



HS Paper 17/18

Board Meeting: 20 June 2018

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

Change and Transition Report

Recommendation/action required:

The Board is asked to:

- Discuss the attached summary report on Change and Transition activity and issues since the last meeting.
- Consider whether any issues require further reporting or information.

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June 2018

Change and Transition Board Report

1. Purpose of Report

The purpose of this report is to update the Board on progress with change and transition, including Public Health Reform and the National Boards Collaborative. It was agreed at the last meeting of the Board that an overview report will now be brought to each Board meeting.

The report covers significant external developments and internal change processes, under the three themes of:

- Due Diligence (cataloguing and managing decisions relating to the future of all the organisation's resources and functions).
- Future Landscape (influencing, communicating and engaging with stakeholders to shape the future of public health and support services).
- Engagement (working and communicating effectively with all our staff throughout this period of significant organisational change).

2. External Developments

- The new public health reform website has been launched, which was developed by NHS Health Scotland on behalf of the Scottish Government (www.publichealthreform.scot).
- The new Programme Board for Public Health Reform has met monthly since its inception in March. Programme Board meetings are attended by Gerry McLaughlin and Michael Craig. The main business of the first three meetings was to discuss and agree the Commissions (see 'Vision for the Future' below).
- The Public Health Oversight Board (PHOB) met on 19 April. This was the fourth meeting of the PHOB and the first attended by David Crichton. Andrew Fraser, Director of Public Health Science, also attends in his capacity as Chair of the Directors of Public Health in Scotland.
- Reflections from these meetings are routinely shared with staff, together with links to the meeting papers. We have received positive feedback about this approach from staff (see 'Engagement' below).
- The Public Health Reform Team has obtained legal advice regarding the status of Public Health Scotland (i.e. constituting the body as a Health Board, a public body etc). A workshop is being arranged for the PHOB to discuss the options.
- The new national Public Health Priorities are being launched on 14 June at a joint event with the Minister for Public Health and CoSLA.
- The National Boards Collaborative Programme Board and the three Regional Collaborative Programmes Boards have each developed a Discussion Document. The Programme Boards will undertake stakeholder engagement

with staff, wider stakeholders and members of the public, over the summer and then develop the Discussion Documents into Implementation Plans, taking into account the feedback received.

Commentary

An update will be given at the Board on the launch of the priorities on 14 June. The Health and Social Care Delivery Plan discussion documents are also likely to be launched in June. Any impact of both of these will be discussed at the board meeting.

A decision re the status of the new body remains key to many aspects of staff engagement and detailed planning.

3. Due Diligence

- Project planning and management arrangements are in place. The Audit Committee received a brief presentation on the approach being used and found this to be satisfactory. As the project management tools are populated, high level reporting to the Board and sub committees can be undertaken as appropriate.
- Due diligence work is underway, with staff and budget cataloguing complete and work now underway on physical assets of each team (including hardware, software, networks, publications and databases) and non-physical assets (including specific skill sets, ways of working, Memorandums of Understanding and Service Level Agreements etc)
- A member of staff has been seconded from ISD to support the PHR team with their due diligence requirements. We are currently forming a sub group of COG, with Andrew Patience as the proposed chair, to coordinate our liaison with PHR and our management of these processes.
- The Audit Committee has agreed that it has a role in assuring our Due Diligence work.

Commentary

At a recent away day for COG members, Change Support Team and some other staff, there was a clear message that people want an approach to due diligence that is effective in capturing the broadest range of assets the organisation has. Staff emphasised the opportunities this affords both to 'celebrate' the successes and history of the organisation, and also secure the legacy of valued work and ways of working.

While committed to being cooperative and open to the external due diligence processes that are likely to begin this summer, we have also been discussing the governance implications of sharing organisational data. One step we have taken is to

improve the audit trail by which the Public Health Reform team ask for organisational data and the sign off processes involved.

4. Vision for the Future

- Nine pieces of work to inform the design of Public Health Scotland have now been commissioned, as set out in the table below.

| Title | Lead Organisations | HS Sponsor Director/Lead Contributor | Brief update |
|--|--|--|---|
| Improving health | NHS Health Scotland / Integration Joint Board Chief Officers Group | Cath Denholm/ Matt Lowther | Project team established and first deliverable submitted. |
| Protecting health | National Services Scotland (NSS) / Scottish Directors of Public Health | Andrew Fraser/ Phil Mackie | Project team established and first deliverable submitted. |
| Improving services | NSS/Health Service Public Health Group/ Improvement Service / Integration Joint Board Chief Officers Group | Pauline Craig | The first meeting is scheduled for 2 August. |
| Underpinning data and intelligence | NSS / NHS Health Scotland / Improvement Service | Andrew Fraser/ Diane Stockton/ Gerry McCartney | The first set of deliverables have been submitted. |
| Leadership for public health research and innovation | Facilitated workshops undertaken by Scottish Public Health Network (ScotPHN) | Andrew Fraser/ Phil Mackie | Project team established and first deliverable submitted. |
| Leadership for the broad public health workforce | NHS Health Scotland / National Education Scotland / Improvement Service | Andrew Fraser/Wilma Reid | Still in planning stage. First meeting has taken place. |
| Workforce of the new body: organisational development | NHS Health Scotland/NSS | Cath Denholm/Jim Carruth | Still in planning stage. First meeting has taken place. |
| Optimising specialist public health workforce arrangements | TBC | TBC | Still in the early stages of planning. |
| Due diligence | NSS/NHS Health Scotland | Andrew Patience | A secondee from NSS is in place. We have created a subgroup of COG. |

Commentary

- In addition to direct or indirect involvement in the existing Commissions, we expect further Commissions to come. The implications of this for workload, particularly on senior staff, are already being felt. We are currently developing the ability to report on staff time spent on change and transition and this will be shared with the Board from the next meeting onwards.
- Coordination and consistency of approach into Commissions is an issue, for NHS Health Scotland and for the Public Health Reform team. One step we are taking is to extend the remit of the Commissioning Group to discuss progress and input across all the Commissions, with an overarching question of 'what are the implications of this Commission for NHS Health Scotland?' The Director of Strategy will chair this discussion with the service heads and facilitate strategic alignment and early identification of issues.
- The need to coordinate effective engagement with stakeholders across all the Commissions is also an issue that is logged with the Public Health Reform team. We are currently considering offering further support for these processes, for which we are clear resource would be required.
- A number of opportunities have arisen recently to promote the value of taking a right to health/human rights based approach to public health. We are actively pursuing these.

5. Staff Engagement and Support

- We undertook a staff engagement exercise in May to gauge how staff were feeling about change and transition. 50 colleagues across both offices provided feedback to three questions, either face-to-face with the Senior Communications and Engagement Officer (Internal) or by anonymously completing a paper questionnaire. With five options ranging from 'very happy' to 'very unhappy', the majority of staff answered that they were 'ok' or 'happy'.
- The survey also gathered a lot of useful information from staff on how we could improve communications on change. We have implemented a number of improvements and are working through others.
- We are holding a Change and Transition Engagement Day for Directors, Heads of Service and Organisational Leads on 27 June. The purpose is to ensure that colleagues feel equipped to engage their teams in change and transition and that we ensure teams from across the organisation have a consistent experience of staff engagement.
- We are also in the early stages of planning for an all staff engagement session in August 2018.

- Two opportunities are being rolled out across the organisation to 1) support teams and individuals understand and reflect on the impacts of change on them and 2) encourage teams and individuals to consider their leadership role and tasks in uncertain, complex systems. There has been positive feedback and engagement from both.
- We are also leading a number of opportunities for our staff to meet and work with ISD staff. As examples:
 - We brought together staff from NHS Health Scotland and Public Health Intelligence (PHI) in April for a learning event on policy advocacy and influence. The aim was to increase our knowledge by hearing from expert external speakers and be challenged and inspired to think creatively about how Public Health Scotland could be most impactful around policy.
 - We are in discussions with PHI colleagues around developing a programme of learning events similar to the NHS Health Scotland 'Health Inequality Forums'. The aim would be to bring together staff from PHI and NHS Health Scotland to learn about and discuss pertinent topics together. This would involve an input from an external speaker on a topic relevant to public health and inequality.
 - We are also working with ISD to plan a 'Common Grounds' project whereby staff from the two organisations have opportunities to meet other staff on a one to one informal basis.

Commentary

The results from the survey and anecdotal feedback show that we are largely getting it 'right' with staff in so far as we are listening, responding and saying things, even if at times that is 'we have little new to say'. It is inevitable that there will be challenges in engaging all staff when there is a lot of uncertainty about timelines, features of the new landscape and complex issues such as shared services. Where we have confidence is that we have a good range of communications approaches in place and ready to utilise as needed.

6. Resourcing Change

- The Change Support Team is now fully operational, providing project management support to the organisation's work around change and transition.
- The Change Oversight Group (COG) continues to meet regularly basis to oversee the organisation's work on change and transition. Staffside are represented on COG, on the Public Health Reform Programme Board and on the National Boards Collaborative Programme Board.
- As highlighted above, we plan to report regularly on staff time spent on change and transition from the next time we report.

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13 June 2018