workforce of over 6,000 but had posed questions about the best use of this resource.

3.   Finally she said that the Review had heard a loud voice calling for the need for a Public Health Strategy for Scotland, which would set priorities.

4.   The report is currently in draft, and while not yet circulated, its key points have been presented to a range of senior stakeholders groups. It will now go to CoSLA, SOLACE and Scottish Ministers and is likely to be completed in early 2016.

Health Scotland's involvement with the Review

5.   Our engagement with the process has been extensive, formal and informal. We have had no place as members of the Review Group. Elements of engagement are not exhaustively listed here but have included:

In the establishment phase (winter):

- Submitting a response to the questions posed in the engagement process, which included a SWOT assessment of the current position.
- Participating in many responses of other groups of which we are a part as groups and individuals – bearing in mind that there were almost as many responses as there are public health specialists in the country.
- Co-ordinating several of these responses through the offices of ScotPHN
- Informal advice on the focus and content of the Review Group's work in public health systems and health improvement.

<u>In the engagement meeting phase (spring & summer):</u>

- Participating in meetings.
- Bilateral meeting with the Review Chair and secretary.
- ScotPHN collating and reporting on responses.
- ScotPHN preparing policy papers on behalf of Directors of Public Health (DsPH) on themes set by the Chair of the Review.
- Individuals participating in the above tasks and further focussed meetings, for instance on the effectiveness of Networks, and a Review Group meeting on the workforce.
- Commenting on early Review report frameworks and drafts, particularly on workforce issues.

<u>In the drafting stage (autumn):</u>

- Further informal comments on drafting and handling.
- Thinking, and actions, on completion and implementation.

6. There has been extensive background work to place Health Scotland in an influential position in a general sense, and to establish relationships with key groups.

7. On workforce development, Health Scotland has shown extensive involvement and is in leadership positions – several strands of work have fed into the Review, while others have progressed in step. I acknowledge the work of key Health Scotland colleagues in supporting this work.

Next steps

8. In general, there is a great deal of preparatory work in advance of the completion of the Review. The secretariat has created a small team which is likely to shape and phase further work – commissioning the Strategy, developing the Shared Services strand, and providing guidance on CPPs may be candidate subjects.

9. The Medical Director of NSS-PHI will chair the Shared Services Public Health strand. He has undertaken preparatory activity, but his group has not yet met formally. The Head of ScotPHN is closely involved with preliminary work. It will start work on completion of the Review.

10. The DsPH Group is continuing to draft strategic papers, the most recent of which considers options for future effective working. As with much of current activity amongst the DPH Group, the Head of ScotPHN is actively co-ordinating and scribing, with support from his ScotPHN colleagues, and with recent contributions from senior Health Scotland colleagues.

11. Our 2015 Annual Review letter and annex specifies our likely contribution to the Review outcome and places our work to lead and shape the workforce

formally as a corporate objective: *"Through joint work with NHS Education Scotland, NHS Health Scotland has made a clear constructive contribution to the development of the public health workforce in Scotland."*

12. We now have an opportunity to develop our influence and contribution to the emerging Review in our respective roles as:

- A public health organisation.
- An NHS Scotland Board.
- A leadership group for one domain of public health and major contributor to the intelligence function and the other public health domains.
- Host of ScotPHN.
- The bridge between Health Scotland and key professional groups, a partner with many stakeholder groups and networks that are concerned with the wider determinants of public health improvement.
- As host to several leaders in workforce professional development.
- Strategic contributors to effective local partnerships (CPPs).

Proposed Actions

13. We plan to continue to offer support to the Review Team and its secretariat in its work to produce the final Review Report.

14. We will offer to support Scottish Government to implement recommendations arising from the Review Report. Specifically our offer should include:

- Support to draft the Public Health Strategy, integrating it with A Fairer Healthier Scotland II;
- to act as a forum to consider the future shape of an improved national organisation;
- to participate in the preparation of guidance to CPPs from a national agency perspective to ensure there is strategic support, informed by a knowledge into action and What Works approach;
- to lead the workforce theme, increasing liaison and ideally in partnership with NES.

15. We will then work to deliver on agreed tasks, as commissioned by the Review team and in association with partners and consider the impact of the Review findings on A Fairer Healthier Scotland and our work on its successor strategy.

Conclusion

16. The Public Health Review will set out themes for action, and these have already been shared by the Minister in her speech earlier this month. Health Scotland has a key role in several respects, and it is now our task to define the work we will offer, and will undertake.

Finance and Resource Implications

17. Implications will be integrated with business planning for the coming year.

Partnership

18. Internally we will work in partnership to consider the impact of recommendations arising from the Review on our Health Scotland workforce recognising the uncertainty this will potentially create. Externally we will continue to work with key public health partners principally, though not exclusively, through ScotPHN.

Communications

19. It will be important for us to develop a communications plan with two key elements. Externally, to describe effectively the current and future Health Scotland contribution to public health and internally, as described above to ensure our staff receive regular and timely information about the implementation of the Review and how this will impact on them.

Risk

20. Implementation of the final recommendations of the Public Health Review is likely to have a fundamental impact on the work of Health Scotland. Continued engagement with the Review will be crucial to capture the opportunities for its recommendations to support the strategic aims of A Fairer Healthier Scotland and to manage associated risks.

Equality and Diversity

21. There are no equality and diversity issues.

Sustainability and Environmental Management

22. There are no sustainability and environmental management issues.

Action/ Recommendations

23. The Board is asked to note:

   - Key messages arising from the Minister's speech to the Public Health Conference.
   - The Health Scotland contribution to the work of the Review to date.
   - The planned ongoing contribution to support completion of the Review and its implementation.

Andrew Fraser
Director of Public Health Science
18 November 2015