



**Scotland's
health**

NHS Health Scotland 2016/17

Self-assessment

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Introduction

Welcome to NHS Health Scotland's 2016/17 self-assessment report. We are a national Board who work with public, private and third sector organisations to reduce health inequalities and improve health. Our primary role is to work with others to generate and share the knowledge of what works, and doesn't work, and to improve how that knowledge is turned into action.

Our strategy, [A Fairer Healthier Scotland \(AFHS\) 2012-17](#), set out our vision for a Scotland in which all people and communities have a fairer share of the opportunities, resources and confidence to live longer, healthier lives.

The 2016/17 self-assessment describes our contribution to achieving this vision, our key achievements and impact. It provides an overview of our performance against the themes agreed with Scottish Government in our 2015/16 Annual Review:

- Value for money
- Leadership
- Distinct contribution
- Strategic perspective
- Public sector reform
- Place-based approaches
- Measuring performance

In addition, the self-assessment describes our work and contribution to the Scottish Government's national outcomes as set out in the National Performance Framework (NPF); in particular our contribution to the purpose target 'Increase healthy life expectancy'. Our overall performance against these outcomes is described in our performance framework which is summarised on pages 12–13.

The self-assessment includes progress against NHS Scotland's Local Delivery Plan (LDP) Guidance, specifically in relation to our overall financial performance which is summarised on pages 14–15.

Our performance

2016/17 was a successful year for NHS Health Scotland. We performed well across the scope of our planned activities, including the management of our finances and people. We made significant progress against the key themes set out in our 2015/16 annual review and are able to demonstrate impact across our work.

The value of our work, as described in this self-assessment, lies in our description and analysis of the nature of health inequalities in Scotland and the underlying reasons and causes. We are focused on bringing forward robust evidence of what is likely to create the conditions in which individuals, families and communities will thrive. The value of our approach lies in how we work with others.

Our examples of impact demonstrate how we have provided evidence to persuade those making policy and practice decisions that if a particular course is taken, then people are more likely to go on to take the actions that will improve their health or avoid harm.

In summary, we met the expectations set out in our 2015/16 annual review, demonstrating **value for money** by planning and delivering our work for maximum efficiency and impact. In particular this year we improved our approach to **measuring performance**, with a stronger alignment to the National Performance Framework and a strong focus on **place-based approaches** and **public-sector reform** as described in our examples of impact.

The health of Scotland's population drives demand on the NHS and other public services, improving the health of Scotland's population is the key to reducing demand on health and care services. The publication of the Health and Social Care Delivery plan in 2016/17, confirmed the Scottish Government's commitment to establishing a new single national body for public health in Scotland, further strengthening the important contribution of public health to meeting these challenges.

Against this backdrop, we developed and published our new [Strategic Framework for Action: A Fairer Healthier Scotland 2017-22](#). This confirms the ongoing need for a focus on reducing health inequalities within the current **strategic context**. It also sets out the **distinct contribution** of an approach focused on fairer health improvement and describes our preparedness to play a full and active **leadership** role in the emerging public health landscape.

We also continued to build on our approach to improvement, by achieving the European Foundation for Quality Management (EFQM) Recognised for Excellence award and improving several of our customer services, including our new website.

Key achievements and impact

In 2016/17, we made an impact on fairer health improvement by contributing to a range of the policy areas prioritised by the Scottish Government. This section gives examples of our key achievements in 2016/17, the impact of our work and how this contributes to the themes identified in our 2015/16 Annual Review.

Fuel poverty

People who live in the coldest homes are three times more likely to die from cold-related illnesses. Households in the lower income bands have the highest rates of fuel poverty.

[The Scottish Government's Fuel Poverty Statement \(2002\)](#) states: 'The Scottish Government aims to ensure that by November 2016, so far as is reasonably practicable, people are not living in fuel poverty in Scotland.' In 2015 it was apparent that this target would be missed.

Impact

We influenced the NHS contribution to tackling fuel poverty by working with Shelter Scotland to provide support and training to nine NHS Boards, enabling vulnerable patients get access to support for fuel poverty.

We helped develop an understanding and awareness of fuel poverty as a health inequalities and public health issue by contributing to the Scottish Fuel Poverty Strategic Working Group's report.

Our work has influenced the definition of fuel poverty and how this is perceived by policy makers. This will impact on future fuel poverty policy and practice and, along with our work with NHS boards, will ensure a continued focus on people who are vulnerable to adverse health outcomes.

Child poverty

Current levels of child poverty are significant – 1 in 4 children in Scotland live in poverty (this increases to 1 in 3 where the child has a disability). 70% of children who are living in poverty are in households where at least one person is working. Poverty adversely impacts on children's social, emotional and cognitive outcomes and increases levels of stress for families. Health professionals working with children and families need to have an understanding and knowledge of the impact of poverty.

Impact

In November 2016, we hosted the 'Facing Up to Child Poverty in Schools – what can be done to reduce the cost barriers of school? A national learning and dissemination .The event highlighted the cost barriers of school and shared examples of actions taken locally to reduce these barriers for parents/carers and their children living in poverty. This included Cost of the School Day (COTSD) project that was initiated in Glasgow.

We facilitated the event in partnership with Educational Institute of Scotland (EIS) and Child Poverty Action Group (CPAG) Scotland, City of Edinburgh Council, Renfrewshire Council and Dumfries & Galloway Council. The audience comprised local authority and partner representatives with a current remit to progress action on addressing cost barriers of school.

We funded the appointment of a project manager in CPAG Scotland with a national remit to engage with other local authorities and provide advisory support on addressing cost barriers in school, using the learning from COTSD.

Our membership in the Dundee, Fife and Perth and Kinross Fairness Commissions has also emphasised the need for strategic action on addressing cost barriers of school and each of these Commissions' reports have included recommendations on this issue.

Impact

By introducing our free eLearning module on 'Child Poverty, Health and Wellbeing' we have enabled health and care higher education course leaders to help tomorrow's public service workforce understand child poverty.

The 'Child Poverty, Health and Wellbeing' module forms part of the package of measures we are delivering to support the implementation of the [Fairer Scotland Action Plan](#). This includes supporting development of the Child Poverty (Scotland) Bill and engaging the NHS in strengthening referrals to financial inclusion support.

Between October 2016 and May 2017, 778 learners from a range of sectors (Highlands and Islands Enterprise, Local Authorities, NHS Boards, Health and Social Care Partnerships, third sector) completed the module.

Of those who completed the evaluation, 82% felt their awareness of the issues had been raised; 78% would challenge negative stereotypes; 82% would share the learning.

We also provided guidance for use of the pupil equity fund in schools in partnership with Directors of Education and the Adverse Childhood Experiences (ACEs) hub.

Adverse childhood experiences

Adverse childhood experiences (ACEs) impact our health in a number of ways, including affecting child brain development; health harming behaviours; poor mental health and affecting the wider context in which we live (e.g. education, income, social isolation). People living in areas of deprivation are more at risk of ACEs. It is estimated that in Scotland approximately half of us will have experienced at least one ACE and at least 9% of our population, most likely more, will have experienced four or more ACEs.

Impact

We ensured that policy makers focused on the impact on health and wellbeing of Adverse Childhood events by providing the latest evidence on these outcomes as well as related issues such as involvement in the justice system and homelessness. This will have direct influence shaping perceptions on ACEs and be influential in shaping future policy.

Through the Scottish Public Health Network (ScotPHN), hosted by NHS Health Scotland, we published the *Polishing the Diamonds: Addressing Adverse Childhood Experiences in Scotland* report, and have established the Scottish ACE Hub to develop a common understanding of how to respond to and prevent these experiences.

Over and above aiming to directly influence policy, our work will inform the upcoming government strategy on Child and Adolescent Health and Wellbeing and is being applied at a local level, with areas such as Argyll and Bute hosting local events to share knowledge on ACEs to inform local practice.

Monitoring and Evaluating Scotland's Alcohol Strategy (MESAS)

Alcohol consumption remains one of the key health risk factors in Scotland and on average 22 people in Scotland die a week from alcohol-related diseases. Alcohol misuse imposes a substantial burden on Scottish society, costing between about £2,476.6 and £4,635.4 million per year.

Alcohol misuse imposes a significant burden on the health care system, accounting for between £143.6 and £392.8 million of healthcare expenditure. For example there are an estimated 470,752 GP/Practice Nurse consultations and between 103,788 and 125,773 psychiatric inpatient bed days attributable to alcohol misuse each year.

Evidence suggests that Minimum Unit Pricing (MUP) will reduce alcohol consumption and subsequent harm, particularly in the heaviest drinkers. The most recent modelling suggests that after 5 years, MUP in Scotland will have reduced alcohol-related deaths by nearly 400 and alcohol-related hospital admissions by over 8,000 each year.

Impact

We lead on the Monitoring and Evaluating of Scotland's Alcohol Strategy (MESAS), including publication of an annual analysis of alcohol sales and price data.

We advised the Scottish Government to put forward the case for minimum unit pricing on alcohol and we continue to facilitate cross-party support to reduce alcohol-related harm by leading the MESAS evaluation programme.

We obtained, analysed, and interpreted the latest data alcohol sales and price data, and communicated the findings to stakeholders. The sales data provides the gold standard measure of population levels of alcohol consumption in Scotland. This work is used by a range of stakeholders, including The Scottish Government, third sector organisations, academic partners and industry to inform policy and research, and raise awareness of the alcohol problem in Scotland. The work has also been cited during First Minister's Questions and been used within the current legal proceedings on Minimum Unit Pricing.

We made an invaluable contribution to ensuring that decision makers, opinion formers and the general public are informed with the most up-to-date intelligence on alcohol consumption in Scotland in order to help drive the reduction in alcohol-related harm. A review clause is included in the Minimum Unit Pricing legislation, meaning that after 5 years, the decision to extend or repeal the legislation will be based on evidence, primarily from the MESAS work.

Place Standard launch and implementation plan

The crucial relationship between physical and social places, health and inequalities is well documented and fully illustrated in our health inequalities [theory of causation](#).

We co-launched the Place Standard as a tool to help planners involve local people in designing their area so that it fosters good health. It provides a practical evidence-based mechanism for communities, organisations and businesses to identify and respond to the strengths and development needs of the places in which they live and work.

To ensure the Place Standard's effective and consistent application across Scotland, we developed the Place Standard Implementation Plan with our partners. We established a national governance and support infrastructure to aid implementation.

Impact

Through our support in the Place Standard implementation plan, 11,000 people, mainly from local communities, have engaged in the design of the places in which they live, work and interact. Over 70% of local authorities used the Place Standard tool in the last year.

One Implementation Lead from the Hillhead and Harestanes areas in East Dunbartonshire, who had targeted their engagement to particular groups, noted that: 'Our reach was much higher than we ever have had before. We also reached a lot of protected characteristic groups and those that wouldn't typically engage in any type of consultation.'

The impact of the Place Standard Tool (PST) on communities and organisations is outlined in a series of case studies. Examples of the PST's use include:

- the development of Local Outcome Improvement Plans and Locality Plans
- the multi million pound Community Links Plus (cycling infrastructure) investment programme
- learning and outcomes within Universities and Colleges
- UK and international recognition and future applications through collaborations with WHO Healthy Cities European Network, UNICEF and Dutch Centre for Health Inequalities.

This work culminated in the PST winning the Royal Town Planning Institute's (RTPI) award for excellence in planning for wellbeing.

A healthcare retail standard for Scotland

The Healthcare Retail Standard (HRS) regulates the food provided by commercial outlets in NHS facilities and is fully implemented across the NHS and is comparable with the existing catering criteria. This builds on research undertaken jointly with Food Standards Scotland on the growth in the out-of-home food and drink market in Scotland. This growth is expected to continue.

Our work directly impacts on supporting [Healthier Choices: a voluntary framework for action \(2012\)](#) where the Scottish Government and Food Standards Scotland invited businesses and the food industry to work with them to improve Scotland's dietary goals. The policy highlights the crucial role of caterers and retailers.

Standards for caterers within the NHS have consistently been developed and raised: caterers are now expected to meet the healthy living award plus (HLA plus) by 2017. Throughout 2016/17 we:

- Supported the development of the standards and comparability in line with HLA plus and dietary goals
- Produced guidance to support implementation within the retail setting

- Supported the implementation of the standards and assessment process
- Commissioned and supported the evaluation process.

Impact

We have helped caterers in the NHS and other healthcare settings make it easier for customers to choose the healthy option. This involved supporting the development of a set of standards and guidance for the NHS, including working with the Scottish Grocers Federation for retail outlets within the NHS.

In addition to supporting the development of the HRS, we completed an evaluation of our implementation on the quality of food in NHS services and how this impacts on staff, patients and visitors. The evaluation will report in 2018. This will provide insights not only into the impact of the HRS in NHS facilities but also inform expansion of similar regulation to other facilities and settings, as part of our work on tackling Scotland's diet and obesity challenge.

The HRS is fully integrated with our healthy living award which supported 826 healthy living award holders in 2016/17 and worked across a total of 1377 sites. All 23 NHS branded Aroma outlets and all 28 Royal Voluntary Service Cafes within NHS hospitals, health centres and offices are operating at Healthy Living Award Plus level, with a total of 164 awards held across NHS Scotland.

Homelessness and health

Research indicates that homeless households experience poorer physical and mental health, which can be exacerbated by continuing homelessness and insecure, poor living conditions. Mortality rates are higher, highlighting the extreme health inequalities experienced by this group.

The Scottish Public Health Network (ScotPHN) is hosted by NHS Health Scotland and their '[Restoring the Public Health Response to Homelessness](#)'

report (published May 2015) identified as a key action the need to actively follow through on new opportunities for public health to partner with the homelessness and housing sector. With dedicated support from a Consultant in Public Health Medicine from Fife, we drove stronger collaborative working between public health and the homelessness sector in 2016–17.

Impact

We undertook a sustained programme of engagement with key stakeholders from the health and homelessness sector to develop strong working relationships and to better integrate evidence on health and homelessness. This impact of this work has resulted in:

- From almost no relationship, emerging collaborative programmes of work between the public health community and the housing/homelessness sector.
- National health and homelessness data sharing, including: [all-Scotland historical data linkage](#) (by National Records of Scotland, publication of [homelessness evidence on the Scottish Public Health Observatory website](#))
- Collaborative work programme with Shelter and effective working relationship with the Chartered Institute of Housing.
- An active national Health and Homelessness Group and formation of a Scottish branch of the Faculty for Homeless and Inclusion Health.
- The above has established strong working relationships with a view to influencing policy and ultimately to improve service delivery and health outcomes for a vulnerable group.

Obesity

The prevalence of obesity in Scotland remains stubbornly high, at around 1 in 4 adults and 1 in 6 children. Estimates of the direct costs to the NHS for treating overweight and obesity, and related morbidity in England, have ranged from £479.3 million in 1998 to £4.2 billion in 2007. Estimates of the indirect costs (those costs arising from the impact of obesity on the wider

economy such as loss of productivity) over the same time period ranged between £2.6 billion and £15.8 billion.

Inequalities in levels of obesity exist between people living in the least and most deprived parts of Scotland, particularly for women and children.

The eight major categories of long-term conditions associated with the most bed days in hospital, ranked first to last, were: chronic obstructive pulmonary disease (COPD), heart failure, acute myocardial infarction (heart attack), diabetes, other ischaemic heart disease, asthma, angina pectoris and hypertension. All these conditions are known comorbidities of obesity.

The key and consistent message is therefore that overweight and obesity together place a significant and growing burden on NHS and social care services and on the Scottish economy as a whole. Tackling Scotland's obesity challenge is important to manage demand and to ensure the long term sustainability of NHS and care services.

Impact

In 2016/17, we undertook a significant programme of work to inform more effective policy and practice in advance of Scotland's Diet and Obesity strategy being published in late 2017.

In partnership with the Scottish Government diet and obesity policy team, Obesity Action Scotland and Food Standards Scotland we developed a module for the Scottish Social Attitudes survey. The aim was to identify public support for action to reduce obesity and how this relates to population characteristics, including knowledge and understanding of the consequences and causes of obesity.

We increased understanding of how obesity levels differ according to socio-economic status by publishing analysis of how levels of obesity in Scotland

have changed over time and providing evidence to the Health and Sport Committee Health and Social Care Inquiry in August 2016.

We developed understanding of the impact of the workplace environment on NHS staff's ability to achieve a healthy weight through a joint study with NHS board health improvement colleagues. This is leading to practice improvements being developed and taking forward with NHS boards.

The cumulative impact of this work will be to ensure that key policy makers have access to the available evidence on health inequalities and effective interventions, which will inform the development and implementation of Scotland's diet and obesity strategy.

Developing an excellent organisation

In the last 5 years we have been continuously challenging ourselves to improve as an organisation so that we deliver our goals and have maximum impact. The focus in 2016/17 was on making the most effective use of our financial and other resources, having our workforce as engaged as possible in key developments and improving the processes by which the knowledge we generate is used to greatest effect.

At the end of the year, 78% of the products and services that we planned to deliver had been completed or had reached their planned position. This demonstrates our ability both to stay focused on priorities, but also to respond as needed to in-year change.

We achieved very positive staff satisfaction ratings, exceeding our iMatters Employee Index Score target of 69% with a 2016/17 rating of 78%.

In 2016/17, we met all financial targets, including delivering efficiency savings of £0.940m (further information is provided on pages 14–15).

Our contribution to LDP standards

The Local Delivery Plan (LDP) establishes standards for NHS boards to measure performance and provide assurance to the Scottish Government. As a national health board, we contribute to LDP standards through various programmes of our work including publications, events, and learning resources.

LDP standard	Our contribution to LDP standard in 2016/17
People diagnosed and treated in 1st stage of breast, colorectal and lung cancer (25% increase) 31 days from decision to treat (95%).	<p>We developed and distributed the following documents:</p> <ul style="list-style-type: none"> • 517,973 copies of <i>Breast screening – Helping you decide</i> • 964,965 copies of Bowel screening – Your Questions Answered • 966,665 copies of <i>Bowel screening – Step by step Instructions</i> • 68,065 copies of <i>Bowel screening – Repeat Test</i>
People newly diagnosed with dementia will have a minimum of 1 year's post-diagnostic support.	<p>We published the <i>Dementia and Equality: meeting the challenge in Scotland</i> report, the Scottish Government have confirmed support for implementation of the report's recommendations as part of <i>Scotland's National Dementia Strategy 2017-2020</i>.</p> <p>We collaborated with Alzheimer</p>

LDP standard	Our contribution to LDP standard in 2016/17
	<p>Scotland to update resources for people diagnosed with dementia and their carers, printing and distributing:</p> <ul style="list-style-type: none"> • 7, 297 copies of <i>Are you worried about your memory?</i> • 1,621 copies of <i>Understanding Dementia – A guide for your carers</i> • 2,145 copies of <i>Coping with Dementia</i>, and • 10,259 copies of <i>Living well with Dementia</i>. <p>We continue to support Scotland's National Dementia Awards and in September 2016 presented awards for 'Best Dementia Friendly Community Initiative' and the 'Most Innovative Partnership'.</p>
<p>At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation.</p>	<p>We printed and distributed 62,395 copies of <i>Breastfeeding – Off to a Good Start</i> to NHS boards in Scotland, in languages which include Chinese, Polish, Urdu, and Slovakian. An audio version is also available for visually impaired families.</p> <p>We distributed 100,000 copies of the HEAT Antenatal Card and printed and distributed 61,872 copies of <i>Ready Steady Baby!</i></p> <p>125 people completed the <i>Raising the</i></p>

LDP standard	Our contribution to LDP standard in 2016/17
	<p><i>Issue of Maternal and Infant Nutrition module</i> on the NHS Health Scotland virtual learning environment.</p> <p>Young women who become pregnant, particularly those aged under 16, access antenatal booking and abortion services later than the general population. To help encourage young women into access antenatal booking earlier, we are working with Scottish Government and Young Scot to develop a guide for midwives, doctors, maternity support workers and receptionists. This work is being carried out in collaboration with the NHS and young parents, based on the Public Health England guide '<i>Getting maternity services right for pregnant teenagers and young fathers</i>' and is scheduled to be completed in 2017/18.</p>
<p>Clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery (90%).</p>	<p>We reviewed, updated and disseminated our suite of Alcohol Brief Intervention (ABI) resources to account for the change in drinking guidelines announced by the UK Chief Medical Officers.</p>
<p>Sustain and embed alcohol brief interventions in three priority settings (primary care, A&E, antenatal) and</p>	<p>We printed and distributed:</p> <ul style="list-style-type: none"> • 2,215 copies of <i>ABI Primary Care Booklet</i>

LDP standard	Our contribution to LDP standard in 2016/17
broaden delivery in wider settings.	<ul style="list-style-type: none"> • 1,136 copies of ABI A&E Booklet • 1,186 copies of ABI Antenatal Booklet
Sustain and embed successful smoking quits, at 12 weeks post quit, in the 40% SIMD areas.	<p>We coordinate and facilitate the 'Smoking Cessation Network and Coordinators' group which seeks to deliver Scottish Government's tobacco policy and to influence at a national level the direction of services for the future.</p> <p>We organised and led the Scottish Smoking Cessation Conference and the Symposium on Tobacco Control in November 2016, informing a Scotland-wide smoking cessation service.</p> <p>We developed targeted resources to support priority groups.</p> <ul style="list-style-type: none"> • As part of our work on smoke free prisons, our booklet to support prisoners stop smoking, will be used in all prisons across Scotland as they move to smoke free status. • In 2016, we published 'I-Quit: stopping smoking when you're

LDP standard	Our contribution to LDP standard in 2016/17
	<p>pregnant' and in 2017 we created a new national conversation guide for health professionals which is supported by the Maternity & Children Quality Improvement Collaborative.</p> <p>In 2016/17, 643 people completed the Raising the Issue of Smoking module on our virtual learning environment.</p>
Sickness absence (4% standard)	Our sickness absence rate was 3.8%.

Our organisational impact 2016/17

Progress against our performance framework

Our performance framework shows how we align our work to [Scottish Government outcomes](#) and sets out measures to assess our performance and contribution at each level to evidence and demonstrate the impact of our work.

The table below summarises our organisational impact through a series of key performance indicators (KPIs), with red, amber and green (RAG) ratings applied. Qualitative examples of impact of our work are included on pages 3–9.

Annual Review theme: measuring performance/ value for money

Domain	Sub-domain	No.	KPI	RAG
Shared results	Improved and more equitable policy making.	1	We have evidence that we have influenced policymakers to ensure that they consider the impacts on health inequalities and ensure policy is fairer.	Green
Shared results	Stronger support for action for prevention and better, fairer health	2	We have successfully developed stronger support for action amongst high interest and impact stakeholders.	Amber
Our results	Improved capacity to deliver effective actions in practice.	3	NHS Health Scotland have enabled key partners to deliver knowledge about the reduction of health inequalities into practice.	Green
Our results	Leadership,	4	Key stakeholders with high interest and	Amber

Domain	Sub-domain	No.	KPI	RAG
	organisational reputation and credibility.		impact are positive about the work of NHS Health Scotland and provide positive feedback on our work, and as a result we are seen as leaders in the field of equitable health improvement.	
Our results	Customer results	5	Our customers are satisfied with our products and services. ¹	Green
Our results	Core programme results	6	CP 1–4: We continue to deliver on what evidence tells us is needed to improve health equitably.	Amber
Our results	Core programme results	7	CP5: We continue to develop an excellent organisation.	Amber
Our enablers	People and workforce	8	Our workforce is appropriately skilled, engaged and motivated to deliver our corporate priorities and strategy, whilst a positive staff experience is promoted.	Green
Our enablers	Finance and resources	9	We spend our budget within the revenue resource limit. Corporate priorities are fully resourced (in terms of time and budget).	Green

¹ Net Promoter Score target >40%: The Net Promoter Score contains a rating scale with ranges from -100 to +100. 0 is considered good, 40% is an excellent score. The NPS is a widely used measure of stakeholder satisfaction.

For a detailed breakdown of our performance against our 2016/17 performance framework, please see our [2016/17 Impact Assessment report](#).

Finance and efficiencies

Financial performance

	Limit set by SGHSCD* £000	Actual outturn £000	Variance over(-) / under (1)- (2) £000
Core revenue resource limit	19,216	19,071	145
Non-core revenue resource limit (depreciation)	1,442	1,442	0
Core capital resource limit	250	220	30
Cash requirement	19,000	19,000	0

* Scottish Government Health and Social Care Directorates

Our 2016/2017 core revenue resource limit announced by the Scottish Government was £19.216m. This total consisted of three elements:

- Recurring Baseline (£18.232m)
- Earmarked Recurring (£0.252m)
- Non-Recurring (£0.732m).

We ended the financial year 2016/17 with a revenue surplus of £145k. This is 1% of our revenue budget and within tolerance (+/- £50k) of our planned year-end forecast surplus of £0.2m. Reports on the financial position were presented to the Audit Committee and the Board throughout the year and financial performance was monitored closely.

In relation to financial performance management, appropriate Board members had a personal objective which required that, for the budgets that they are responsible for:

- 90% were fully committed by 31 December 2016
- 95% were fully committed by 31 January 2017
- 90% spent by 28 February 2017
- 95% spent by 31 March 2017
- 99% spent by the closure of accounts.

Overall, these targets have been met and improved upon as shown in the table below.

Target	Performance
95% commitment by 31 January 2017	98%
90% spent by 28 February 2017	88%
95% spent by 31 March 2017	99%
99% spent by the closure of accounts	99%

The 2016/17 revenue surplus of £145k, being carried into financial year 2017/18, will enable NHS Health Scotland to progress other actions planned to increase efficiency.

Efficiency savings

We met our efficiency savings target of £0.940m. The Board's efficiency savings target for 2017/18 is £0.250m and plans are in place to meet this target.

Our total print budget for 2016/17 achieved £7,294 (9.98%) in efficiency savings.

Estates strategy

Consistent with our partnership approach, we established an Office Improvement Group, as a sub group of the Partnership Forum, to provide oversight and input to changes to our workplace environment.

We successfully completed a project to consolidate office accommodation at Meridian Court onto one floor (achieving £300k per annum recurring savings in rental) and improve staff facilities at both our offices.

The 2016/17 self-assessment report describes our contribution to achieving our vision, key achievements and impact and provides an overview of our performance against the themes set out in our 2015/16 Annual Review. The report also outlines our progress towards NHSScotland's Local Delivery Plan (LDP) Guidance.

This resource may also be made available on request in the following formats:



☎ 0131 314 5300

✉ nhs.healthscotland-alternativeformats@nhs.net

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