

# **COSLA/Scottish Government Public Health Reform Programme**

## **Workforce of the New Body/Organisational Development Commission Project Brief**



**Document Control Sheet**

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**Approvals**

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

Name	Signature	Title	Date of Signature
Phil Couser	<i>P Couser</i>	Director, Public Health & Intelligence, NSS	23 May 18
Cath Denholm	<i>C Denholm</i>	Director of Strategy, NHS Health Scotland	23 May 18

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## Overview

**Purpose** This is the project brief for the Workforce of the New Body: Organisational Development (OD) Commission from the Public Health Reform Programme Board (PHRPB).

It sets out the OD support for the project, governance structure and a timeline for the draft and final deliverables described in the Commissioning Brief (deliverable 1) and outlines an approach to OD.

It therefore delivers objective 1 in the Workforce of the New Body/OD Project Commissioning Brief.

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## 1 Project Definition

This project is to develop strong, future-proof organisational values for Public Health Scotland (PHS), and in doing so begin the development of the new and shared culture that will enable PHS to deliver the ambitions and aspirations of public health reform.

### 1.1 Background

Our public health approach to date has not delivered the improvement gains needed to bring Scotland's health in line with other Western European countries or to address Scotland's health inequalities.

Following the 2015 Review of Public Health, the 2016 Health and Social Care Delivery Plan announced the creation of a new public health body for Scotland as part of a programme of public health reform.

Public Health Scotland will bring together around 900 people from Public Health & Intelligence, part of National Services Scotland and NHS Health Scotland in one organisation. The new organisation must be able to operate effectively from the start, able to provide public health expertise and professional support to the whole system, with a view to becoming a world leader in driving public health improvement across the whole system.

### 1.2 Project objectives

The objectives for this project are:

- Identification of suitable organisational development support to deliver the commission
- With this organisational development support, set up and facilitate a number of staff engagement interventions to develop organisational values for PHS
- Describe how the public health values will underpin the work undertaken by PHS
- Identify what further work is required to develop the workforce to deliver the aspirations for PHS and public health reform

### 1.3 Desired outcomes

By 31 December 2018, the Public Health Reform Programme Board (PHRPB) have proposed values for PHS based on the views of its future customers, partners and staff.

By 31 December 2018, the PHRPB have proposed areas for improvement for PHS to close the gap between the embodied values of its predecessor bodies and the desired values for PHS.

Two years after its creation, PHS can show that its staff, customers and partners experience of the organisation better match the desired values identified in summer/autumn 2018.

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#### 1.4 Project scope and exclusions

This project is not about agreeing whether the organisational development and improvement services for PHS will be embedded in the new body or a shared service.

#### 1.5 Constraints and assumptions

This project assumes there are no additional staff resources available for this project beyond those already in NHS Health Scotland and National Services Scotland, with some possible partnership support from the Wheatley Group.

#### 1.6 Project tolerances

The project executives will advise the PHRPB if delivery of the project is delayed more than one month or if the scope changes so much that it affects the project's ability to deliver one or more of the desired outcomes.

#### 1.7 The user(s) and any other stakeholders

The primary users of the products of this commission will be (a) the PHRPB and (b) the future executives and senior management of PHS.

Other interested parties include PHS's future staff and their trade union representatives, and PHS's stakeholders, all of whom will experience working in and with PHS.

#### 1.8 Interfaces

This project interfaces with the commissions on Improving Health, Underpinning Data & Intelligence, Protecting Health, and Health and Social Care Public Health in particular. It interfaces in two ways.

- a) The values for PHS will be more widely owned and future-proofed if they are informed not just by its future staff but also by its future customers and partners. These commissions are engaging with the future customers and partners on their views of working with PHS.
- b) The development priorities identified by this commission will inform the deliverables of the others. For example, if this commission finds one of the current embodied values of a function is 'bureaucratic' and one of the desired future values of PHS is 'responsive', it may make recommendations that inform choices about proposed benefits and benchmarks, related organisational structure diagrams, senior management roles and responsibilities, staffing models and levels, additional skills and training requirements.

## 2 Outline Business Case

This is a summary of the full business case which will be developed alongside this project's initiation document (deliverable 4).

### 2.1 Reasons for this Project

All organisations have values embodied in how they use their resources, work and regard their customers, partners and staff. Some organisations also have desired or espoused values: the things they say they want their values to be. Often, there is a gap between the desired and embodied values of an organisation.

When creating a new body from several existing organisations, setting out the desired values of the new body helps set a clear, positive vision for the future that shows how it will be different from the present and how it will work with customers.

This project has two parts. First, identifying the desired values for PHS. Second, proposing next steps to get there from the existing embodied values of PHS's legacy bodies.

This project will therefore help the Public Health Reform programme deliver:

- Its vision of a Scotland where everyone thrives
- Its goal of PHS being a world leader in improving the public's health and preventing disease
- The first of the programme's values: Excellence: a dedication to excellence in our pursuit of health equity and social justice.

### 2.2 Business Options

This is a summary of options the project team considered for how to approach the project.

#### 2.2.1 Do nothing

While requiring less resource than any other of the options, it will not identify any desired values for PHS or any of the outcomes listed in section 1.3. The resource saving is of no benefit, since the resource will not be deployed on any projects which are higher priority.

#### 2.2.2 Do minimum

The minimum option here is to do a small number of workshops with senior leaders in PHI and NHS Health Scotland to identify desired new values for PHS. This is the fastest option for getting new values. It requires relatively little resource. However, it will only partially deliver the desired outcomes of the project in section 1.3.

While it will identify new desired values, they are unlikely to become the embodied values of PHS and PHS will not be able to show any progress towards them. They will reflect the limited perspective of a small group of people working in the new body – they will not be widely owned. Because

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there would be no understanding or benchmark of the embodied values of the existing bodies with this option, there can be no plan to move from them to the desired values of PHS, or any way to show that a shift has happened.

### 2.2.3 Do something

This option is the most resource intensive but also the most likely to deliver the desired outcomes in section 1.3. It is the one outlined in section 4, below. It involves working with staff to identify new desired values for PHS and establishing benchmarks the current embodied values of NHS Health Scotland and PHI.

Within this option, the project considered whether to use NSS/NHS Health Scotland staff to deliver this project or whether to use staff from another organisation, and the choice of tools to use in the project.

One option is for this project to be entirely internally facilitated. The advantages are that:

- no third party with an existing relationship with either organisation is brought in, which may facilitate a sense of joint ownership, the actions proposed for achieving the desired values are more likely to be accurate because the staff conducting the assessment know the predecessor bodies better than anyone
- organisations have staff who can repeat the exercise in the future (essential to delivering outcome three in section 1.3 and appraising the investment (section 2.7))

The disadvantages of this approach are that:

- staff from the existing bodies might not be seen as bringing a fresh enough perspective, especially within the context that the new public health body must 'look and feel' different from an NHS body
- staff equipped to use the tools in the project are not evenly distributed across the predecessor bodies, and this in itself may give rise to anxieties about ownership

Another option is to use management consultants to deliver the project. The advantages are that:

- an externally facilitated option may be seen as bringing a fresh perspective
- it uses less of NSS/NHS Health Scotland staff time

The disadvantages are:

- this option is costly and time-consuming to set up (procurement, finding consultants that suit all parties etc.)
- because management consultants can never understand an organisation to the same extent as staff embedded in it, the actions proposed to close the gap between the embodied and desired values may be less likely to be the right ones

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- if all the outcomes are going to be achieved and the investment appraised, this option commits PHS into the costs of repeating this exercise in the future too

A third option is for a partner organisation(s) like NES, the Wheatley Group or another organisation with relevant experience like the Improvement Service to offer staff to help facilitate this project. The reason the Wheatley Group have been identified as a potential partner is that they have a strong, international reputation for values-based organisational turn-around and delivery, they have experience of a variety of organisational assessment processes that may be useful to us and they have a perspective on public service delivery that is broader than the NHS. The NHS Health Scotland Executive team and improvement staff have followed the Wheatley Group's improvement journey with interest and learned from them. However, it is important to emphasise that NHS Health Scotland have not worked in partnership with the Wheatley Group before and the Wheatley Group have had no involvement in the EFQM assessment work that NHS Health Scotland has undertaken. Similarly, NES have a strong background in organisational development, leadership and supporting transformation.

Unlike management consultants, this partnership option is less likely to have a high up front cost and, we believe, it is more likely to add qualitative value if we pick a partner or partners who have perspectives to offer from some or more of the stakeholder groups with whom Public Health Scotland needs to engage. However for it to be true partnership, there would have to be some type of *quid pro quo* between the partners. Otherwise, it shares the advantages and disadvantages of the management consultant options.

A final option is to use a blend of internal staff from NHS Health Scotland and NSS with staff from partner organisations. This would bring the freshness of an external perspective with the depth insight of an internal one. It would minimise the costs (up front or *quid pro quo*), enhance internal ownership and also avoid committing PHS into significant future costs.

The project team are currently exploring potential partnerships. Which of these options the project will choose will depend on the availability of partners and also 'fit' for all parties.

### 2.3 Expected Benefits

The expected benefits of this project are that PHS and the PHRPB will have:

- Agreed, co-produced and therefore widely owned vision for the desired values of PHS
- A valid, fact-based assessment of the current embodied values of the existing bodies
- Realistic proposals for actions to take to get to the desired values of PHS, based on the above assessment
- A way to demonstrate the success of public health reform by using the assessment as a benchmark against which to show progress towards the new desired values

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- An approach that has been strengthened with both internal (to PHS) and external insights from relevant stakeholder organisations

## 2.4 Expected Dis-benefits

The main dis-benefit of this project is the staff time it will take to deliver. However as in 2.2 above, both NHS Health Scotland and NSS have staff capable and experienced in leading projects like this.

## 2.5 Time

The Project Initiation Document (deliverable 4) will set out a fully worked out timeline. At this stage the project has set delivery of proposed values for PHS by the end of September 2018 and proposed next steps for how to get there by the end of October 2018. This is an initial estimate.

## 2.6 Cost/Resource

Staff time is the main cost of this project. The core OD resource from NHS Health Scotland and NSS which will be pooled for this project includes (alphabetically):

- Tim Andrew, Organisational Lead for Improvement, NHS Health Scotland
- Shona Cowan, Service Manager, Public Health and Intelligence, National Services Scotland
- Dawn Gall, Improvement Officer, NHS Health Scotland
- Susan Purves, Organisational Development Practitioner, National Services Scotland
- Nicola Thomson, Senior Improvement Officer, NHS Health Scotland

Further amounts of time from other staff will be drawn on for communications, data analysis and facilitating staff engagement sessions.

## 2.7 Investment Appraisal

Audit Scotland's Learning Lessons from Public Body Mergers report recommended reviewing progress on realising benefits six months and two years after the creation of the new body.

This project will be delivered in a way and using tools that can be repeated in the future. Repeating it after the creation of PHS, whether in whole, part or scaled down, will help appraise the success of the project and wider public health reform.

## 2.8 Major Risks

The Project Initiation Document will include an overview of the project risks and management strategy. However two major risks already identified are:

- **Timing.** As a result of undertaking this project when other issues are more important to staff, there is a risk that we will not be able to

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engage them in the process, resulting in values which are not widely owned by the staff of PHS.

- **Culture.** As a result of differences in culture and staff engagement between organisations, and previous experiences of change and organisational values exercises, there is a risk that some groups of staff might not engage in this project resulting in values which are not widely owned by the staff of PHS.
- **Language.** As a result of previous experiences or personal preferences, the word 'values' might not resonate with all staff, resulting in some staff not engaging with the project or owning the products.

### 3 Project Product Description

This project will deliver these documents:

#### 3.1 Project Brief (this document) (deliverable 2)

Will set out the proposed OD support, its governance and a timeline for draft and final deliverables (deliverable 1 in the commission brief) and an outline approach to organisational development.

#### 3.2 Project Initiation Document (deliverable 4)

The PID will include a full description of the products for the project, timeline and risk register for the development of the values for PHS.

#### 3.3 Public Health Scotland: Proposed Values (deliverable 3)

This document describing the desired values (probably between six and eight) for the new organisation. These will be future-proofed by being based on work with staff from the predecessor bodies and feedback from other commissions on the desired values for PHS from future customers and partners.

#### 3.4 Public Health Scotland: Development Priorities (deliverable 5)

This document will outline the proposed next steps for areas for improvement to work from the embodied values of the predecessor bodies to the desired values of PHS.

### 4 Project Approach

The project will develop proposed values for PHS by:

**Agreeing external partners to collaborate with** and bring a fresh, outside perspective to this on commission.

**Running a variety of interventions including workshops** with PHI and NHS Health Scotland staff to capture:

- How staff would like PHS to feel to work in
- What they would like PHS's customers to say about it

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The project team will synthesise the results, pulling out common themes and draft these into value statements which will be agreed by the project board before being submitted to the PHRPB.

The project will produce development priorities by:

- a) Benchmarking the embodied values of the predecessor bodies, so PHS can show how it has changed in the future
- b) Identifying how the current embodied values are found in the way the predecessor bodies work, so the project can make accurate recommendations about what to change to deliver the desired values

It will do these by:

**In the same set of interventions** mentioned above with PHI and NHS Health Scotland staff capturing:

- How they experience their current bodies to work in (using the Competing Values Framework)
- What they would like to take with them to PHS about their predecessor body
- What about their predecessor body they would like to leave behind

**Running a short series of workshops with PHI management.** The proposal is to use the Public Sector Improvement Framework (PSIF)/European Framework for Quality Management (EFQM) Excellence Model to identify the organisation's strengths and areas for improvement. This will allow direct comparison with material that NHS Health Scotland's gathered using this tool PSIF/EFQM self-assessment in 2017 and it also a tool that is broadly recognised amongst stakeholders of PHS, particularly local government and the third sector.

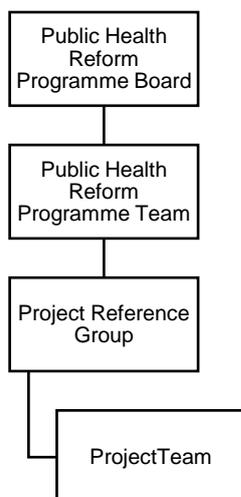
**Completing a quick review of performance data**, specifically, the perceptions of staff and customers of PHI and NHS Health Scotland of working with the bodies. This will help us understand how the bodies' current values are embodied in the experience of staff and customers encountering the organisations.

The project team will use the information from the workshops with staff, the self-assessments of NHS Health Scotland and PHI using EFQM and the review of performance information to identify any gaps between the current bodies' values and the desired PHS values and recommend actions to close them.

Finally, to have the highest chance of success it's important there is a fresh external perspective to this project. To that end, the project proposes exploring a partnership with Wheatley Group (the Investors in People Platinum, Sunday Times Top Non-Profit Employer and European Business Excellence Award-winning organisation) to help us deliver outstanding OD support to the programme board and PHS. If scope, capacity and timeframes allow, the project might also draw on other partners with relevant experience to broaden perspectives and insights.

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## 5 Project Management Team Structure



### Project Reference Group

- Phil Couser, Director, Public Health & Intelligence, NSS
- Cath Denholm, Director of Strategy, NHS Health Scotland
- Others, TBC

### Project Team

- Carol Sinclair, Associate Director, Consultancy, Knowledge & Research Services, Public Health & Intelligence, NSS (co-chair and lead contributor)
- Jim Carruth, Head of People & Improvement, NHS Health Scotland (co-chair and lead contributor)
- Tim Andrew, Organisational Lead for Improvement, NHS Health Scotland (team member)
- Karen Donnelly, UNISON (staff side representation)
- Shona Cowan, Service Manager, Public Health and Intelligence, National Services Scotland (team member)
- Brian Orpin, Project Office Team Manager, NHS Health Scotland (project management support)
- Susan Purves, Organisational Development Practitioner, National Services Scotland (team member)
- An external partner(s) (TBC)

## 6 Role Descriptions

The **Project Reference Group** will:

- Provide high-level direction for and oversight of the project team

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- Be a practical coordination point with other NHS Health Scotland and NSS-led commissions
- Sign off draft and final products before they are submitted to the Public Health Reform programme team

The **Project Team** will:

- Be overall responsible for delivering the products
- Coordinate and manage all the activity contributing to the project

The **Lead Contributors** will:

- Co-lead the project team
- Coordinate the contributions to the project within their respective organisations

**Team members** will deliver work assigned by the project team

The **project management support** will support the lead contributors and project team in the organisation and assignment of tasks to deliver the project on time, scope and within budget.

The **staff side representative** will bring the perspective of staff side organisations to the project team.

## 7 References

1. Audit Scotland, 2012, Learning the lessons of public body mergers: Review of recent mergers
2. Cameron, K.S., Quinn, R.E., 2006, Diagnosing and Changing Organizational Culture: Based on the Competing Values Framework
3. European Foundation for Quality Management, 2015, EFQM Excellence Model
4. Scottish Government, 2015, Review of Public Health in Scotland: Strengthening the Function and re-focusing action for a healthier Scotland
5. Scottish Government, 2016, Health and Social Care Delivery Plan, Scottish Government
6. Scottish Government, 2018, Public Health Reform Programme Workforce of the new body – Organisational Development Project Commissioning Brief, 1.0 Final, PHR09