

**HS Paper 38/19**

Board Meeting: 27 September 2019

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

**Quarter 1 Performance Report**

## **Recommendation/action required:**

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| --- |
| The Board is invited to consider that the report sufficiently assures them that the performance of the organisation is on track in line with the delivery plan for 2019/20 and the priorities emerging as part of that plan and the changing transition context  |

Author: Sponsoring Director:

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August 2019

**QUARTER 1 PERFORMANCE REPORT**

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Part 1: Overview of Quarter One

Our quarter one performance report shows that our final business year has got off to a good start. We tend to have fewer performance indicators due for completion in the first quarter compared to later quarters and this year is no exception. Of the 11 performance indicators due for completion this quarter, we achieved seven of them and partially achieved the remaining four, all of which will be fully completed in quarter two.

A number of important developments took place in the first quarter around the creation of Public Health Scotland. This includes staff engagement around the TUPE consultation, branding, the change in governance arrangements with the new shadow EMT, and the legislation consultation on the setting up of PHS. We have received positive feedback from a range of stakeholders on the content of our response. This includes feedback from third sector stakeholders with whom we shared our response prior to the deadline, feedback from the Registrars Group who were particularly pleased to read what we said about climate change, and feedback from the new Shadow Chair of PHS.

Highlights this quarter include the publication of a number of reports, including a joint report with National Record Scotland on the diseases and conditions leading to the stall in life expectancy and the most recent report from the Informing Interventions to reduce health inequalities (Triple I) study. The report updates and expands on previous work looking at how different income-based policies would affect health and health inequalities in Scotland.

We also ran a number of events, including the International Place Making Conference in partnership with the World Health Organization (WHO), which included a range of key note presentations from a variety of high-profile international speakers as well as workshops and site visits. We also had exhibitions and engaged with stakeholders at the Scotland's Welfare Rights Conference 2019 and at the Mental Health Foundation’s Parliamentary Reception, where our exhibition was joint with Barnardos.

Our joint work with PHI continues to strengthen and increase. One example is with policy consultations and calls for evidence from parliament. We submitted a joint response the Westminster Scottish Affairs Committee inquiry into problem drug use in Scotland, which led to an invitation to give oral evidence to the committee in Westminster. We plan to repeat the successful approach to joint-working with other consultations and calls for evidence in the coming months.

Part 2: Strategic Priority Update

Strategic Priority 1: Fairer and Healthier Policy

Highlights from Quarter 1

Stalled mortality continues to be a key area for SP1. We are working with the National Records of Scotland (NRS) and other UK bodies to investigate recent patterns in life expectancy trends so as to better understand the degree and determinants of the patterns, and make appropriate recommendations for action. In quarter 1 we made progress on agreeing key messaging and joint working approaches. We also [published](https://osf.io/preprints/socarxiv/q8rme/) (with NRS) information on the diseases and conditions leading to the slowdown. The work is gaining traction in the media and with public health colleagues, and we have been asked to take part in a number of significant media interviews.

We led on the development of the first joint evidence submission together with Health Protection Scotland and ISD “in the spirit of Public Health Scotland”. It was a response to the Westminster Scottish Affairs Committee inquiry into problem drug use in Scotland, which led to an invitation to give oral evidence to the committee in Westminster. We plan to repeat the successful approach to joint-working with other consultations and calls for evidence in the coming months.

We published a rapid systematic literature review on food marketing. The review, [Impact of in-premise marketing on consumer purchasing and consumption](http://www.healthscotland.scot/news/2019/may/impact-of-in-premise-marketing-on-consumer-purchasing-and-consumption-of-food), provided an initial review of evidence, both in the retail and the out of home food sectors.  The review has informed Scottish Government proposals to restrict the in-premise marketing of ‘discretionary’ foods.

We published a new Informing Interventions to reduce health inequalities (Triple I) [report](http://www.healthscotland.scot/news/2019/april/action-to-address-poor-and-unequal-health-in-scotland) and interactive tools, which show the effects of a range of interventions on health and health inequalities. The findings were discussed during a live interview on BBC Radio Scotland and at the Cross Party Group on Health Inequalities. There has been extensive stakeholder engagement on the latest outputs, including with the Canadian Public Health Agency, Community Justice Scotland, Glasgow City Health and Social Care Partnerships’ Senior Managers, and City Region Deal Project Managers.

We worked with NHS Education for Scotland to produce [three online awareness animations](http://www.healthscotland.scot/news/2019/may/new-mental-health-and-suicide-prevention-resources-launched) around mental health and suicide prevention, a Knowledge and Skills Framework and a Workforce Development Plan for Mental Health Improvement and Suicide Prevention. This received a lot of attention in the media, including an interview on Reporting Scotland.

Performance Information

The following table details the Performance Indicators that were due for completion this quarter and provides a narrative for each.

|  |  |  |  |
| --- | --- | --- | --- |
| **Delivery Commitment** | **Performance Indicator** | **Y/N** | **Comment** |
| 1.1.2: Quantify the impact of interventions on health and health inequalities by developing and disseminating the Informing Investment to reduce health inequalities (Triple I) tool across a range of national and local authority areas. | We have published a report and related outputs summarising the effects of a range of interventions on health and health inequalities in Scotland. | **Yes** | The report and accompanying outputs were published on 24th April (see highlight above).  |
| 1.1.4 Work with the National Records of Scotland (NRS) and relevant UK bodies to investigate recent patterns in life expectancy trends in Scotland so as to better understand the degree and determinants of such patterns, and make appropriate recommendations for action to be taken to mitigate or reverse adverse trends in Scotland. | We have investigated how changes in deaths from different causes help explain how life expectancy changed from before to after 2010. | **Partly** | The paper has been written but has not yet been submitted to a pre-print server and academic journal. This will be done in Q2. |
| 1.2.1: Implement the evaluation plan for Minimum Unit Pricing (MUP), including managing and reporting on the component studies, co-ordinating with other relevant studies and communicating and engaging with stakeholders and the public. | We have published and actively disseminated to key stakeholders the report from the Minimum Unit Pricing Compliance study | **Partly** | The report is complete but capacity issues in the publishing team have delayed publication until Q2.  |
| 1.3.1: Sustain the cross-cutting work of the public health collaborations we manage (the Scottish Public Health Network (ScotPHN), the Scottish Public Health Observatory (ScotPHO), the Public Health Evidence Network (PHEN) and the Health Economics Network for Scotland (HENS)) in order to deliver an agreed range of effective, efficient and sustainable public health actions on a ‘Once for Scotland’ basis and explore their role in Public Health Scotland. | We have published and engaged on guidance on the appropriate and inappropriate uses of improvement sciences approaches to inform practitioners within Scotland | **Yes** | ScotPHO presented this work as a poster at the recent “International Improvement Science and Research Symposium” in Glasgow as a means of disseminating to relevant practitioners. More work is underway to share this learning with key individuals and groups over the rest of the year. |
| 1.4.11 Work with national and local stakeholders to challenge mental health inequalities, stigma and discrimination, and support mental health and suicide prevention practitioners across all sectors through the provision of evidence and user-informed interventions around prevention and early intervention. | Working with NHS Education for Scotland, we have developed the universal online mental health awareness and suicide prevention resource  | **Yes** | We have delivered three animations on time and in scope (see highlight above). |

**Issues affecting delivery in Quarter 1**

Active management of the issues above includes:

* We are looking at how to provide greater resourcing for the adverse mortality work. The need to prioritise resources on this area of work may impact on other work programmes as the year progresses.
* Ongoing vacancies in the alcohol team are being actively managed and should be resolved soon.
* Consideration is being given to the development of ordering criteria to manage the increased demand for training resources for mental health and suicide prevention.

**Financial data**

**Staff time data**

**Coming up in Quarter 2**

* The Alcohol Minimum Unit Price Compliance report will be published on 1 August and the Economic Impact report in September.
* The Very Brief Advice on Smoking eLearning module will be launched.
* We will present on Alcohol Brief Interventions at a workshop at [INEBRIA 2019](https://www.conference2019.inebria.org/home/) in Luebeck.
* Two articles based on the Triple I project will be submitted to scientific journals for peer review, and the work will be presented at the Public Health England conference in September.

Strategic Priority 2: Children, Young People and Families

Highlights from Quarter 1

We are working to support, and provide evidence for, the implementation of the evaluation framework for the expansion of Early Learning and Childcare (ELC). We have completed data collection for the second phase of the evaluation, with data collected from approximately 1,750 children and 1,300 parents. Analysis of the data will start in Q2.

The ACE enquiry pilot with GP practices is now established and a networking event was held in June to share progress and plans for the evaluation. The evaluation framework has also been established with full sign up from participating GPs.

We are supporting local child poverty leads in Health Boards and Local Authorities to strengthen local action on child poverty under the Child Poverty (Scotland) Act 2017.This includes providing a network for Local Authority education representatives who have a strategic remit to lead on and progress actions to address the cost barriers of school. The Facing up to Child Poverty in Schools Practice Network provides a structure for peer support and the exchange of best practice between national and local stakeholders. The network established a subgroup in Q1 to look specifically at how local authorities can work together to improve uptake of Educational Maintenance Allowance (financial support for eligible 16 – 19 year olds from low income households). This will support a Scottish Government commitment in the first progress report of [Every Child, Every Chance: The Tackling Child Poverty Delivery Plan 2018-22](https://www.gov.scot/publications/child-chance-tackling-child-poverty-delivery-plan-2018-22/).

In addition, work is underway to undertake a needs assessment for Inverclyde on child poverty through a partnership with the ISD LIST team, Scottish Government and stakeholders in Inverclyde. This will be written up as a case study and shared with other partnerships across Scotland.

Performance Information

No performance indicators were due for completion in Quarter 1.

**Issues affecting delivery in Q1**

Active management of the issues above includes:

* Working with stakeholders to renegotiate the timescales for work that has not yet commenced.
* We requested a slight extension to the deadline for delivery of the Cost of the School Day evaluation.
* We received challenging feedback from stakeholders around the census for the collection of health and wellbeing data on pre-school and school-aged children. This was carefully managed and the work has been strengthened as a result.

**Financial data**

**Staff time data**

**Coming up in Quarter 2**

* We will be reporting on evaluability assessments for perinatal mental health and Best Start, both of which we will cover prevention and early intervention as a result of our influence.
* We will complete the process for re-designation as a World Health Organization (WHO) Collaboration centre and will lead a WHO project seeking young people’s views on the priorities of the next child and adolescent strategy for Europe (2021-2030). This involves collaborations from nations across Europe.

Strategic Priority 3: A Fair and Inclusive Economy

Highlights from Quarter 1

We provided detailed evidence and data for the Scottish Directors of Public Health (DsPH) response to the UN Special Rapporteur on Poverty’s investigation into poverty in the UK. This contributed to the very substantial media and public discussion on the extent of poverty in the UK and the role of the social security system and welfare reform in particular in driving this. This helped to create the conditions for the Scottish Child Payment initiative, [announced](https://www.gov.scot/policies/social-security/scottish-child-payment/) by the Scottish Government on 26 June. A new Scottish Child Payment for low-income families with children under six will start in early 2021 and will help to reduce child poverty in Scotland.

As part of our work to help inform economic policy, we disseminated the results of our work modelling the health and health inequalities impacts of changes to employment at a local level to the city deals partnerships across Scotland. We are now in discussions with two partnerships about what further support they would find helpful to maximise the impacts on health inequalities.

We are working closely with two health boards to pilot benchmarking and action planning against the Fair Work Framework in order to promote fair work practices which contribute to health overall and mental health in the workplace specifically.

We have worked with the Glasgow Centre for Population Health (GCPH) to produce a monitoring and evaluation report on the reach and impact of our jointly produced [animation](http://www.healthscotland.scot/health-inequalities/fundamental-causes/power-inequality) ‘Power: a health and social justice issue’, which was launched in August 2017. The report draws on web analytics and the results of a survey conducted with people who had watched the animation. The results are positive, with the survey finding that four out of five responders being motivated to take some form of action as a result of viewing the animation. The report concludes that the animation appears to have been effective in raising the profile of the two organisations as knowledge brokers in the area of power and health inequalities.

Performance Information

No performance indicators were due for completion in Quarter 1.

**Issues affecting delivery in Q1**

There are some outputs running behind schedule because of competing priorities. Many of the staff working in this area are also responsible for leading the work on drug-related deaths and life expectancy trends. There has been a large volume of in-year work generated by the recent adverse trends in these which has taken priority over some of the work in this area.

**Financial data**

**Staff time data**

**Coming up in Quarter 2**

* We will submit a written response to the Scottish Affairs Committee Welfare policy in Scotland inquiry in August.
* We will present oral evidence to the All-Party Parliamentary Group (APPG) on Health in All Policies at Westminster on the impact of reserved social security policies on health, and what might be done.

Strategic Priority 4: Healthy and Sustainable Places

Highlights from Quarter 1

We have established the Healthy Homes Working Group on behalf of the Scottish Health Promotion Managers Group. This group will provide national leadership for a public health approach to housing by working collaboratively to advocate for access to affordable, high quality, secure housing for everyone in our society, particularly our most vulnerable communities.

In partnership with the World Health Organization (WHO) we organised and ran a very successful international conference on place-making. It was jointly hosted by NHS Health Scotland’s Chair and the WHO and included a range of key note presentations from a variety of high-profile international speakers as well as workshops and site visits. We have received positive feedback from delegates and we the conversation spread far beyond those there on the day through our use of social media. Over 345 participants engaged with and contributed to the conversation on social media, which amounted to 1,045 tweets using the #MakingPlace19 hashtag and over two million impressions in total. Social media activity on the day also increased traffic to the newly launched [Place Standard Learning Resource](https://elearning.healthscotland.com/), hosted on our Virtual Learning Environment.

We have been invited to join the Scottish Advisory Group for a new UK-wide work programme to be carried out by the UK Collaborative Centre for Housing Evidence, which will aim to tackle issues in the Private Rented Sector. This will ensure public health outcomes are a key consideration of the research programme.

Performance Information: Quarter 1

The following table details the Performance Indicators that were due for completion this quarter and provides a narrative for each.

|  |  |  |  |
| --- | --- | --- | --- |
| **Delivery Commitment** | **Performance Indicator** | **Y/N** | **Comment** |
| 4.4.1: Provide joint national leadership with Shelter Scotland to develop and deliver training to inform joint planning and delivery of health, housing and homelessness. | We have implemented a learning resource in relation to housing, homelessness and health for frontline NHS Primary Care staff. | **Partly** | The resource is going through the final stages of quality assurance prior to piloting and then launch in Q2. |
| 4.9.1: Work with Adaptation Scotland, the Scottish Managed Sustainable Health Network (SMaSH) and other national partners to maximise the opportunities for climate change policy and practice to promote health improvement and reduce health inequalities. | We have contributed to Scotland's second Statutory Climate Change Adaptation Programme (SCCAP2) and this has been taken into account by the Scottish Government Climate Change Adaptation Team. | **Partly** | The policy is currently being drafted and it is anticipated that it will be published next quarter.    |

**Issues affecting delivery in Q1**

The vast majority of outputs are proceeding as planned (i.e. no issues or not due to start this quarter). There are minor issues with a small number but this should not affect overall delivery or achievement of outcomes.

**Financial data**

**Staff time data**

**Coming up in Quarter 2**

* The newly created Healthy Homes Working Group are planning a workshop from which feedback will inform a whole system action plan for maximising the contribution of housing to improving health.
* We will be agreeing new Governance arrangements for the Place Standard Strategic Plan.
* We will be publishing a briefing on climate change adaptation and health co-benefits.
* We will be jointly hosting a session with Scottish Natural Heritage to explore how the two organisations plan and deliver their work more effectively.

Strategic Priority 5: Transforming Public Services

Highlights from Quarter 1

Building on our work with the Health and Social Care Alliance co-leading the [Declaration Festival](http://www.declarationfest.com/), which this year had a focus on Gypsy Traveller Rights, we are collaborating with IRRIS to use evidence to influence public services workforces to improve practice and access for Gypsy Travellers**.**

We strengthened capacity through the launch of [Health Literacy eLearning](https://elearning.healthscotland.com/enrol/index.php?id=561) ­to help deliver the national health literacy plan. The learning is aimed at frontline staff and managers to highlight the relationship between health literacy and health inequalities and encourage them to take action and support system improvement.

We worked with partners, young people and parents to influence the planned expansion of the HPV vaccine to all S1 pupils. This vaccine protects boys as well as girls against a range of cancers caused by HPV. The initiative includes WHO accredited vaccine education, which earns vaccines for children in developing countries through Unicef Scotland. The World Health Organization lists vaccine hesitancy as one of the top 10 threats to global health.

Performance Information: Quarter 1

The following table details the Performance Indicators that were due for completion this quarter and provides a narrative for each.

|  |  |  |  |
| --- | --- | --- | --- |
| **Delivery Commitment** | **Performance Indicator** | **Y/N** | **Comment** |
| 5.6.10 Produce public and professional facing information and guidance in order to support informed, equitable access to all cancer and non-cancer screening programmes  | We have contributed to a UK working group to develop and publish guidance on informed choice for the UK screening programme | **Yes** | The [Guidance for the development, production and review of information to support UK population screening programmes](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/730598/UK_NSC_screening_information_development_guidance.pdf) has been published. |
| 5.6.12 Work in collaboration with a range of key stakeholders in the strategic development of the core public health workforce in Scotland | We have worked collaboratively with Scottish Health Promotion Managers to produce and disseminate a Public Health Skills and Knowledge Framework resource to support practitioner development | **Yes** | The Public Health Skills and Knowledge Framework and supporting resources have been made available to health improvement staff teams across Scotland. In addition, NHS Health Scotland staff can access resources via The Source. |

**Issues affecting delivery in Q1**

Active management of the issues above includes:

* Delays in staff recruitment in some teams have impacted on the ability to develop some planned work.
* Clarification of actions with Scottish Government.
* Managing uncertainty relating to the move to Public Health Scotland.

**Financial data**

**Staff time data**

**Coming up in Quarter 2**

* We support inequalities-sensitive practice through promotion of our immunisation leaflets in alternative languages and formats with under-immunised populations. We will meet with members of the Deaf Community in Lanarkshire about how we best promote the flu BSL videos that are available on NHS Inform.
* We will deliver workforce development opportunities with key stakeholders to provide leadership and support for core public health practice.
* We will support whole system approach work with Police Scotland, linked to Public Health Reform.

Strategic Change Priority: Making a Successful Transition

Highlights from Quarter 1

We have engaged staff, non-executive board members and staffside on the development of our organisational response to the Public Health Scotland legislative consultation. We have redeveloped the [Our Context: Public Health in Scotland](http://www.healthscotland.scot/our-organisation/our-context-public-health-in-scotland/public-health-overview) pages of our website ready to give the response a prominent place. The response sets out our position on a number of key issues including independence of voice, taking a human rights based approach to public health, climate change, and local partnership working.

We have completed and reported on the first stage of the Board Governance and executive corporate service benchmarking work and we continue to input to the Board and Committee Governance project, although progress is slow due to competing priorities.

There has been timely and purposeful communication and engagement for our staff on a variety of transition areas (e.g. branding, TUPE, the legislative consultation, the shadow EMT, Corporate Services).

We are progressing four interlinked workstreams in relation to managing the legacy of NHS Health Scotland. The four areas involve 1) articulating the contribution we have made to improving health and reducing health inequalities over the last 17 years; 2) concluding the business of the organisation, including following all governance and due diligence norms; 3) tailoring our communications and engagement over the next 6 months to clearly convey to stakeholders that we are positive about the future and positive about taking with us the good work and learning; 4) giving staff the opportunity to celebrate their work, share memories and experience a positive farewell to this organisation.

Performance Information

No performance indicators were due for completion in Quarter 1.

**Issues affecting delivery in Q1**

The vast majority of outputs are proceeding as planned (i.e. no issues or not due to start this quarter). The non-reporting challenge, though small, will be addressed for Q2.

**Financial data**

**Staff time data**

**Coming up in Quarter 2**

* We will publish our response to the PHS legal consultation.
* The formal TUPE consultation will launch and run for 45 days.
* We will engage the staff in NHS Health Scotland, Health Protection Scotland and Information Services Division on what they need from the new PHS intranet.
* We will present the report articulating the contribution we have made to improving health and reducing health inequalities over the last 17 years to the Minister for Public Health at our Board meeting on 27 September.

Part 3: Core Services Update

Highlights from Quarter 1

We worked with the corporate services team in NHS National Services Scotland to develop arrangements for submitting joint responses to consultations and calls for evidence “in the spirit of Public Health Scotland”. We have agreed that responses should be joint between NHS Health Scotland, Health Protection Scotland and Information Services Division wherever appropriate and practicable. The first of these joint submissions was a real success (see SP1 Highlights) in terms of close working between the subject specialists in the three bodies, in terms of agreement of the combined content and smooth sign off, and in terms of outcome in that it resulted in an invitation to give oral evidence at Westminster. Once the report of the inquiry has been published, we will analyse it to establish the impact of our written and oral evidence.

We have been able to release a further £384k for project work in 2019/20 as a result of an unplanned but forecasted additional staff vacancy target of 2.5% (see section 8: Financial Report).

We continue to use a range of digital, marketing, communications and engagement methods to promote and position our work. Highlights of our proactive work this quarter the coverage achieved following the publication of the annual MESAS monitoring [report](http://www.healthscotland.scot/news/2019/june/mesas-monitoring-report-2019-published), and the significant social media traction around the international conference on place and the Place Standard in partnership with the WHO Regional Office for Europe (see Strategic Priority 4 Highlights). We are also developing a strategic communications plan around the adverse mortality trends, which involves close working with our sponsor team in government and with the Scottish Government communications team.

Performance Information: Quarter 1

The following table details the Performance Indicators that were due for completion this quarter and provides a narrative for each.

|  |  |  |  |
| --- | --- | --- | --- |
| **Delivery Commitment** | **Performance Indicator** | **Y/N** | **Comment** |
| 9.1.3 Planning and delivery: deliver specific improvements in how we plan so that our delivery and impact is improved | We have enhanced the reporting of the impact of stakeholder engagement through the quarterly performance reports. | **Yes** | We now provide a narrative in quarterly reports focussing on the outcome we have achieved and the part played by collaboration with stakeholders. |
| 9.1.7 Finance and procurement: provide the financial resources and services required to support the organisation to achieve our Delivery Plan and meet audit standards | Budgets for 2019/20 are agreed and input to the Corporate Planning Tool. | **Yes** | Budgets for 2019/20 have been agreed and inputted into to the CPT in line with the Financial Plan for 2019/20.  |

**Issues affecting delivery in Q1**

The vast majority of outputs are proceeding as planned (i.e. no issues or not started this quarter). There are minor issues with a small number but this should not affect overall delivery or achievement of outcomes.

**Financial data**

**Learning data**

**Social media**

* Our average number of impressions was up on the last quarter by 32%. All metrics are almost identical to this time last year, including an average engagement rate (the percentage of people who did something with the tweet including retweet, reply, like, and click on links, hashtags, or embedded media) of 1.0%, which is the standard rate but just below our stretching target of 1.1%. Tweets continue to be relevant, timely and interesting and this data shows we are managing the resources we put into social media well.
* June is a traditionally busy month, and despite a high amount of tweets and impressions our average engagement rate was 1.1%. This was a result of many high-profile activities taking place and excellent engagement with our social media posts, particularly the international Making Place event, CEO of PHS recruitment, CPAG Scotland event, oral evidence submission to Scottish Affairs Committee’s drugs inquiry, report on explaining trends in excess mortality.

**Staff time data**

Part 4: Corporate Risk Register Report

|  |  |  |
| --- | --- | --- |
| **No.** | **Description** | **Q1 Narrative** |
| 19-1 | As a result of uncertainties in the funding arrangements for Public Health Scotland from 1/12/19, there is a risk that the commitments made in this Delivery Plan will not be fully achieved. | * The funding uncertainty for 2019/20 has been eliminated following the announcement made regarding the change in vesting date to 1 April 2020.
* 2019/20 will be a full business year.
 |
| 19-2 | As a result of needing more of our resources than anticipated to manage the transition to Public Health Scotland, and particularly senior management resource, there is a risk either that we do not deliver all our commitments for 2019/20 or that errors are made in the quality control of our outputs. | * This risk is managed through Commissioners including detailed review at initial budget setting in 2019/20 in terms of priorities and staffing levels to support the deliverables in our plan. A review was carried out in late June with deferred projects at the initial budget setting process funded for the year.
* Regular reviews are conducted by Commissioners in year to ensure the Delivery Plan is on target.
 |
| 19-3 | As a result of NHS Health Scotland’s involvement in the shadow executive and governance arrangements for Public Health Scotland, there is a risk of a conflict of accountability, resulting in liabilities and reputational damage. | * This risk is monitored by the NHS Health Scotland executive team attendance at the PHS Shadow Executive Management Team meetings and associated processes, with ultimate accountably resting with the NHS CEO and by the NHS Health Scotland Chair at the Public Health Reform Oversight Board meetings.
 |
| 19-4 | As a result of decisions made on behalf of Public Health Scotland during the creation of the new organisation, there is a risk of an impact on NHS Health Scotland’s ongoing staff governance responsibilities. | * Monitored through Partnership Forum and ensuring appropriate staff side representation on decision making forums including EMT and joint HR steering group.
 |

|  |  |  |
| --- | --- | --- |
| 19-5 | As a result of the impacts or perceived impacts on staff of the changes planned through the creation of Public Health Scotland and associated arrangements, there is a risk of an impact on productivity and staff turnover, and so we do not deliver all our commitments for 2019/20. | * Staff absence, turnover and engagement levels are monitored through the Partnership Forum, and through output progress monthly on the CPT.
 |
| 19-6 | As a result of not retaining influence with and support from important stakeholders in the transition year, there is a risk that our key messages and core agenda are not carried over as powerfully into Public Health Scotland, reducing its credibility and impact in reducing health inequalities. | * High profile print and broadcast media coverage on our strategic priority areas: MESAS, School Food Regulations, MUP and Life Expectancy.
* Trade publication coverage in Holyrood Magazine (print & digital).
* Successful hosting of industry events e.g. ‘Making Place’ International Conference on place and the Place Standard in partnership with the WHO Regional Office for Europe.
* Launching new materials e.g. mental health and suicide prevention learning resources with the Minster for Mental Health and other NHS Boards.
* Positioning statements (with partners) on our key priority areas e.g. Human Rights and Poverty.
* Submission to the UK Parliament Scottish Affairs Committee Inquiry: Use and Misuse of Drugs in Scotland – resulting in the provision of oral evidence to the Committee.
* Monitoring our overall external activity.
 |

Part 5: Workforce Statistics

**Staff time**

This chart above shows the percentage of the total days actually spent within each strategic priority against the percentage of total planned days identified at the conclusion of the planning process.

At the conclusion of the planning process 31,998 days had been identified as the total number of planned staff days to achieve each of the outputs contained within their respective Delivery Commitment and overall Strategic Priority.

**Monthly turnover**

**Sickness absence**

Median NHSScotland Absence

Median NHS Health Scotland Absence

Part 5: Finance Report

**QTR 1 – 30 June 2019**

I have changed the financial reporting format for 2019/20, as per pages 2 – 4 of this report to show

1. Changes from the original financial plan to our revised budget and reports on the FY forecast against the revised budget.
2. Reporting on the YTD report on actuals to the revised budget. More detailed reporting will be made monthly to the CMT

**Key Points**

**1 QTR 1 – small underspend of £84k mainly due to project timing**

**2 FY Forecast – small net underspend of £14k predicted as staff costs may exceed budget by £87k but projects predicted mainly through surrenders to provide savings of £101k.**

**3 Pay funding and increased employer pension funding shortfalls**

Shortfalls in pay funding of £37k and employer pension £84k has increased our staff savings target from £270k to £391k.

Staff savings of £304k against this target have been achieved to date by a mixture of seconded posts not being backfilled, vacant posts no longer required, and reduced working hours of some staff.

**4 Vacancy Factor increase to fund deferred projects**

Based on a review of our vacancy levels in 2018/19 and those predicted in 2019/20 being in overall terms a continuation of higher than average vacancy levels we have increased our vacancy factor from 6.25% (£968k saving on gross staff costs) by 2.5% (£384k). The release of this budget has enabled us to fund the projects at a revised costing of £393k which were deferred at the original budget setting process.

**5 National Boards £15m shortfall in 2018/19 and predicted for 2019/20**

There is a shortfall of recurring and non–recurring savings in 2018/19 (£12.67m v £15m target) so there is a c/f of £2.33m on a non-recurring basis. Taking the recurring savings forward into 2019/20 (£11.155m v £15m target) there is also a recurring shortfall of £3.845m. Health Scotland has contributed more than its fair share of savings so will not contribute further other than where self-funding savings have been identified

**6 Surplus c/f from 2018/19 to 2019/20**

We have obtained verbal assurance from the Scottish Government that our surplus from 2018/19 is being made available to use in 2019/20 so we can continue to plan on this basis.

Financial Summary – Financial Plan, Revised budget and forecast for the year with notes on revised budget and comments on the full year forecast and YTD position. The detailed finance report shows an allocation total of £19,348k, as we only report on the allocations confirmed in the monthly allocation letter. Over the remainder of the year we expect to receive non-recurring allocation of £1,348k (£1,800 less £452k to date) and our surplus c/f of £343k to give our revised budget of £21,039k

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Financial Summary** |  | Fin Plan/ | Revised |  | RB to F/C |  |  |  |  |  |
|  |  | Budget | Budget | Forecast | Variance |  | Rev |  |  |  |
|  |  | 2019/20 | 2019/20 | 2019/20 | 2019/20 | Comments | Bud | Act | Var | Comments |
|  |  | FY | FY | FY | FY |  | Q1 | Q1 | Q1 |  |
|  | Notes | £000 | £000 | £000 | £000 |  | £000 | £000 | £000 |  |
| **Income** | 1 |  |  |  |  |  |  |  |  |  |
| Baseline Funding  |  | 19,009 | 18,896 | 18,896 | 0 |  | 4,095 | 4,095 | 0 |  |
| c/f surplus |  | 362 | 343 | 343 |  | Verbal assurance from SG | 0 | 0 | 0 |  |
| Non-recurring Funding |  | 1,800 | 1,800 | 1,800 |  |  | 452 | 452 | 0 |  |
|  |  | **21,171** | **21,039** | **21,039** | 0 |  | **4,547** | **4,547** | **0** |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Expenditure** | 2 |  |  |  |  |  |  |  |  |  |
| Salaries |  | 14,713 | 14,371 | 14,371 | 0 |  |  |  |  |  |
| Salary savings target |  | (270) | (391) | (304) | (87) | Staff savings may not be achieved |  |  |  |  |
| Net Salaries |  | 14,443 | 13,980 | 13,893 | (87) |  | 3,412 | 3,411 | 1 |  |
| Non-staff Costs |  | 6,483 | 6,814 | 6,382 | 101 | Surrenders/savings on projects | 1,069 | 986 | 83 | Timing  |
| Depreciation |  | 245 | 245 | 245 | 0 |  | 66 | 66 | 0 |  |
|  |  | **21,171** | **21,039** | **21,025** | **14** |  | **4,547** | **4,463** | **84** |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Surplus/(Deficit)** |  | **0** | **0** | **14** | **14** |  | **0** | **84** | **84** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Notes** | Fin Plan/ | Revised |  |  |  |
|  | Budget | Budget | Change |  |  |
|  | 2019/20 | 2019/20 | 2019/20 |  |  |
|  | FY | FY | FY |  |  |
|  | £000 | £000 | £000 |  | Comment |
| **1 Income** |  |  |  |  |  |
| Baseline Funding: |  |  |  |  |  |
| Baseline allocation b/f | 18,177 | 18,177 |  |  |  |
| Pay Award | 237 | 200 | (37) |  | £237k pay award in 2018/19 so used same figure for 2019/20 but SG only gave an £200k uplift. Shortfall of £37k taken to staff savings |
| Employers Pension  | 670 | 586 | (84) |  | £670k increase based on staff salaries estimate for 2019/20 but SG gave increase based on actual salaries in 2018/19 which for HS was unusually low hence shortfall which has increased our staff savings target |
| National Boards £15m Share | (75) | (67) | 8 |  | £325k in 2018/19 as recurring with expected increase of £75k to £400k in 2019/20 but was taken at £392k in 2018/29 being a £67k recurring increase. Taken as contingency adjustment |
| **Baseline Funding** | 19,009 | 18,896 | (113) |  |  |
|  |  |  |  |  |  |
| Surplus C/f | 362 | 343 | (19) |  | Shortfall of £19k against our predicted surplus of £362k taken as a contingency adjustment. The Scottish Government have verbally confirmed that £343k can be taken forward in late July 2019 |
| Non-recurring funding | 1,800 | 1,800 | 0 |  |  |
| **Total Income** | **21,171** | **21,039** | **(132)** |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Notes (cont.) | Fin Plan/ | Revised |  |  |  |
|  | Budget | Budget | Change |  |  |
|  | 2019/20 | 2019/20 | 2019/20 |  |  |
|  | FY | FY | FY |  |  |
| **2. Expenditure** | £000 | £000 | £000 |  | Comment |
| Salaries | 14,713 | 14,713 |  |  |  |
| Higher vacancy target |  | (384) | (384) |  | Original vacancy target of 6.25% increased by 2.5% to 8.75% based on vacancies in 2018/19, and predicted for 2019/20 |
| Other changes |  | 42 | 42 |  | Modern App Levy on total salaries taken as a salary cost |
| Salaries pre savings target | 14,713 | 14,371 | (342) |  |  |
|  |  |  |  |  |  |
| Staff savings target | (270) | (270) | 0 |  | No 1% uplift on base funding (£182k) plus add contribution towards NB £15m target (£75k) and other pay costs of £18k |
| Pay Award shortfall | 0 | (37) | (37) |  | See income changes above |
| Employers Pension shortfall  | 0 | (84) | (84) |  | See income changes above |
| Salaries savings – revised target | (270) | (391) | (121) |  |  |
| **Salaries post savings target** | **14,443** | **13,980** | **(463)** |  |  |
|  |  |  |  |  |  |
| Non-staff costs | 6,483 | 6,483 |  |  |  |
| Deferred projects now funded |  | 393 | 393 |  | Projects deferred at budget setting now funded re vac factor |
| Oher changes |  | (62) | (62) |  | Modern App Levy re-class at £42k to salaries & other changes |
| **Non-staff costs** | **6,483** | **6,814** | **331** |  |  |
| **Depreciation** | **245** | **245** |  |  |  |
| **Total Expenditure** | **21,171** | **21,039** | **(132)** |  |  |