

**PARTNERSHIP FORUM MEETING  
HELD IN BOARD ROOM 2, GYLE SQUARE  
ON THURSDAY, 1 DECEMBER 2016**

**Present:**

Gerry McLaughlin	-	Chief Executive (Chair)
Steve Bell	-	Director of Health & Work
Steven Daire	-	Staff Representative
Jim Carruth	-	representing Director of Strategy
Andrew Patience	-	Head of Finance and Procurement
George Dodds	-	Director of Health Equity
Dr Andrew Fraser	-	Director PHS
Wendy Hearty	-	Staff Representative (Items 1 to 8 and 17 to 20)
Irene Hamilton	-	Staff Representative

**In Attendance:**

Josephine White (Items 9 and 10)  
Duncan Robertson (Item 9)  
Mary Riordan (minute)

**ACTION**

**1. Apologies**

Apologies were received from Michael Craig, Cath Denholm and Agnes Allan.

**2. Minutes of the meeting held on the 11 October 2016**

The minutes of the meeting held on the 11 October 2016 were approved.

**3. Matters arising (Action Note)**

**28 April 2016, Item 7, Staff Time Management**

It was agreed that this would be discussed further with Tim Andrew in terms of facilities time recording on the Corporate Planning Tool (CPT)

**IH**

The action note was updated.

**4. Thematic discussion: Involved in Decisions**  
(Paper No 34/16)

Jim Carruth spoke to the paper. The Partnership Forum was asked to note the report on the Staff Governance Standard and to consider, if any, further assurances that were required to ensure that Health Scotland was meeting and maintaining the Standard.

Jim then gave a brief overview of the appendices attached to the paper.

**Appendix 2 – Staff are engaged and involved in strategic developments**

The Forum noted that the approach to evaluating staff involvement in the functional alignment process was being reviewed. The approach being used in the CEO and Strategy directorates would be used for other directorates. Jim said that there was wider learning that could be used for future change initiatives.

In respect of the involvement of staff in the development of the new Corporate Strategy, it was noted that the Communications and Engagement Plan was currently being implemented. This has included specific communications on the Source and the establishment of a blog specific to the strategy development. It was also noted that an internal Staff Engagement Group would also be established.

**Appendix 3 – Partnership working is embedded and mainstreamed within each NHS Board**

The Forum noted that HR and Staff Side had reviewed the approach to partnership working which had included reviewing the joint meetings between HR and Staff Side. Jim Carruth said that it was felt, by both HR and Staff Side, that a good informal relationship had been developed, particularly in relation to the work around the functional alignment process and the review of workforce policies. Agreement had been reached to commit to meeting quarterly and having a more focussed agenda of 2 to 3 items. It was noted, however, that the group would continue to hold meetings as required.

**Appendix 5 – Service development and organisational changes are planned and implemented in partnership and with effective staff engagement**

It was noted that work had been carried out on engaging with staff in relation to the proposed changes to the Workforce Planning Group (WPG). As a result of this, the WPG held a development day to discuss the current terms of the group and the improvements that could be made.

A discussion on the report then took place during which the following key points were made.

**Appendix 1**

- In general, positive scores.
- Strong results at team level
- Competing priorities could be better planned.
- Create the conditions in Health Scotland that allow staff to do their best.

Gerry McLaughlin informed the Forum that at the last SWAG meeting it had been agreed that the annual Staff Survey would be discontinued. Going forward iMatter would be the mechanism to capture this information.

Staff Side gave a short update on their development session. They had identified some issues in relation to iMatter, one of which was that it was felt that some of the teams were too large.

Jim Carruth to liaise with Erica Stewart Jones in respect of the notes and agreed actions from the Development Session.

**JC**

iMatter organisational discussion to be agenda item for Partnership Forum meeting in January 2017.

**MR**

## **Appendix 2**

Gerry McLaughlin provided some background to the Forum on his update to the Board on the 25 November in relation to the functional alignment process. He had informed the Board that some work had been done with some of the teams who had gone through the functional alignment process. He said that he had informed the Board that the Partnership Forum had agreed to let a period of time pass and to then evaluate what the learning had been, although noting that some learning had already been identified from the process.

In discussion the key points raised in relation to functional alignment were as follows:

- Issues had been raised in relation to the length of the process.
- Useful to have a clear project plan and an end date.
- There is an opportunity around the review of the PHS directorate job descriptions to take on board the lessons learned from the process.
- Requires to have some management/staff side reflections on the process.

Jim Carruth informed the Forum that Cath Denholm had proposed to provide feedback on the process. It was agreed that George Dodds would discuss the review of the functional alignment process with Cath.

**CMD/GD**

It was agreed that ways of shortening the process to reduce uncertainty, but still allow sufficient consultation, should be identified.

## **Appendix 3**

It was felt that the functional alignment process had provided good partnership working between management and staff side. It was also agreed that it was important to ensure that partnership working was embedded in terms of succession planning and also how this was done. It was felt that a commitment to partnership working should be a key factor when appointing new staff.

## **Appendix 5**

In discussion, it was agreed that there should be a consistent approach to flexible working requests. It was felt that it would be useful to have this included within the remit of the WPG where requests had been refused by line managers.

To be discussed further by HR and Staff Side.

**HR/Staff  
Side**

It was also felt that decisions made by line managers not to backfill posts should also be monitored by the WPG.

In response to the issue of secondments out of the organisation, it was agreed that a refresh of the secondment policy was required.

The iMatter cycle was agreed to replace the Staff Survey.

### **5. Strategic Development Priorities**

Jim Carruth gave a short update to the Forum on the strategic development priorities. He said that these were slightly behind the external strategic priorities at the moment and were very much about the type of organisation we want it to be. He said that there had been a lot of engagement around the three themes of influence, impact and what 'one organisation' would look like.

He said that long terms outcomes, in draft form, were currently being progressed and would follow a similar process to the external strategy. They would then be shared widely. A considerable amount of feedback had been received on what needed to change to deliver the organisation's strategy.

### **6. Update on NHS Structural Changes**

Gerry McLaughlin gave an update to the Partnership Forum on the information he had in respect of any proposed changes to the current structure of NHS Scotland. He said that there were no definitive

positions or statements in respect of this at the current time. There was some intelligence to the effect that there could be a possibility of progressing governance reform that would see significantly less health boards than at present.

He said that he expected that the Scottish Government would articulate what their priorities for health and social care would be over the next 10 to 15 years in which population health would be an important part. The government's ambition was to transform public services and they will set out what they want the NHS and Health and Social Care to do. He said that it was expected that an announcement would be made by the government on future structural changes to the NHS before the end of December 2016.

It was noted that Directors would discuss the scenario of a potential budget reduction for 2017/18 at their meeting on the 6 December. This was in preparation for the Scottish Government's Finance Statement on the 15 December.

### **7. Public Health Review**

Gerry McLaughlin gave an update on the current position in respect of the Public Health Review. He said that his personal view was that a body that brings together all the national elements of public health was the most likely outcome. Wherever this sits, he said it would need to respond to some quite clear statements from local government about what they expect health to deliver in communities.

The importance of population health is a key part of government policy and also the ongoing commitment to change the balance of spend towards preventative aspects of health. Gerry said that he expected that the government statement would say something about how public health would be taken forward and that he expected this would be tied to the financial statement in December.

### **8. Policies for approval**

The following policies were circulated to Members electronically for approval. They are:

- Business Continuity Policy
- Business Continuity Staff Instruction
- Business Continuity Message System
- Data Protection Policy
- Information Governance Policy
- Information Governance Incident Reporting Policy
- Management of Risk
- Records Management Policy

The Partnership Forum was content to sign off the above policies which had undergone minor changes to them.

### 9. **Workforce Updates** (Paper No 36/16)

Josephine White, Organisational Lead for People and Workplace spoke to the paper which highlighted key points and risks from the following routine reports, attached as appendices to the paper.

- Workforce Risks
- Workforce Statistics
- Workforce Plan Q2 update
- Workforce Policy

She said that over recent months work to improve the statistics contained within the paper had taken place and that this was continuing. Some work had also been carried out around vacancies. She highlighted the percentage turnover figures for the Web and Digital Team on page 4 of the paper. Page 5 of the paper showed that competing priorities had reduced staff capacity within the Web and Digital Team. It was noted that vacancies within the team had been reduced. It was also noted that there was a fixed term capacity available within the team which was likely to continue into the next period. It was agreed that there was a need to support the team to manage the competing priorities.

George Dodds said that the Development Day which the team had held, facilitated by Erica Stewart-Jones, had been very successful. A good framework for the day had been provided and good feedback had been received from the team in respect of the day. He said that the commitment from the team was very encouraging.

#### **Appendix 4 – Protocol for Non Executive Board Members Dealing with Concerns Raised by Staff or Former Staff**

Duncan Robertson informed the Partnership Forum that the policy had been updated, working with the Chair of the Staff Governance Committee and the Director of Strategy. He highlighted the changes to the policy to the Forum. He also confirmed that the Chair of the Staff Governance Committee was the appropriate Board contact in terms of raising concerns.

The Partnership Forum noted the updates and changes to the policy.

#### **10. Organisational Health and Wellbeing presentation**

Josephine White gave a presentation on organisational health and wellbeing which covered the following areas.

- Employee engagement
- Employee experience
- Fair Work Convention
- One Organisation
- Impact of this approach
- What we want as an outcome

A discussion then took place during which the key points raised were:

- This is a good process but is not always joined up. Further work was required on this.
- Health Scotland, as a public health body, must be an exemplar on health and wellbeing for staff.
- We need to take steps that are informed and to do things that are likely to work.
- Continue to restate our purpose as an organisation.
- Ensure the wellbeing of Health Scotland staff during any change period.
- Recognise that there needs to be milestones to achieve objectives.

## ACTION

- Optimising wellbeing and engagement of staff is important rather than an outcome.

There was broad endorsement for a continued improvement approach and a maintenance approach towards the things that are important and contribute towards wellbeing. It was agreed that the wellbeing of Health Scotland's workforce should be at the centre of what the organisation does.

It was agreed that a proposal would be provided to detail the next steps to be taken, ensuring that Michael Craig, as Joint Chair of the Partnership Forum, was sighted on this. It was agreed that the proposal would be presented to the Partnership Forum at their next meeting in January 2017.

**J White**

### 11. **Healthy Working Lives in NHS Health Scotland** (Paper No 35/16)

George Dodds spoke to the paper, the purpose of which was to share with the Partnership Forum, the results from the Employee Wellbeing survey carried out in September 2016, a requirement in achieving the Healthy Working Lives Gold Award. The Partnership Forum was also asked to approve the recommendations from the survey report.

George drew the Forum's attention to the general improvement against most of the questions around mental wellbeing. Overall the organisation's wellbeing has improved compared to the 2013 survey results, although there were still some areas for improvement. Although staff felt generally well supported by line managers, there were some issues highlighted regarding workload etc.

In discussion of the paper, it was felt that it was important to create an environment to allow staff to bring forward proposals. It was suggested that the Healthy Working Lives Co-ordinating group should consider 2 to 3 things to recommend to the Partnership Forum.

Following a full discussion of the paper, the Partnership Forum gave general endorsement to the recommendations at paragraph 10 of the paper.

## ACTION

### 12. **NHS Health Scotland 2015 Staff Survey Improvement Plan and iMatter update**

Jim Carruth spoke to the paper which provided a progress update, as at October 2016, to the Partnership Forum. He said that there had been some updates made to the Improvement Plan. He said that it was important how iMatter was promoted within the organisation. The quality of conversations being held was important. Jim highlighted to the Forum that there were some behaviour issues that required to be considered by the Partnership Forum.

The outcomes for the meeting with Liz Reilly, Policy Lead for iMatter, to be agreed by the Partnership Forum.

**All**

### 13. **EFQM**

It was noted that leads for each of the criteria are creating improvement charters.

### 14. **Update from HR/Staff Side**

It was noted that a meeting of HR/Staff Side had taken place since the last Partnership Forum meeting on the 11 October. An update was given by Jim Carruth under agenda item 4 of the agenda.

### 15. **Sub Group updates**

The following sub group updates were noted by the Forum.

- Admin Leadership Group
- Organisational Policy Sub Group

No update was available for the Health, Safety and Facilities group as no meeting had taken place since the Partnership Forum meeting on the 11 October.

## ACTION

### 16. Review of meeting

It was recognised that a number of staff side representatives had given their apologies, for understandable reasons, however it was felt that this had changed the dynamic of the meeting.

It was agreed that, as discussed at the Development Day, meetings should start at 10.30 am as scheduled and that members should arrive before this time.

### 17. Any other business

#### 17.1 Digital First

It was noted that work had been done around Digital First and was agreed that it was important that Staff Side colleagues were sighted on this. George Dodds said that he had given a presentation to the Corporate Management Team (CMT) on Health Scotland's strategic intent in respect of this. As a result of this, the CMT felt that the Partnership Forum should be sighted on this as some of the implications from this involve ways of working and how staff use the technology available to them.

It was agreed that a presentation on Digital First would be given to the Partnership Forum at their meeting in January 2017.

**GD**

### 18. Draft agenda – Partnership Forum meeting 26 January 2017

The agenda was noted.

### 19. Proposed Partnership Forum meeting dates 2017/18

The draft schedule was noted. To be agreed by the Forum at the January 2017 meeting.

**All**

### 20. Date of next meeting

26 January 2017, Gyle Square, Edinburgh