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

NHS Highland Healing Process

Independent Review Panel Report on Organisational Learning

Report Four: April 2022

1. Background

The Independent Review Panel (IRP), concluded hearings on 29th March 2022. Since our last Organisational Learning Report in September, 2021 we have met with a further 95 individuals who were subject to bullying and harassment in the period to the end of 2019. We hope that through our hearings and our recommendations we have assisted individuals to recover from their experiences as employees of NHS Highland. We hope that the organisational learning reports have assisted the Board in its culture transformation. As a panel, it has been a privilege to be able bring our individual and collective, personal and work, experiences to contribute to individual and organisational healing from the circumstances in NHS Highland that brought about the Sturrock Report in 2019.

We have reflected on the unique nature of The Healing Process. It is sad that such a process was necessary but we hope that given the extreme circumstances, The Healing Process did achieve what it set out to do. The non - adversarial hearings were only part of the process and we hope that for most participants these were helpful. Many individuals have reported to us the positive impact of engagement with the staff of CMP, and with the psychological therapies provided through Validium. Our meetings lasted between 1 ½ to 3 hours, but we believe the engagement in the wider process has benefitted the individuals who decided to participate.

In this report, based on the hearings since our last report, we reflect on some continuing themes which individuals continued to highlight, and, in section 3 of the report, we

emphasise four issues which although covered in our previous reports have come through strongly in the more recent testimonies we have heard and therefore are worth repeating.

2. Continuing Themes

Our previous reports included recommendations that related to issues raised with us in the testimonies in the period up to December 2021. Since then, we have continued to hear testimonies raising similar issues. Some key concerns remain around the following items:

2.1 **The need for improved Appraisal and Personal Development Plans. (Report 1: Recommendation 3).**

We understand from the Board's Action Plan following our previous reports, that in 21/22 there are clear objectives from the Board to Executives and Senior Managers, and that this is being built on in 22/23. Performance in this area needs to be measured and if suitable improvements are not witnessed, then further steps should be taken.

2.2 **Recruitment Processes should be thorough and avoid any bias. (Report 1: Recommendation 5).**

From the testimonies heard in the period covered by this report, continuing concerns over cronyism and nepotism in appointments processes were raised. From the Board's action plan we understand that this is being addressed with a 2 year programme to embed values based recruitment and this is to be completed in 22/23. Performance in this area needs to be measured and if suitable improvements are not witnessed, then further steps should be taken.

In addition, the IRP learned that a recruitment, attraction, and engagement strategy is being developed. This includes specific proposals to support staff who are relocating to the Highlands and ongoing support in the months following employment commencing. As this is likely to require additional resources in both

staff time and potentially additional financial support it may be necessary for the Scottish Government to recognise this through additional funding. Performance in this area needs to be measured and if suitable improvements are not witnessed, then further steps should be taken.

2.3 **A wide ranging review of the HR function (Report 1: Recommendation 9).**

There was again significant criticism of the role of the HR function in resolving complaints, grievances and disputes. We understand that the review has been completed with additional senior roles being created and a business partner model being implemented. This should see HR staff more aligned to leaders and managers who can deal with issues promptly and more effectively as they arise. Performance in this area needs to be measured and if suitable improvements are not witnessed, then further steps should be taken.

2.4 **We have previously highlighted the need for an effective HR case management system (Report 1: Recommendation 10).**

There was continued criticism of HR systems and processes, which were protracted. The Board's Action plan indicated that this should be in place by March 2022. Performance in this area needs to be measured and if suitable improvements are not witnessed, then further steps should be taken.

2.5 **The IRP heard again the significant impact lengthy suspensions from the workplace had on the mental health, anxiety and stress of those employees. (Report 1: Recommendation 22).**

We are aware that this has been an area of improvement since our first report and would encourage that this is a continued issue for action and attention.

2.6 **Effective Mediation (Report 1: Recommendation 13).**

We highlighted previously that where mediation is undertaken to resolve differences between individuals who have been party to a complaint of bullying, it

should be formally entered into by all parties, and be facilitated by a trained neutral mediator. In this period it was again raised that where mediation was put in place, often one party to the mediation refused to participate. When mediation did take place the expertise of the mediator was called into question. The Board's Action Plan indicated that this was being addressed through the use of external mediators and that a long term approach would be scoped and costed. Performance in this area needs to be measured and if suitable improvements are not witnessed, then further steps should be taken.

2.7 An alternative approach, which might be considered, which is in use in other NHS organisations is the "Schwartz Round" technique. Schwartz Rounds provide a structured forum where staff within a department come together regularly to discuss the emotional and social aspects of their working experience. The underlying premise for Schwartz Rounds is that the compassion shown by staff to one another as well as patients can make a significant difference to both the patient and staff experience.

3. Other Themes

Variations on the themes we identified in our first three reports have been raised which we wish to highlight and to emphasise the importance of. We are aware that actions to address these are now part of the Board's overall cultural improvement work streams but further work is required to resolve them.

In considering organisational learning, we have reflected that in many of the cases we have heard, all parties rushed to process by raising grievances and counter grievances. As part of the Culture Programme and the development of organisational and individual values, if behaviours between colleagues were more values based, the need for process based solutions, which in the cases we heard were seldom found, might lead to better outcomes where differences between individual arise.

More skilful people management should lead to inappropriate behaviours being dealt with more timeously rather than the protracted formal grievance processes suffered in the past.

3.1 Clinical Services in Remote and Rural Areas. (Report 2: Recommendation 4 and Report 3: Recommendation 1)

During the recent testimonies, we heard again of concerns from those working in smaller settings about the standards of clinical services. As we highlighted in our previous reports there are undoubted challenges presented by more rural geography and populations. We heard again about leadership being remote, and staff lacking appropriate supervision. There were instances identified by some participants where this was considered to be impacting adversely on patient safety.

We heard again of the difficulty for some staff who are sometimes seen as "outsiders" and have experiences of being treated differently as a result. We believe that when new staff are recruited from outside a team, or where a team member is promoted, there should be effective induction with all members of the team to begin to set out the expectations of roles and individuals within the team. We heard instances where staff recruited from outside the organisation often came with new ideas and ways of working that came into conflict with existing ways of working within teams.

We are aware that the Board recognises these challenges but we continue to urge the Board to seek to address these challenges in the existing provision and future design of services. Working in more remote areas can mean that staff feel isolated when faced with difficulties in the workplace relating to personalities or management practices.

Leadership in remote settings is crucial. It needs to be visible.

We also consider that a more structured approach to secondments to different environments and locations for staff working in more isolated settings might enable them to gain different perspectives and assist in reducing any sense of isolation from the wider NHS system. This would need financial support to facilitate temporary moves.

3.2 Mental Health/Trauma (Report 3: Recommendations 2 and 3)

The IRP heard more testimony about the lack of support for staff who had mental health issues or had experienced previous trauma either in their personal life or through their work, or both. For some the anxiety caused by holding down a job while seeking help for mental health issues led to fear around job security and future prospects in the workplace. We raised this in our last report and recommended that mental health be considered on the same basis as physical health and proposed the recruitment of Mental Health first aiders. We are aware that the Scottish Government has adopted a 10 year vision for mental health, and staff wellbeing is now part of NHS Scotland's Workforce strategy.

From our work we are conscious that individuals' life circumstances and experiences can cause trauma which leads them to react in different ways to work place events. In such circumstances an individual's resilience to be able to deal with challenging work circumstances can be adversely affected. The unique nature of The Healing Process is an innovative way of supporting staff but by its nature is dealing with harm after the event.

Mental Health is now the most common cause of long-term sickness absence. In recent research about mental health in the workplace (not specific to NHS Highland) it was found that only 24% of employees said their employer regularly engaged with them on issues of mental health, and less than 1 in 10 said they would confide in their employer if they were suffering from a mental health condition. Unfortunately, many of the participants in

The Healing Process had had suicidal thoughts. It is recognised that bullying can trigger past trauma as most trauma is caused by interpersonal factors or personal life events.

We are aware of 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. In these initiatives TRIM and STRAW practitioners are trained to act as a point of referral where mental health/ trauma is identified, given that in most instances line managers do not have the necessary skills to offer sufficient support.

Given the experiences within NHS Highland identified by the Sturrock Report and The Healing Process, we would recommend that further work is undertaken to analyse the extent of mental health support which is available in other organisations and could be effectively adopted by NHS Highland.

3.3 Investigations (Report 1: Recommendation 11)

We have also heard again that individuals did not have confidence in the process put in place to undertake investigations. There was often a lack of respect and trust for those who were asked to carry out investigations. 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.

We note that an external organisation was used to carry out investigations, but it would appear that that this did not lead to a significant improvement. We would encourage 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. The pandemic has led to the use of technology which supports more virtual interactions which could be used by such a unit and ensure investigations are undertaken effectively and timeously.

There is no substitute for early resolution of complaints as close to the area where they are raised by effective leaders and managers and we are aware that this is a key part of training for managers as part of the NHS Highland Action Plan.

Performance in the efficiency and effectiveness of investigations needs to be measured and if suitable improvements are not witnessed, then further steps should be taken.

3.4 Culture Programme (Report 1: Recommendations 2, 4, and 8 and Report 2: Recommendation 1)

Progress on implementing the Culture Programme created by the Board will have been impacted by COVID. We have been struck by the fact that information, on the content and progress on the Culture Programme is not easy to find on the NHS Highland public website. We feel given the resource and effort going into the Programme it should have a prominence on the website and other communication channels to demonstrate to the public and staff the Board's commitment to improving culture.

In this final period of our work, it has been reported to us 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 that it has yet to make an impact on the way many staff feel in their everyday work. This appears to be borne out by the iMatter scores that remain low in certain areas such as confidence in performance management, involvement in decision making and trust and confidence in leadership. These low scores match other areas in NHS Scotland. However, our reflection is that the Culture Programme is yet to make significant impact.

The Healing Process will contribute to NHS Highland's development of the Culture Programme through our organisational learning reports. We are aware that the Programme is significant and addresses the issues we have raised in our reports and given its priority and commitment from the Board it will make a difference and result in a real change for the way staff feel in the workplace.

A key component will be to achieve the demonstration of the organisation's values in tackling inappropriate behaviour of individuals at an early stage.

4. Conclusion

Our organisational learning reports have reflected what we have been told by the participants who came to speak to us. We thank them for their time and effort, notwithstanding the personal difficulties many of them experienced in re-living events as they spoke to us.

The IRP heard that for many the process assisted personal healing. Their testimony enabled the members of the Independent Review Panel to bring their individual and collective experience to proposals for learning for NHS Highland.

Given the courage and commitment of those who raised concerns over bullying which led to the Sturrock Review, and the ongoing commitment of those who contributed to the design of The Healing Process, the members of the IRP felt it was necessary to provide a more reflective view on what we have experienced to complement the organisational learning reports. A final report, which will be issued shortly, will contain those views.

April 2022

NHS Highland Healing Process

Independent Review Panel Report on Organisational Learning

Report 5: May 2022

1. Background

1.1 John Sturrock, QC, was commissioned in November 2018 by the then Cabinet Secretary for Health and Sport to undertake a fully independent review into the allegations of a bullying culture at NHS Highland (NHSH) following the revelations made by hospital consultants and GPs who released a statement to The Herald newspaper on 24 September that year.

1.2 The purpose of the Sturrock Review was to:

- Create a safe space for individual and / or collective concerns to be raised and discussed confidentially with an independent and impartial party.
- Understand what, if any, cultural issues have led to any bullying, or harassment, and a culture where such allegations apparently cannot be raised and responded to locally.
- Identify proposals and recommendations for ways forward which help to ensure the culture within NHSH in the future is open and transparent and perceived by all concerned in this way.

1.3 Sturrock interviewed 292 people of the original 340 who came forward to share their experiences and to offer views about how NHSH could be improved for the future. The review findings, published in April 2019, largely corroborated the

issues raised by the whistleblowers and had specific proposals for change in relation to leadership; support for individual employees at all levels of the organisation who experienced inappropriate behaviour and who have suffered distress, harm and other loss; training, management and human resources.

2. The Healing Process

2.1 The Healing Process was created as a response to the Sturrock Review. In a unique and novel approach, The Healing Process is based on a set of "Healing Principles" which were agreed in co-production between the executive team of NHSH and staff side representatives, involving Trade Union representatives and others, including the original whistleblowers group.

2.2 The Independent Review Panel, which is completely independent of NHSH, was the final stage of the Healing Process. A comprehensive guidance framework advised the IRP what to have regard to in all of its actions: to deal with each case with kindness, compassion, empathy, equity, fairness and accountability, taking into account the interests of the applicant, and all those who could be affected (but who the IRP may not hear from) including those who may be or be perceived to be witnesses, bystanders, other affected employees/ex-employees, victims, individuals accused of wrongdoing or other failures, the community as a whole and NHSH. The IRP was not a traditional tribunal. Our task was to listen to the individual's experiences as relayed to us by the individual and to try as best we could – within the Guidance Framework – to provide recommendations to help the individual and NHSH heal.

2.3 The IRP comprised five members, including those with significant senior NHS executive experience: a former Medical Director; two former Directors of Human Resources, one of these individuals having had lived experience of a bullying culture within the NHS in England; a former Trade Union leader and an experienced practising employment law solicitor. This brought a breadth of experience which was invaluable for the work of the IRP.

2.4 The remit of the IRP covered a period up to 31 December 2019. Inevitably the IRP was faced with narratives that went beyond that date and which, in many cases, were continuing. As a result, the IRP was obliged to discount consideration of those experiences in any recommendations but, nevertheless,

was provided with testimony that the change in culture since the publication of the Sturrock Review has not yet permeated all levels of the organisation.

2.5 The Healing Process was made available as an additional avenue separate from the traditional investigative or adversarial processes, which are normally available to support individuals who raise issues in relation to their NHS employment. This had many benefits, including ease of access for individuals, an open and helpful forum, and an aim of healing the individual affected rather than apportioning blame.

2.6 The IRP had the power to make a recommendation for one or more of the following in each case:

i) an apology;
ii) organisational learning;
iii) assessment for provision of psychological therapies;
iv) consideration for: Re-engagement or Re-employment or Re-deployment;
v) financial payment;
vi) referral to an internal process; or
vii) no further action by NHSH.

2.7 The IRP focused on listening and understanding the experience and circumstances from the participant's perspective and was tasked with finding the resolution that was most likely to aid healing for the individual and the organisation. All recommendations were made in accordance with The Healing Process Guidance Framework.

3. The IRP Process

3.1 The IRP sat from August 2020 until March 2022 and heard 276 participants in total. The key themes and issues learned from these hearings were captured in four organisational learning reports submitted to NHSH Board. These reports were considered at open meetings of the NHSH Board and influenced the action plan which had been developed following the publication of the Sturrock Review.

3.2 This report provides an overview of that learning and focuses on the observations from the IRP of what will be most beneficial for NHSH to continue to work on to improve the organisational culture.

3.3 The report may also provide lessons for other organisations interested in improving their culture and for the Scottish Government given their role in managing the NHS in Scotland. While not the sole reason for the bullying and harassment experienced by participants, the IRP did hear testimony that senior executives in NHSH were put under significant pressure by Scottish Government to ensure they were reporting positive results and the achievement of targets irrespective of the reality on the ground. This added significant pressure on these individuals and contributed to the general culture of pressure, which in many cases led to bullying.

4.0 Key Themes and Recommendations for Action

4.1 **Governance:** The IRP heard from participants that many managers still do not appear to understand their governance responsibilities and accountability to the executive team and ultimately the Board of NHSH for what they do. This is a key issue which should be addressed urgently in the Cultural Improvement Programme. Knowledge and understanding of the pillars of governance – finance, clinical and staff – should be set out clearly in managers' job descriptions and form an element of review at annual appraisal.

4.2 **Whistleblowing:** During the course of the hearings, the IRP was often told about the challenges staff encountered when trying to raise either patient safety issues or more general staff concerns with their manager.

- Staff felt they became "the problem" rather than them highlighting an issue or problem. They were often subjected to counter complaints from the manager they raised their concern to and what felt like vindictive investigations themselves as a counterattack from management. Consequently, many staff stopped raising safety and other concerns by keeping their heads down to protect themselves. We know from many NHS inquiries that this is an unhelpful short-term approach and often leads to escalating safety and staffing issues. This still appears to be an issue for some services in NHSH and requires urgent attention.
- The system of confidential contacts should be neutral and objective in listening to staff concerns and signposting to the most appropriate manager(s) who can deal with the issue with support from HR staff where necessary if staff do not feel that they can raise such concerns with their immediate line manager.
- The role of the Whistleblowing Champion was commented on by participants. The IRP was made aware that the NHSH Whistleblowing Champion is currently an appointment shared with NHS Grampian. Under current guidance from the Scottish Government, these Champions are not

permitted to meet directly with the staff who are raising concerns with them confidentially or to investigate what they are told. This leaves many staff feeling they are still not being listened to and places organisations at risk if there is still a fear of speaking up. Sir Robert Francis, QC, covered this well in his report of February 2015. Whist it was written specifically for the NHS in England the recommendations are equally applicable here in Scotland and NHS Scotland Boards have appointed Freedom to Speak Up Guardians. What is not clear is how these roles interact and how they report through the Staff Governance committees on what they are told. The IRP heard from participants about concerns not being listened to often going beyond the end of December 2019.

- The IRP considered that it would be a useful exercise to triangulate across the issues raised with Whistleblowing Champions, the Freedom to Speak up Guardians and Employee Directors, together with concerns raised with the Independent National Whistleblowing Officer, a role which sits with the Scottish Public Services Ombudsman, to see what common themes have emerged and importantly how concerns were dealt with and resolved to the satisfaction of the staff who did take steps to speak up about concerns. This could be carried out by Scottish Government or one of the national bodies external to health boards.

4.3 **Mitigating the bullying culture:** The IRP recommends that in continuing the Cultural Improvement Programme, the Board focuses on consistent application of the values and behaviours, which promote positive relationships across the organisation. This should be accompanied by management training to encourage early intervention and informal resolution of issues when poor behaviour is identified or flagged up by staff to enable resolution of issues before formal policies or procedures are set in motion. The IRP has noticed that the Cultural Improvement Programme is not immediately visible on the external NHSH website. This may be readily available on the NHSH intranet. If not, there would be value in developing a specific area on the website to increase this visibility.

4.4 **Recruitment, training and development:** The difficulties of attracting suitably qualified and experienced staff are national but these are exacerbated by the geographical location of, particularly, the remote areas of the Board. This would suggest that reinstatement of an incentive scheme should be explored with Scottish Government.

- Candidates who fail to meet the predetermined level of competence must never be appointed no matter how desperate the need. If there is an urgent need to cover a post and there are no candidates who meet all the essential criteria but there is a candidate very close to the line, then a period of 6 months could be allowed for that individual to undergo further training to enable them to meet the levels of competence required. This should then be verified objectively before offering the individual the permanent post.
- There should be continuing training and development of managers across the organisation with a particular emphasis on enabling them to deal with issues quickly by utilising informal processes wherever possible to prevent them escalating unnecessarily into formal processes.

4.5 **On-boarding:** Whilst NHSH will have an induction process in place, checking how new employees are settling in is an important aspect of on-boarding. It can establish if any further training or coaching is needed, and if the employee has any concerns. Allocating a 'buddy' or mentor for a period of time is also useful as they can provide a friendly face new employees can talk with about working in the organisation.

4.6 **Improving organisational processes and procedures:** The IRP heard that improvements have been made to organisational processes and procedures, particularly the issue of suspension of staff. However, we also heard that other processes and procedures are still taking considerable time and there does not yet appear to be an automatic approach to ensure there is early intervention to deal with issues promptly and informally. We urge that training to enable this approach is developed at all levels of management and can recommend tools which would assist with this, e.g. the TRIM and STRAW approaches referenced in

our fourth Report would be ideal to support this and in addition have the knock-on benefit of managers having the tools to support employees appropriately throughout the process. Time and time again the IRP heard of the damage done to individuals when processes were drawn out. The Trade Unions also have an important role in making NHSH process work efficiently and effectively, which is explored further in Section 5.

4.7 **Developing clear metrics for assessing and reporting on progress in addressing the issues that the whistleblowers raised:** The IRP is aware of the work the senior team is undertaking in the Cultural Improvement Programme. The IRP heard from participants that many meetings are held, action plans are developed, and issues then reported as having been satisfactorily addressed, i.e., that are marked green on reports. We also heard that this reported success may not yet be felt on the ground. Participants commented that this feels like a tick box exercise rather than being a real listening opportunity for the Executive Team, particularly as there are senior managers still in post from the previous regime, which led to the Sturrock Inquiry. The IRP understands that what we heard has also been borne out by the results of the second Cultural Survey, which has been recently completed. Value would be gained in further developing staff and management resilience. This should recognise the inevitable pressures in the system which have been exacerbated by the coronavirus pandemic.

4.8 **Work to address the small communities issues:** Continuing improvement work should take into account the challenges of geography and remoteness highlighted by participants. Our organisational learning reports highlighted issues of nepotism; managers appointing staff without due HR process or favouring friends and relations over the best candidate for posts; and an inability to deal with issues in an objective and informal way. We also heard testimony of unwelcoming behaviour of the local population to people coming from outside the area to live and work in rural communities; and the difficulty of separating work from an employee's personal life in these small communities where work

issues seem to become everyone's business. These issues have resulted in the loss of many trained staff from an area where recruitment and retention of staff is always challenging. Staff should be given support to help prepare for new team members joining their team from outside the health board area and have someone to turn to for further support if issues arise.

4.9 **Resolving the outstanding issues in Argyll and Bute:** There are some very specific issues which have still to be addressed in the full integration of Argyll and Bute into the NHSH Board systems and processes. These include the governance and oversight which the NHSH Board has for the work of the Integration Joint Board for Argyll and Bute; and the small communities issues addressed above. More recently the IRP has been made aware of clinical safety issues which have been raised with local managers, but which appear then to have led to targeting and scapegoating of the individuals raising these concerns. This requires urgent senior management attention, particularly by the Medical and Nurse Directors, as this behaviour places the organisation at risk of clinical incidents.

4.10 **A lack of conviction on the part of participants that there is a wholehearted commitment to a change in culture throughout the organisation:** There is a need for regular checking in and genuine listening to staff to sense check the feelings on the ground and how staff view progress in tackling the issues corroborated in the Sturrock Review. There are a range of tools available to organisations to measure success.

- While there are performance assessment processes in place for executive directors, both clinicians and managers, which incorporate recognition of the values and behaviours promoted by NHS Scotland, to be effective there should be robust 360-degree assessment as part of every senior manager's performance assessment at the intervals recommended nationally. If poor behaviour is called out in any element of their work then this requires to be addressed.

- On a wider organisational scale an in-depth comprehensive analysis report on the current organisational culture would give the Board some informed intelligence to target employee development for divisions, departments and teams. Metrics could be used if this is repeated annually to track progress and manage risks as they arise.
- On a smaller team and individual scale (especially in the divisional areas that are coming out as having more challenges) an in-depth assessment around behaviours would be helpful. This assessment would then be used to enable targeted training that is needed so teams have a full understanding of their dynamics, strengths, potential conflicts and development needs. This enables the team and individuals to understand the impact of how their own behavioural traits impact and as a result how they can better interact with the overall team.
- The IRP is aware of a significant body of research work, some highlighted in the Sturrock Report, and some published more recently, which could inform the Cultural Improvement Programme or spur specific activities to build organisational and personal resilience. The IRP has highlighted some specific examples in the Appendix to this Report, which will add to those referenced by Sturrock.

4.11 **Recognition of the impact of mental health conditions on employees and their ability to deal with difficult work situations:** NHS employers have a duty of care under the Staff Governance standards to protect the mental health and wellbeing of staff whilst they are at work. Many boards have developed staff mental health and wellbeing policies to ensure staff have a range of options and know who to turn to for support with mental health issues. The IRP recommends that NHSH reviews its existing policy to ensure it is in line with best practice.

4.12 **Recognition of the issues experienced by employees going through the menopause:** For employers, the menopause is a health and wellbeing concern for staff and needs to be handled sensitively. The IRP heard from many

individuals that there was no recognition of the impact of the menopause on their ability to function effectively at work. Individuals experienced a range of physical and mental health symptoms around the time of the menopause, which are well documented in research literature. Whilst the menopause is not a specific protected characteristic under the Equality Act 2010, if an employee or worker is put at a disadvantage and treated less favourably because of their menopause symptoms, this could be discrimination if related to a protected characteristic, for example: age and/or sex. There are several ways in which staff can be supported to deal with these issues at work. ACAS and other organisations have resources which could be used to develop an appropriate policy to support staff with these issues.

5. The role and expectations of trades unions and professional organisation representatives

5.1 Devolution of the NHS to the Scottish Government in 1999 was accompanied by the establishment of partnership working across NHS Scotland between representatives of the Government, NHS Management and the NHS Trade Unions and Professional Organisations. Each NHS Board was required to set up a Staff Governance Committee, with representatives from local management and staff sides, and the Chairperson of the Staff Side was appointed as a Non-Executive Director (Employee Director) of the Board.

5.2. A wide range of supporting policies and procedures were subsequently put into place, on a partnership basis, to ensure that the interests of NHS staff were taken into account when consideration was given to maintaining and raising the standards and quality of patient care in Scotland. The development of Partnership Information (PIN) Policies was the vehicle for providing consistency of treatment of staff across NHS Scotland, while allowing scope for local variations to be agreed by management and staff.

5. 3. The obligation on management was to inform their decisions with the views of staff who were crucial to providing quality health services. The obligation on trade unions and professional organisations was to communicate with staff and to feedback management's response. Both sides should be committed to the avoidance of adversarial behaviours and precipitate, or retaliatory, action as well as to exchanging views and reaching decisions in an open and transparent manner.

5.4 The IRP heard from many participants that partnership in NHS Highland was either not working or not effective, that there was a lack of leadership across the Staff Side and a failure to pick up what was going wrong on the ground. The Panel is therefore recommending that both staff and management should seek to improve the current system by ensuring the following improvements:

- That the Employee Director has sufficient time and resources and support to represent all staff employed by NHS Highland;

- That the Employee Director focuses on providing leadership to the whole of the Staff Side by relinquishing responsibility to represent their own Trade Union or Professional Organisation members;
- That there is a process of continuing and adequate feedback between management and staff representatives on the benefits and risks of all NHS Board and Committee decisions;
- That the Board provide joint training to staff and management representatives on the behaviours, expectations and commitments of partnership working;
- That the Staff Side carry out an audit of all Trade Union and Professional Organisation representatives as the first stage of ensuring that there are sufficient local representatives in all areas of the Health Board to provide advice, assistance and representation;
- That management and Staff Side immediately review ways of substantially reducing the amount of time spent on grievances, complaints and disciplinary matters;
- That management and Staff Side develop a system of 360-degree accountability with a view to exploring ways of improving both the availability and quality of services to patients; and
- That Trade Union and Professional Organisation representatives are allowed free access to counselling and support services so that they can cope with the pressures of handling individual and collective issues.

6. Conclusion

6.1 Whilst all members of the IRP wish the harmful circumstances leading to the Sturrock Review had not occurred, it has been our privilege to meet all of the participants who requested a meeting with the IRP.

6.2 The IRP's Healing Process journey is now concluded. For many of those we met it is not so easy to find closure. Whilst recognising the IRP may not have been able to meet everyone's expectations, we hope the recommendations we made for participants have been beneficial.

6.3 We also hope that the recommendations made in this and our preceding four organisational learning reports are helpful to NHSH and those who work for it. The IRP hope there is never again the need for a Sturrock Review and that The Healing Process will always be unique.

6.4 The baton the IRP has held for the last 18 months or so is now firmly back in the hands of NHSH. Much work has already been done to improve the culture within NHSH but more is required.

6.5 For the sake of everyone who works in NHSH and those who rely on its healthcare, please learn the lessons from the past and work every day to create a positive and welcoming culture within NHSH. That would be the most appropriate response for the whistleblowers and others who endured so much to bring us to this point.

May 2022

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Appendix 3: Independent Review Panel Recommendations

1. The purpose of this document is to provide an assessment of the recommendations made in the fourth report of the Healing Process Independent Review Panel (IRP), similar to the assessments made of the first three reports of the IRP that were submitted to the Board in March and November 2021.
2. The fourth report of the IRP makes 10 recommendations, building upon themes and recommendations made in the prior 3 reports, and is based upon the evidence given by 95 current or former members of staff, of the 272 current or former members of staff have completed the Healing Panel process.
3. The paper also provides a status update of the recommendations made in the first three reports. For those that are either in progress or not yet addressed, further commentary is provided as to the route for addressing the recommendation.

Fourth IRP report recommendations

Rec #	RAG Status	Detail	Status and proposed timeframe	Route(s) to resolution / further activity required
4.1	**Green**	The need for improved **Appraisal and Personal Development Plans. (Report 1: Recommendation 3).** We understand from the Board's Action Plan following our previous reports, that in 21/22 there are clear objectives from the Board to Executives and Senior Managers, and that this is being built on in 22/23. Performance in this area needs to be measured and if suitable improvements are not witnessed, then further steps should be taken.	22/23 Exec and SM objective setting is in place, and this remains a 3-year programme to fully implement across the organisation	Performance objectives are in place for Executives and Senior Leaders, who are also encouraged to cascade down to their team members. The NHS Highland strategy will shortly be published, and all service / departmental / team objectives will be evaluated at mid-year to ensure alignment with the overall strategic objectives of the organisation. Further work is required to develop performance management across the Board, and this will be a core element of the People strategy and Annual Delivery plan.
4.2	**Amber**	**Recruitment Processes should be thorough and avoid any bias. (Report 1: Recommendation 5).** From the testimonies heard in the period covered by this report, continuing concerns over cronyism and nepotism in appointments processes were raised. From the Board's action plan we understand that this is being addressed with a 2-year programme to embed values-based recruitment and this is to be completed in 22/23. Performance in this area needs to be measured and if suitable improvements are not witnessed, then further steps should be taken.	In progress - plans ongoing through 22/23	The Recruitment Review completed in 2021 by our external culture advisor made a suite of recommendations relating to improving the rigour of current selection approaches. These recommendations have been reviewed and prioritised for implementation by a partnership group (Recruitment, Managers and Staffside). Development of our recruitment, attraction and retention strategy is underway, which will be incorporated into our People Strategy and Annual Delivery plan and overseen by the People programme board.

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Rec #	RAG Status	Detail	Status and proposed timeframe	Route(s) to resolution / further activity required
4.3	**Complete**	**A wide-ranging review of the HR function (Report 1: Recommendation 9).** There was again significant criticism of the role of the HR function in resolving complaints, grievances, and disputes. We understand that the review has been completed with additional senior roles being created and a business partner model being implemented. This should see HR staff more aligned to leaders and managers who can deal with issues promptly and more effectively as they arise. Performance in this area needs to be measured and if suitable improvements are not witnessed, then further steps should be taken.	Complete – all senior roles defined and recruited to.	A review of the organisation of the function has been completed with additional senior roles created and a business partner model implemented. The People function has reviewed priorities for 22/23 to ensure alignment of resource and workload.
4.4	**Green**	We have previously highlighted the need for an effective **HR case management system (Report 1: Recommendation 10).** There was continued criticism of HR systems and processes, which were protracted. The Board's Action plan indicated that this should be in place by March 2022. Performance in this area needs to be measured and if suitable improvements are not witnessed, then further steps should be taken.	Paused whilst national systems framework is agreed.	The People team continue to track cases via excel spreadsheet and produce reports on overall case volumes and duration and our people partners follow up with senior leadership teams on these. The Chief Exec meets quarterly with the Head of People Services and the Deputy Director of People to discuss the position and progress. However, the case management system is paused until the national systems position is known.
4.5	**Completed**	The IRP heard again the significant impact **lengthy suspensions** from the workplace had on the mental health, anxiety, and stress of those employees. **(Report 1: Recommendation 22).**	Completed.	The process and number of suspensions was the subject of review in early 2020 and suspensions have significantly reduced. A clear process is in place, and an executive must approve any suspension or special leave arrangement, only until appropriate redeployment or supervision can be put in place.

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Rec #	RAG Status	Detail	Status and proposed timeframe	Route(s) to resolution / further activity required
4.6	**Completed**	**Effective Mediation (Report 1: Recommendation 13).** We highlighted previously that where mediation is undertaken to resolve differences between individuals who have been party to a complaint of bullying, it should be formally entered into by all parties, and be facilitated by a trained neutral mediator. In this period, it was again raised that where mediation was put in place, often one party to the mediation refused to participate. When mediation did take place the expertise of the mediator was called into question. The Board's Action Plan indicated that this was being addressed using external mediators and that a long-term approach would be scoped and costed. Performance in this area needs to be measured and if suitable improvements are not witnessed, then further steps should be taken.	Completed	Mediation and facilitation is currently offered both internally and externally, where appropriate, as part of our early resolution focus and in requests to work with teams or situations. The Guardian service also provide mediation services in specific situations. External support has been in place and regularly used since 2019 and we will continue to utilise this. We have a dedicated Organisational Development team in place who ensure that access to team level and we are starting the role out of the team conversations as well.
4.7	**Green**	**Clinical Services in Remote and Rural Areas. (Report 2: Recommendation 4 and Report 3: Recommendation 1)** During the recent testimonies, we heard again of concerns from those working in smaller settings about the standards of clinical services. As we highlighted in our previous reports there are undoubted challenges presented by more rural geography and populations. We heard again about leadership being remote, and staff lacking appropriate supervision. There were instances identified by some participants where this was considered to be impacting adversely on patient safety. We are aware that the Board recognises these challenges, but we continue to urge the Board to seek to address these challenges in the existing provision and future design of services. Working in more remote areas can mean that staff feel isolated when faced	In progress - will be embedded into the strategy and ADP and delivered in July 2022	The strategy for 2002-7 is now being developed collaboratively with colleagues from across the organisation and wider stakeholders. As part of the strategy development process; the design of services and structures to support service delivery will be evaluated. The design and delivery of remote and rural services will form a key part of the strategy development process. This is also embedded into the Argyll & Bute HSCP strategic plan, which was recently published, and work is already ongoing in some areas, such as Coll, to test approaches, with good feedback and success so far.

Appendix 3: Independent Review Panel Recommendations

Rec #	RAG Status	Detail	Status and proposed timeframe	Route(s) to resolution / further activity required
		with difficulties in the workplace relating to personalities or management practices.		
4.8	**Green**	**Mental Health/Trauma (Report 3: Recommendations 2 and 3)** The IRP heard more testimony about the lack of support for staff who had mental health issues or had experienced previous trauma either in their personal life or through their work, or both. We raised this in our last report and recommended that mental health be considered on the same basis as physical health and proposed the recruitment of Mental Health first aiders. We are aware that the Scottish Government has adopted a 10 year vision for mental health, and staff wellbeing is now part of NHS Scotland's Workforce strategy. Given the experiences within NHS Highland identified by the Sturrock Report and The Healing Process, we would recommend that further work is undertaken to analyse the extent of mental health support which is available in other organisations and could be effectively adopted by NHS Highland.	The development of a Wellbeing strategy and plan is part of the wider strategy work and should be completed by October 2022.	The IRP recognised that mental health was a national challenge, and that greater support and investment was required nationally. Wellbeing is a specific workstream / focus of the Culture Programme and will be an integral area of the People elements of the Together We Care strategy, with specific actions that can be taken to improve support and reduce stigma will be considered as part of this work as a priority.
4.9	**Completed**	**Investigations (Report 1: Recommendation 11)** We have also heard again that individuals did not have confidence in the process put in place to undertake investigations. There was often a lack of respect and trust for those who were asked to carry out investigations. 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.	Action completed although work continues on our wider processes	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

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Rec #	RAG Status	Detail	Status and proposed timeframe	Route(s) to resolution / further activity required
		We note that an external organisation was used to carry out investigations, but it would appear that that this did not lead to a significant improvement. We would encourage 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. The pandemic has led to the use of technology which supports more virtual interactions which could be used by such a unit and ensure investigations are undertaken effectively and timeously. Performance in the efficiency and effectiveness of investigations needs to be measured and if suitable improvements are not witnessed, then further steps should be taken.		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 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. However, 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.
4.10	**Green**	**Culture Programme (Report 1: Recommendations 2, 4, and 8 and Report 2: Recommendation 1)** Progress on implementing the Culture Programme created by the Board will have been impacted by COVID. We have been struck by the fact that information, on the content and progress on the Culture Programme is not easy to find on the NHS Highland public website. We feel given the resource and effort going into the Programme it should have a prominence on the website and other communication channels to demonstrate to the public and staff the Board's commitment to improving culture.	Culture will continue as an integral part of the Together We Care strategy with a focus on team / colleague engagement and impact over 22/23 and 23/24	The progress being made by the Culture Programme did indeed slow down over the recent last 2 quarters due to the systems pressures sustained by COVID, with several the developed support offers for front-line colleagues / teams being paused due to them having no capacity to participate in the development. The team support offer "Team Conversations" will shortly be piloted and rolled out; and the Leadership and Management Development cohorts and peer support have recommenced. The focus for culture over 22/23 is on the development and implementation of a Wellbeing strategy (including a focus on

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Rec #	RAG Status	Detail	Status and proposed timeframe	Route(s) to resolution / further activity required
		In this final period of our work, it has been reported to us 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 that it has yet to make an impact on the way many staff feel in their everyday work. This appears to be borne out by the iMatter scores that remain low in certain areas such as confidence in performance management, involvement in decision making and trust and confidence in leadership. These low scores match other areas in NHS Scotland. However, our reflection is that the Culture Programme is yet to make significant impact.		mental health and workload) and the introduction of Promoting Professionalism and Civility Saves Lives, all of which will have a direct impact on the staff across the Board. The move to culture being part of the Together We Care strategy and Annual Delivery plan will support wider awareness and engagement and will also be aided by the replacement of the current internet which is no longer fit for purpose and is being replaced this year.

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First IRP report recommendations

RAG status definitions

Red **Significant risk to delivery** **Amber** **Some risk to delivery** **Green** **Delivery on track** **Blue** **Delivery complete**

Rec #	RAG Status	Detail	Updated May 2022 status	March 2021 status and original timeframe	Route(s) to resolution / further activity required (May 2022 update)
1.1	G **Completed**	An action plan be developed to capture the organisational learning identified through the IRP process, and that progress be monitored through regular reports and metrics, which can be tracked to monitor improvement, and capture the desired change in culture.	Completed	In progress	All recommendations and points of learning assimilated to date have been aggregated and assessed. Progress will now be tracked as part of the Together We Care strategy and annual delivery plan going forward. The Listening and Learning survey conducted during June and July of 2021 has provided NHS Highland with a solid baseline of culture measurement and will be repeated in September 2022 to assess progress.
1.2	**Completed**	An ongoing cultural improvement development programme should be put in place for all clinical leaders and managers, including members of NHSH Board	Completed	In progress	A revised leadership and management development framework and set of learning modules is in place and includes a suite of development aimed at improving ways of

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Rec #	RAG Status	Detail	Updated May 2022 status	March 2021 status and original timeframe	Route(s) to resolution / further activity required (May 2022 update)
					working and is live for leaders and managers at different levels within the organisation.
1.3	**Green**	Individual performance development plans based on agreed actions for individuals should be put in place and performance improvement monitored through effective performance appraisal with the organisation's values being a key part of the monitoring of the metrics	22/23 Exec and SM objective setting, and appraisal is in place, and this remains a 3-year programme to fully implement across the organisation, aligned to the new strategy	21/22 for exec / SM objective setting 22/23 for start of wider performance management implementation	Performance objectives are in place for Executives and Senior Leaders, who are also encouraged to cascade down to their team members. The NHS Highland strategy will shortly be published, and all service / departmental / team objectives will be evaluated at midyear to ensure alignment with the overall strategic objectives of the organisation. Further work is required to develop performance management across the Board, and this will be a core element of the People strategy and Annual Delivery plan.
1.4	**Green**	The concept of a 'just culture' be explored and any learning from this incorporated into the cultural improvement development programme. Progress should be evidenced through a visible decrease in referrals to people processes	In progress and will be further embedded via "Promoting Professionalism" rollout.	In progress	The concepts of justness are part of 4 of the current Culture priorities (Civility Saves Lives, People Processes, Leadership and Management Development and most clearly within Values and Behaviours). NHS Highland has recently agreed to implement the 'Promoting Professionalism' approach originating from Vanderbilt in the USA which whilst will take significant time and effort to implement, will transform the approach to addressing ways of working and culture across the organisation.

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Rec #	RAG Status	Detail	Updated May 2022 status	March 2021 status and original timeframe	Route(s) to resolution / further activity required (May 2022 update)
1.5	**Amber**	Recruitment processes should ensure that the best candidate is selected, avoiding – and being seen to avoid – any bias, and that those selected have personal values that match those of the organisation, Transparency is key. NHS Scotland has developed a values-based recruitment process which should be adopted for all posts.	In progress - plans ongoing through 22/23	In progress	The Recruitment Review completed in 2021 by our external culture advisor made a suite of recommendations relating to improving the rigour of current selection approaches. These recommendations have been reviewed and prioritised for implementation by a partnership group (Recruitment, Managers and Staffside). Development of our recruitment, attraction and retention strategy is underway, which will be incorporated into our People Strategy and Annual Delivery plan and overseen by the People programme board.
1.6	**Amber**	Once new starts are in place, induction processes should include training on equality and diversity.	In progress – day one induction programme being rolled out by Oct 22, and Stat Man action plan - both will be part of strategy and ADP.	In progress Ongoing – requires regular reporting / tracking.	Statutory and Mandatory training includes equality and diversity modules, so all new starts are required to complete this learning and to repeat this throughout their employment. Ensuring inclusive thinking and behaviours is a key element of our programme. Improving Induction is a key element we are progressing in 2022 along with a focus on improving stat man compliance across the Board.
1.7	**Green**	The adoption of seven key principles, which have been proven in having effectiveness in this area (i.e., equality and diversity): 1. Acknowledge the challenge	In progress as a key element on the strategy and ADP - to deliver over 22/3 and beyond.	In progress	NHS Scotland has a commitment to equality and diversity within the Staff Governance Standard, to which NHS Highland works. There is an Embracing Equality, Diversity & Human Rights Policy in place, with national review restarting soon. Our Head of Talent will

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Rec #	RAG Status	Detail	Updated May 2022 status	March 2021 status and original timeframe	Route(s) to resolution / further activity required (May 2022 update)
		2. See workforce equality as integral to service improvement not just compliance 3. Insist on detailed scrutiny of data from Employee Staff Records / national staff survey to identify specific challenges 4. Ensure the narrative underpinning strategy is specific to each organisation 5. Learn from previous failed approaches 6. Specific interventions must be evidence driven 7. Accept that accountability is crucial (and leaders model the behaviours expected of others)			work with other leaders in the organisation on our longer-term strategy and plan for inclusion and diversity, which we would want to have in place by April 2023.
1.8	**Green**	The culture going forwards should be one based on engaging and empowering, and valuing contribution through effective appraisal and feedback. This can be monitored through the NHS Scotland I-matter engagement process which all Boards are required to use and report on	In progress – culture will continue to be measure and reports via the Strategy, ADP, and other forums	In Progress	The Listening and Learning Survey has provided NHS Highland with a clear baseline of current culture, and this will be used to assess progress across several themes. The 2021 iMatter results are also available, and are in line with prior years and with the overall NHS Scotland results. iMatter will shortly be run and the follow up Listening and Learning Survey will take place in September 2022 so progress can be assessed.

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Rec #	RAG Status	Detail	Updated May 2022 status	March 2021 status and original timeframe	Route(s) to resolution / further activity required (May 2022 update)
1.9	**Completed**	The HR function should be subject to a wide-ranging review to ensure that there are sufficient staffing resources within the HR function and that these resources are effectively deployed and members of staff in the HR function understand their roles in supporting changes to organisational culture	Complete – all senior roles defined and recruited to.	Not yet addressed To finalise and implement first phase restructure by end June 2021 and communicate around this	A review of the organisation of the function has been completed with additional senior roles created and a business partner model implemented. The People function has reviewed priorities for 22/23 to ensure alignment of resource and workload.
1.10	**Green**	An HR case management system is adopted so that all HR processes can be monitored and performance managed. Regular reports on the application of HR policies should be provided to the Staff Governance Committee and the Area Partnership Forum.	Paused whilst national systems framework is agreed.	In progress	The People team continue to track cases via excel spreadsheet and produce reports on overall case volumes and duration and our people partners follow up with senior leadership teams on these. The Chief Exec meets quarterly with the Head of People Services and the Deputy Director of People to discuss the position and progress. However, the case management system is paused until the national systems position is known.
1.11	**Completed**	Serious consideration is given to external independent involvement in Dignity at Work complaints as the default response.	Action Completed although work continues on our wider processes	In progress To be further reviewed as part of people process review 21/22	CMP were used to investigate all bullying and harassment cases between June 2019 and April 2021. However, this did not lead to any improvement in the timescales or outcomes and in some cases extended them, so we now only use external resource where sensitivities require

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Rec #	RAG Status	Detail	Updated May 2022 status	March 2021 status and original timeframe	Route(s) to resolution / further activity required (May 2022 update)
					this. Our approach to investigations is part of the People Process workstream activity.
1.12	**Completed**	A change from a grievance to a resolution-based approach, adopted through the HR policies.	Completed.	In progress Focus for People Processes 21/22	This is embedded in the Once for Scotland policies and is a key part of our training of managers. Early Resolution is being successfully used in more cases (30 out of 35 B&H cases over the last year attempted Early Resolution, demonstrating the organisational awareness and acceptance of this approach is growing significantly).
1.13	**Completed**	Where mediation is thought to assist, it should be formally entered into by both parties, and facilitated by a trained neutral mediator and seek to deal with the relationship difficulties rather than take what might be viewed as the easier option of removing the complainant.	Completed	In progress Long term approach to be scoped / costed during 21/22	Mediation and facilitation is currently offered both internally and externally, where appropriate, as part of our early resolution focus. External support has been in place and regularly used since 2019.
1.14	**Completed**	The budget allocation process should be reviewed with clarity of budget holder's responsibility and delegated authority within the overall financial plan and financial governance arrangements.	Completed	Partially Addressed Financial Planning process to be reviewed during 21/22	Much work has been done with regards to financial understanding, with mandatory online training for all budget holders, updated standing financial instructions and an annual budget review process. In addition, all budget holders are engaged in our Financial Recovery Programme and driving identification and delivery of recurring cost improvement and service efficiency targets.

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Rec #	RAG Status	Detail	Updated May 2022 status	March 2021 status and original timeframe	Route(s) to resolution / further activity required (May 2022 update)
1.15	**Completed**	NHSH Board, in addition to regular Board meetings, should receive regular briefings where Board members can receive information from those directly providing services and support	Completed	Programme started	Board meetings now include a spotlight session from frontline teams. T
1.16	**Completed**	A protocol for service reviews be agreed, and, where they are necessary, they should have a clear remit, engage all stakeholders, and be led by an independent expert in the service being reviewed	Completed	In progress	We have put in place two Strategy and transformation leads and two posts in our engagement team. Our work on Lochaber and Caithness redesigns is using new approaches, new governance and strategy is now underway and will drive future service redesign approach.
1.17	**Green**	Where estate is rationalised a full appraisal of the needs of the service should be undertaken before a move into alternative accommodation is made.	In progress - accommodation strategy will be part of Together We Care roll out	In progress	A process is now in place whereby the Estates & Facilities directorate will be responsible for coordinating all accommodation moves with an emphasis on stakeholder engagement. Accommodation groups have been created in both acute and community settings to oversee full governance is in place for any service changes that impact the use of current infrastructure. However, an accommodation strategy is still required.
1.18	**Completed**	Training in bullying and harassment should be made available to all accredited Trades Union representatives.		Addressed	The Once for Scotland policy training (including bullying and harassment) is open to all for completion (including TU representatives). Rates of completion will be tracked and reported upon.

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Rec #	RAG Status	Detail	Updated May 2022 status	March 2021 status and original timeframe	Route(s) to resolution / further activity required (May 2022 update)
1.19	**Completed**	The role of the Employee Director should be clarified to ensure effective representation of the staff side, and effective representation at Board level.		Addressed	There are nationally set parameters for this role and the Employee Director participates in all board training and development alongside the other non-executive and executive Board members. They also engage in the national forums for this role. They meet regularly with the Chief Executive and Director of People & Culture. We have a new Employee Director in post from 1 October 2021 and who has been fully inducted into their role locally and nationally, as we would for all new non-executive directors.
1.20	**Completed**	The role of Occupational Health in supporting the organisational culture should be explicit, and the Occupational Health Lead should report to a Director, and provide regular reports to the NHS Board.		Addressed	The Lead for Occupational Health reports to the Director of People & Culture and is part of their leadership team. The role of OH is very clear and the support available to staff has been widely publicised throughout the recent focus on staff wellbeing. Feedback on the service is extremely positive. The service lead regularly attends partnership forums and other colleagues briefing sessions to provide tailored proactive advice and support on a range of issues. Reports from OH are part of the workforce report submitted to Staff Governance Committee.

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Rec #	RAG Status	Detail	Updated May 2022 status	March 2021 status and original timeframe	Route(s) to resolution / further activity required (May 2022 update)
1.21	**Green**	Training for managers on recognising the signs of mental health issues and on appropriate interventions should be provided	In progress – additional support is being scoped as part of the Wellbeing strategy	In progress Further supported by Leadership and Civility actions in plan for the coming year.	There is a significant focus on mental health and wellbeing and through national and local systems. We promote the available training on the national portal and TURAS system including psychological first aid and through our bi-weekly wellbeing emails. Managers can access support from OH and also from our EAP provider to assist in managing this. A Wellbeing strategy is under development and is assessing the implications of introducing Mental Health First Aiders / Champions.
1.22	**Completed**	There should be a clear procedure relating to decisions to suspend staff with the circumstances being carefully considered. Suspensions should be regularly reviewed and reported to the Board. This would be supported by the HR case management system referred to in recommendation 10.		Completed Case management system addressed in 10.	The process and number of suspensions was the subject of review in early 2020 and, as a result, suspensions have reduced from around 50 in 2018 to 1 in Nov 2021. A clear process is in place, and the Director of People & Culture and Executive Director have to approve any suspension, which is a short-term measure until appropriate redeployment or supervision can be put in place. The development of manager capability to manage these processes will also be addressed by both the People Processes and Leadership and Management Development priorities.

Appendix 3: Independent Review Panel Recommendations

Rec #	RAG Status	Detail	Updated May 2022 status	March 2021 status and original timeframe	Route(s) to resolution / further activity required (May 2022 update)
					The case management system is in progress but there is a manual reporting process as part of the Staff Governance workforce reports.

Second IRP report recommendations

Rec #	RAG Status	Detail	May 2022 status	March 2021 Status and original timescale	Route(s) to resolution / further activity required (May 2022 update)
2.1	**Completed**	That the recommendations in the Sturrock Report and the IRP's Organisational Learning Reports are implemented in full and that by regular feedback to the IRP, the Whistleblowing Group, NHSH employees, and the wider public, NHSH show that this is the case and that the actions being taken are being translated into culture change that is seen by staff as positive and that the Culture Programme is being shaped by the voices of affected staff.	Complete – these final reports have now been shared and recommendations assessed and integrated to our strategy and plan	In progress - ongoing	Substantial progress has been made in addressing the recommendations in the Sturrock Report and in the IRP Reports. The progress against those relevant actions still outstanding will continue to be reported and tracked via the People Programme Board, IPQR and other mechanisms as an integral part of the strategy and ADP.
2.2a	**Green**	A systematic review of existing capability of all managers and clinical leaders be undertaken with a view to putting in place effective personal development plans, supported by relevant training, for all managers and leaders	Ongoing as part of appraisal and professional leadership plans.	Addressed with Exec and Senior Managers in 2021/2, other areas from 22/23 on	All leaders and managers across the organisation will undertake development and have regular performance reviews over the course of the next 3 years, professional leadership roles have been invested in to support this.

Appendix 3: Independent Review Panel Recommendations

Rec #	RAG Status	Detail	May 2022 status	March 2021 Status and original timescale	Route(s) to resolution / further activity required (May 2022 update)
2.2b	**Completed**	That a leadership development programme to address the following areas for the organisation to thrive and grow and plan for any gaps that are identified**:** • Cognitive and critical thinking needed to reason, plan, adapt and learn • The leadership DNA in terms of how that is reflected in the way individuals think, act and feel • The unique knowledge, skills & abilities required to excel in the leadership of people and teams • The capacity and willingness to continually learn from experience. Achieving growth through proactive use of feedback and self-reflection. • The ability to innovate and be a positive force for change and progress. • Confidence building.	Completed	In progress delivering in 21/22 but will take time to roll out widely	A leadership and management development programme was launched in October 2021 and earl evaluation of efficacy has been positive. Additional cohorts will join the programme over the course of this and future financial years. Team conversations are being piloted in Spring 2022 which will support the development of effective team working and ensuring the NHS Highland values and behaviours are embedded across the organisation.
2.2c	**Green**	That the NHS Scotland standard of values-based recruitment to leadership positions is fully adopted/implemented.	In progress over 22/23 for all roles	In progress	Values based recruitment is in place in many posts including in the recruitment of some clinical posts; and the intention is to roll this out more widely across the organisation
2.3	**Complete**	The Clinical Governance Committee reviews the governance and reporting of information governance incidents (only where there is clinical risk in NHS Highland as this is overseen elsewhere), patient safety reporting and the reporting and	Completed	In progress	Information assurance governance arrangements have been revised. Our process for Significant Adverse Event Reviews has been revised and a new approach is in place. The Clinical Governance Committee has a workplan and has refreshed our Quality and Patient Safety

Appendix 3: Independent Review Panel Recommendations

Rec #	RAG Status	Detail	May 2022 status	March 2021 Status and original timescale	Route(s) to resolution / further activity required (May 2022 update)
		monitoring of adverse events with benchmarking against other health boards			approach. The data in the IPQR is being reviewed and the new QPS meeting are increasing the focus on data
2.4	**Green**	An assessment of the resources required to provide visible and meaningful leadership for services in remote areas should be undertaken, and changes made to existing management and leadership arrangements. This will also require an analysis of the support required for staff working in small communities to be undertaken and additional support put in place, including appropriate professional supervision where this is lacking.	In progress - will be embedded into the strategy and ADP and delivered in July 2022	Not yet started	The strategy for 2002-7 is now being developed collaboratively with colleagues from across the organisation and wider stakeholders. As part of the strategy development process, the design of services and structures to support service delivery will be evaluated. The design and delivery of remote and rural services will form a key part of the strategy development process. This is also embedded into the Argyll & Bute HSCP strategic plan, which was recently published, and work is already ongoing in some areas, such as Coll, to test approaches, with good feedback and success so far.

Appendix 3: Independent Review Panel Recommendations

Third IRP report recommendations

Rec #	RAG Status	Detail	Updated May 2022 Status	Route(s) to resolution / further activity required (May 2022 update)
3.1	**Green**	An assessment of the resources required to provide visible and meaningful leadership for services in remote areas should be undertaken, and changes made to existing management and leadership arrangements. This will also require an analysis of the support required for staff working in small communities to be undertaken and additional support put in place, including appropriate professional support where this is lacking.	See 2.4 above	See 2.4 above
3.2	**Green**	To address mental health, the Scottish Government has implemented a 10-year vision in The Mental Health Strategy 2017-2027 which, in a nutshell, is for people to get the right help at the right time free from discrimination for mental health issues. The Health and Safety (First Aid) Regulations 1981 require employers to provide adequate and appropriate equipment, facilities and personnel to ensure their employees receive immediate attention if they are physically injured at work. Therefore, to provide parity with physical health, it is recommended the same requirements be considered for mental health	The development of a Wellbeing strategy and plan is part of the wider strategy work and should be completed by October 2022.	The IRP recognised that mental health was a national challenge, and that greater support and investment was required nationally. Wellbeing is a specific workstream / focus of the Culture Programme and will be an integral area of the People elements of the Together We Care strategy, with specific actions that can be taken to improve support and reduce stigma will be considered as part of this work as a priority.

Appendix 3: Independent Review Panel Recommendations

Rec #	RAG Status	Detail	Updated May 2022 Status	Route(s) to resolution / further activity required (May 2022 update)
3.3	**Green**	It is recommended that training for all Staff in basic level mental health first aid training be provided to start removing the stigma around mental health and focus on supporting colleagues facing challenges in or outside of work, which would promote stronger relationships and encourage team building.	As for 3.2.	As for 3.2
3.4	**Green**	Some work should be undertaken to consider what additional support might be required for new recruits moving to work in NHS Highland. In "HR speak" this is known as on-boarding, and might involve enhanced induction and orientation, and the identification of a "buddy", who might be an informal contact for individuals new to the area who face challenges in settling in to a different workplace and community culture. It is also known as "organisational socialising".	Induction to be rolled out by October 2022 Wider work is an integral element of the People ambitions of Together We Care and will be delivered via this and the ADP.	Activity is underway to develop and implement a corporate induction for all colleagues on Day 1. Consideration is being given to the creation of a specific team to support the transition and on-boarding of new recruits to NHS Highland, particularly for those from outside the area. The on-boarding survey which will be rolled out via Culture Amp will gather regular feedback from new recruits to ensure that the induction experience is monitored and improved.
3.5	**Green**	The Boards Clinical Governance Committee should assure itself that staff are cognisant of the governance system for integration services	Ongoing - to be concluded by end of 2022	As per our ongoing Board governance reviews and the development of the Together We Care strategy and work within A&B HSCP, this is being addressed.
3.6	**Green**	The Argyll and Bute Health and Social Care Partnership has recently undertaken a Listening and Learning Survey. The results and associated actions from this should be implemented to ensure continued development	Progress against actions continues to be tracked, and will be measured by the next Listening and	Significant effort has been invested in understanding feedback from staff, and work continues in this area through the main culture programme and the A&B culture group.

Appendix 3: Independent Review Panel Recommendations

Rec #	RAG Status	Detail	Updated May 2022 Status	Route(s) to resolution / further activity required (May 2022 update)
		of integration (NB It, should be pointed out that the recent survey was organisation wide and not confined to Argyll & Bute HSCP)	Learning Survey for all colleagues in September.	Clear feedback and metrics were obtained from staff from across the HSCP and can be monitored via future surveys.
3.7	**Green**	Where targets are in place, staff should be given the necessary skills and resources to implement them. NHS Highland might wish to review its performance management system to ensure that while targets are being met, their transactional nature is not to the detriment of relationships across those charged with delivering them.	Performance objective setting aligned to strategy is in place for execs and senior managers and will be part of ongoing performance activity in next 3 years.	NHS Highland has little scope to change the national approach to target design and delivery; although it has been acknowledged that senior leaders can change the way that targets are communicated / cascaded and how staff are supported to respond. This leadership support and role modelling continues to be a high priority for the Executive Directors Group and will be picked up in our performance management program
3.8	**Completed**	NHS Highland should ensure that there are adequate systems in place to ensure that where instances of bullying and harassment are identified in primary care settings there are appropriate policies and support for these to be dealt with.	Completed - systems now in place.	We continue to work on improving our processes and responses to concerns which are raised, whilst acknowledging that those who are not employed by NHS Highland cannot be dealt with under our policies. However, we have our concerns process and all of our primary care colleagues have access to our Whistleblowing Standards. We also completed a Listening and Learning Survey of non-employed colleagues in Dec 21 / Jan 22 which gave further insight into primary care experience, with a good understanding of the new Whistleblowing standards.
3.9	**Completed**	We would recommend that a review of the use of the capability procedure is undertaken	Policy is in place and reviews have been established	The review of all cases, timelines and outcomes has been initiated and case volumes and timelines are now reported. This is part of the Once for Scotland workforce policy set. Case reviews are ongoing and will inform future priorities.

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Rec #	RAG Status	Detail	Updated May 2022 Status	Route(s) to resolution / further activity required (May 2022 update)
3.10	**Completed**	Where Dignity at Work Grievances have an outcome, these should be clear, open, and transparent to all parties, and any actions should be implemented and monitored to ensure they are effective, and this should also be transparent to all parties. NHS Highland should seek GDPR advice on the balancing exercise that needs to be done between the respective parties' interests in such cases. As part of this exercise, there would be merit in seeking guidance from the Information Commissioner on how to manage the challenges NHSH when seeking to reassure an aggrieved employee that appropriate corrective action has been taken, whilst respecting the rights of others involved in the situation, and complying with the law	Completed - Data protection assessment process is now in place	Confidentiality of all involved in a process is our key priority. However, we have engaged with our internal data protection and privacy experts, who engaged with the ICO and have developed an assessment process where needed.
3.11	**Completed**	In our first report, we recommended that NHS Highland consider moving from a grievance based to a resolution-based approach. It is appreciated that the scope for NHS Highland to agree HR policies given the Once for Scotland approach is limited but there is an opportunity to adopt a new approach which will assist other NHS Boards in Scotland to better handle Dignity at Work concerns. NHS Highland should consider further a resolution-based approach to handling grievances.	Completed - as per 1.12	This is embedded in the Once for Scotland policies and is a key part of our training of managers. Early Resolution is being successfully used in more cases (30 out of 35 B&H cases over the last year attempted Early Resolution, demonstrating the organisational awareness and acceptance of this approach is growing significantly).