Workforce of the New Body/Organisational Development Commission

Deliverable 4: Final Report - Draft Organisational Benchmark and Development Strategy

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1. Executive Summary

1.1 Purpose

The purpose of this report is to:
- Update the Public Health Reform Programme Board (PHRPB) on activities and interventions carried out since December 2018 as described in the draft organisational benchmarking and development approach (attached).
- Make recommendations to embed the agreed culture, values and ways of working up to and beyond the vesting of Public Health Scotland (PHS) in December 2019.
- Provide reassurance that this work has and will continue to be carried out in alignment with the principles of Organisational Development (OD) as originally described in the PID for this commission (Appendix 2).
- Outline the OD risks in the process of creating PHS and recommendations to address them.

1.2 Findings

- PHI and HS staff tell us communications are still too corporate and high level with information buried in large documents.Managers in particular want headlines 'in a nutshell' and more face to face comms, especially from senior leaders to help lead their staff through change. On this last point we refer elsewhere to the 'hard to reach' voices as not all staff have accepted these invitations with some notable gaps in specific areas.
- Staff are eager to see something new and different, but they are not convinced that anything is going to change. Some of this is based on what they are seeing and hearing so far, but also from previous experience of organisational change. We believe that there is a need for the PH Reform Programme Board to agree on a few key, symbolic changes that are a strong indicator of the changes that are yet to come.
- Staff want more opportunities to network with their potential PHS colleagues (e.g. build on Common Grounds, hot desk anywhere) and work on shared projects. They are seeking encouragement to do this and continued high staff engagement through the commissions to date demonstrates their readiness and willingness.

1.3 Recommendations

- Create the conditions for real transformation. Staff tell us they want things to look and feel different **on and from Day One**, e.g. remove silos and generate a network of networks; structures that engender 'porosity', flexibility and responsiveness; a strong external and local focus; emphasis on listening and responding to stakeholder needs. This point was, yet again, emphasised through feedback from staff at the first two of the staff enagagement sessions held on March 14th 2019.

- Check in regularly with staff to listen to their ideas, concerns and get a sense of where they are, gauge morale, get insights into 'water cooler' conversations (Trickle, Mood Sense, iMatter Pulse Surveys). Feedback tells us they have enjoyed joint sessions, they want more opportunities to network (e.g. Common Grounds) and to work on joint projects **now**. Some new areas of joint working are already emerging and these should be 'called out' and celebrated widely as examples of where 'new ways of working' are being embraced.
- Start to live the new ways of working **now** (rebalancing of new power v. old power models), starting with the joint senior teams. Staff tell us they want to see the PHS values being modelled through senior leaders, their interactions and corporate communications with staff and stakeholders.
- Keep building and reinforcing the new culture staff want to see (inclusive, innovative, collaborative) to ensure we do not slide back to the status quo. Use current and future work, including Branding and Identity to strengthen the messaging and to enable 'new ways of working'.
- Maintain what staff are proud of and want to take with them, particularly ways of working and intangible assets which align with the ambition and vision of PHS (albeit with the need to identify when preferences are very personal or specific examples can't or won't be supported in the new body)
- Find our inner 'rebel' (www.corporate-rebels.com) by inviting people to change, inspiring action and true transformation. This can only occur by creating things we know have the potential to go viral

1.4 Next Steps

- Refine suite of PHS values, supporting statements and related behaviours to ensure they are inspiring, memorable and meaningful for staff and also resonate with those we will work with
- Develop and deliver an implementation plan of ideas suggested by staff to embed the values and continue dialogue with them. Success will be realised when staff report being able to see the values being embodied and lived
- Tangible examples of changes to working practice and lived experience of staff and stakeholders must be measured and monitored to indicate where real and sustainable change is happening
- Cultivate the right environment to hold the vision and ambition of PHS, to be inspired and inspire, especially when realism and pragmatism dominate through necessity of time
- Develop a strategy to work with less engaged, 'hard to reach' staff groups to ensure readiness for change, particularly those of high influence
- Create a package of support for managers based on what told us they need to lead their staff through change and what we currently have on offer (e.g. managing during ambiguity, including difficult conversations;

providing further opportunities for peer support; public health knowledge)
- Once the senior teams have establish meaningful relationships it may be helpful to carry out a Neuro-linguistic Programming (NLP) observation with joint senior teams to complement and build on the Corporate Rebels work to inspire a new way of thinking and to challenge the status quo
- Work with the joint SMT to develop a shared improvement plan based on findings of PHI and HS EFQM assessments
- Develop a **package of support** for the incoming Chair, CEO and Executive Team of PHS - a framework for action: designing into the future through a dynamic OD approach, drawing on new insights, including staff and other stakeholders, and based on co-design and participatory leadership principles
- On the above point, it will vital to link with work of the Board and Governance project

1.5 Proposed Framework and Future Workstreams

The commission have identified the following high level workstreams, which are currently being scoped out and refined further (see Appendix 3 for more detail on these):

Values and culture

Staff have co-designed the values of PHS and we must now bring these to life. Leaders who lead by example inspire trust and confidence in the future vision and set the culture from day one. We must swiftly move beyond words into measurable and sustainable changes in the working environment and practices.

Leaders as change agents

Feedback and evidence tells us that leaders should:
  - Have a clear vision and keep reinforcing it
  - Be patient yet persistent
  - Ask tough questions
  - Be knowledgeable and lead by example
  - Establish strong relationships built on trust

Change and Transition Support

Our greatest asset is our people and we must ensure that they are as well prepared for change as possible. We must look for, and nurture, the early adopters and those 'hungry' for change to lead the way.

Workforce Development

We need to understand and respond to the gaps in knowledge and skills of our core and wider PH workforce so that they are equipped where possible to begin leading and delivering change from day one.

Staff Engagement and Feedback

We need to bring people with us by **engaging and inspiring** them through the vision and mission of PHS, but more importantly by making them part of the co-design process as we shape the future of public health in Scotland.

Maintaining What Matters to Staff

Staff have told us what they are most proud of and what they would like to bring with us as we transition to PHS. We must keep asking **what matters most** staff to allow us to hone this into a desirable list that staff value as we as being valued by stakeholders. We also need to tie this in with other projects and pieces of work as appropriate, for example, the Day 1 Readiness being led by the Corporate Services Project.

Action Planning and Assignment of Resources

Action Plan

By June 2019, there will be a stripped down action plan with emphasis on the most important aspects of the OD Framework that will drive us towards the new Vision for PHS.

Resources

- There is currently a relatively small capacity and capability between PHI and HS to support delivery of such an ambition action plan and therefore, it is anticipated/recommended that some of the activities and intervention should be commissioned externally
- By involving external providers this will allow staff currently leading this work to becoming part of the interventions and activities in their own right as members of staff

2. Introduction

2.1 Purpose of this document

The purpose of this report is to:

- Update the Public Health Reform Programme Board (PHRPB) on work carried out since December 2018 as described in the draft organisational benchmarking and development approach (attached).
- Make recommendations to embed the agreed culture, values and ways of working up to and beyond the vesting of PHS in December 2019 through a well-described framework and associated programme of activities that can be taken forward by the incoming Chair and CEO with support from a 'programme team'
- Provide reassurance that this work has and will continue to be carried out in alignment with the principles of OD as originally described in the PID for this commission (Appendix 2).
- Outline the OD risks in the process of creating PHS and recommendations to address or mitigate them.

3. Findings

3.1 Assessment of PHI's Relative Strengths and Areas for Improvement

Building on previous work undertaken by Health Scotland, Claire Ford, CEO of Quality Scotland, and Nicola Thomson from HS facilitated **a half-day workshop with PHI's SMT on 15 January 2019 to**:

- Identify PHI's relative strengths and areas for improvement
- Better understand the status quo and the approaches PHI uses at the moment
- Benchmark PHI's current performance against to track improvement in the future

PHI staff contributed data on the current approaches in place prior to the session taking place, which the SMT discussed and built on until consensus was reached. Some of the **strengths and areas for improvement identified during the session were:**

- High engagement from staff demonstrated through very high response rates to iMatters. However more time and focus required on developing meaningful action plans and size of teams, and ensuring that high quality conversations and appraisals take place with all staff
- Strong relationships with key partners, but some further development required, particularly for current and emerging strategic partners including CoSLA, NES, NHS24, and HS
- Some good approaches in place, with a clear rationale for why they exist, however the implementation of some would benefit from more consistency and formalised assessment and refinement to measure

how successful they have actually been, and whether they achieved the desired results
- Some strong relationships between individuals/teams and external stakeholders in place. However, a more strategic oversight of these, including how strategically important they are and how they are managed would be useful. Emphasis on enablingand empowering teams and leaders to work on shared priorities with external and local partners with leaders assuming more of a coaching and mentoring role

HS have already completed similar assessments, using the European Foundation for Quality Management (EFQM) Framework. Having access to these insights will provide a benchmark of current performance for both PHI and HS and help us further drive improvement in the respective organisations leading up to the vesting of PHS and thereafter. The intention is to develop a joint improvement action plan, based on shared priorities that will benefit the creation of PHS.

3.2 Corporate Rebels – Challenging The Norm

We need to create an organisation that is capable of agile evolution responding to changes in its own environment and which is driven bottom up rather than top down. This will take a mature and courageous leadership team committed to coaching and mentoring the workforce of PHS rather than a command and control style. The latter may be an attractive default when the peformance of the organisation is being scrutinised through its novel and unique joint accountability to Scottish Government and CoSLA.

A 'Corporate Rebels Workshop' took place on 14 February 2019 with PHI and HS SMTs and members of the Public Health Reform team on how to achieve transformational change, based on some of the world's most inspiring and progressive workplaces.

There was a sense that some senior leaders engaged in 'safe' mode and seemed reticient to step out into new ways of think and doing – however, a baby step for one person may feel like a giant step for others depending on where you are starting from. This is understandable and many of the examples shared have taken 10+ years to deliver with the group, acknowledging that Day One will be an important 'stepchange' moment and we need to prepare ourselves for it now.

Some of the most impactful examples provided during the session involved organisations that had freed up and let go of the need to control, (e.g. less structure, less decision-making), allowing for more flexibility, autonomy and trust in their staff to do the right thing.

The last exercise has found traction with many leaders now using the language of forced v. invited; planned v. ad hoc, managed v. viral with emphasis on co-production and design through staff-driven change management and innovation. See below from www.corporate rebels.com:

1. We invite people to change

We don't believe in forced change. It's not just annoying—it's also ineffective. It's the key reason many change initiatives fail.

Instead of forcing people to change, we believe in inspiring them to do so. Find the pioneers, the front-runners and the rebels. Inspire them with what's possible and how work could be vastly better. Then, give them the support they need to get there.

"Sounds nice, but what does it look like?" Well, here's one of the various examples of how we put this into practice: in certain projects, we let client employees vote for change. If less than 80% vote "YES", we walk away. It means we haven't done a good job of inspiring them. If more than 80% vote "YES", we get to work!

2. We believe in action

We focus on real change, not fancy reports. We challenge employees to run small change experiments. We're there to inspire, to challenge and to support them.

All experiments are measured and evaluated. It's how we build on what works and discard the stuff that doesn't. We experiment, learn, and adapt.

It's how we show *our* added value to clients. We want to prove that what we do works. If engagement doesn't go up, we shouldn't be there in the first place.

3. True change happens virally

We aim to create a workplace revolution, not a change program. What starts with pioneers transforms into a movement—a movement that goes viral.

It's why we communicate ruthlessly. Through blog posts, videos, meet-ups, events, and guerrilla style communication approaches, we create excitement. We draw more people into the transformation.

We aim to ignite a change movement that lasts.

3.3 Support Managers Need to Lead Their Staff Through Change

Seventeen one hour sessions were delivered to **285 (37%)** PHI and **52 (45%)** HS line managers to understand their current challenges while leading their staff through change and potential solutions to address these in order to support them. The main themes have been categorised below into **manager's experience of the process** (comms and engagement, emotional response to

change and leadership) and their **development needs**, which will inform part of the WNBOD commission's work plan until 1 December 2019 and beyond.

Experience of the Change Process

Communications and Engagement

- Comms has, at times, being unduly delayed by internal (NSS and HS) approval processes which must improve as these are no longer acceptable
- Style of comms is very corporate and high level, more use of plain English required
- The volume and sources of information is too high and causes confusion, with info becoming buried in large documents
- Lack of clarity on the difference between staff engagement and consultation
- Inconsistency in the knowledge and understanding of Public Health, organisational strategy and the Vision for PHS amongst some(senior and middle level) stakeholders and managers must be addressed as the success of PHS will be dependent on it
- Many of the communications are faceless with videos/ vlogs being well-received
- 'In a nutshell' comms (3-5 bullet points/headlines)
- Timeline of key decisions and milestones required in a consistent format and plain English
- Manage messages and expectations around the TOM
- More opportunities to get involved in joint sessions to build relationships

Emotional Response to Change

- High level of scepticism especially from PHI that nothing will be different
- Recognise significant differences between the two bodies, e.g. PHI are an SBU and part of NSS whereas HS is a health board in its own right
- Anxiety around some of the practical changes, e.g. desks, accommodation, location, flexi system and agile/flexible working
- Resilience of managers, recognising they are a staff member but also responsible for supporting their staff through times of uncertainty
- Acknowledgement of slight difference in culture and approaches between PHI and HS

Leadership Through Change

We need a vision for PHS as an organisation. We should have an aspiration for PHS to be the most progressive organisation in the public sector; it needs to deliver an environment that promotes the health and well-being of its staff. If it cannot do that its ability to support improved outcomes for the people of Scotland may be significantly compromised. The incoming CEO and Chair will need to develop a compelling and engaging Vision for PHS as an organisation as early as possible.

- More visible and accessible leadership is needed
- Reiterate the vision and ambition over and over again
- Clarity is required on what Public Health Scotland is and its organisational strategy

Development Needs

Based on the above findings, managers feel that the following would help them to support and lead their staff through change:

- Managing difficult conversations and ambiguity in times of change and uncertainty, including comms guidance for managers
- Coaching skills and coaching support
- Joint staff forums (Common Grounds on wider scale) and more opportunities to meet their peers as a way of sharing challenges and supporting each other
- Social interactions and events
- Change management and resilience
- Motivating staff for BAU
- Help to identify transferable skills, career conversations and interview support
- Support to increase knowledge and understanding of public health
- Insights and team development support
- Emotional aspects of change workshop and emotional intelligence

3.4 PHS Values: Inspiring, Memorable and Embedded Through Behaviours

Six two hour focus group sessions were carried out during the week of 25th February 2019. Nearly all **sessions were at full capacity**, attended by approximately **80 PHI and HS staff** and co-facilitated by pairs of PHI and HS staff. The draft supporting statements and associated behaviours proposed as a result of the focus groups can be found in Appendix 4. We also asked staff for ideas on how to embed the values and involve all staff going forward. These are laid out below under the most common themes identified across all sessions:

Embedding values
Making them real through meaningful action.

- Demonstrate values through the transition process, including communications
- Embed values through recruitment and promotion process, appraisals, team meetings/briefings, cross organisational projects and meetings, peer reviews, relevant policies, reward and recognition, customer feedback and performance measurement
- Provide support and development for those struggling to embrace values
- Leadership to protect staff time to think about new ways of working

- Embed values at all levels especially senior and clinical leadership
- Identify champions, role models and case studies of best practice
- Explore how best to influence those who we work with in other organisations (suppliers, shared service providers, stakeholders, Scottish Government)
- Individual accountability and the confidence to challenge others
- Just keep talking about the values and about how we will work together and with others

Create a space to learn together and work together
- More mixed lunchtime sessions and seminars (widening of common ground sessions, e.g. widen from 1:1s to a team version)
- Co-locate on same floor, hot desk anywhere as soon as possible, pilot 'Friendly Friday' co-location, musical chair ideas from staff
- Comprehensive HS / PHI inductions to each other
- Build shared systems (including staff directory, searchable connections, 'a day in the life of..' updates, blogs, case studies)
- Mixed social activities (during and after work) before 1 December
- Promote cross working and shared projects to all staff

Communication and Engagement
- One PHS Voice – create common PHS language and tone of voice now, without directorate or organisational badging and jargon, in line with values and culture staff want to see
- Regular, relevant and concise communications in a variety of formats and channels
- Engagement through ongoing dialogue, not isolated one-off events

Structure
- The PHS structure created will drive the desired values and behaviours we want to see (e.g. remove silos)
- Given the level of pragmatism and possible conservatism in the proposed Day One structre this may become an issue for some staff
- Awareness of current structures would be helpful so staff can better understand how things look now and seek out counterparts for joint projects etc.

Specific suggestions related to 'Innovation'
- There is a possible tension between a desire from staff to:
  - create an Innovation Forum (incentive/rewards based),
  - explore digital opportunities and platforms
  - ringfence research and development time
  v. PHS as an organisation where innovation is embedded across all areas and staff empowered to continually innovate and improve
- Develop mechanisms for ideas, suggestions and joint working spaces
- Staff knowing their opinions and ideas are valued and being listened to and that they will inform/influence how PHS is designed and 'made real'

4. Risks and Actions to Address Them

1) Corporate Services Project. As a result of overlapping remits and parallel processes, there is a risk that staff currently in PHS's legacy organisations may feel anxious and concerned about the development of a shared services portfolio for PHS that will be delivered by other areas of the NHS. Feedback tells us that staff are eager to know the outcome of this so they can start to see what PHS might look like and where they will be placed within the board or supplier organisations.

Action to address it: this work is now progressing quickly with various workshops due to take place over the next few weeks. There are strong links between the WNBOD Commission and Corporate Services Project, with cross membership in place as well as cross membership with the Communications and Engagement Group. Feedback from staff engagement will continue to be fed back to the CS project and the commission will endeavour to update staff on any information emerging from the corporate services conversation. Hopefully this will help staff to see the work being done to deliver more joint working, assuring them that future plans are being considered in a thoughtful way and their involvement and engagement in these plans is crucial to ensure their views are heard. Ensuring that staff are made aware that their views have been heard will be important to help them engage in further work towards shared services.

2) Communications. Staff continue to tell us that the volume and sources of information is too high. Managers are struggling to find the key messages to help them support and lead their staff through change in extremely busy times. There should be better use made of a range of communication and digital channels to convey and communication with staff to ensure they feel informed, involved and engaged: the NHS staff governance standards must form the spine of how we work and communicate with staff.

Action to address it: although there are improvements being made (e.g. HS' Just Ask COG), the WNBOD Commission intends to make a proposal to use a more innovative staff engagement tool, Trickle. This is an online mobile app that will help us to engage with staff and generate their immediate concerns in a more joined up way. Staff will be able to share ideas across PHI and HS and it will provide useful insights to better understand where they are, to gauge morale and provide a mechanism for them to come up with shared solutions. The commission now also has regular representation from the Comms and Engagement Group at their meetings to improve coordination of staff engagement.

3) Lack of Clear PHS Leadership: given delays in appointing the Chair, which may impact on appointments for the Chief Executive and Executive team for PHS, there is a lack of clear PHS leadership authority in place at the

moment. This may impede on how far we can deliver on some of our plans prior to vesting day.

Action to address it: the commission will continue to work on a package of support for the incoming executive team, including staff insights and evidence of best practice so they have readily available information. This will also aim to give them a sense of where staff are and some of the priorities they need to focus on.

OD Principles

As set out in the original PID for this commission, we have and will continue to deliver work on embedding values, culture and ways of working for PHS, in line with these principles of OD:

Relationships determine outcomes.

Organisations and organisational behaviour result from daily 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.

OD Workstreams: Upto Day One and Beyond

Year One: Preparing for Transition and Change

Creating the conditions: strong and visible leadership, high staff engagement, actively listening to stakeholders, bringing with us what has genuine value for PHS and its stakeholders and vitally holding the vision and ambition for our future.

Major themes and workstreams with proposed high level interventions and activities

Values and culture

Staff have co-designed the values of PHS and we must now bring these to life. Leaders who lead by example inspire trust and confidence in the future vision and set the culture from day one.

- Develop a plan to embed the values within the new organisation pre and post vesting day .
- Identify activities and opportunities which can be done in advance to prepare staff and increase understanding and awareness prior to the first of December which will sign post and show case new ways of working .
- Post December ensure values are integrated into the business as usual activities and become the "way we do things around here"
- Ensure that managers are given support to embed the values and make them meaningful for staff
- Build on the success of the digital communication (video) and create more opportunities to use this methodProactively engaging with branding and identity project, corporate services, HR and data science and innovation projects (value by value approach)

Leadership

Leaders as change agents (Gladwell, M.; Covey, S.):
  - have a clear vision
  - are patient yet persistent
  - ask tough questions
  - are knowledgeable and lead by example
  - establish strong relationships built on trust

- Protecting Health Commission – Deliverable 5 commitment statement needs further exploration with senior leaders to ensure that aspects of leadership expressed within this commission are suitably reflected in the OD approach/framework

- Further sub analysis of OCAI – consider its utility in the facilitation of 'developmental conversations' with senior teams and wider staff groupsFollow up work to test some of the innovative leadership styles shared by Corporate Rebels and improvements identified in the joint EFQM improvement plan (an activity identified for the monthly joint SMT sessions)
- Best use of new SMT monthly sessions – focus on empowering staff and creating the conditions for leaders as coaches and mentors rather than managers
- Recruitment of new executive team/Chair and board members should be aligned to the values of PHS
- NLP observation of extended SMT events requires further consideration as this needs to be delivered with sensitivity and genuine intent/purpose and is dependent on the formation of strong relationships have been establish between the two teams
- Clear messages to share with supporting staff with a focus on managing and leading through ambiguity ('all' not just 'some': senior team level and also middles/first line managers)
- Managing expectations of staff pre/post December 2019 through the sharing of consistent messages that 'hold the vision and ambition' - widening use of words such as 'practical', 'lift and shift', 'pragmatism' and 'pragmatic' as time pressures build may be construed as moving away from the overall ambition for transformation and difference from day one.
- Role modelling by leaders (bottom up/top down), e.g. Service Manager/Org Lead level – continue to listen to staff at all levels (Trickle tool) aksing if they see/experience new ways of working becoming visible/tangible
- Visible leadership – walking the floor frequently/moving into open spaces/ Friendly Friday

Change and Transition Support

Our greatest asset is our people and we must ensure that they are as well prepared for change as possible. We must look for, and nurture, the early adopters and those 'hungry' for change to lead the way.

- Finalise the report on Leadership through Transition sessions which will identify workforce support opportunities for managers to help them navigate the transition and support their staff by the end of March 2019
- Use the data gathered from the audit carried out pre Christmas to establish where the interventions can be sourced from e.g. HS/NSS/PHI/NES using existing material and resources and identify any potential gaps where development interventions would need to be designed and developed by the end of March 2019
- Develop a delivery plan with implementation timeline which will offer a blended approach to include a range of interventions to offer to managers with a variety of delivery methods including digital ,face to

face by mid April 2019 with development opportunities being available from May 2019 onwards through to December 2019 and beyond

- Produce costings and resourcing requirement to deliver the plan and secure funding where necessary by mid April 2019
- Design and develop interventions where there are gaps by end April 2019
- Develop a joint HS/PHI shared resources space where staff can access development opportunities and support which will evolve as the transition progresses . Scope out the requirements ,identify who can assist and what funding available if appropriate and link with IT Project to ensure the platform is available by the end of April 2019.
- Plan and execute a similar exercise for all staff which will mirror the approach taken for managers and ensure that all staff have the opportunity to identify potential support requirements and will use the same platform to access the opportunities . Engagement session will commence mid April/May with the data being collated and plan produced in May and development opportunities made available from June onwards

Workforce Development

We need to understand and respond to the gaps in knowledge and skills of our core and wider PH workforce so that they ar equipped where possible for leading and delivering change from as near to day one as possible.

- Mapping of current ready to integrate e.g. induction, PDPs.
- Extended induction period to enable adoption of new ways of working prior to vesting day
- Proactively develop a joint L&D planning approach, e.g. shared L&D Plan, FE applications
- Budget, e.g. overlapping areas
- HR Project link or HR rep on this workstream
- Sharing resources – single repository and extending invites
- Pulling through from V&C workstream
- OD/L&D capability designed as a core not shared service to support the wide ranging and specific workforce development demands we know we need to meet

Staff Engagement and Feedback

We need to bring people with us by **engaging and inspiring** them through the vision and mission of PHS but more importantly making them part of the co-design process as we shape the future of PH in Scotland.

- Physical v. digital (Trickle, iMatter pulse surveys and annual cycles)
- Closing the loop – always tell staff when we do something, sharing and passing on information and news
- Invite communications representative on workstream group

- Common Grounds – phases 2/3, ideation event, creativity, socialising, joint projects (ISD Sports & Social Club), speed connecting, shared projects focussed on PH Priorities /extended partners to support feeling like one body
- Vlogs – evolving our story (senior leaders and stakeholders)

Maintaining What Matters to Staff

Staff have told us what they are most proud of and what they would like to bring with us as we transition to PHS. We must keep asking **what matters most** staff to allow us to hone this into a desirable list that staff value as we as being valued by stakeholders.

- Map of 'don't lose this' stuff, things staff are most proud of (map to corporate PIDs/projects, e.g. IT, HR, Digital transformation.)
- Keep asking!

Year Three: Leading and Managing Through Change

Staff recognise and appreciate that the things that they felt most proud (aligned to the priorities of PHS) has 'come with them' and been nurtured/encouraged and that change has been a positive experience (staff engagement metrics).

The TOM continues to develop as PHS becomes more confident in its articulation and delivery of its vision and mission through its strategic planning and performance management systems.

Organisation change cycles become more frequent and ambitious.

A distributed leadership model with clear vision and mission statements has been developed by the new Board with key early outcome metrics beginning to 'move' with staff reporting high levels of engagement and new ways of working visible to many (internal and external to PHS).

Talent management (recruitment and succession planning) is designed around PHS values and our new 'ways of working':

- local not national,
- listening not telling,
- enabling and supporting,
- effective and visible champions and advocates

PHS is beginning to attract talent from other nations as it is recognised as an exemplar employer and influential voice for public health, focused on data, evidence and innovation.

Year Five: Maintaining and Evolving

Energy and excitement is associated with further iterations of the TOM as the organisation gains confidence in its ability to enable impact at a local as well

as national level by leveraging the talents and skills of its staff. Its growing ability to evidence its positive contribution within the wider system is reflected in outcome metrics.

Year Ten: Celebration

PHS can describe its impact as to why, not just how, it has made a difference to the health and wellbeing of people in Scotland through its strong leadership model and a focus on enablement and empowerment of systems and communities.

PHS Values: Draft Supporting Statements and Associated Behaviours

Following focus groups with staff, the five values have now been developed as set out below, with draft supporting statements and associated behaviours. The commission is yet to finalise these, however we foresee only minor changes.

Collaboration: *Working together to benefit all*

We will develop long term relationships based on trust
We will actively listen to the needs of all our stakeholders

Innovation: *Creating shared solutions, changing lives*

We will seek out ideas from all sectors and aspects of life
We will support staff to take risks and learn from mistakes

Integrity: *Doing the right thing the right way*

We will deliver on what we promise
We will speak out on uncomfortable truths

Respect: *Valuing every life*

We will value the contribution of all
We will treat everyone with dignity

Excellence: *Being the best we can be*

We will exceed expectations and be leaders in our field
We will constantly evaluate and improve the work we do