



NHS Health Scotland

Organisational Overview

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Approvals

This document requires the following approvals. A signed copy should be placed in the project files.

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1. Strategic focus

NHS Health Scotland was established on 1 April 2003, by the merger of the Health Education Board for Scotland (HEBS) and the Public Health Institute of Scotland (PHIS).

NHS Health Scotland is a special Health Board under the National Health Service (Scotland) Act 1978. The NHS Health Scotland Board (the Board) is a Special Health Board responsible to Scottish Ministers through the Scottish Government Health Directorates. Scottish Statutory Instrument 1990 no. 2639 established the Health Education Board for Scotland as a special health board from 1 April 1991. Scottish Statutory Instrument Amendment Order 2003 no. 154 which came into force on 1 April 2003 details the changes made to the Health Education Board for Scotland following the Board's integration with the Public Health Institute of Scotland and the Board was renamed NHS Health Scotland.

NHS Health Scotland's original purpose was to provide a national focus for health improvement in Scotland. This included:

- Analysing and presenting information aimed at increasing the understanding of health in Scotland
- Informing health improvement interventions at national and local levels
- Assembling, disseminating and explaining the evidence base for improving Scotland's health.

This work led the organisation to identify that while the health of the people of Scotland was improving, the health of those who already enjoyed good health was improving at a faster rate than those with poorer health outcomes. This was leading to an increase in health inequalities, which we define as the unjust and avoidable differences in people's health across the population and between specific population groups.

As a result, the organisation's strategic purpose re-focused from health improvement to *fairer* health improvement. This means a focus on what is needed to ensure that the health of people with the poorest health outcomes improves at a faster rate. The organisation's specific role within this is therefore to work with others to produce, share and implement knowledge of what works to improve the health of the people of Scotland in a fair way.

This re-focus - on our 'enduring and growing health inequalities gap' - was set out in 2012 in NHS Health Scotland's first five year strategy, [A Fairer Healthier Scotland](#) (AFHS). AFHS commits to the following mission and vision:

- Our vision is a Scotland in which all of our people and communities have a fairer share of the opportunities, resources and confidence to live longer, healthier lives.
- Our mission is to reduce health inequalities and improve health. To do this we will influence policy and practice, informed by evidence, and promote action across public services to deliver greater equality and improved health for all in Scotland.

Our commitment to this vision and mission was reiterated and reinforced in 2017 with the publication of a further 5 year Strategic Framework for Action, [A Fairer Healthier Scotland 2017 – 22](#). The framework describes five strategic priorities:

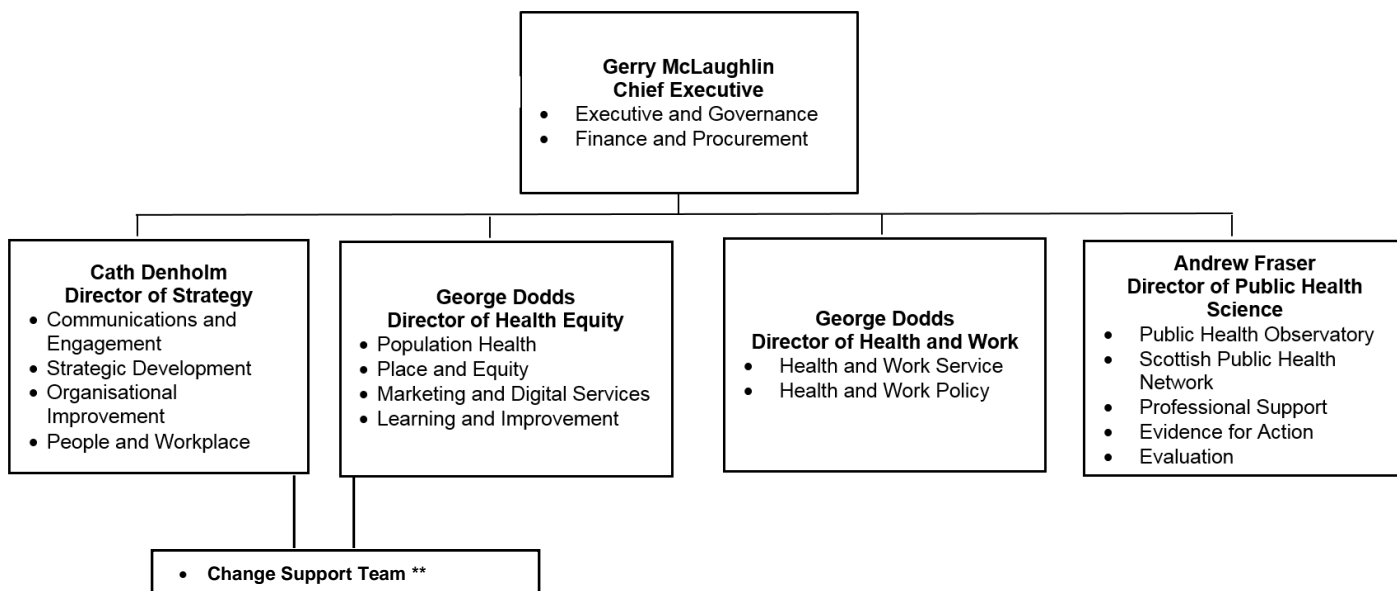
- Fairer and healthier policy
- Children, young people and families
- A fair and inclusive economy
- Healthy and sustainable places
- Transforming public services

Our experience in delivering on this mission and vision over the last six years spans a wealth of areas. This includes developing a human rights based approach to our work, using a Knowledge into Action cycle, developing outcomes-focussed planning and extensive experience in stakeholder engagement and policy influence.

2. Overview

NHS Health Scotland is organised into the Chief Executive Office* and four directorates:

- Strategy Directorate
- Health and Work Directorate
- Health Equity Directorate
- Public Health Science Directorate



Chief Executive Office*

The Chief Executive Office supports the Board, its Committees and the Executive Team in delivering high quality governance and robust financial management. The Executive Team comprises the CEO, Director of Strategy, Director of Health Equity and Director of Health and Work (currently a shared post), Director of Public Health Science and Head of Finance and Procurement.

There are two teams in the CEO office:

- The Executive and Governance team, headed by the Executive and Governance Lead, supports the Board, its Committees and the Executive Team in delivering high quality governance and management
- The Finance and Procurement team, headed by the Head of Finance and Procurement, leads the development and implementation of our financial strategy to achieve best value

Change Support Team**

In April 2018, existing resource from the Strategy Directorate and Health Equity Directorate was utilised to create a new Change Support Team. The Change Support Team ensures that the whole range of change processes taking place across the organisation are underpinned with sufficient planning, project management, facilitating and coordinating resource to enable them to happen well. The team supports the Change Oversight Group (COG), the cross-organisational group supporting NHS Health Scotland through change and transition. The team reports through the Director of Strategy, via the Head of Marketing and Digital Services.

3. The Strategy Directorate

The purpose of the Strategy directorate is to lead strategic planning and business processes and coordinate systems across the organisation so that all activity and resources are aligned to corporate goals. In the current context, the directorate also leads the planning and coordination of cross-organisational activity in connection with change and transition.

The functions of the directorate are managed under four teams, supported by a central administration function:

- Communications and Engagement
- Strategic Development
- Organisational Improvement
- People and Workplace

3.1 Communications and Engagement

Purpose: to promote, position and protect the organisation's mission, position and reputation (internally and externally). This includes:

- Supporting engagement with stakeholders and promotion of key messages, evidence reports and briefings through Social Media, media relations, website, corporate briefings etc
- Managing parliamentary, governmental and other stakeholder activities to convey messages and achieve maximum policy influence
- Keeping staff informed, engaged and involved through a wide variety of mechanisms

3.2 Strategic Development

Purpose: to lead the organisation's performance management and stakeholder engagement. This includes:

- Coordinating strategic planning and organisational performance measurement
- Professional support and strategic coordination of NHS Health Scotland events and sponsorship programmes

3.3 Organisational Improvement

Purpose: to lead ongoing continuous improvement and pursuit of excellence in the organisation. This includes:

- Leading organisational and team improvement programmes and projects
- Coordinating business planning and operational performance
- Leading organisational risk management processes and policies
- Leading data protection, information governance and business continuity approaches

3.4 People and Workplace

Purpose: to lead all aspects of workforce support that deliver a good staff experience and staff health and wellbeing and productivity. This includes:

- Providing health, safety and facilities services
- Providing strategic and operational HR services
- Providing OD and people development services

Recent examples of the Strategy Directorate's work

- Professional advice and media management support to secure extensive reactive and proactive press coverage on MESAS, smoking and obesity.

- Coordinating and securing approval of a second five year corporate strategic framework on A Fairer Healthier Scotland.
- Leading the organisation in a large number of improvement projects, which was recognised in the achievement of Recognised for Excellence (EFQM) in 2016.
- Design and ongoing improvement of a bespoke Corporate Planning Tool that aligns with the NHS finance database allowing real time data tracking and which integrates risk, prioritisation and staff time recording processes.
- Leading the planning to support NHS Health Scotland in change and transition towards Public Health Scotland and other contextual changes. This is now supported by a Change Support Team, co-hosted with the Digital and Marketing team in the Health Equity directorate.

4. Health Equity Directorate

The main purpose of the Health Equity directorate is to improve the consistency and pace of establishing evidence-based action for reducing health inequalities and improving population health. It does this by leading collaborative programmes aimed at implementing or influencing strategy and practice across Scotland. The directorate includes both public health development and specialist system functions, including IT and project management support.

The functions of the Health Equity directorate are organised into four teams but are interdependent of each other. Public health roles are mostly managed within the Population Health and Place and Equity teams and specialist system functions are mostly within the Marketing and Digital team. The Learning and Improvement team comprises public health practice and specialist functions. These are all supported by a central administration function:

- Population Health
- Place and Equity
- Learning and Improvement
- Marketing and Digital Services

4.1 Population Health

Purpose: To promote the importance of population health improvement and champion a need for more equitable outcomes from services and health improvement programmes. Underpinning principles include a right to health and proportionate universalism. This includes:

- Implementing national strategy through supporting development of local strategy (generally on behalf of the Scottish Government).
- Co-ordinating Scotland-wide groups or networks of service leads, local public health colleagues and/or multiagency working groups, with the team's role being to connect research, policy and practice.

4.2 Place and Equity

Purpose: To promote the importance of the physical environment, structural and systems-based solutions to reducing inequalities. Underpinning principles include co-production and empowerment. This includes:

- A focus on public service reform and strategic influence with Community Planning Partnerships (CPPs) and Health and Social Care Partnerships (HSCPs).
- Partnering with the Scottish Government and Architecture & Design Scotland to create the Place Standard for Scotland. This innovative tool is designed for use in communities to increase the potential of physical and social environments to support health and wellbeing and tackle inequalities.

4.3 Learning and Improvement

Purpose: To support the development of the skills and understanding required within the public health workforce to reduce health inequalities and improve health. This includes:

- Development and delivery of learning resources for application of knowledge in public health and health inequalities including modules for child poverty and health inequalities for health and social care staff, BSL awareness, leadership for health inequalities, the place standard and health behaviour change.
- Promoting the Public Health Skills and Knowledge Framework (PHSKF) internally and externally across the Scottish public health function and working to strengthen system support for voluntary registration with the UK Public Health Register (UKPHR). We work in collaboration with agencies within Scotland and across the UK, including education providers, workforce learning leads in partner agencies, professional bodies and employers.

4.4 Marketing and Digital Services

Purpose: To create and deliver effective, customer-focussed marketing and digital services aimed at improving health and reducing inequalities in health. Underlying principles include taking a digital first approach and ensuring the accessibility of our information. This includes:

- Working with teams across NHS Health Scotland, local and national NHS Boards and further afield to develop digital and printed health information products. These are developed for a range of end users across the public, private and third sectors and are usually connected to implementation of Scottish Government health improvement strategy or service provision.
- The provision of up-to-date applications and equipment that support the organisation deliver its objective to allow staff to work agilely and efficiently, including agile kit, SharePoint, Lync, Visual Desktop Infrastructure (VDI), and mobile phones.

4.5 Current examples of the Health Equity Directorate's work

- A range of programmes and projects including ACEs, gender-based violence, NHS and education roles in child poverty, housing, homelessness and health, diet and obesity, human rights and the NHS Scotland British Sign Language Improvement Plan.
- The national re-brand of smoking cessation services 'Quit Your Way', Bowel Screening, Fit for Work Scotland, Healthy Working Lives, Cervical Screening social media campaign and the Flu Campaign.
- Provision of a large selection of digital and printed health information resources, often with related professional guidance, for example, screening and immunisation professional packs, and a physical activity pathway; provision of mental health and suicide prevention training; eLearning modules; funding and advice for pilot financial inclusion projects; funding of community food projects; and advice for community led health projects.

5. Health and Work Directorate

The main purpose of the Health and Work directorate is to lead work with industry, employers and their stakeholders to achieve better and more equitable health outcomes. Similar to other delivery functions, Health and Work requires action across all of the stages of the Knowledge into Action cycle: to research, evaluate, synthesise and provide evidence of what works; to produce resources and provide services and advice based on this evidence; and to work directly with policy makers and practitioners to get this evidence into policy and practice.

Specific outcomes include:

- Increasing the proportion of the working age population in good work through more employers and individuals implementing good work practices
- Individuals with ill health or disabilities remaining in or returning to work through delivery of better integrated and more accessible employment services
- Contributing to a decline in inequalities in the availability uptake and quality of work.

The functions of the directorate are managed under two teams, supported by a central administration function:

- Health and Work Services
- Health and Work Policy

5.1 Health and Work Services

Purpose: to support the implementation of policy/strategy through the delivery of a number of customer facing health and work services including the Healthy Working Lives (HWL) programme for employers and the HWL Award, the healthyliving Award whose principal focus is industry and employers, and Fit for Work Scotland/ Working Health Services Scotland whose principal focus is on support for individuals. This includes:

- Delivering a range of services under the Healthy Working Lives brand for employers and working in partnership to deliver employment support services such as Working Health Services Scotland and Fit for Work.
- Delivering the Healthy Working Lives award and healthyliving award.
- Coordinating and contributing to effective and efficient partnership delivery systems.
- Maximising customer added value and experience, through customer relationship management techniques.
- Maximising impact, measured through robust performance metrics.
- Business engagement.
- Developing relationships with partners and intermediaries who can broaden the reach of services and messages.
- Developing employer focused inequality, occupational health, safety and wellbeing expertise.
- Supporting quality improvement within Health Scotland, with a particular focus on the customer experience and performance metrics.
- Translating policy and evidence into action and generate learning from practice to help inform better, more equitable policy.

5.2 Health and Work Policy

Purpose: to build on knowledge and evidence across NHS Health Scotland, including expertise located within the Health and Work Services team, and with external partners, to shape more equitable policy relating to health and work. The focus is on policy areas where employer based interventions are likely to have limited or no impact and so action is instead focused on influencing policies associated with legislation and practice. This includes the following broad policy areas:

- Good Work and Fair Work
- Employment
- Education, Skills and Training
- Income and Poverty
- Health and Safety Systems
- Social Security and Welfare Reform
- Fiscal and Economic Policy

Main activities of the team include:

- Leading and developing the NHS Scotland approach to welfare, income and poverty.
- Influencing emergent Scottish income and welfare policy.
- Providing the focus for NHS Health Scotland support to the Fair Work convention and framework implementation
- Leading NHS HS engagement in relation to poverty/fuel poverty work.
- Supporting mitigation of the impact of welfare reform through the NHS.

5.3 Current examples of the Health and Work Directorate's work

- Providing information for employers thorough www.healthyworkinglives.scot: This is a new interactive website for employers, which was launched early in 2018. Replacing an information based website, the new site has been designed as an online resource including a self-assessment tool enabling employers to measure their performance against a set of legislative requirements and develop a tailored action plan for improvement. The tool is being expanded to include other aspects of health and work.
- Leading on four actions within the Scottish Plan for Action on Safety and Health (SPIASH):
- Contributing to the Healthcare Retail Standard (HRS): The healthyliving award team supported the development of the HRS in line with dietary goals; produced guidance; contributed experience, expertise and learning to the implementation of the standards and to the assessment process; and ensured comparability with catering standards set by the award. The HRS has now been implemented across the NHS estate.

6. Public Health Science Directorate

The main purpose of the Public Health Science (PHS) Directorate is to ensure that Scotland's health improvement policies and programmes are underpinned by public health science, thereby providing a solid foundation for action to improve health and reduce health inequalities. It provides evidence of what works to reduce health inequalities, public health information, advice and expertise to stakeholders across Scotland including the Scottish Government and NHS Boards.

There are six teams in the directorate, supported by a central administration function:

- Public Health Observatory
- Scottish Public Health Network
- Knowledge Services
- Research Services
- Evidence for Action
- Evaluation team

6.1 Public Health Observatory

Purpose: to use information from a wide range of sources to advance understanding of the health of the Scottish population and the factors that underlie it, from a national level down to small geographical areas or other population subgroups and within an international and historical context. The work of the team includes:

- Providing specialist epidemiological and statistical expertise including analysis and interpretation.
- Communicating our work in a variety of ways (e.g. reports, briefings and presentations) to influence policy and practice.

- Influencing and supporting the planning, development and review of national and local data sources to ensure they meet public health intelligence needs.

The PHO team is part of [Scottish Public Health Observatory](#) (ScotPHO). The ScotPHO collaboration is co-led by ISD Scotland and NHS Health Scotland, and includes the Glasgow Centre for Population Health, National Records of Scotland, Health Protection Scotland, the MRC/CSO Social and Public Health Sciences Unit and the Scottish Learning Disabilities Observatory. ScotPHO aims to provide a clear picture of the health of the Scottish population and the factors that affect it by contributing to improved collection and use of routine data on health, risk factors, behaviours and wider health determinants.

6.2 Scottish Public Health Network (ScotPHN)

Purpose: ScotPHN's remit is to facilitate knowledge exchange and join up all those working in public health throughout Scotland. It is hosted by NHS Health Scotland and is accountable to the Directors of Public Health. ScotPHN's work includes:

- Undertaking prioritised national pieces of work where there is a clearly identified need.
- Facilitating information exchange between public health practitioners, linking with other networks and sharing learning.
- Creating effective communication amongst professionals and the public to allow efficient co-ordination of public health activity.
- Supporting and enhance the capabilities and functionality of the Scottish Directors of Public Health Group.

6.3 Knowledge Services

Purpose: To discover, capture, share, distil, transfer and support mobilisation of relevant, high quality health inequalities and health improvement evidence and knowledge, working with colleagues to ensure an evidence-informed approach to the work of NHS Health Scotland and its partners. The work of the team includes:

- An advanced evidence search and summary service - working with project teams to develop an appropriate research question, designing a search strategy to retrieve the best evidence, identifying appropriate evidence sources and adapting the search strategy appropriately, screening results and where appropriate summarising and presenting search results to project teams.
- Current awareness alerts providing the public health workforce with new and emerging evidence from a wide range of peer reviewed journals and grey literature.
- Training on a range of information and knowledge management tools and resources.

6.4 Research Services

Purpose: To provide specialist advice and guidance on research commissioning and research governance, and support colleagues to commission and/or undertake research, including evaluation. The team aims to ensure that all research undertaken or commissioned by NHS Health Scotland represents best practice and value for money, delivers to expectations, and conforms to legislation, policies and procedures. The work of the team includes:

- Promoting, supporting and further improving research quality across the organisation, developing a fit for purpose research brief, project management and finalising satisfactory research outputs;
- Managing and maintaining organisational research governance arrangements, ensuring research undertaken by or on behalf of NHS Health Scotland meets the highest quality and ethical standards;

- Delivering an effective research commissioning service (to meet regulatory procurement requirements) including management of commissioning processes and contractual matters, and providing training to internal colleagues on commissioning.

6.5 Evidence for Action

Purpose: To get evidence into policy and practice, particularly by influencing national policy to ensure it is evidence informed. The EfA team informs decision-making by providing critically appraised effectiveness evidence, advice and expertise using a collaborative approach with partners (e.g. the Scottish Government). The work of the team includes:

- Synthesising evidence and evidence-informed recommendations on what works to improve outcomes in key public health areas;
- Synthesising and communicating the evidence in ways that assist policy-makers, organisations and practitioners to develop and deliver effective policy and action which will change lives;
- Contributing to the further development of evidence-informed decision-making.

The EfA team also established and coordinates the Public Health Evidence Network (PHEN) which is a collaboration between:

- Glasgow Centre for Population Health (GCPH)
- Healthcare Improvement Scotland (HIS)
- Social and Public Health Sciences Unit (SPHRU)
- Evidence for Action (EfA) team in NHS Health Scotland
- Scottish Collaboration for Public Health Research and Policy (SCPHRP)

PHEN aims to support the increased use of knowledge and evidence in policy and practice in Scotland through a collaboration that:

- Synthesises diverse sources of knowledge and evidence to produce high quality reviews and advice;
- Increases the reach and impact of members' evidence and the joint reviews.

6.6 Evaluation

Purpose: The work of the Evaluation team generates a better understanding of how policies and public health interventions work, who they reach and what effects they have to inform future decision making and improve practice. The team has three strategic aims:

- To ensure robust evaluation (including economic evaluation) is a key part of gathering evidence and translating knowledge into action
- To embed evaluation in the planning, design of local policies and programmes, to maximise the potential for learning
- To highlight evaluation findings and maximise their potential to influence future policy decisions.

The team works with a range of partners to develop outcome focussed approaches to planning, managing and evaluating the performance of action to improve health and reduce health inequalities, including:

- Planning of evidence informed public health interventions in a way that will reduce health inequalities
- Monitoring and evaluation to help us understand the impact of these actions and their contribution to National and Local outcomes
- A process of evaluability assessment that helps prioritise where best to invest evaluation resources

- Action to build evaluation and learning into improvement, funding and policy making processes.

6.7 Current examples of the Public Health Science Directorate's work

- **Economics of Prevention:** This is a relatively new programme bringing health economics (HE) into the work of the evaluation team. The aim is to increase the use of health economics in the evaluation of health improvement programmes and to make greater use of economics evidence in the advice we provide to policy and practice partners. Two evidence summaries on the economics of prevention have been published. The programme includes the setting up and running of the Health Economics Network for Scotland. The aims of the network are to encourage use of HE evidence and skills across public health in Scotland, make more efficient use of scarce specialist HE resources and increase HE knowledge and skills. Network activities include skills-building activities provided by HE colleagues in Scottish universities, workshops and seminars bringing together economists and non-economists from SG, the NHS, local government, academia and the third sector to discuss economic themes and development of a website to disseminate information about HE. These activities have been well attended and have evaluated well but there is demand for more.
- **MESAS and evaluation of MUP:** A long standing cross directorate programme of work that evolved from work developing evidence informed logic models to inform alcohol strategy. A framework for monitoring and evaluating Scotland's alcohol strategy (MESAS) was then developed and implemented, using both in-house and commissioned research. Findings have been disseminated in various ways and used to both inform the on-going development of alcohol strategy and as part of the Court case around MUP. Drawing on skills across the PHS directorate, Health Scotland (Comms and marketing) and our partner organisations (ISD) has been fundamental to the success of the work. Building trusted relationships and ensuring credibility with the Scottish Government and with a variety of stakeholders, including the alcohol industry, has been key to ensuring impact. We are now developing and implementing a plan for the evaluation of MUP.

8. Staffing figures (as at 31 March 2018)

Table 1: Staffing figures by directorate

Directorate	Actual Headcount	Actual WTE	Budgeted WTE
CEO (includes staffside, finance and CEO office)	16	13.87	15.97
Strategy	43	38.09	41.73
Health Equity	144	123.2	134.12
Public Health Science	52	45.18	48.8
Health and Work	38	32.83	32.71
Seconded Out	3	2.8	0
TOTAL	296	255.97	273.33

Table 2: Staffing figures by public health domain (approximations)

Public Health Domain	% of NHS Health Scotland Staff
Health Improvement	89%
Health and Social Care PH	10%
Health Protection	1%
Other	0%

Table 3: Staffing figures by the emerging public health priorities (approximations)

Priority	% of NHS Health Scotland Staff
Place and community	14%
Early years	17%
Mental health and wellbeing	11%
Harmful substances (including tobacco, alcohol and other drugs)	14%
Poverty & Inequality	12%
Diet and physical activity	15%
Work supporting across these	12%
Other	6%

8.1 Source of Figures

- Health Scotland has used actual WTE as at 31st March 2018 for the purposes of this analysis being easier to identify the job roles of actual staff in post.

Staffing budgets are subject to change during the year although for the purposes of due diligence only figures approved (by the board) for the operational budget 2018/19 should be used or a statement provided where this is not the case which has been approved by the Due Diligence sub-group for which the Chair must be cited.

Appendix 1: NHS Health Scotland Delivery Commitments 2018/19

As set out in our [Delivery Plan 2018/19](#), our current Delivery Commitments are:

Strategic priority 1: Fairer and healthier policy

- Progress the Scottish Burden of Disease study, including improving the estimates, identifying the burden of risk factors, projecting burden (and the workforce implications and costs) and exploring the highest impact preventative actions
- 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
- Implement the evaluation plan for Minimum Unit Pricing (MUP), including establishing and managing the component studies, coordinating with other relevant studies and engaging with stakeholders
- Provide expertise and advice to inform the Partnership for Action on Drugs in Scotland's (PADS) strategic approach
- 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
- Provide expertise and guidance on policy (development, monitoring and evaluation) and effective interventions to tackle inequalities in diet and obesity, including improving access to healthier food choices for key population groups across a range of priority settings
- Work with Scottish Government and national partners (Samaritans Scotland, Information Services Division (ISD), Public Mental Health Special Interest Group) to influence the contents of the new Suicide Prevention Action Plan and to support the ongoing implementation of the Mental Health Strategy

Strategic priority 2: Children, young people and families

- Provide expert input to the collection of health and wellbeing data on pre-school and school-aged children, to ensure that local and national partners have the most relevant information to inform action on health inequalities
- Provide expert input to the development and implementation of strategies and action plans aimed at improving health and reducing inequalities for children, young people and families
- Support the development and implementation of a monitoring and evaluation framework for the Scottish Government Early Learning and Childcare programme
- Implement agreed priorities for action on adverse childhood experiences (ACEs) in collaboration with Scottish Government policy leads and the Scottish ACEs Hub
- Provide information, evidence and facilitation for the child poverty leads in Health Boards, Health and Social Care Partnerships and local authorities to strengthen local action on child poverty
- Provide expert evidence, knowledge translation and implementation support to the development of an inter-sectoral approach to addressing health and attainment inequality in school-aged children
- Provide the World Health Organization (WHO) with up-to-date evidence and technical support for child and adolescent health strategy implementation
- Support NHSScotland implementation of the National Strategy on Violence against Women and Girls, establishing a multi-sectoral approach to strengthen and improve the health sector response to gender-based violence.

Strategic priority 3: A fair and inclusive economy

- Provide remote support and advice through the Healthy Working Lives (HWL) Adviceline and facilitate delivery of the HWL learning and development programme for employers to

encourage best practice, compliance with legislative requirements and promote safe and healthy working environments contributing to the mitigation of health inequalities

- Work with Health Boards and other partners across the safety and health system in Scotland to deliver agreed support to priority audiences (sectors with identified inequality including agriculture, construction, hospitality, care, retail and logistics)
- Maximise the use and quality of digital channels in response to customer preferences for accessing Healthy Working Lives services
- Influence policy and practice through sharing research, intelligence and experience to enable sustainable models for delivery of the healthy living and Healthy Working Lives awards
- Maintain and increase the commitment of existing award holders to the healthy living and Healthy Working Lives awards and promote the awards to new customers
- Contribute to the design and launch of the Scottish Government's two-year Single Gateway (Scottish Health and Work Service) pilot project, including evidencing how employment services can be better integrated and accessible and how this impacts on uptake
- Develop and disseminate evidence and advice on effective approaches to reduce health inequalities to stakeholders of the Fair Work Framework
- Develop and share with government evidence on effective labour market policies to reduce health inequalities
- Disseminate evidence to stakeholders on the impacts of social security policies on health inequalities and measures that can be taken to mitigate these
- Undertake a series of analyses and disseminate evidence to relevant stakeholders to inform economic policy
- Collaborate with partners on knowledge dissemination and application for informed action on the distribution of power as a fundamental cause of health inequalities.

Strategic priority 4: Healthy and sustainable places

- Lead, support and advise on the coordination, delivery and governance of the National Place Standard Implementation Plan
- Conduct research into the impact of the Clyde Gateway regeneration on health and health inequalities
- Support Scottish Government, local housing leads and local public health teams to embed health and health inequality outcomes in national and local housing strategies, policy and guidance
- Work collaboratively with key local and national stakeholders to coordinate action to maximise the contribution of housing to health improvement and reducing health inequalities
- Provide joint national leadership with Shelter Scotland to develop and deliver training to inform joint planning and delivery on health and homelessness
- Implement a programme for communities that will help them to learn from, and inform evidence and good practice in tackling inequalities in food and health
- Commission the Scottish Community Development Centre (SCDC) to deliver a programme on community-led health that supports NHS Health Scotland's priorities
- 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.

Strategic priority 5: Transforming public services

- Support the National Boards Delivery Plan to strengthen public health capability
- Work in collaboration with key stakeholders to support the strategic development of the core public health workforce in Scotland
- Provide 'Once for Scotland' strategic and delivery support for a refreshed Health Promoting Health Service (HPHS) framework
- Provide 'Once for Scotland' coordination and delivery of NHSScotland's national improvement plan for British Sign Language (BSL)
- Support primary care transformation by using leadership, research and evaluation to strengthen knowledge and application of what works to improve health and reduce inequalities
- Produce public and professional facing information and guidance, in order to advocate for and support informed and equitable access to immunisation and screening services
- Provide evidence and practical support to inform and influence strategic direction, set priorities and build system improvement that builds collaborative leadership on the right to health and inclusion health
- Lead public health contribution to international public health through membership of and collaboration with the Scottish Global Health Collaborative (SGHC), Eurohealthnet and World Health Organization (WHO)
- Work with key partners and stakeholders in Community Planning and Health and Social Care Integration to influence strategic direction, priority setting and resourcing to address inequalities
- Provide support and guidance to key partners and stakeholders in Community Planning and Health and Social Care Integration to increase understanding of inequalities and inform practice and delivery that leads to more equitable outcomes in our communities
- Work with a range of key stakeholders to scope and gain a better understanding of the wider workforce development infrastructure and learning needs with particular focus on local government

Strategic change priority 1: Influencing the future public health landscape

- Work with NHS National Services Scotland (NSS) to discuss learning and enable improved practice around the gathering and use of data on key stakeholders
- Work with key stakeholders including the Faculty of Public Health in Scotland and the UK Public Health Network to share and embed learning around effective policy advocacy and human rights based approaches in public health
- Work with targeted stakeholders to promote and position fairer health improvement within the emerging public health landscape
- Work with and through the Executive Delivery Group and Programme Board to ensure that NHS Health Scotland contributes effectively to the development, planning and delivery of change in support of public health reform.
- Through ScotPHN, provide specific support to the Public Health Oversight Board, the Shared Services Programme and the Scottish Directors of Public Health to ensure effective developmental work across the public health community in support of public health reform

Strategic change priority 2: Making a difference

- Develop and deliver best practice approaches to the design and delivery of products and services
- Deliver Phase 1 of Redesigning Health Information for Parents (ReHIP).

Strategic change priority 3: Fit for the future

- Undertake a programme of learning to promote and embed key behaviours required for the future context, working across organisational and agency boundaries
- Work with Information Services Division and Health Protection Scotland to identify areas of fit and good practice in our systems and processes so that the new public health body is effective and credible from the start
- Support the implementation of change as the new public health body is created and other services across NHSScotland are reconfigured
- Contribute to the development of the governance requirements for the new public health organisation, ensuring the governance arrangements for NHS Health Scotland work are suitably reflected to achieve a smooth transition and exit for the NHS Health Scotland governance board.

Core delivery commitments

- IT and information management: provide the infrastructure and support needed for staff to make the best use of our technology and systems to work agilely and use and manage information to best effect
- Planning and delivery: deliver specific improvements in how we plan so that our delivery and impact is improved
- Research and knowledge services: manage knowledge and research effectively to support delivery of the Strategic Framework for Action through provision of a range of knowledge and research services
- Governance: provide the systems and support to ensure the work of the organisation is governed to the highest standards and accountable for our delivery commitments
- Quality and improvement: undertake planned and systematic improvements to aspects of how we function and deliver our work
- Finance and procurement: provide the financial resources and services required to support the organisation to achieve our Delivery Plan and meet audit standards
- Communicating our message: use a range of digital, marketing, communications and engagement methods to promote and position clear and consistent messages around fairer health improvement and build credibility with stakeholders
- Product delivery: ensure that our products are designed and delivered to high standards of quality and effectively disseminated to customers through a variety of channels
- Workforce engagement: provide all the services and support staff need, in a dynamically changing environment, ensuring timely communications to keep staff engaged effectively in change and also invested in the ongoing delivery work of the organisation
- Workforce planning and resourcing: provide the planning, monitoring and decision-making systems to ensure that we have in place the workforce we need to deliver this plan while taking into account the context of change we are currently working in.

TABLE 5: Planned Allocation of Allocated Core Budget by Strategic Priority

Strategic Priority	Of Allocated Core Budget
Project Budgets	£2.1million
SP1: Fairer and Healthier Policy	£371k (17.75%)
SP2: Children, young people and families	£59k (2.84%)
SP3: A fair and inclusive economy	£924k (44.24%)
SP4: Healthy and sustainable places	£340k (16.29%)
SP5: Transforming Public Services	£233k (11.13%)
SCP1: Influencing the new public health landscape	£1k (0.05%)
SCP2: Making a difference	£160k (7.64%)
SCP3: Fit for the Future	£1k (0.06%)
Core Services (includes all the services needed to deliver the SPs and SCPs, such as print and publications budgets, marketing, IT and web infrastructure, salaries, estates costs and depreciation)	£15.7million
Contingency (general and specific)	£0.24million

Appendix 2: Commission Brief ANNEX C - DUE DILIGENCE

NHS HEALTH SCOTLAND (Last updated: December 2018)

Key Facts

	Key Facts	Additional Notes
Name	NHS Health Scotland	
WTE	273.33 (total budgeted WTE)	Comprising 4 Executive and 3 Consultant staff. Also see further WTE breakdown in table 1, page 15.
Budget	£19.9m	Finance Plan 2018/19 (Budget)
Based	Meridian Court, Glasgow Gyle Square, Edinburgh	Staff primarily work from these 2 offices. However, agile working is encouraged through a range of flexible working policies and technical provision. Flexi system in operation with no set core working hours. Desk/workforce ratios (WTE/FTE): Gyle Square: 8.5 Meridian Court: 5.2
Status	Special Health Board	
Roles		NHS Health Scotland is national health board with a remit to improve health and reduce inequalities in health.
Scope		The core functions of NHS Health Scotland in contributing to public health reform are: <ul style="list-style-type: none"> • Providing specialist advice to support the Scottish Government in public policy and strategy-making, with a focus on ensuring health in all policies, the reduction of health inequalities, health improvement and promoting the right to health and access to the determinants of health for all. • Ensuring public health data and intelligence is accessible and useful by co-creating and disseminating public health improvement and health inequalities evidence, analysis and insights <ul style="list-style-type: none"> – including from other countries - to inform policy and practice and encourage a shift in allocation of resources in proportion to need and towards prevention and early intervention. • Providing evidence-based advice and support to partners including NHS Health Boards and IJBs in order to implement policy and strategy aimed at improving population health, reducing inequalities and managing demand in support of the longer term sustainability of services. • Supporting effective collaborations to address the social determinants of health by engaging with partners in the NHS, local government and third sector to apply evidence of what works in improving population health and reducing inequalities. • Providing advice, guidance and support to apply

		<p>knowledge of equality, diversity and human rights in relation to the provision and planning of health and care services.</p> <ul style="list-style-type: none"> • Developing public health leadership across the wider public sector by working with others to develop the skills and competencies of the public health workforce in improving health and tackling health inequalities and by supporting a number of key public health networks such as ScotPHN. • Working with NHS partners and the business community to deliver the Healthy Working Lives programme and a range of other programmes aimed at promoting good working and commercial practices that deliver health and reduce health inequalities. • Providing specialist evaluation expertise and support on agreed aspects of Scotland's public health improvement and health inequalities national programmes, supporting local evaluation of local activity to inform policy and practice. • Developing, publishing and disseminating (through paper and web-based means) a wide range of information, evidence and marketing products and services, many on behalf of the Scottish Government and other partners.
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Governance

Legal status		See page 4 of this document for details.
Accountability	Executive Team (6) Chief Executive Officer Director of Strategy Director of Public Health Science Director of Health Equity Director of Health and Work ¹ Head of Finance and Procurement	Scottish Ministers ultimately accountable to the Scottish Parliament for the activities and performance of NHS Health Scotland as set out in the Management Statement. http://www.healthscotland.com/uploads/documents/18674-Management_Statement.pdf Chief Executive designated as NHS Health Scotland's Accountable Officer in accordance with sections 14 and 15 of the Public Finance and Accountability (Scotland) Act 2000.
Corporate Documents	NHS Health Scotland Strategic Framework for Action	[http://www.healthscotland.scot/media/1426/afhs-a-strategic-framework-for-action_june2017_english.pdf
	NHS Health Scotland Delivery Plan 2017/18	http://www.healthscotland.scot/media/1427/delivery-plan-2017-2018_june2017_english.pdf
	Covered in NHS Annual Report and Accounts	
	Corporate Risk Register	http://www.healthscotland.scot/media/1384/crr-2017-18.pdf
	Equality Outcomes	http://www.healthscotland.scot/media/1330/nhs-hs-equality-outcomes-2017-21_march17_english.pdf
	Partnership Agreement	http://www.healthscotland.scot/media/1260/partnership-agreement-v4-0-final-december-2015-003.pdf
	Impact Report	http://www.healthscotland.scot/media/2134/impact-assessment-report-2017-18.pdf
	Workforce Plan	Workforce Plan 2018/19: http://www.healthscotland.scot/media/2064/workforce-plan-2018-19.pdf
	Relationships	<p>Relationships</p> <p>Scottish Government Sponsor Division Policy leads across all public policy areas</p> <p>Third Sector (includes but not exclusive to): Scottish Council for Voluntary Organisations Health and Social Care Alliance Scottish Community Development Centre (including Community Health Exchange) Voluntary Health Scotland Obesity Action Scotland Alcohol Focus Scotland Poverty Alliance Shelter Scotland Scottish Human Rights Commission Joseph Rowntree Foundation Oxfam Scottish Association for Mental Health</p> <p>Public Sector Local NHS Boards (including Directors of Public Health and</p>

¹ The Director of Health and Work is currently out on secondment and the role is currently fulfilled by the Director of Health Equity.

		<p>Health Promotion Managers Group) National NHS Boards Integration Joint Boards Community Planning Partnerships Local Government (COSLA/Improvement Service/Councils) Food Standards Scotland Glasgow Centre for Population Health</p> <p>Academia/Education Universities</p> <p>Regional National, International Public Health bodies World Health Organisation European Public Health Network Faculty of Public Health Public Health England Public Health Wales UK Public Health Forum</p>
	Stakeholder Engagement Plan	Stakeholder Engagement Plan 2018/19
Obligations		<p>All NHS Scotland Governance and Partnership Frameworks; Records Management, Data Protection including Caldicott Guardianship as appropriate, Information Governance, Risk Management, Business Continuity, Organisational Policies (PIN compliant for workforce policies, Health and Safety, FOI, Sustainability and Environmental Management, NHS Scotland Partnership Working, Public Sector Equality Duties. Certificate of Sponsorship Home Office</p>

Corporate Services

IT & Telecoms	All Services	<ul style="list-style-type: none"> • Internal services provide support services for training, helpdesk, advice, user security, infrastructure services for larger projects, system security, performance etc. • Windows 7 as min on desktops with win8 and 10 on tablets. • 2008r2 as min on server, with 2016 in the process of being rolled out. • Full environment virtualised using VMware and EMC storage. • Application stack predominantly Microsoft tools including Office 2013, SharePoint 2013, CRM 2015, Lync 2013, and SQL 2015. • Other software includes Veeam backup software, SPSS, Adobe publishing, Sophos AV and Intercept X etc. • All relevant national applications including NHSMail, Pecos, eESS. • Significant levels of agile working across the org with 2/3 of staff using mobile devices (tablets/laptops) and full VPN access for remote working. • Wan infrastructure service from NSS as part of a managed service for Gyle and Meridian including wan/lan connectivity, server hosting space at Atos, firewall integration and management, VPN services and telephony. • Main risks would come in moving out of NSSs offices requiring setup of new services/contracts and loss of financial gains made through colocation with NSS and the benefits of shared services for both parties. • Presence at Bright Solid in Dundee for Microsoft environment including Lync, CRM and SharePoint and web presence (new and legacy sites). Includes full management of the server environment to OS level, whilst we manage the application layer and connectivity configuration of firewalls. • No major technical risks of moving this environment as same setup and configuration to Bright Solid environment can be achieved. • Software supports core CRM which underpins current performance and planning reporting systems. • Desktop VOIP telephony services provided via our managed service contract with NSS. • Mobile telephony services provided via the national EE mobile contract. We have 191 mobile phones.
	Running costs	<ul style="list-style-type: none"> • Total Cost - £467,660 split as below • Hardware - Servers, Desktops, etc (£106,448) • Software - Desktop subscriptions, Enterprise Agreements for Microsoft estate (£147,787) • Shared Services - Support contract - NSS IT network services, firewall, internet, Active Directory (£69,000) • Support - Other support service contracts (£8,957) • Hosting - Server hosting service @ Brightsolid (£85,842)

		<ul style="list-style-type: none"> • Mobile Telephony - Mobile Telephony costs from EE (£30,440) • Print Services - Print Services from Ricoh (£19,186)
	Transfer costs	<ul style="list-style-type: none"> • Financial costs minimal if current co-location within NSS offices remains, mainly involving staff time. However, that time to plan, design and implement this should not be underestimated. • Any relocation likely to incur significant costs and time for SWAN connections, firewalls etc. • Above also assumes the new organisation will still be part of the core NHS services, utilising SWAN and all national applications.
	Barriers	<ul style="list-style-type: none"> • Risks for client and server environment mainly around the prevalence of agile workers and maintaining this way of working for all staff to enable them to make best use of the technology, applications and services they are used to. • Telephony risks minimal if continuation of current co-location assumed. No major risks for mobile telephone as contract is not site or organisation dependent.
	Infrastructure	
	Running costs	
	Transfer costs	
	Barriers	
	Storage	
	Running costs	
	Transfer costs	
	Barriers	
	Applications	
	Running costs	
	Transfer costs	
	Barriers	
Digital	Service and Support	<ul style="list-style-type: none"> • Strategic digital advice and consultancy • Digital strategy and governance • Content design and management • User experience (research, insights and testing) • Performance measures and metrics advice and analysis • Digital solution design, development and continual improvement - including software development, testing and implementation (websites, web-based business tools etc.) • Digital Service governance and management
	Running costs	<ul style="list-style-type: none"> • Total Cost - £78,113 split as below • Web Hosting - Service management and hosting (£23,113) • Web Development - In year programmes for website development and maintenance (£55,000)
	Transfer costs	
	Barriers	
	Equipment	
Procurement	Service and support	Managed through an SLA with Scottish Ambulance Service.
	Running costs	£76,000
	Transfer costs	Depends on viability of current SLA within new

		arrangements.
	Barriers	
	System	
	Running costs	£4,000 (PECOS)
	Transfer costs	
Finance	Barriers	
	Service and support	
	Running costs	£109,000 (excl Deprec) but incl Corp Costs
	Transfer costs	
	Barriers	
	System	
	Running costs	£61,000
HR Services	Transfer costs	
	Barriers	
	Running costs	£41000 £36,850 (not including HR System Costs) Need to include H&S and OD costs too. Staff:
	Transfer costs	£41000 £36,850
	Barriers	
	System	
	Running costs	£11,600 (eESS payment)
	Transfer costs	£11,600
Legal	Barriers	
	Service and support	
	Running costs	£12,000
	Transfer costs	
Estates	Barriers	
	Service and support	NSS
	Accommodation	Rented
	Space	Meridian = 1,120 GIA, Gyle = 1,153 GIA
	Cost	Meridian = £528,000, Gyle = £400,000 (budget 18/19)
	Break point (date)	Meridian = 30/09/2023, Gyle = 14/06/2029
	Costs of Breaking	
	Transfer costs	
Facilities (including H&S)	Locations	Meridian Court, Gyle Square
	Service and support	NSS
	Fire, Safety and Health Programme	5100
	Flexi-Pass Business Travel Tickets (Glasgow/Edinburgh)	110000
	Office Stationery Contract (Gyle Square/Meridian Court)	5000
	Office support services	6000
	Reprographic Services (Gyle Square/Meridian Court)	25000
	Business Mobile Telephone Contract	16000
	Facilities Maintenance and Supplier Contracts (Gyle Square/Meridian Court)	10000
Total Facilities	177100.00	

	Running costs	Included in accommodation costs.
	Transfer costs	
Organisational Improvement	Barriers	
Communications	Service and support	Business planning, operational performance, business improvement, risk management, information governance.
Strategic Performance	Service and support	See organisational overview for team information.
MoUs	Service and support	See organisational overview for team information.
	University of West of Scotland – Health and Human Rights	Contribution to delivery of Health and Human Rights learning in UWS classroom delivery
	ScotPHO	Host ScotPHO collaborative with Public Health Intelligence including GCPH, ISD ASD
	Scottish Public Health Network (ScotPHN)	Host ScotPHN providing support and co-ordination of the public health network including the Directors of Public Health, Scottish Managed Sustainable Health Network (SMaSH) and the Scottish Health and Inequalities Impact Assessment Network (SHIAN).
	Scotland’s National Action Plan for Human Rights (SNAP)	<ul style="list-style-type: none"> Co-convene the Health and Social Care workstream of SNAP with the Health and Social Care Alliance.
Concordats	What Works Scotland – Partnership with Glasgow University/ Edinburgh University	NHS Health Scotland is a partner organisation in the collaborative which is predominately led by Edinburgh and Glasgow Universities.
WLAs	Scottish Government – Evaluation support for policy development and evaluation (MUP)	<p>Scottish Ministers have agreed an indicative budget of £841,400 over 5 years for studies to evaluate minimum unit pricing. This will be supplemented with £250,000k from NHS Health Scotland for evaluation studies.</p> <p>This agreement covers the period 1 September 2017 until either:</p> <ul style="list-style-type: none"> The required Review Report on minimum unit pricing (MUP) is satisfactorily completed; or <p>Until the early studies are concluded if the Supreme Court rules against the Scottish Government in the legal challenge.</p>
SLAs	Scottish Government Management Agreement	http://www.healthscotland.com/uploads/documents/18674-Management_Statement.pdf
	Community Health Exchange (CHEX) – Core funding for Community Led Health Development	£191,250 in 17/18 to SCDC to support CHEX work
	DWP – Fit for Work	Fit for Work Scotland – total budget for 2017/18 £367,758 for staff and non staff costs (includes Marketing and Health & Work Services).
	NHS Boards – Healthy Working Lives	Healthy Working Lives annual allocations to Boards - £655,000 in 2017/18
	Voluntary Health Scotland (VHS) – Core funding jointly with SG to provide support, advocacy and development of	£50,000 per annum

	voluntary health sector	
	Scottish Ambulance Service – Procurement Services	£74,000 per annum
	NHS Ayrshire and Arran – Payroll Services	£40,000 per annum
	NSS Occupational Health Service	£7,000 per annum
	Go Well – Funding for Go Well research programme delivered in partnership with GCPH and academia	£93,000 contribution to Go Well programme
	Scottish Government – Purchase of Alcohol Sales and Price data	The Scottish Government’s financial contribution to alcohol sales data for the continuation of routine monitoring of sales (£321,172 over the period 2017/18 to 2021/22).
	Scottish Government - Link Worker Evaluation	£118, 601 for evaluation of Link Worker programme (2017/18 actual)
	Scottish Government – Mental Health and Suicide Prevention	£200k across mental health and suicide prevention programme

Human Resources

Staff numbers (headcount) by grade (as at 31 Nov 18)	Band	Number	
	2	4	
	3	21	
	4	24	
	5	47	
	6	74	
	7	69	
	8a	33	
	8b	8	
	8c	9	
	8d	1	
	Consultant	3	
	Executive	4	
Total	297		
Staff numbers (headcount) by role (as at 31 Nov 18)	Role	Number	
	Medical & Dental	3	
	Management (non-AfC)	4	
	Personal & Social Care	45	
	Administrative Services	245	
Total	297		
Terms and Conditions	Afc		290
	Non afc		4
	Medical/ Dental		3
	Honorary Contracts		6
Training	Service and Support		People Development team provide guidance to staff and managers on personal learning plans, corporate learning, leadership and management development, and links to national initiatives.
	Training targets and commitments : Annual PDP target of 90% receiving review, PDP and Objectives (Source: final KSF report to CMT 1 June 2018)		Reviews: 98% Objectives: 97% PDPs: 96%
	Qualifications and short courses budget 2018/19 (Source: Corporate Planning tool MHR 500 2018/19)		£66,000
	Qualifications commitment in 2018/19 (Source: Qualifications and courses tracker 2018/19)		Estimated £17,750
	Transfer costs		
	Barriers		Some qualifications span multiple years. Consideration required for whether these will be agreed to be funded in future.

Recognised Trade Unions	Unison	Employee Director; one full time Shop Steward; 4 part time. Positive and collaborative approach to Partnership working enshrined in a Partnership Agreement and enabled through Partnership Forum, which makes operational decisions on all matters relating to workforce.
Workforce Plan	Redeployment commitments	
	The budget and resources available to us and our partners is restricted, new asks come up through the year and policy priorities also change. Being able to plan our workforce dynamically and responsively both at the start of the year and in year is critical so that our workforce is in the best place possible to deliver our priorities. This not only means the best alignment in terms of our priorities but also with the right knowledge and means to fulfil roles effectively.	At the start of any year we start with a set of workforce planning assumptions. These respond to budgetary constraints on workforce shaped by staff costs and asked-for efficiencies and outline approaches agreed in partnership. These are then used as guidance in making workforce planning decision in year. We approach workforce planning using four groups that interact. With the exception of the Commissioning Group, all groups have partnership membership and all have direct reporting relationships to the Partnership Forum and the CMT. A monthly meeting is part of the CMT where any workforce changes are discussed and agreed in partnership.
Workforce Risks	Current ER issues, tribunal claims, equal pay claims etc.	NHS Personal Injury Benefit Scheme: Liabilities under the scheme are provided for in full when we are advised of such cases by the SPPA. The liability under this scheme at 31/3/17 was c £1m which will be paid out in the future. There are no outstanding cases known to Health Scotland.
	iMatter survey results	<ul style="list-style-type: none"> Utilising iMatter survey for all staff since May 2017 85% response rate and an employee engagement index of 81%.

Policies

Policy Family	Policy Name
Equality, Fairness & Dealing with Concerns	Dealing with Bullying and Harassment Policy
	Dealing with Employee Grievances Policy
	Embracing Equality, Diversity and Human Rights
	Gender Based Violence
	Management of Employee Capability Policy
	Management of Employee Conduct Policy
	Protocol for Non-Executive Board Members Dealing with Concerns Raised by Staff or Former Staff
	Whistleblowing Policy
	Fire Safety Policy & individual office Fire Plans
Health & Safety	Health & Safety Policy
	Managing Stress at Work Policy
Health at Work	Promoting Attendance Policy
	Protecting against Violence & Aggression at work
	Driving for Work
	Controlling Substances Hazardous to Health
	Incident Management
	Promoting Safe Manual Handling
	Lone Working
	Substance Misuse Policy
	Tobacco
	Facilities Arrangements Policy (Time off for Trade Union and Professional Organisation Representatives)
Partnership Working	Partnership Working Policy
	Motor Car Policy
Standards & Expenses	Relocation Expenses Policy
	Standards of Business Conduct Policy
	Induction Policy
Training & Development	KSF Policy
	Mandatory Training Policy
	Support for Qualifications and Courses Policy
	PDP and Review Policy
	Annual Leave
Work/Life Balance & Leave	Special Leave
	Adoption Leave and Fostering Policy
	Flexible Working Policy
	Maternity Guidelines
	Fixed Term Contracts Policy
Workforce Planning	Job Evaluation and Matching Policy and Procedure
	Organisational Change
	Recruitment and Selection Policy
	Redeployment Policy
	Retirement Policy and Procedure
	Secondment Policy
	Voluntary Redundancy Policy
Volunteer Policy	

Please note: Work is currently underway reviewing the comparability with organisational policies between NSS and HS. This work is due to be completed at the end of January 2019.