Approved Minute

Staff Governance Committee

Minutes of Staff Governance Committee

Friday 22 February 2019 at 10.30 am

Room 23, Gyle Square, Edinburgh

Members present:

Ali Jarvis (Chair)

Karen Donnelly

Jane Claire Judson

Michele McCoy

Anne Ramsey (on behalf of Theresa King)

In attendance:

Gerald McLaughlin

Cath Denholm

David Crichton

Josephine White

Peter Watson (Item 5)

Nicole Smith (Minute taker)

Cameron Anderson (Observer)

**Apologies:**

Michael Craig

Rani Dhir

1. Welcome and apologies

The Chair welcomed Peter Watson, inviting him to participate in Item 5. Anne Ramsey, Nicole Smith, and Cameron Anderson were also in attendance.

2. Declaration of committee member’s interests.

None were declared.

3. Minute of previous meeting

The minute of the Staff Governance Committee meeting on 14 December 2018 was agreed as an accurate record.

4. Matters arising

All actions on the rolling action list have been completed.

Josephine White updated the Committee on the staff uptake of flu vaccinations. 131 vaccinations were given at the NHS Health Scotland offices, with even more staff having gone to their GP to be vaccinated. This is a significant improvement from last year. This success is contributed to the fact that the team did an excellent job in pushing for more availability of vaccine appointments on site.

5. Change and Transition Update Report

Peter Watson was invited to present on section 4 of the paper - *Staff Engagement and Support* – covering recent developments and future plans for change and transition communication.

Peter showed the Committee the updated Change Hub, which now sits at the top of the home page on The Source, and includes links to recent change and transition news (e.g. the first draft of the Target Operating Model). News of significant importance is also circulated to all staff via email, with a link to the Change Hub.

There is a schedule for the continuing “Coffee with…” sessions, and each director will be taking a turn attending these. The questions asked at these sessions are being captured and will be fed in to the Change Oversight Group (COG), which is being relaunched in March with even more focus on staff engagement. The aim is to keep the information presented as relevant as possible to all staff.

Analytics make it possible to see detailed information about who visits the Change Hub and when. Ali Jarvis requested a snapshot of that data be shared to the Committee in the next few months. This information can be used to help members understand what updates staff find most interesting, what events are driving traffic to the Change Hub, and overall offer assurance that it is being used.

Josephine White shared that staff have been requesting regular emails containing key Change Hub highlights, as they struggle to find time to engage with all the information available.

Cath Denholm summarised the upcoming changes to COG. Beginning 7 March COG meetings will be monthly, and fall between the “Coffee with…” sessions to respond to staff questions, which will be included in a new Ask COG feature. Questions can also be submitted online, and staff can submit them anonymously. Furthermore, each directorate has been invited to have two rather than just one member of staff representing them in COG.

There was concern over the lack of consistency regarding the assurance of line managers engaging with their staff with the information shared about the transition process. Cath informed the Committee that sessions with line managers have been held, and prompted different responses from different levels of management. There is an upcoming blog for all staff which will talk explicitly about proactive involvement. We are also continuing to remind all line managers of their roles and responsibilities in ensuring their staff are engaged. This is touched on more by Sharon Gorman on Item 6.

There was also concern about staff members from the other organisations receiving and processing transition information differently than Health Scotland staff. Josephine assured the Committee that while future Public Health Scotland colleagues are receiving information through their own internal intranet, and this information is being replicated across organisations whenever possible. Gerry McLaughlin expressed his confidence that everything is being done to assure consistency at this time.

Michelle McCoy noted that staff in the wider public health workforce only have access to information available on the public site, and showed interest in how Health Scotland is conveying information about change with our external stakeholders as well as internally. It was noted that the Public Health Reform Team (PHRT) PHRT website is the most likely focus for externally focussed messages regarding the transition to Public Health Scotland. However, it was also agreed that Health Scotland has its own opportunities and obligations to communicate with our stakeholders. The upcoming Transition and Influence Plan, formal PHS Consultation response and plans for legacy management are all ways of ensuring this happens effectively.

**Actions:**

* **Peter Watson/Josephine White** to provide the Committee with a snapshot of the Change Hub’s digital data prior to the May Staff Governance Committee meeting.
* **Directors and COG** to keep a record of the questions being asked around change and transition via “Coffee with…” sessions, Ask COG, etc.

Josephine spoke to the remaining material covered in the Change and Transition Update Report.

An approach for taking a “temperature check” needs to be agreed. Possibilities are the iMatter portal or a survey, with questions based around the five Staff Governance themes. This quick, electronic approach will also be sent to PHI staff, then repeated in two months’ time.

The first draft of the Target Operating Model (TOM) has very recently been issued to a mixed response from staff. It is believed that most staff are waiting for team meetings etc. to begin discussions around it. It’s important for staff to understand the TOM it is *not* describing the organisational structure of Public Health Scotland. It’s also important to remind staff who contributed directly to PHR Commissions that the goal of the new organisation is to work differently, and therefore not all the current practices can or should be safe guarded.

With regards to Intangible Assets, discussions with staff so far have identified more commonalities than differences. On 14 February administration teams from PHI and Health Scotland met to discuss their best practices, and conversations have been positive so far.

Discussions are taking place for how to encourage staff to celebrate the work they’ve been a part of in Health Scotland, while looking forward optimistically to the new organisation. Sharon speaks to this more in Item 6.

Ali noted that it is not for Health Scotland to decide what resources the new organisation will need to start with, and it’s important that this is captured in workforce planning.

The Committee agreed to continue with the SGAP Composite Plan for reporting this financial year, with the possibility of paring it back even further for proportionality.

The Committee noted the paper, and are assured it provides a complete and positive picture of actions being taken.

**Actions:**

* **Josephine White** to speak with Michael Craig and Jim Caruth about performing a “temperature check” with staff imminently.
* **Josephine White** to review the workforce plan outputs from April 2019 onward to ensure they are a proportionate approach to monitoring the routine workforce plan for the upcoming financial year.

6. Organisational learning plan presentation

Sharon Gorman joined the meeting by teleconference to speak to the presentation.

This work focusses on organisational learning and development needs through the transition to Public Health Scotland. Current work is being done to support staff through the change and transition, while also gathering information on where the service need to be and what future skills are necessary.

A spreadsheet has been collated following an OD Commission’s audit of all the activities available for staff support in Health Scotland, PHI, NSS Corporate, NES, etc. In addition, managers were recently asked what support they and their staff need during the transition period, and those discussions helped shaped the information on the spreadsheet. Expertise and experience were used to exclude any activities that have already been done and proven not to work. Going forward, activities will continue to be narrowed down by prioritisation, relevance, and pragmatism. The end result will be a portfolio of learning opportunities and a work plan for using them. This will be done as quickly as possible, ideally within the next four weeks, and in the meantime the rollout of necessary activities will be effected. It was acknowledged that these support resources will need to be available beyond the 1 December vesting date.

Also included on the spreadsheet is information gathered on services and skills that will be required in Public Health Scotland. There is consideration being put in to having “Letting Go” sessions, and what interventions and support are needed by staff to understand and come to terms with the upcoming change. It was acknowledged that staff could be feeling a low confidence in their skillset, therefore coaching services will be brought into this support portfolio. Furthermore, it was noted that there is also an increased focus on staff mental health and wellbeing during this time.

An update paper on corporate services is to be discussed at the Public Health Reform Programme Board on Monday 25 February. The model for corporate services that will be presented in draft is particularly clear on the need for investment in the resources that will support change management and transformation over the first two – three years of Public Health Scotland.

David mentioned the importance of staff being able to express themselves in a way that gets their point across. There is need for more open conversations without the use of jargon, regulations, etc. Furthermore, there is a need to distinguish between prioritising what is necessary for staff in the next six months, and what will be used to enhance their skillset in the next five to ten years. The overlap between customer pull and strategic need was not clear in all of the developments outlined in the draft spreadsheet.

Michelle recommended that thought be put into the types of leaders Public Health Scotland will need in the future with focus on the whole system and partnership working, and adding to the development list appropriately.

The Committee expressed some reservations about widespread use of psychometric tools such as Discovery Insights.

The Committee noted the draft, commending the work already done, and recognise the urgency of the next stage of work around prioritisation, reality checking and achieving the right balance between staff support and knowledge and skills preparation for a new public health approach.

**Actions:**

* **Cath Denholm, Josephine White, and Sharon Gorman** to continue the discussion around finding the right strategic interventions to ensure staff and objectives are being developed in the way Health Scotland desires them to be.
* **Cath Denholm/Josephine White/Sharon Gorman** to add to the development list as appropriate based on Michelle McCoy’s recommendations regarding future leadership.

7. Workforce Policy

Catherine Combe joined the meeting by teleconference to speak to this paper.

In light of the extreme weather conditions last year, Scottish Government recommended refreshing the workforce policy. This is an interim document, with very few differences to how Health Scotland previously operated, and no problems have yet been identified. This paper has already been to the Corporate Management Team and Partnership Forum, and the Staff Governance Committee is now being asked to approve it.

The Committee approved the policy.

**8.** **Partnership Forum update**

Due to a number of commitments, all Directors were represented by deputies at the Partnership Forum on 25 January. Gerry McLaughlin had issued a note acknowledging the increasing pressure, and restating the commitment of management to the Partnership Forum and the ongoing partnership work Health Scotland is involved in.

For noting:

* Change and Transition: Directors have agreed to look at the workforce planning assumptions for the coming year. This review is underway and will be brought to the Board for approval as part of the planning suite of documents in March.
* Work cycle: There is a joint Staff Governance Committee and Partnership Forum meeting in March, at which time the work cycle for the upcoming financial year will be discussed.
* Publication of Facilities time: Michael Craig is to get in touch with Jim Carruth in regards to meetings between HR and Staff Side.
* iMatter: Michael Craig and Jim Carruth are to review the national annual iMatter report and identify areas for discussion.

**9. Terms of Reference & Committee Effectiveness**

This agenda item is to be carried over to the May Staff Governance Committee meeting, after discussions at the joint Staff Governance Committee and Partnership Forum meeting in March.

**10. Any other business**

*Staff Governance Standard Monitoring Framework*

The Scottish Government National Annual Monitoring Return 2018-19 was published at the start of February and included a positive report for Health Scotland, despite the ongoing period of change and transition.

The Committee noted the Return.

**11. Issues to report to next Board Meeting**

Ali is to bring the following point to the March Board:

* Reinforcing the importance of preparing staff for immediate transition, as well as preparing for longer term skills development for Public Health Scotland. Designing an OD programme that recognises systematic change being intrinsic to long term success.

**12. Date of next meeting:**

Joint Staff Governance Committee / Partnership Forum 15 March 2019 at 10.30am – Scottish Youth Theatre, 105 Brunswick St, Glasgow G1 1TF