

NHS HIGHLAND BOARD	Assynt House Beechwood Park Inverness IV2 3BW Tel: 01463 717123 Fax: 01463 235189 www.nhshighland.scot.nhs.uk/	
DRAFT MINUTE of BOARD MEETING Virtual Meeting Format (Microsoft Teams)	28 June 2022 – 2:30pm	

Present

Prof. Boyd Robertson, Board Chair
Dr Tim Allison, Director of Public Health and Health Policy
Mr Alex Anderson, Non-Executive
Mr Graham Bell, Non-Executive
Ms Jean Boardman, Non-Executive
Ms Elspeth Caithness, Employee Director
Mr Alasdair Christie, Non-Executive
Ms Ann Clark, Non-Executive
Mr Albert Donald, Non-Executive
Ms Pamela Dudek, Chief Executive
Mr David Garden, Director of Finance
Ms Heidi May, Director of Nursing
Ms Joanne McCoy, Non-Executive
Mr Gerard O'Brien, Non-Executive
Dr Boyd Peters, Medical Director
Ms Susan Ringwood, Non-Executive
Ms Muriel Cockburn, Non-Executive
Mr Garret Corner, Non-Executive

In Attendance

Mr Stephen Chase, Committee Administrator
Ms Ruth Daly, Board Secretary
Mr Ruth Fry, Head of Communications and Engagement
Ms Fiona Hogg, Director of People and Culture
Mr David Park, Interim Deputy Chief Executive
Ms Katherine Sutton, Chief Officer, Acute Services
Mr Nathan Ware, Governance & Assurance Co-Ordinator
Mr Alan Wilson, Director of Estates, Facilities and Capital Planning

Also in**Attendance**

Approximately 25 Members of staff, media and public

1 Welcome and Apologies for absence

The Chair welcomed everyone to the meeting, especially new attendees and members of the public and the press.

Apologies were recorded from Board members Sarah Compton Bishop, Philip Macrae, Gaener Rodger, Catriona Sinclair and also from Fiona Davies, Lorraine Cowie, Tara French and Deborah Jones.

2 Declarations of Conflict of Interest

None were noted.

3 The Healing Process Reports and Progress Update

The Chair introduced the report with a statement on behalf of the Board:

The episode and events that led to the commissioning in 2018 of the Sturrock Report by the Cabinet Secretary for Health and Sport have proved costly and detrimental to NHS Highland financially and reputationally but the cost to individual members of staff of the harm inflicted upon them by bullying and inappropriate behaviour is incalculable and has to be uppermost in our thoughts and actions.

We must acknowledge the courage of the whistle-blowers in bringing that suffering to public awareness and drawing attention to the deviant culture that permitted such rogue behaviour. We owe it to them to put in place the kinds of steps and measures, policies and practices that have been identified by John Sturrock, by the Root Cause Analysis conducted in partnership with members of the Whistleblowing Group and by the Independent Review Panel which conducted the Healing Process.

I would like to thank the group of union representatives, whistle-blowers, HR staff and external advisers who co-designed the Healing Process and to place on record the Board's appreciation of the very professional and sensitive manner in which the Independent Review Panel set about its gruelling task. We are greatly indebted to Michael Fuller and his team for taking on such an intensive and highly-charged mission and for bringing a series of recommendations to the Board over 5 reports. We owe it to the whistle-blowers and to all who suffered harm to take full cognizance of the findings of the Independent Review Panel.

The publication of the Independent Review Panel Final Report draws the formal Healing Process to a close but the hurt and distress occasioned by the bullying and inappropriate culture is still felt by many and the healing will take time. That makes me personally as Chair and my colleagues on the Board all the more determined to press on with the programme of remedial actions which aims to establish a healthy and positive working environment and culture and to eliminate the behaviours that have afflicted the organisation in the recent past.

We remain wholly committed to that and would encourage anyone within the organisation who witnesses or becomes aware of inappropriate behaviour to use the channels that we have established like the Guardian Service to bring such concerns to the fore. I am encouraged that colleagues are already doing so and that early resolution has been achieved in many of the cases raised.

I would, in concluding these remarks, want to acknowledge the vital role that our External Culture Adviser, Emma Pickard, has played in helping the Board to address the issues that have arisen and in formulating appropriate responses and programmes of action. We thank her most sincerely for her valuable and valued input and wish her well in her future activities.

F Hogg gave an overview of the report and set out some context and observations.

The Healing Process launched in May 2020 and was open for applications from current and former colleagues of NHS Highland until the 31st of March 2021. Its purpose was to address the harm caused by bullying and inappropriate behaviour that some people experienced working for NHS Highland in the period up to the 31st December 2019. The Healing Process was unique, bespoke and co-created with colleagues, trade unions and some of those who had been directly affected by such behaviours the process sought to address.

The purpose was to bring some healing through

- formal apologies
- psychological therapies
- the opportunity to have the Independent Review Panel hear their accounts

- financial payment
- and for the Board to apply learning from the process.

Initially, 340 people applied for assistance and 272 had their account heard by the Panel. The areas of organisational learning have formed the basis of the Panel's reports. Further data from the report around participation levels and outcomes will be presented later in the year when all the final costs of running the process are available.

F Hogg expressed thanks on behalf of her team and the organisation to every individual who participated in the process, and acknowledged the difficulty and trauma experienced from the initial events and the process of recounting what they had experienced to the Panel. Recognition was given that for some people there will be lasting hurt and harm and apologies were expressed for this.

She expressed thanks for the substantial contributions made by the following: the Independent Review Panel, members of NHS Highland involved in setting up and running the Healing Process in particular HR advisor, Barbara Anne Nelson, staff side, Whistle Blower representatives, legal support from Shepherd and Wedderburn, and practitioners from Validium who continue to deliver psychological therapies.

Work has been ongoing to improve communication and engagement with colleagues, including the Listening and Learning survey which took place last summer, and visits across the Board area. Listening and Learning panel sessions have begun, permitting colleagues to provide their personal experiences of what it is like to work for NHS Highland to the Director of People and Culture, the Board Chair and the Chief Executive. Listening and Learning 'Live' sessions are planned throughout key areas of the Board and the wide-reaching participation and engagement exercise on the five-year strategic plan was now nearing completion. While recognising the progress made by NHS Highland in achieving cultural transformation, it was stressed that there was still much work to be done to impact positively on the experience of all the Board's 10,500 colleagues across a vast geography. This endeavour would be an integral part of the People elements of the 'Together We Care' five-year strategic plan on which progress reports would be brought to the Board, the Staff Governance Committee, the Area Partnership Forum and leadership meetings to ensure the momentum continues.

In concluding, Fiona Hogg expressed her thanks for the work of Emma Pickard in driving forward progress on the Culture agenda since she became External Culture Adviser in March 2020.

In discussion, the following matters were addressed:

- The role of colleague experience surveys was discussed in terms of how the Board obtains feedback and measures changes in organisational culture. The Listening and Learning survey is tailored to NHS Highland's specific context whereas the iMatter survey has standard questions to cover all Scottish Health Boards, so both are valuable in different ways.
- The risk of 'survey fatigue' could lead to reduction in completion rates due to perceived cross over with the national iMatter survey and could be exacerbated if colleagues do not see changes implemented from survey results.
- Listening and Learning virtual visits to front line colleagues were noted as very useful opportunities for non-executive and executive members to engage with and listen to front line colleagues across the organisation and should be encouraged.
- A report for the Board on results from the most recent iMatter survey is expected soon, and the next iMatter survey is likely to be held in March 2023, as part of a national move to survey all of NHS Scotland at a similar point. Consideration will be given to minimise any overlap between iMatter and the next Listening and Learning survey.

- Use of the CultureAmp platform will be extended with, onboarding and exit questionnaires used in addition to local exit discussions, to capture more about the experience of colleagues at different stages in their careers.
- The challenge of engaging with colleagues who cannot or do not take part in technology-enabled interactions was raised. It was stressed that line managers should ensure information is cascaded to all of their team but it was recognised there was a need to support and resource local managers with training and development plans.
- Future focus would be on addressing the individual experience of colleagues so as to create, in its broadest sense, a more inclusive approach. This would involve regular conversations with teams and managers to ensure they are properly and consistently supported, to discover improved ways of working and areas which need more attention. This would be done with specific alignment to the values of the organisation.
- It was asked what work was being done differently in relation to recruitment and on-boarding of new colleagues for the National Treatment Centre and if lessons learned from the redesign projects at Lochaber and Caithness form part of this to avoid previous failings. It was noted that significant community engagement work formed part of the redesign projects which included listening to colleagues and service users to bring more of a co-design approach. There were opportunities to try new ways of working to promote long term career development and support with the practicalities of attracting new employees to the area.
- P Dudek paid tribute to the work that had been done by colleagues who had worked on the learning reports and dealt with the challenges of doing engagement work during a pandemic. She noted that she had received feedback from emails that positive change was being felt from the Healing Process and expressing thanks for the formal apologies received. However, she also acknowledged that some people felt the process was of no or little benefit. She stressed that patient safety is at the forefront of culture improvements which requires an open and transparent system for colleagues to feel able to speak up. She acknowledged the significant body of work still ahead of the organisation in this regard. This remained a priority for Executives and senior leadership teams.
- Responding to a query regarding whether there was any cross-over between the recommendations of the Independent Review Panel and the Once for Scotland policies, it was confirmed that Fiona Hogg is part of the working group for National Leadership Development, working to establish A success profile for executives within NHS Scotland to ensure recruitment, performance management and succession planning were based on the needs of the future. Executive and Senior Manager annual appraisals locally now will include a focus on succession planning and 360 degree feedback.
- E Caithness, as Employee Director, commented on the involvement and expectations of trade unions and professional organisation representatives with the Healing Process. Reference was made to section 5.4 of the report in which participants had felt that staff side representation had been ineffective in picking up on issues effectively across the organisation. Assurance was given that staff side is looking at the areas identified and was receiving support to take this work forward. Colleagues were invited to contact the Employee Director directly if they felt any matter in relation to these issues needed to be escalated. F Hogg commented on the strong relationship that had been developed between the organisation and staff side representation which is at the heart of how the Board would wish to understand and support its workforce.
- The Chair urged the need for real change to be evident to avoid any criticism that culture improvements were not being taken seriously throughout the organisation. F Hogg stressed that the People and Culture team want people to engage with them through all the different options, including confidential channels to express concern in areas they believe improvements still need to be made. P Dudek added that if colleagues are feeling threatened or uncomfortable by their working interactions then they are encouraged to use the

confidential routes of contact and come forward with their concerns. There is a zero tolerance approach in relation to bullying behaviour. Nonetheless, this is a people business and especially at a time of severe system pressures in an organisation with 10,500 colleagues behaviour will sometimes fall below that expected by our values.

- The Chair highlighted the need for Executive and Non-Executive Directors visibility as this had been one of the points raised in a recent Listening and Learning panel. A Donald noted how, in his role as Board Whistleblowing Champion, he had found the visits he has undertaken over the past year to different areas across NHS Highland to have been very productive and a useful way to gauge the feeling of colleagues within the organisation. They have appeared to appreciate these in person visits.
- It was asked what Non-Executive members should take on board in terms of their own appraisal processes in order to demonstrate better what they are doing with regard to this piece of work. P Dudek noted the aim to keep the profile of this work high among executive and Non-Executive members. The Chair added that the Non-Executive appraisal process has a focus on this particular area.
- The Vice Chair acknowledged the importance of addressing the concerns of NHS Highland's partner colleagues (from GPs through to third party care home staff). A partner survey had been conducted over December 2021 and January 2022. Even though the survey took place during the pandemic date which had some impact on responses, there was good engagement, particularly from GP colleagues. The results were broadly similar to the main Listening and Learning survey but there was a sense of a lack of full engagement and information sharing with partners, because of different contractual status, even though NHS services were being delivered. Going forward, a focus on sharing and working collaboratively needs to be the starting point. It was noted that there is an opportunity to address the matter of better information sharing with the NHS Highland website redesign.

The Chair drew the meeting to a close noting that the Healing Process had been an important milestone in the cultural journey of NHS Highland, and expressed gratitude to the Independent Review Panel for the work they had done and for the pointers they have given the Board to areas that require further work.

Culture is a matter that concerns each and every person within the organisation and should not be considered exclusively a matter for People and Culture colleagues. It was therefore important to have the active participation of all colleagues across the organisation in addressing the recommendations that have been produced by the Panel.

In closing, he drew particular attention to part 6.4 of the Independent Review Panel's final report, in which the work already undertaken was acknowledged, and it was highlighted that more is still required. It was now the Board's responsibility to respond to this directly and to take forward the recommendations. The next meeting of the Board will largely focus on the new five-year strategy of which Workforce and Culture will be an important element.

The Chair thanked everyone for their attendance and interest in the session.

22 Date of next meeting

The next full meeting of the Board will be on **26 July 2022 at 9.30 am.**

The meeting closed at 3.56 pm