

Workforce of the New Body/Organisational Development Commission

Deliverable 2: Project Initiation Document



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Protecting Health Stakeholder Engagement Plan	https://publichealthreform.scot/media/1320/paper-5-protecting-health-deliverable-3-final-29-august-2018.pdf
Underpinning Data & Intelligence Engagement Approach	https://publichealthreform.scot/media/1283/paper-4-phr-udi-deliverable-3-engagement-approach-draft-23-july-2018.pdf
PHR05 LPHWD Stakeholder Engagement Plan	Publication pending.
PHR Communications and Engagement Approach	Not published online.
PHR Risk Management Approach	Not published online.

1. INTRODUCTION

The 2015 Review of Public Health said Scotland needs a single national public health organisation to provide 'coherent, coordinated public health leadership in Scotland' (Scottish Government, 2016). The Health and Social Care Delivery Plan said the new organisation should 'strengthen national leadership, visibility and critical mass to public health in Scotland.' (Scottish Government, 2016)

The Workforce of the New Body/Organisational Development commission (WNBOD) is about helping to create and develop a Public Health Scotland to deliver on these ambitions.

The main output of the commission will be an Organisational Development (OD) approach to creating and developing Public Health Scotland. It will be ready for the new leadership of Public Health Scotland to take forward and will include options for them to take.

While strictly speaking the WNBOD commission ends on 31 March 2019, resource for implementing the approach proposed will be available until the end of NHS Health Scotland and Public Health and Intelligence (PHI).

1.1. Purpose

The purpose of this project initiation document (PID) is to define the scope of the Workforce of the New Body/Organisational Development (WNBOD) Commission, the deliverables or outcomes which will be produced as a result of the project and the timescales the commission will be delivered by.

This is deliverable 2 of the WNBOD commission.

The PID will provide assurance to the Public Health Reform Programme Board (PHR PB) that the project has a sound basis and the document will also act as a foundation document against which the PHR PB can monitor progress.

Approval of the PID is sought from the PHR PB, together with authorisation to proceed with the project.

1.2. Project Objectives

The objectives for this project are:

1. Identify suitable Organisational Development (OD) support to facilitate the commission
2. With this OD support, engage with the future staff of Public Health Scotland (PHS) to develop organisational values and ways of working for PHS and prepare them for the coming change
3. Establish what is required to deliver the aspirations for PHS and public health reform (including the Public Health Review), based on the values and behaviours identified and by building on the existing strengths of the legacy bodies and in particular to:
 - a. identify indicators for the existing and desired new culture, values and ways of working for PHS
 - b. equip leaders to be capable of driving the necessary change
 - c. equip every level of PHS's future workforce
 - d. manage the risks associated with large-scale change and creating new organisations

1.3. Outline Project Deliverables and Desired Outcomes

The following deliverables and outcomes have been identified for the WNBOD commission:

Deliverable 1: Project Brief will set out the proposed OD support, its governance and a timeline for draft and final deliverables and an outline approach to organisational development.

Deliverable 2: Project Initiation Document will include a full description of the products for the project, timeline and risk register for the development of the values for PHS.

Deliverables 3: draft organisational benchmark and development strategy will describe:

- the current and desired culture and values for PHS, and proposals for actions
- the current leadership capability and proposals for equipping the leadership of the future PHS to deliver the necessary change
- the existing workforce in terms of change readiness plus actions to equip them to join PHS
- an assessment of the OD risks in the process of creating PHS and recommendations to address them

Deliverable 4: organisational benchmark and development strategy

- As deliverable 3 but in a final form following discussion and consultation with other commissions.

1.4. Constraints

The following constraints which could impact on successful delivery of the Projects objectives have been identified:

- This project assumes there are no additional staff resources available for this project beyond those already in NHS Health Scotland and National Services Scotland.
- The project assumes there will be additional funding to access external resources, like specialist trainers/facilitators and to cover the cost of digital engagement tools.
- A number of project interventions are constrained by time however the final OD approach and associated interventions will run up to and beyond PHS's vesting day.
- It is also partly constrained by the fact that when appointed PHS's Chair, Board and CEO will be expected to adopt and adapt the approach to ensure that PHS lives by its values and the desired culture is set from the outset.

1.5. Project Scope (and any exclusions)

<p>In Scope:</p> <p>Organisations:</p> <ul style="list-style-type: none"> • NHS Health Scotland <p>Divisions/Departments:</p> <ul style="list-style-type: none"> • NHS National Services Scotland's (NSS) Public Health Intelligence (PHI) Strategic Business Unit <p>People:</p> <ul style="list-style-type: none"> • All staff employed, by NHS Health Scotland and PHI including staff on a career break, on secondment or on maternity/paternity leave who will be transferring to Public Health Scotland 	<p>Out of Scope:</p> <p>Organisations:</p> <ul style="list-style-type: none"> • All not in scope <p>Divisions/Departments:</p> <ul style="list-style-type: none"> • All not in scope, including other NSS SBUs <p>People:</p> <ul style="list-style-type: none"> • Everyone in NHS Health Scotland and PHI who will not be transferring to Public Health Scotland <p>Systems/ Processes/Policies:</p> <ul style="list-style-type: none"> • NHS Scotland, NSS, and NHS Health Scotland's workforce policies
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2. PROJECT DEFINITION

2.1. Assumptions

The following key assumptions have been identified for this project:

- Only staff from NSS Public Health and Intelligence (NSS PHI) or NHS Health Scotland will be transferring into Public Health Scotland on 1 December 2019
- Other commissions have correctly identified the most important stakeholders for Public Health Scotland that WNBOD will actively engage with to develop our organisational culture and values

2.2. Stakeholders

The following stakeholders been identified for this project:

- **Leadership** i.e. the Public Health Reform Oversight Board (PHROB), PHR Executive Delivery Group (PHR EDG), Public Health Reform Programme Board (PHR PB), and the Senior Management Team of NSS PHI and Corporate Management Team of NHS Health Scotland plus their wider leadership cohorts
- **Staff** i.e. those staff who are transferring into Public Health Scotland from NHS Health Scotland and NSS PHI
- **Stakeholders** i.e. those identified as stakeholders by the Improving Health, Healthcare Public Health, Protecting Health, Underpinning Data & Intelligence, Leadership for the Public Health Workforce Development commissions and the Leadership for Research, Innovation and Applied Evidence project

2.3. Project Organisation Structure

This commission forms part of the overall PHR Programme. The diagram below outlines the overall Programme Structure.

The WNBOD Commission Team co-leads:

- Jim Carruth (NHS Health Scotland)
- Carol Sinclair (PHI)

The WNBOD Commission Team Members are:

- Tim Andrew
- Shona Cowan
- Caroline Crocker
- Sharon Gorman
- Sharon Millar (NES)
- Brian Orpin
- Susan Purves
- Nicola Thomson

The WNBOD staff side representatives are:

- Michelle Clark
- Karen Donnelly

2.4. Risk Management Strategy

Risks will be managed in line with the PHR risk management approach.

The commission team will review risks at each project team meeting.

2.5. Communication Strategy

The WNBOD commission will liaise with the NSS/PHR/NHS Health Scotland communications group to make sure communications about the commission complement other communications about the creation of Public Health Scotland.

2.6. Project Quality Strategy

To ensure all project deliverables and outputs will meet the expected quality requirements; a number of quality measures will be put in place across the project. These include:

- Where we use tools that have external validation, we will make sure the staff leading the use of those tools are trained in their use
- We will review plans and sign off outputs at regular project meetings

2.7. Project Controls

The project team will meet every two weeks to track progress and identify issues as well as holding half/full day workshops as deemed necessary to develop the OD approach.

3. BUSINESS CASE

3.1 Reasons for this Project

All organisations have values embodied in how they use their resources, work and regard their customers, partners and staff – in other words, in how staff in the organisation behave towards each other and with others. 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 its stakeholders and customers. It is also a very tangible way to proactively engage prospective staff of the new organisation in its creation, thus promoting a positive and shared view of the future.

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.

3.2 Business Options

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

Option	Advantages	Disadvantages
Do nothing	No resource required	Will not deliver any outcomes listed in section 1.3 Available resource not used
Do the minimum	Little resource required	Will only partially deliver the desired outcomes Because staff will not have been engaged they will not feel invested in actions to develop PHS's values, culture and leadership Because no benchmark will have been taken, not only will there be a higher change actions identified will not result in the improvement desired, it will be impossible to show an improvement
Do something more substantial	Most resource required	Highest likelihood to achieving the outcomes listed

3.3 Expected Benefits

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

- Agreed, co-produced and therefore widely owned desired values, behaviours and ways of working for PHS
- A valid assessment of the current embodied values, ways of working and cultures of the existing bodies
- Actions to deliver the desired values, ways of working and culture for PHS
- Actions to equip the leaders to deliver the desired change moving to PHS
- Actions to get the workforce ready to join PHS
- Realistic proposals for actions to take to get to the desired values of PHS, based on the above assessment
- A clear and compelling approach and series of interventions that can be taken forward by the incoming board members and executive team.

3.4 Expected Dis-benefits

The main dis-benefit of this project is the staff time it will take to deliver. However as above, both NHS Health Scotland and NSS have staff capable and experienced in leading projects like this. A further consideration is the likelihood of securing support from others due to competing and conflicting demands e.g. specialist advice and support from NES.

3.5 Cost/Resource

Staff time is the main cost of this project. As well as OD staff, time from other staff will be drawn on for communications, data analysis and facilitating staff engagement sessions.

The project team have agreed that in all likelihood, because of the scale of the task, it will use external consultants in some elements of delivery.

3.6 Major Risks

Five major risks 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 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 owned by all 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.
- **Shared services.** As a result of overlapping remits and parallel processes, there is a risk that staff currently in PHS's legacy organisations may be distracted and disengaged by work towards NHS shared services.
- **Coordination across commissions.** As a result of poor communication across commissions, there is a risk that stakeholders (including staff) are engaged and communicated with several times, resulting in confusion and detriment to the reputation of PHS.

4. PROJECT PLAN

4.1 Project Approach

4.1.1 Project stages

The project will deliver these products by:

Initiation

In this stage, the commission is reviewing best practice in setting up other public bodies; taking stock of the legacy bodies, their change history, and data on how they are perceived by customers and staff; and finally describing an approach to the commission through a project brief (deliverable 1).

Interventions design

To help understand what staff and customers want from PHS, the commission will design and deliver a range of OD interventions and engagements, including, as suggested in the commission, workshops with staff, focus groups and digital engagement.

In this stage, the commission will review good practice and existing evidence, identify gaps in the evidence and design an intervention accordingly.

The output of this stage will be a project initiation document (deliverable 2)

Deliver the OD Interventions

This stage will not have a document as an output. It will be about engaging staff and stakeholders to support the next stage of the project.

Develop the remaining OD benchmark and strategy to get to and beyond the creation of PHS

This will be the final output of the commission (deliverables 3 and 4). It will make recommendations to the public health reform programme board on how to approach the creation of PHS and the years immediately afterwards.

4.1.2 Project Principles

We will deliver this commission based on these principles of OD:

Relationships determine outcomes.

Organisations and organisational behaviour result from day to day interactions. Services and organisations are continuously self-organising, adjusting patterns of work and behaviour. The relationship between services and often unseen connections (e.g. values, beliefs, identity), determines what occurs.

Change happens through conversations.

Quality of conversations is fundamental to the quality of health and care and to good change processes. Conflict and exchange of views is healthy. The most challenging task is to hold spaces for often challenging inquiry and dialogue to support the messy ebb and flow of ideas and interests for fresh ideas and new order to emerge.

The leadership role is to create the conditions for the work, not come up with the answers.

Inviting participation early, surfacing a variety of perspectives through inquiry and dialogue lead to better outcomes. Creative solutions coproduced by those who do the work (including citizens) motivates and builds support for future action.

Transformational change is more emergent than planned.

The complexity of issues leaders and organisations face and the inherent unpredictability of what will happen when lots of different people with a stake are involved means that the application of pre-existing knowledge and trying to 'manage' change from the top is unlikely to bring about the transformational change desired. People in the middle of organisations need to use networks and connections to integrate more and different parts of the system for it to work.

Culture shapes perception.

Culture and meaning is shaped through words we use, what and how we write and symbolic forms of expression. Culture has a light and dark side. Change happens when functional relationships are understood. You need to know what shapes current behaviour, and holds the status quo in place in order to know what or how to change.

4.2 Workstreams

The Commission has committed to a strong focus on supporting meaningful and productive engagement with all staff in shaping the values and culture of PHS. To support the deliverables set out in the project plan, four workstreams have been set up as short life working groups to design and direct our work. The colour coded workstreams match to the sequence of activities and outputs planned between now and Vesting Day as set out in the timeline under 4.3.

Workstream	Commission Team Lead(s)	Rationale	Outputs by when
Staff Engagement	Sharon Gorman (HS)/Caroline Crocker (PHI)	<ul style="list-style-type: none"> To provide frequent and meaningful opportunities for all staff to contribute to shaping the behaviours, values and culture of PHS Design a shared approach to staff engagement activities to avoid duplication of effort between commissions or the PHR team 	<ul style="list-style-type: none"> Develop and deploy a series of face to face and digital staff engagement activities to all staff to generate data on the current and desired culture, values and ways of working
Underpinning Knowledge Generation and Sharing	Shona Cowan (PHI)	<ul style="list-style-type: none"> Provide an accessible and useful resource for use by the other commissions Provide a succinct and clear articulation of the evidence and organisational models underpinning the WNBOD commission 	<ul style="list-style-type: none"> Share with commission leads to gather feedback on values and behaviours through their engagements with stakeholders Develop the learning and evidence generated into an accessible and engaging format for wider sharing
Leadership	Carol Sinclair (PHI)/Jim Carruth (HS)/ Susan Purves (NSS)	<ul style="list-style-type: none"> Stakeholders and staff will recognise the values of PHS in their interactions with senior leaders from PHI and NHS HS prior to, during and post-transition to Public Health Scotland 	<ul style="list-style-type: none"> Design and deliver a range of highly interactive and impactful leadership interventions e.g. Corporate Rebels
Cross-commissions liaison	Tim Andrew/Safia Qureshi	<ul style="list-style-type: none"> WNBOD commission outputs support effective stakeholder and staff engagement across other commissions 	<ul style="list-style-type: none"> Work with other commissions to sense-check OD approach and engage others in our work

4.3 Timeline

	2018			2019				
	October	November	December	January	February	March	April-June	June-December
Leadership	<ul style="list-style-type: none"> Share learning on organisational values, recent mergers and change readiness of NHS Health Scotland and Public Health and Intelligence with Public Health Oversight Board (PHOB), Executive Delivery Group (EDG), NHS Health Scotland CMT, PHI SMT and Commission Leads 	<ul style="list-style-type: none"> Initial engagement event with senior leadership Wider programme to support leaders to lead through transition. EFQM self-assessment workshop with PHI SMT to help them understand their relative strengths and areas for improvement moving into Public Health Scotland (NHS Health Scotland has completed this already) 					<ul style="list-style-type: none"> Proactively engage with new Chair and CEO to provide dedicated support focusing on the refinement and delivery of a 'series' of OD plans for years 1-2; years 3-5 and beyond 	<ul style="list-style-type: none"> 'Corporate Rebels' workshops with PHOB, EDG, and NHS Health Scotland CMT/PHI SMT
All staff	<p>Continue with PHR/NSS/PHI/HS communications with agreed shift to single shared approach by month end to streamline, reduce duplication of effort and use of a 'single voice'</p>	<ul style="list-style-type: none"> Face to face and digital staff engagements on culture, values and ways of working Survey of staff on their existing culture using the Organisational Culture Assessment Instrument (OCAI) 	<ul style="list-style-type: none"> 3 December 2018 major staff communication to mark 1 year to go to Public Health Scotland 	<ul style="list-style-type: none"> OCAI focus groups to identify what needs to change to move from the existing organisational cultures to the desired new Public Health Scotland culture Organisational Story-Telling helping organisations reflect on what they are proud of and want to improve moving into Public Health Scotland 			<ul style="list-style-type: none"> 1 June 2019 major staff engagement to mark 6 months to go to Public Health Scotland – embracing our new values and ways of working 1 December 2019 (or earlier) major staff engagement to mark the first day of Public Health Scotland – living our values and ways of working 	
Stakeholders	<ul style="list-style-type: none"> Liaising with other commissions on stakeholder engagement 	<ul style="list-style-type: none"> Continuation of PH commission stakeholder engagements FPH Conference – gather views on what it will feel like to work with, and engage, with PHS 		Cross-check with other commission deliverables/reports				
Outputs	<ul style="list-style-type: none"> Report results in increased awareness of the underpinning evidence of this commission 	<ul style="list-style-type: none"> Qualitative data on what staff are: proud of about, want to take with them and leave behind from PHI/NHS Health Scotland; and looking forward to, concerned about in moving to Public Health Scotland including what they want Public Health Scotland to feel like to them and others Quantitative data on NHS Health Scotland's and PHI's existing and desired organisational cultures Quantitative data on what stakeholders want Public Health Scotland to feel like to work with 	<ul style="list-style-type: none"> Deliverable 3: WNBOD interim report describing the existing and desired culture, values and ways of working for Public Health Scotland 		<ul style="list-style-type: none"> Deliverable 4: WNBOD final report proposing actions to move from the existing to the desired culture, values and ways of working for Public Health Scotland WNBOD commission ends 	<ul style="list-style-type: none"> Ongoing support to incoming senior leadership team and Board from OD Commission leads and other resources as identified to ensure that the OD approach delivers the organisational values and culture we aspire to. 		

4.4 Interventions

Intervention	Desired Results	Approach	Target Audience
Sharing learning	Leaders in the creation of Public Health Scotland understand (a) the lessons learned creating/merging other public bodies , (b) the readiness for change and history of NHS Health Scotland in making changes and (c) best practice in terms of organisational values	Distil the existing work of the WNBOD commission into concise 'packages' to assist other commissions and the PHR team	PHROB PHRPB PHR EDG PHR Commission Leads NHS Health Scotland CMT NSS PHI SMT
Corporate Rebels	Leaders in the creation of Public Health Scotland are thinking ambitiously about the opportunities they have to establish Public Health Scotland as a transformation-oriented body	A series of workshops run by Corporate Rebels, a group sharing the leading thinking from the world's most inspiring workplaces	PHOB PHR EDG PHR Commission Leads NHS Health Scotland CMT PHI SMT
EFQM self-assessment	Leaders in the creation of Public Health Scotland have established the relative strengths and areas for improvement of both NHS Health Scotland and PHI Leaders of Public Health Scotland have a benchmark of NHS Health Scotland's and PHI's performance against which to track improvement	Complete a quick EFQM self-assessment with PHI to mirror NHS Health Scotland's existing assessments	PHI SMT PHI staff

Intervention	Desired Results	Approach	Target Audience
OCAI survey/focus group	<p>Leaders in the creation of Public Health Scotland have an accurate assessment of the existing and desired cultures of NHS Health Scotland and PHI based on which they can identify actions to create the new culture of Public Health Scotland.</p> <p>Leaders of Public Health Scotland have a benchmark of the culture of PHI and NHS Health Scotland against which they can track improvement and change.</p>	Complete an electronic survey of NHS Health Scotland and PHI staff using the OCAI followed by focus groups to understand how to change from the existing organisational cultures to the desired new culture	Future staff of PHS
Face to face staff engagement	<p>Staff feel:</p> <ul style="list-style-type: none"> • Proud of the past of NHS Health Scotland and PHI • Excited about the future with Public Health Scotland • They have had a say in establishing the culture/values/ways of working of Public Health Scotland 	A series of face-to-face staff engagements in November 2018 so we capture the important perspective of frontline staff	Future staff of PHS
Digital staff engagement	<p>Staff feel:</p> <ul style="list-style-type: none"> • Proud of the past of NHS Health Scotland and PHI • Excited about the future with Public Health Scotland • They have had a say in establishing the culture/values/ways of working of Public Health Scotland 	A series of electronic engagements so all staff can take part, irrespective of working pattern or location	Future staff of Public Health Scotland (especially those not based in Meridian Court or Gyle Square)

Intervention	Desired Results	Approach	Target Audience
Digital stakeholder engagement	WNBOD commission have data on how NHS Health Scotland's and PHI's stakeholders find working with the existing organisation and how they would like to experience working with Public Health Scotland	Ask a short series of engagement questions at the FPH Conference in November 2018 and at other ad hoc opportunities	Existing stakeholders of NHS Health Scotland and PHI

In addition to the plan, a number of **reporting milestones** have been identified for the project which will be included in the overall PHR Programme Milestone chart.

5. RISK LOG

The commission will maintain a risk register, held by NHS Health Scotland's project office, part of NHS Health Scotland's Change Support Team.

6. IMPACT ASSESSMENTS

6.1. Equality & Diversity Impact Assessment

The commission will review the impact of its staff engagement approaches to make sure that no members are inhibited from taking part because of a protected characteristic.

6.2. Healthcare Quality Impact Assessment

This commission will have no direct impact on the quality of healthcare in Scotland.

6.3. Privacy Impact Assessment

This commission is unlikely to gather, store or process any personal information. If it does, it will do so in line with NHS Health Scotland and PHI's information governance processes.