Agenda Item XX

NHS Highland

Meeting:	**NHS Highland Board**
Meeting date:	**28 June 2022**
Title:	**Healing Process Reports and Progress Update**
Responsible Executive/Non-Executive:	**Fiona Hogg, Director of People and Culture**
Report Author:	**Emma Pickard, External Culture Advisor**

1 Purpose

This is presented to the Board for:

- Discussion

This report relates to a:

- NHS Board Strategy

This aligns to the following NHS Scotland quality ambitions:

- Safe
- Effective
- Person Centred

This report relates to the following Corporate Objective(s)

Clinical and Care Excellence		**Partners in Care**	
• Improving health		• Working in partnership	
• Keeping you safe	X	• Listening and responding	X
• Innovating our care		• Communicating well	X
A Great Place to Work		**Safe and Sustainable**	
• Growing talent		• Protecting our environment	
• Leading by example		• In control	
• Being inclusive	X	• Well run	X
• Learning from experience	X		
• Improving wellbeing	X		

2 Report summary

2.1 Situation

NHS Highland has now received both the fourth and fifth (final) reports from the Independent Review Panel (IRP) of the Healing Process. As the panel concluded hearings on the 29th of March 2022, feedback from all participants has now been received and analysed. The fourth Organisational Learning Report covers the testimony provided by the final set of Healing process participants, whereas the fifth and final report is a broader set of reflections from the Panel on the overall experience and feedback provided.

As in prior Board updates on the Organisational Learning Reports from the IRP, this paper includes a summary of the recommendations made by the Panel and an update against the recommendations made in the previous 3 reports. As we note in all our culture programme activity, the actions which we set out and deliver against are key enablers to creating the tools, support, and conditions for transformation, which we can track and deliver on. They are not in themselves measure of our culture across the organisation and we continue to seek new and different ways to accurately monitor and measure colleague experience, as we move into a new phase of the culture programme, where outcomes and data will be the key measure of our progress.

We acknowledge that despite significant delivery against many of our actions, culture change is not yet embedded at all levels of our organisation. Our next phase of activity needs all our colleagues and managers to play their part in the transformation at a local level, with our support. We set out our plans to take this forward as an integral part of our 5 year Together We Care strategic plan and the People elements of this.

The Board is asked to discuss the recommendations, and review the progress made to date as well as to review the revised plan and approach plan for addressing these going forward.

2.2 Background

The Independent Review Panel (IRP) of the Healing Process has now provided NHS Highland with all five reports on their recommendations and themes which are developed based on the testimony provided to the Panel from current and former colleagues of NHS Highland, who experienced bullying and inappropriate behaviour in the period up to 31 December 2019.

The final set of recommendations have been fully integrated and reviewed in conjunction with recommendations made by the previous three reports and an update on the actions proposed by Sturrock in his report in 2019.

An overall assessment and report on NHS Highland progress with implementing the recommended actions from the Organisational Learnings of the IRP and the Sturrock Report was initially presented to the Board in May 2021, with a further update provided in November 2021. This is in addition to the regular Culture Programme reports which are provided to every NHS Highland Board meeting and have been since July 2019.

We have always known and acknowledged the time needed to truly transform our culture would be many years in the making and that was before we encountered a global pandemic and the further challenges and pressures that brought to us.

Within Highland, the biggest impact of Covid and the legacy it leaves has been in more recent times. Since the end of 2021 the increased levels of infection locally and the impact of treatment put off or delayed has been substantial and enduring. Whilst we maintained our Culture programme throughout the pandemic, since late 2021, systems pressures caused by COVID have hampered some of our planned progress (as recognised by the Independent Review Panel).

This is not just about our capacity to deliver on our ambitions, but about our need to ensure that we balance our desire for change and transformation with the capacity of the organisation to engage with it whilst delivering the services and support our communities need. It may take slightly longer than we hoped or planned at the outset, but our commitment to deliver lasting change is unchanged.

Integrating our culture work into our overall strategic and operational plans ensures that we can make realistic choices and decisions about the sequencing and pace of change that is achievable going forward, ensuring progress and outcomes are reported as a key part of our performance framework.

2.3 Assessment

Recognition of the work of the Independent Review Panel Members

With the conclusion of the Healing Process, and 272 current and former colleagues providing testimony to the Panel, NHS Highland would like to recognise the commitment and care with which the Independent Healing Panel members have undertaken their role, and the value of the recommendations and insights contained within the Organisation Learning Reports.

We recognise the significant time and effort from the panel over nearly two years and the positive feedback from participants about their experience. We wish the panel members success with their future endeavours and thank them for their service in this regard.

We also would like to recognise the contribution of all those who engaged with the Healing Process and ensured their accounts were heard and to thank them for their contributions. We appreciate how difficult that this will have been and the impact that revisiting their experiences will have had on them and their loved ones and wish them well with their ongoing recovery. We are committed to ensuring that the learning from their experiences is taken forward.

Summary of progress with Organisational Learning Reports and Sturrock Recommendations

The recommendations of the fourth report (**included in Appendix 1)** very much build upon those included within the prior reports, with some themes being emphasised again. A full update against all recommendations from the 4 reports is included in **Appendix 3**.

Our assessment is that we have already completed 4 of the 10 recommendations in the fourth Organisational Learnings report, with 5 on track and forming part of our ongoing strategy and delivery plan, with 1 having experienced some delays, but is also part of our ongoing programme of work.

Of the 39 recommendations from the previous 3 Organisational Learning reports, 20 are completed, 17 are on track and 2 are delayed but ongoing.

An assessment of the recommendations made by Sturrock in 2019 is also included in **Appendix 4** for completeness**.** 25 of the 35 recommendations have been completed and the other 10 are ongoing and form part of our strategy and Annual Delivery Plan.

The fifth and final report is included in **Appendix 2 and** given its' broader scope than the previous four reports the main points are summarised within the body of this paper, as it does not raise any new recommendations that have not already been shared.

Update on the Healing Process take up

With the conclusion of the panel hearings, a final update of numbers and demographics can now be provided.

At the closing date of 31 March 2021, there were **340** applications, but over time some people dropped out due to ineligibility or choosing not to proceed so ultimately **272** people progressed to a panel hearing and had an outcome. There is a slight difference in numbers between the panel report (276) reflecting a slightly different way of recording cases where a panel was convened but the participant was found not to be eligible for the process further to discussion.

Of these 272 participants, 157 (58%) were current employees, 114 were former employees (42%) with the remaining one expanded scope.

135 requested **Apologies** (50%), with 117 of these being recommended and 18 were not. The reason for them not being recommended were generally because the participant wished fault or blame to be attributed which was not within the principles of the Healing Process.

11 requested referral to **Internal Processes** (4%), 6 of these were recommended by the panel, 5 were not. The recommendations were taken forward internally, and the situation reviewed, in 5 of the 6 cases, all available processes had either been completed or were ongoing. In 1 case, the participant was supported to raise a process.

9 requested consideration of **Redeployment** (3%) to other roles, with 5 of these recommended by the panel and 4 were not. Of the 5 recommended, contact was made with the participants and advice and support was signposted.

6 requested consideration of **Re-engagement** (2%), with 2 of these recommended by the panel and 4 were not. Of the 2 recommended, contact was made with the participants and advice and support was signposted.

1 requested participation of **Re-instatement** (0. 4%) to their previous role, this was not recommended by the panel.

A total of 233 payments were approved (86% of participants) with a further 25 payment requests being declined by the Panel and 14 participants not requesting a payment. NHS Highland Remuneration Committee accepted all

payment recommendations from the Panel and none of their recommendations for payment were declined or altered by the committee.

Of the 258 who requested consideration of a financial payment, 14 had previously received a settlement or Employment Tribunal payment of some kind linked to their NHS Highland employment. 11 of these received a further payment and 3 did not. The Healing Process is different to the legal process in that it takes account of harm and does not seek to establish blame or fault. In such cases, the panel had access to the details of the prior payment, its nature and reason for award. An assessment was then made by the IRP as to the value of the payment due under the Healing Process, and if it was for the same reasons for the prior award, they would recommend offsetting the award against this. NHS Highland accepted all recommendations in this regard.

The total value of payments made by the scheme is £2,825,000 and the average payment was £10,386.

The range of payments awarded is set out in the table below:

Level	Range	Number of cases	% of awards	% of participants
Level 1	£500- £5,000	81	34.76%	29.78%
Level 2	£5,000 - £15,000	100	42.92%	36.76%
Level 3	£15,000 - £30,000	44	18.88%	16.18%
Level 4	£30,000 - £60,000	6	2.58%	2.21%
Level 5	£60,000 - £95,000	2	0.86%	0.74%

The final cost of running and administering the scheme is not yet finalised, as some costs (particularly for psychological therapies) will still be invoiced over the coming months.

To date, 175 participants (64%) have had approval for treatment with psychological therapies via Validium, in addition to the provision from the EAP which is available to current employees. The Healing Panel acknowledged in their fourth report the value participants placed in being able to access this support and psychological therapies from Validium.

The Fourth Organisational Learning Report

The fourth report of the IHP notes six continuing themes which have been explored in prior reports, but featured strongly in the last set of testimonies, detailed information about the progress made is found in **Appendix 3.**

1. ***The need for improved appraisal and personal development plans***
   This is underway as part of our strategy and plan, over a 3-year period.

2. ***Recruitment processes should be thorough and avoid any bias***
   Work continues to improve recruitment processes and selection tools and work to significantly improve on-boarding and induction is underway and will deliver in 2022.

3. ***A wide-ranging review of the HR function***
   The HR function has been reviewed, and a new organisation model is in place with a set of new senior roles defined and recruited to. Work continues to deliver against the people themes of our strategy as well as ongoing support and services for colleagues. Our focus for the year ahead is on improving our customer experience and effectively contracting with services, to ensure roles and responsibilities and expectations are set and standards can be monitored.

4. ***The need for an effective case management system***
   The People Services team now regularly report on case volumes, types, and durations to understand trends and issues across department, teams, and the organisational system.

   This still requires some manual collation and analysis, but as the national people systems agenda is currently being revised, it would not be prudent for NHS Highland to progress with investing in a standalone case management system until it is clear that this will not be part of the core systems.

   However, we are progressing with identifying a tool that will support all our People teams with effective centralised query, call and case handling, as part of our People Service centre approach.

5. ***The significant impact lengthy suspensions from the workplace had on the mental health, anxiety, and stress of those employees.***

Suspensions and use of special leave have been fully reviewed and substantially reduced, and are now minimal and short-term across the organisation, requiring Executive Director approval and there are scrutiny processes in place at the In-Committee meeting of the Board.

6. The need for effective mediation

Mediation continues to be available to colleagues, in addition the focus on 'Early Resolution' as part of the Once for Scotland policies places the emphasis on finding solutions in times of conflict in a constructive way. 30 of the 35 Bullying and Harassment cases reported during 2021/2022 attempted Early Resolution and only 11 cases ultimately proceeded to a formal process.

In the fourth Organisation Learning Report, the Panel also identified four themes which are variants raised in prior Reports, and further commentary on each is provided:

7. Clinical Services in Remote and Rural Areas

Improving on-boarding and induction is a core focus of the People Strategy and work is currently underway to develop and launch a corporate Day 1 induction for all colleagues, to be delivered in person wherever possible, and this will be rolled out later this year.

Our approach to clinical service design in remote and rural areas is being fully explored as part of the NHS Highland "Together We Care" strategy development process and the Argyll & Bute HSCP Strategic Plan and work will continue this in partnership with our colleagues, communities, other statutory, private, third sector and voluntary groups to ensure sustainable services.

We're doing some innovative work in areas such as Coll, to work in partnership with the community to determine the population needs and ensure the service supports this. This is an approach which will be used more widely moving forward, as we ensure we design and deliver services "with you and for you".

Our plans to roll out Promoting Professionalism will also be vital in ensuring that all colleagues, patients, and service users are treated inclusively and with respect, wherever they happen to be, through use of peer led support and challenge to quickly identify and resolve issues and concerns.

8. *Mental Health/Trauma*

The IRP heard more testimony about the lack of support for colleagues who had mental health issues or had experienced previous trauma either in their personal life or through their work, or both. The panel recommended that mental health be considered on the same basis as physical health and proposed the recruitment of Mental Health first aiders. The panel also noted that there are two research-based interventions, Trauma Focused Peer Support (TRIM) and Sustaining Resilience at Work Peer Support (STRAW), which are being used in public sector organisations where the work force might be more exposed to trauma, including in some NHS organisations.

Over the last couple of years, significant additional support is available to colleagues through the provision of the EAP (provided by Validium) and access to the Guardian Service, as well as a dedicated psychologist now being available as part of the Occupational Health Team. The National Wellbeing Hub is an excellent resource for all health and social care colleagues and professional colleagues also have access to a dedicated support service nationally if they don't wish to use local services.

The establishment of Mental Health First Aiders and Mental Health awareness for managers are currently under consideration as part of the Wellbeing Strategy which will have a strong focus on mental health and wellbeing as well as being trauma informed, with our trauma champion and coordinator heavily involved in the health and wellbeing space.

Prevention and early intervention are also key, and we will consider the peer support approaches mentioned as part of this. Scottish Government funding for wellbeing is being distributed across our teams to help them improve their working lives in ways that are most relevant to them.

9. Investigations

The Panel heard again that individuals did not have confidence in the process put in place to undertake investigations, and that as investigations were carried out internally by managers, they took a considerable length of time as they were being undertaken as part of other demanding duties.

The panel encouraged the Board to look again at the way investigatory processes are conducted, and to consider whether NHS Highland or the wider NHS on a regional or national basis should have a dedicated investigation unit.

A third-party specialist was used to investigate all bullying and harassment cases between June 2019 and April 2021 to provide some independence and impartiality, as part of rebuilding trust. Following analysis, this did not lead to consistent improvement in the timescales or quality of reports, because the complexity of the investigation and the difficulty in trying to establish clear facts when discussing relationships and behaviours. It also meant that in some cases, not understanding our context made the investigation more challenging.

We still actively use external investigators (either a 3rd party or an external board) where the specific sensitivities of the case require this. We continue to work in partnership to monitor our processes.

It is important to note that for cases to be considered by the panel they concluded before December 2019, so the examples described to them would predate the roll out of the Once for Scotland policies in March 2020 and the improvements which have been made to our processes since then.

Because of the success of the Once for Scotland policies and training, early resolution has been very successful in the past year and that has allowed many cases to be resolved without investigation. This means that when investigations are required, we have sufficient capacity to effectively manage them.

It is still challenging to progress cases quickly through formal investigation, not just due to management capacity, but also colleague and trade union representative availability, sickness absence and the time taken to thoroughly investigate cases and produce reports. We now have the data to monitor progress of cases and our people partners liaise with their Senior Leadership Teams to ensure these keep on track.

The panel noted that there is no substitute for early resolution of complaints and notes that this is a key part of training for managers which has been rolled out and is continuing. Improving awareness and take-up of early resolution is a core action and is already having an impact as outlined previously in relation to 30 of 35 bullying and harassment cases attempting this in 2021/2. The associated reduction in formal processes seen as a result will have significantly reduced demand for investigations and so improved capacity for those which do need to progress to this stage.

10. Culture Programme

The panel noted that it was difficult to find information on the Culture Programme on the internet.

The outdated internet is not able to be easily updated, but this will be addressed in the forthcoming replacement of the NHS Highland internet site over the summer. This will ensure information about our strategy and the culture elements of this is widely available and this will be a priority area for us in the first phase of the rollout.

However, it should be noted that a culture report is presented to the board at every meeting, which is made available on the public board paper section of the websites, and the links to this are regularly shared with colleagues and the public and is easily found on external search engines https://www.nhshighland.scot.nhs.uk/Meetings/BoardsMeetings/Pages/Welcome.aspx . We also have been carrying out proactive media engagement and a range of internal communications around culture, including our Ask Me Anything sessions.

One area where we know we need to keep focussing is ensuring our managers and leaders have a regular rhythm of communication and engagement with their teams and on a 1:1 basis, as that is a significant channel for getting information out and feedback received from all areas of the organisation.

The panel also noted that it was reported by participants that the leadership of the NHS Board and the Executive team feels different to that which was in place prior to the Sturrock Report, but also that it has yet to make an impact on the way many colleagues feel in their everyday workplace.

The Board acknowledges the scale of the Culture change needed and for each colleague and manager in the organisation to be committed to doing this in their everyday interactions, by listening, learning, and living our values.

Our focus for 2022/23 (and beyond) will be on embedding the values and behaviours and improving colleague and patient experience across all teams and locations of the organisation. One strand of this will be via the roll-out of Civility Saves Lives and Promoting Professionalism.

Another important element of our next phase of transformation is that we will be transitioning from a focus on reporting our actions as we have previously, to reporting on outcomes and establishing qualitative and quantitative measures that show our progress in culture and colleague experience over the coming years.

This will take some time to put in place, but it reflects our transition from culture being a separate programme of work, to our next phase where

culture becomes everyone's business and integral part of our strategic and delivery plans.

The Fifth (and Final) Organisational Learning Report

The purpose of the final Organisational Learning Report is to provide the Panel's reflections on the overall process and themes and is not based upon any additional testimony from participants.

Given the broader nature of this final report, a summary of each of the panel's reflections and the activity planned or in place is included below.

1. Lack of understanding of **governance responsibilities and accountability** to the Executive team and Board for some managers.

   NHS Highland has reviewed all its governance arrangements over the last 3 years and spent a lot of time and effort ensuring that our governance is effective and well understood. Significant improvement has been seen, including the rollout of assurance reporting and report writing training is being rolled out. We continue to communicate our structures and our processes to colleagues to ensure they understand where decisions are made and where responsibility sits.

   Our work on the Together We Care Strategy and the associated Delivery Plan is firmly embedding accountabilities and responsibilities for action as par. Work continues to improve manager understanding of their roles and responsibilities and that of the wider organisation, as well as building their, skills and capability via the ongoing Leadership and Management Development programme. The second cohorts will soon be enrolled for this programme.

2. **Whistleblowing challenges** encountered by colleagues when trying to raise patient safety issues or more general concerns with their manager, with some feeling they become the 'problem' when highlighting an issue, and others having a fear for speaking up. The IRP emphasised the need for neutral and objective confidential contacts and clarity on the role of the Whistleblowing champion, and how this interacts with the Guardian Service and Employee Director.

   It is important to note that most of the situations discussed with the panel will predate the introduction of the Guardian Service in August 2020 and the appointment of Whistleblowing non-executive directors, and the role out of the Standards in April 2021. From April 2021 - March 2022, the Guardian Service dealt with 205 concerns and 14 cases were raised under the WB

Standards. Whilst there is always more to do to promote the ability of colleagues to speak up and be heard and concerns to be addressed, the level of awareness and engagement with these services is encouraging.

NHS Highland has rolled out the updated Whistleblowing standards across the organisation and partners, and regularly reports on both Whistleblowing cases and Guardian Service reports to the Area Partnership Forum, Staff Governance Committee and Board. Our Whistleblowing non-executive has undertaken several visits to meet different colleague groups across the region, sharing themes and making recommendations to the Board, and these will continue during the rest of 2022.

Creating a culture of trust and safety to speak up remains a core focus of NHS Highland, and as well as building on the Guardian Service and Whistleblowing, we will also be rolling out Promoting Professionalism across the Board, which will be another peer led route of support.

3. **Consistent application of values and behaviours** and management training on early intervention and informal resolution.

   Embedding a shared understanding of our NHS Scotland values and co-creating a narrative in terms of behavioural expectations across the organisation, is a core focus of our culture work in the next year. We will do this by gathering feedback from colleagues as they participate in our development programmes, team conversations and promoting professionalism, to ensure this is truly co-created and reflects the views of our colleagues and other stakeholders.

   The Promoting Professionalism work is designed to address issues early and informally and will ultimately cover all colleagues across the organisation, as well as our patients and services users, which is equally important to focus on, as culture will impact on quality and experience of them too.

4. **Challenges of attracting qualified and experienced staff** and ensuring those appointed or in post have the right skills. The Panel noted that candidates failing to meet the competence requirements should never be appointed, which NHS Highland fully agrees with and has robust processes in place to determine capability and behaviours throughout the selection process. With 10,500 colleagues and thousands of hiring managers in the organisation, assuring of the quality is challenging, but through training and the oversight of our recruitment teams, we continue to work hard on this area.

Like all Boards across Scotland, NHS Highland continues to face workforce shortages, which are exacerbated by the complex geography of the region and more recently, significant challenges with affordable and available housing in all parts of the Board Whilst we are trying locally to address this issue in partnership with other agencies, it does require national intervention, and has been escalated to Scottish Government for further support on longer term provision. However, despite these challenges, we have successfully recruited many experienced colleagues to the Board in the last 3 years and have had good success with our newly qualified recruitment and attracting to our National Treatment Centre.

Work continues on our Recruitment, Attraction and Retention plans as an integral part of the Together We Care strategy, and we have been promoting the Highlands as a great place to work with attendance at careers events, innovative advertising locally and nationally and sharing of social media videos and articles.

There is a recognised need for integrated workforce planning which has been trialled in some areas. Rather than looking at individual roles this looks at outcomes and service needs and uses innovative approaches to job roles and ensuring colleagues are working to the top of their licence, instead of focussing only on traditional pathways or leaving vacancies that cannot be filled.

Our 3-year workforce plan and strategy is currently being developed and will give us a good baseline for where to prioritise attention. We will also focus more on talent management and succession planning, offering better development and support to the existing workforce to meet the need for future skills and build up new talent pipelines and career pathways to ensure our local workforce understand how they can access careers across NHS Highland, without having to leave the area for study.

5. **Improving on-boarding**, allocating a buddy or mentor and more regular check-ins.

   The need for improved induction and on-boarding has been identified by the Board as a priority area and a project is underway to deliver this, including in-person organisation-wide induction as referenced previously.

6. **Improving processes to deal with issues raised,** through a focus on early intervention (e.g., using TRIM or STRAW).

   As outlined previously, the Board is making progress with the awareness and uptake of Early Resolution, and the mechanisms to address issues promptly

and supportively is a core focus of Promoting Professionalism which will be rolled out.

7. **Developing clear metrics for performance** against the cultural improvement, ensuring that the progress is felt on the ground

   The Listening and Learning Survey conducted in Summer 2021 provided a baseline of the current culture and engagement across the organisation. This survey will be repeated on a regular basis, so progress against actions can be assessed.

   We are also developing new metrics aligned to the Together We Care strategy to evidence our progress and to formulate the Integrated Performance and Quality Report linked to our Annual Delivery Plan, as well as additional metrics for management and governance committee requirements.

8. **Addressing the challenges faced by working in small communities**, including integrating people coming from outside the area and ensuring recruitment and HR processes are fair and transparent.

   This is a core area of focus for us, as part of our work on attraction, recruitment, and retention, as set out earlier. We have also started International Recruitment activity on a proactive basis (having previously recruited from overseas via our traditional recruitment channels) and are working closely to understand what additional support is needed to ensure that we have an inclusive and supportive workplace.

   We are also focusing on ensuring we have a truly inclusive workforce that respects, embraces and values difference of all kinds, whether linked to protected characteristics or broader neurodiversity and diversity of thinking and styles. This will be woven into our training, development, and values activities.

9. Resolving the outstanding issues of integration in Argyll and Bute

The panel notes that there are some very specific issues which have still to be addressed in the full integration of Argyll & Bute into the NHSH Board systems and processes.

NHS Highland has a unique situation in NHS Scotland in that it has two different integration schemes, and these are not always well understood by colleagues or external parties. Whilst Highland Council area has a unique lead agency model, the Integrated Joint Board (IJB) model is not the same in all the areas it is in place.

Each IJB has different services within their remit and different levels of integration in their management structures. Argyll & Bute is highly integrated with Health and Social Care managers leading mixed teams of council and NHS colleagues and the IJB is responsible for the Acute as well as Community Services.

NHS Highland is an equal partner in the IJB, with Argyll & Bute Council and the NHS Highland Board Medical and Nursing Directors have professional oversight roles, the Chief Officer for the Argyll & Bute HSCP is responsible to the IJB for service delivery and so full integration of systems and processes with NHS Highland can never and should never be possible.

We are also aware that the situations described to the IRP are historic in nature because of the 31 December 2019 cut off for eligibility and that 42% of participants no longer work for us. In some cases where colleagues are still employed, their experience will continue to affect some colleagues, as they are difficult to move on from. Whilst there is not any ability to resolve the past experiences only to learn from them, we are committed to addressing experiences now and for the future and we have an active Culture and Wellbeing group dedicated to the HSCP and chaired by the Chief Officer.

Clinical and Care Governance in Argyll & Bute has been reviewed and updated and effective processes are in place to manage this at both operational management and oversight levels. Significant work has been done to ensure that there is clarity of responsibility and close working with the wider Acute services in NHS Highland and our Chief Officer in A&B has been robust in taking this forward in the last year, as we recognise the impact this has had in the past.

Where issues are raised, we've been addressing these, for example we have made recent progress with setting up a working group to involve the community on Coll with the design of their services. This is already showing great potential in addressing issues which have been raised for more than 10 years, for both our patients and colleagues. This is a model that underpins the new A&B HSCP strategic plan and the NHS Highland Together We Care strategy and its aim of "With you, For you".

10. **Lack of conviction that there is wholehearted commitment to culture change**. The Panel proposed a range of tools to measure success including robust 360-degree assessment of all senior manager performance, an in-depth analysis of the current culture and assessment of behaviours at a local team and individual level.

    As outlined, the work to develop Performance Management is underway with a focus on senior leaders and managers in the first instance, with objectives and appraisals in place and aligned to strategic board objectives. Once our 5-year strategy is agreed, we will be able to develop wider tools and approaches to enable roll out more widely and to ensure these are tested and refined. It is important that any move does not become about form filling and individuals having to spend lots of time crafting objectives and filling in forms, it needs to be about the conversations, feedback, and link to development planning, so taking time is key to success.

    The Listening and Learning Survey provided the analysis of the current culture and will be repeated on a regular basis. Behaviours and ways of working will be covered as part of the support offered through interventions such as Team Conversations and Promoting Professionalism.

11. **Recognition of the impact of mental health conditions on employees**, with the panel recommending the existing policy is reviewed

    There has been a focus on colleague mental and physical wellbeing over the course of the pandemic, and this has continued with the work on developing the Health and Wellbeing strategy. Mental health support is currently available from Occupational Health and the EAP (Validium), as well as from local managers, the Spiritual Care team, the National Wellbeing Hub and Workplace Support Service. The introduction of Mental Health champions and working with the trauma champions and coordinators to develop further support is being assessed as part of the Wellbeing strategy and plan work, which is integrated to our Together We Care planning.

12. **Recognition of the issues experienced by employees going through the menopause.**

    NHS Highland has recently introduced and promoted a Menopause policy and support pack, to offer greater clarity and awareness for colleagues experiencing the menopause. This will also assist their colleagues and managers in understanding when menopause may be impacting a colleague and how they can be supported effectively.

With our age and gender profile, this is hugely important to us and will be an ongoing thread of our health and wellbeing strategy and plan, which is why NHS Highland did not wait for the national work on this area to be concluded.

13. **Role and expectations of trade unions**, with a view from participants that partnership in NHS Highland was not working or not effective with a lack of leadership from Staffside.

    We are mindful that some language is specific to the NHS and not everyone is aware what it means. Staffside is the collective term for trade unions in the NHS, when they are working in partnership, rather than supporting their members individually. Staffside engage in management forums and consultation, but they represent the collective view of staffside, not their individual or union position. The Employee Director is the Staffside Lead, elected by Staffside, who also takes on a non-executive Employee Director role on the Board, to represent the views of staffside, in real partnership working.

    We are also aware that participants are only able to describe and have considered their experiences before 31 December 2019 and that 42% of participants were no longer employed by NHS Highland at the time they engaged with the process. As a result of this criteria, many views or opinions will not be referencing the current situation and we need to be mindful of that. We acknowledge that for some of our current employees, they will have described more recent experiences to the panel as part of their account and ensure we take the learnings from these too.

    The unusual nature of the Employee Director role needs to be understood and the challenge of moving from a staffside role to being a non-executive director is now fully recognised by the Board, and appropriate induction and development is now provided.

    We note that the panel set out some specific views and would seek to clarify that NHS Highland are committed to allocating the time and resource needed for Partnership working and are currently conducting a piece of work to ensure that this enables the future demands for staffside to be met.

    Our Employee Director is committed to the leadership role for staffside and is introducing new practices and processes to ensure this works well for all. The request for relinquishment of their ability to represent their own members however is not appropriate or in line with national policy, but we can confirm that there are clear boundaries in place and the needs of the lead role are always put first.

We already have an ongoing piece of work analysing the requirements for staffside and TU support and the Board is willing to review the allocation of time based on this process, which will conclude in the next month or so.

Work has been done to ensure that the difference between collective staffside roles and the individual trade union representative roles in processes are understood by all.

There was also an ask to reduce the time spent on processes and that has been progressed by our joint working on the implementation and training on the Once for Scotland policies and evidenced with some success in the increase in take up of early resolution.

The Board also recognises that it is critical that executive leadership and management provide the appropriate support and engagement with the Employee Director. In the last 2 years, the Employee Director has also been included as part of the Executive Directors management meetings and staffside are also part of the Systems Leadership team meeting allowing staffside to be fully engaged and involved at all levels of discussion and decision making. We recognise that decisions for staffside not to be present in these forums did limit our ability to truly embed partnership working in the past.

We have been working collaboratively with our staffside colleagues and new Employee Director to ensure that appropriate support for staffside is in place. We have staffside aligned to key meetings and activities to move to a place where we are working genuinely in partnership at all levels of the organisation, based on involvement and engagement in the development of plans and solution, not just consulting on fully formed plans.

We do still have work to do in this space, to really embed understanding of partnership working at all levels of the organisation. We do also have gaps in representation in the organisation and we are working to encourage more representatives to come forward and engage with us.

Future approach to Culture Oversight and Reporting

It is important to acknowledge our journey with our culture transformation and the stage which we are at. We are approaching the end of the first phase, which was about us working through a series of actions and initiatives, to address harm and aid healing, as well as to ensure that

systems and processes in place would allow colleagues to speak up and be heard.

We recognise that for some people, there will still be lasting hurt and harm and we are sorry for this. We will continue to learn from their experiences and work to do better going forward.

But we must continue to move forward and to focus on the future. Throughout this report, we have regularly referenced the importance of our Together We Care 5-year strategy, which is currently in final engagement and will be brought to the Board in July for approval. We have also reflected our own and the IRP acknowledgement that culture change is not yet embedded at all levels of our organisation, despite significant progress being made.

To move on, we need to remember that Culture is not something that someone else is delivering on and ensure every one of our 10,500 colleagues across NHS Highland understand and are held accountable for their personal responsibilities in this area, as well as being clear on how we are supporting and enabling this centrally.

All our culture actions set out in this report form part of our ambitions and actions in the People elements of the Together We Care strategy and the associated Annual Delivery Plan. Where relevant we will also signpost links to the recently agreed 3-year strategic plan for the Argyll & Bute HSCP.

We will be moving into a revised governance and reporting approach aligned to this, with a People & Culture Programme Board being put in place to replace separate Culture Oversight and Workforce Boards and to track and oversee progress, whilst retaining the principles of broad engagement and involvement in this work and the importance of co-creation and collaboration in what we are delivering. We are also setting up a Listening and Learning panel, inviting a random selection of colleagues to participate and feedback on experience, plans and progress.

This will also ensure that our colleague ambitions and plans are not separate from our focus on service delivery and the impact of our culture on the quality and standards of patient care are fully embedded in how we work. Our measures moving forward will be focussed on the outcomes we want to achieve and how we can identify and report on how well we are achieving these and the improvements we are making, in qualitative and quantitative terms.

The Board and Staff Governance Committee will continue to receive regular progress updates on our work, as part of the Together We Care and Annual

delivery plan updates and specific People & Culture Programme Board reporting, to ensure all these actions are progressed as an integral part of our plans.

2.4 Proposed level of Assurance

This report proposes the following level of assurance:

Substantial		Moderate	X
Limited		None	

We are proposing the Board takes moderate assurance overall.

When considering our position with the Healing Process and the success of that in achieving what it set out to do, along with some of the tools and processes put in place, the high level of engagement of the Board and our approach to moving forward, we could consider substantial assurance is taken.

However, we also need to be cognisant that much long-term work is still to be done on this agenda and we are only just moving into a position where we are starting to identify how to measure and report on the outcomes and experiences that will signify long term culture change across NHS Highland. Therefore, a moderate level of assurance is proposed.

3 Impact Analysis

3.1 Quality/ Patient Care

Successful delivery of the people elements of the strategy relating to Culture are critical to effective patient care and delivering quality services.

3.2 Workforce

The ongoing focus on culture in our People strategy will ensure colleagues are engaged, motivated, clear on their roles and priorities and working to our values.

3.3 Financial

Additional funding has been secured to deliver our culture agenda and our wider people strategy. Improving our culture will realise reductions in sickness absence and colleague turnover, increase recruitment and reduce time and effort spent on disciplinary and grievance processes.

3.4 Risk Assessment/Management

No additional risks have been identified**.**

3.5 Data Protection

No personally identifiable data is required or included.

3.6 Equality and Diversity, including health inequalities

Fairness, along with dignity and respect are core principles of our culture agenda and our values will be embedded in all we do as an organisation.

3.7 Other impacts

None

3.8.1 Communication, involvement, engagement, and consultation

The communication and engagement plan related to culture is regularly reviewed by the Culture Oversight Group and the Staff Governance Committee. We continue to engage with a range of stakeholders on this topic, including Partnership, Whistleblowers, and wider colleague representatives within all the workstreams and this will continue as we move to a new approach to this within the People & Culture Programme Board.

3.9 Route to the Meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Culture Oversight Group, 20th June 2022
- Executive Directors Group, 20th June 2022
- System Leadership Team, 23rd June 2022
- Area Partnership Forum, 24th June 2022

4 Recommendation

- **Discussion** – Examine and consider the implications of the attached report.

4.1 List of appendices

The following appendices are included with this report:

- Appendix No 1 :Fourth Organisational Learnings IRP Report
- Appendix No 2: Fifth and Final Organisational Learnings IRP Report
- Appendix No 3: IRP Recommendation Summary

- Appendix No 4: Sturrock Recommendation Assessment