

Meeting:	NHS Highland Board
Meeting date:	26 May 2020
Title:	Update on progress with the Sturrock Review Actions including a report on the Argyll & Bute Culture Survey and plans for the launch of the Healing Process
Accountable Executive:	Chief Executive
Responsible Executive:	Director of HR and OD

## 1 Purpose

**This is presented to the Board for:**

- Discussion / Decision

**This report relates to a:**

- The completion of the initial Sturrock Report Action Plan, a report on the Argyll & Bute Culture Survey and the Launch of the Healing Process

**This aligns to the following NHSScotland quality ambition(s):**

- Person Centred

## 2 Report summary

### 2.1 Situation

In November 2018, John Sturrock QC was appointed by Scottish Government to carry out an independent review into allegations of bullying at NHS Highland. His report was published on 9<sup>th</sup> May 2019 and this included a recommendation for a further review into culture within Argyll & Bute.

One year on from the report publication, this paper summarises the progress made to date, including the findings of the Argyll & Bute Culture Survey carried out between February and April 2020, which was one of the recommendations in the report and an update on the launch of the Healing Process.

### 2.2 Background

NHS Highland made a full and public apology for the harm caused to colleagues at the Board meeting on 28<sup>th</sup> May 2019 and published their initial action plan on 31<sup>st</sup> May 2019. This tactical Culture Fit for the Future plan formed the initial response to the review and recommendations and is attached as **Appendix 1**.

The Board also began a period of Listening, Understanding and Learning between June and October. This was critical as Mr Sturrock QC was only able to engage with 340 of the Board's 10,500 colleagues during his review. It was felt important that our longer term actions and plans were informed by a wider understanding of our colleagues' experiences and requirements.

As part of our Responding and Acting on the review findings and recommendations, in addition to the delivery against the initial plan, a longer term plan and approach to changing our Culture was drawn up in collaboration with colleagues, management and staffside. This included the Board commissioning a review of Culture within Argyll & Bute, which was one of the Sturrock Report recommendations, the findings of which are included within this report as **Appendix 3**.

It is clear that while some progress has been made over the past year, this is a long term programme with much still to do. NHS Highland has a programme and action plan to build a culture where colleagues feel listened to, valued and respected. The findings of the Argyll & Bute Culture Survey report reinforces the need for the ongoing work that we are doing in support of our action plan.

## **2.3 Assessment**

### **Progress made on the initial Culture Fit for the Future plan**

This tactical response set out 5 key focus areas with associated actions. Initially this was overseen by a group of senior leaders and staffside colleagues as part of the Delivery Group which was replaced by an expanded Culture Programme Board in November 2019 and is now chaired by our External Culture Advisor. There is a short summary below and a full analysis is attached as **Appendix 2**.

#### ***Communications and Engagement***

This included taking action to improve sharing of information and increase the visibility of leadership. Significant progress was made to increase engagement across the board area and ensure robust channels of internal communication were in place. A small number of actions are still in progress and form part of our ongoing culture plan

#### ***HR Processes***

This included taking action to improve colleagues' experience and confidence in reporting concerns and having them effectively managed, as well as implementing a single point of contact. We also now have external investigation and mediation support. Our top priority over the next 100 days is conducting an external and independent review of our key people processes, including bullying and harassment, grievance and disciplinary to create a robust action plan for management, HR and trade unions to work more effectively for the benefit of our colleagues and for their roles and responsibilities to be clear.

#### ***Organisation and Workforce Development***

This was focussed on increasing our learning and management development support. This included Courageous Conversations training for managers, which is progressing alongside our Once for Scotland policy training, as a tactical leadership intervention. We also launched our Corporate Induction Portal.

We are working on our board wider strategy, vision and embedding of the NHS Scotland values and considering our longer term approach to building leadership and management capability.

### ***Support for Staff***

We now have a wide range of additional support for colleagues including our Employee Assistance Programme and are about to launch our Speak up service. We are about to launch our wellbeing website and have created additional resources and tools to support colleagues through Covid-19 and beyond.

### ***Governance***

We have ensured all of our governance channels work effectively and all Board members are fully trained and developed in their roles. The Board held a two day workshop to reflect on the Sturrock report and prioritise our actions. We are in the process of finalising a complete review of the governance committee structures, timings, membership and terms of reference

Two other critical actions which were core components of the Sturrock recommendations have been undertaken and are reported separately here:

- ✓ Carry out a Culture Survey in Argyll & Bute
- ✓ Development and approval of a healing process to support current and former colleagues

### **Argyll & Bute Culture Survey**

In November 2019, as recommended in the Sturrock Review report, NHS Highland Board commissioned Progressive Partnership Ltd to carry out a survey of NHS Highland colleagues working in Argyll & Bute. NHS Highland ensured that the Argyll & Bute Health and Social Care Partnership (HSCP) were consulted on the work being undertaken. NHS Highland Board and the Argyll & Bute Health & Social Care Partnership (HSCP) in November 2019 commissioned Progressive Partnership Ltd to carry out a survey of NHS Highland colleagues working in Argyll & Bute, as recommended in the Sturrock Review report. The HSCP has 1540 NHS Highland employees and 770 Council employees but the scope of the review did not include Council employees, so the report only covers two thirds of the HSCP.

The attached report in **Appendix 3** sets out more fully the findings of the survey which sought to understand the experience of bullying and harassment of NHS Highland colleagues within the Argyll & Bute HSCP.

The key findings are deeply concerning and we accept them fully and offer a full apology to every colleague who has experienced bullying or harassment. We would also like to thank those who responded for having the bravery to respond, as we know how challenging it is for colleagues to confront the issues they are sharing with us.

The key survey findings are below:

- 68% (344) of the 508 respondents to the survey (which includes 62 former colleagues) reported experiencing bullying or harassment within the Argyll & Bute Health and Social Care Partnership (HSCP).

- 65% (291) of the 446 respondents who are still employed (i.e. current not ex-staff) reported experiencing bullying and harassment. This represents 19% of the current 1540 NHS Highland employees in the Argyll & Bute HSCP.
- 49% (167) of those 344 respondents who said they had experienced bullying reported experiencing issues within the last 6 months. This represents 11% of the current 1540 NHS Highland colleagues in the Argyll & Bute HSCP.
- 41% (140) of those 344 respondents who said they had experienced bullying reported that it happened/happens frequently. This represents 9% of the current 1540 NHS Highland colleagues in Argyll & Bute.

The main themes from the survey were in line with the Sturrock findings and are part of our ongoing programme and action plan to transform the culture to one where colleagues feel listened to, valued and respected, which has been set out in this report.

As set out below, we have brought forward timelines and increased resource in order to deliver improvement in several key areas as a result of these findings and we have additional actions created to specifically address the themes of rurality and history within the Argyll & Bute HSCP.

Actions already put in place are as follows:

- ✓ Launch of our Employee Assistance programme for confidential advice and support (including a dedicated manager support and advice line)
- ✓ Communication of support available and contact points to raise concerns across NHS Highland has been reissued
- ✓ Independent external hotline for discussion and support for bullying concerns put in place before the Guardian Service goes live in July 2020.
- ✓ The Chief Officer of the Argyll & Bute HSCP will host a series of sessions for all colleagues within Argyll & Bute, to share the results and gather feedback
- ✓ The Healing Process to help current and former colleagues deal with past concerns and gain resolution and support has been approved

Our 100 day plan is attached in the Appendix 3 and covers the following key actions:

- Discuss with Scottish Government the process and timing if we wished to change the board name to NHS Highland, Argyll & Bute
- Carry out an independent review of the key people processes (including bullying & harassment, disciplinary, grievance and recruitment) and define the future model and processes with engagement from managers, colleagues, HR and staffside.
- Establish an independent monthly assurance panel to review selection decisions and provide feedback
- Roll out online / virtual Courageous conversations training across all colleagues in Argyll & Bute
- Create and implement colleague and manager standards, which are linked to our vision, values and objectives

### **Healing Process Launch**

A Healing Process for current and ex-employees was co-produced with members of the whistle-blowing group and staff-side and approved by the Board in March 2020.

A crucial element of the Healing Process is that it is provided by external service providers and Independent Panel members with 4 potential options which are - being heard; an apology; access to psychological therapies; access to an Independent Review Panel and participants may opt for more than one of these options

At the time of the Board approval, the impact of the Covid-19 pandemic on NHS Highland was beginning to emerge and lockdown provisions had recently come into force. Consequently, the Board decided to postpone the launch of the Healing Process until the situation was clearer, with the Board meeting of 26 May identified as a suitable review date for this decision.

Planning is underway to launch the Healing Process including the requirement for the virtual delivery of this process given the current circumstances regarding Covid-19 and necessary social distancing measures. In addition, with the Covid-19 pandemic likely to be a feature of health and care services for some time to come and with the results of the Argyll and Bute survey acting as a further reminder of the need for urgent action, this paper recommends that the Board now formally agrees to proceed with launch plans and for the process to be able to start to receive applications of interest by the end of May.

Communication will continue with whistle-blowers and staff representative colleagues during this launch mobilisation phase to ensure the impact of Covid-19 is understood by everyone and plans to address the impact are subject to review and discussion among these groups.

The Healing Process will continue to be delivered and led by an independent team with the Chief Executive Officer maintaining the role of Senior Responsible Owner of this critical programme.

#### **2.3.1 Quality/ Patient Care**

Our ongoing focus on improving culture and addressing concerns for our colleagues will have a positive impact on quality and patient care.

#### **2.3.2 Workforce**

Further attention on our Culture programme will ensure our workforce is engaged, motivated, clear on their roles and priorities and are working to our values.

#### **2.3.3 Financial**

Scottish Government has already been committed to deliver the Culture programme and plans. The specific additional items mentioned in this paper, including provision of a temporary support line, increasing the roll out of the courageous conversations training and commissioning an external review of our people processes can be managed within this.

#### **2.3.4 Risk Assessment/Management**

There is a risk that further internal and external attention around bullying at NHS Highland may cause some colleagues concern or distress about their past or present experiences. We are providing an Employee Assistance Programme to all colleagues for confidential support and counselling. The launch of our Healing Process for former and current colleagues to access will also provide a channel for people to seek resolution.

#### **2.3.5 Equality and Diversity, including health inequalities**

Fairness along with Dignity and Respect are core principles of our Culture where our values are embedded in all we do as an organisation.

#### **2.3.6 Other impacts**

Ongoing concerns related to bullying and harassment affect the reputation of NHS Highland and the Argyll & Bute HSCP.

### 2.3.7 Communication, involvement, engagement and consultation

We have an ongoing plan of communication and engagement activity linked to the Culture programme and the findings of the Argyll & Bute survey.

The contents of this paper and progress with the plans will be further discussed by the Culture Programme Board on 1<sup>st</sup> June 2020 and the Highland Partnership Forum and Staff Governance Committee.

### 2.3.8 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.

- Executive Directors' Group – Monday 18<sup>th</sup> May 2020

## 2.4 Recommendation

- **Discussion** – Examine and consider the implications of the update on progress with the Culture Action Plan
- **Discussion / Decision** – Examine and consider the implications of the results of the Argyll & Bute Culture Survey and approve the action plan to address
- **Decision** – Approve the decision to progress the launch of the Healing Process

## 3 List of appendices

Appendix 1 – Culture Fit for the Future Action Plan (May 2019)

Appendix 2 – Delivery against the Culture Fit for the Future Action Plan

Appendix 3 – Argyll & Bute Health and Social Care Partnership Culture Review – Survey results

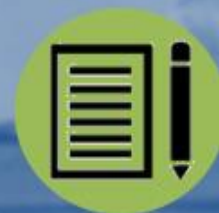




**COMMUNICATIONS  
& STAFF  
ENGAGEMENT**



**ORGANISATIONAL  
& WORKFORCE  
DEVELOPMENT**



**HR PROCESSES**



**SUPPORT FOR  
STAFF**



**GOVERNANCE**



# A Culture Fit for the Future

**31 May 2019**

**Version: Draft 01**

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# Introduction

## 1 Context

- 1.1 On 9 May 2019, John Sturrock QC issued his “Report to the Cabinet Secretary for Health and Sport into “Cultural issues related to allegations of bullying and harassment in NHS Highland” (“the Report”).
- 1.2 On 10 May 2019 the Cabinet Secretary for Health and Sport wrote to the Chair and Chief Executive of NHS Highland to request a briefing on the actions which NHS Highland were planning to take to address the recommendations in the Report.
- 1.3 Specifically, the Cabinet Secretary for Health and Sport has requested NHS Highland to address the following three specific questions:
  1. Details of the immediate actions the Board have taken/plan to take on the back of the recommendations made in the Sturrock Report.
  2. What support the Board have put in place/will put in place for any member of staff who has been affected by bullying and harassment; and
  3. Details of your Board’s plan for staff engagement to consider these recommendations and a timeline of when this will be carried out.
- 1.4 On 20 May 2019 the Cabinet Secretary for Health and Sport also wrote to all Boards requesting that they provide a response on the following issues which needs also to be incorporated in our response:
  - a) Are fostering opportunities and active dialogue with all staff, in the spirit of the Everyone Matters Workforce Vision and Values;
  - b) Senior leaders are challenging themselves and their teams to ensure that a culture in which our vision and values are routinely modelled, and that positive behaviours permeate through the whole organisation;
  - c) Remain assured that their local Staff Governance Monitoring arrangements effectively scrutinise implementation of the Staff Governance Standards, in particular that staff continue to be treated fairly and consistently, with dignity and respect, in an environment where diversity is valued;
  - d) Are using systems for staff engagement and feedback, including iMatter, effectively and that the Board continues to take action where issues are identified;
  - e) That the Board reviews the implementation of workforce policies relating to bullying and harassment and whistleblowing; that they promote staff awareness of these policies including how they can safely and confidentially raise concerns, the sources of support available and that staff are supported throughout the process; and
  - f) That the Board reviews their existing workforce training and development needs and makes use of the talent development and management programmes NHS Scotland has in place, including Project Lift, to ensure that we are equipping all our staff with the skills and abilities they need to be effective managers of people.

- 1.5 NHS Highland has already taken steps to begin to address the recommendations of the Sturrock Report.
- 1.6 One of our first steps has been to develop this draft “*Culture Fit for the Future*” Action Plan as a helpful starter which will evolve in consultation with our staff and other stakeholders. Once finalised it will provide the framework against which NHS Highland will rebuild the trust and empowerment of its people and achieve its ultimate aspiration of becoming an employer of choice in the Highlands, Argyll & Bute.
- 1.7 This draft “*Culture Fit for the Future*” Action Plan seeks to address the three key questions identified in Section 1.3 and the specific areas of assurance sought in Section 1.4.

## 2 Introduction

- 2.1 NHS Highland has already publicly acknowledged it's thanks to all of those involved in the production of the Sturrock Report and it accepts that there are a number of people who have been bullied, affected and harmed by the issues raised. The Board apologises for the distress and upset which those people have suffered and it intends to do everything it can to guarantee that lessons have been learned and that organisational failings are rectified. It wishes to reiterate that bullying and harassment in any form is fundamentally unacceptable and will not be tolerated by NHS Highland. The following statement was made at the Board meeting on 28 May 2019:

*We welcome publication of the Sturrock report commissioned by the Scottish Government into allegations of bullying within the health Board and fully accept the recommendations.*

*As a Board we would like to express our gratitude to John Sturrock and to all of those who contributed to the report. The report finds that bullying or inappropriate behaviour have occurred within NHS Highland and we apologise unreservedly to those members of staff who have not been treated according to the high standards we expect. The Board acknowledges that there were short comings in the way it dealt with the issues raised and will reflect upon how it must improve.*

*The report is comprehensive and contains a number of important conclusions and proposals which are currently being carefully considered and an initial draft Action Plan prepared. The Board will consult with a wide range of staff groups and external stakeholders to ensure that, in taking action, it represents as broad a spectrum of views as possible.*

*We realise that there are varying views about the content of the Sturrock report and that people have reacted to it in different ways. The report recognises the concerns raised by the whistleblowers but also acknowledges that others feel hurt by some of the allegations. It is important as a Board that we consider the needs of all our people.*

*The Board will provide assurance and take full responsibility for ensuring that the issues raised in the report are addressed and that we will lead by the same constructive, respectful and compassionate approach we expect others to follow.*

*In the coming months the Health Board will focus on healing, reconciliation and building a positive culture based upon care and compassion, dignity and respect for everyone. Values such as openness, honesty and responsibility will underpin an approach which will deliver quality care and team-working.*

- 2.2 NHS Highland fully accepts the findings of the Report and this Action Plan describes how it will address the proposals within it. The Board aims to ensure that all staff members feel valued, respected and listened to. Over-time and with a great deal of hard work, NHS Highland intends to become recognised as an employer of choice and a great organisation within which to work.
- 2.3 In its recently published Annual Report, NHS Highland identified three core priority areas – caring for patients, looking after its own people and achieving financial balance. This Action Plan identifies ways in which the recommendations of the Report can be delivered in such a way as to support these priorities, especially concerning the care of Health Board staff.
- 2.4 Since its publication, the contents of the Report have been studied in depth by NHS Highland and it is clear that there are a range of opinions about the allegations and many different ideas about how best to respond to them. The Board will therefore be consulting widely across staff groups and with external stakeholders to ensure that, in taking action, it represents as broad a spectrum of views as possible.
- 2.5 The proposals within the Sturrock Report have been considered along with recommendations and suggestions from other parallel pieces of work commissioned by NHS Highland looking at issues of culture, workforce development and staff opinions. These include the Gallanders Reports (November 2018 and March 2019), audit results on culture (March 2019), medical survey results (January 2019), the organisational development review (March 2019) and tools such as iMatter.
- 2.6 In the coming months, the intention of the Health Board is to focus on healing, reconciliation and building a positive culture based upon care and compassion, dignity and respect for everyone. Values such as openness, honesty and responsibility will underpin an approach which will deliver quality of care and teamwork.
- 2.7 The implementation of the Action Plan will be led by the Chief Executive with assistance from the Senior Responsible Officer. The “*Culture Fit for the Future*” Action Plan will be coordinated by a delivery group established with senior representation from the Area Clinical Forum, the Staff Partnership, the Medical Directorate, the HR Directorate, the Communications Department and the Nursing, Midwifery and Allied Health Professions and will also include a member of staff who has “lived the experience” and the Whistleblowing Champion.
- 2.8 Specific plans may require to be considered for particular areas which were identified in the Sturrock Report, including Argyll & Bute but, as a founding principle, it is intended that there will be consistent implementation of actions across the whole of NHS Highland.
- 2.9 This Action Plan will be reviewed regularly by the Senior Leadership Team of NHS Highland and staff will be regularly updated about how the implementation process is developing. Importantly, the Board will listen to any feedback which stakeholders may provide in the months ahead and will respond positively to ideas for improvement.

- 2.10 Clearly, the publication of the Sturrock Report presents an opportunity for NHS Highland to build upon the many positive strengths which the report acknowledges exist right across the Health Board. The actions in this Action Plan will begin to rectify the identified shortcomings but will also build upon those strengths and help to create a positive working environment where everyone feels valued, respected and listened to.


### 3 Action Plan Format

- 3.1 The Action Plan is structured around 5 themes:

- Communications & Engagement
- Human Resource Processes
- Organisation and Workforce Development
- Support for Staff
- Governance

- 3.2 Following the Chief Executive's appointment in January 2019, some proposals identified in the Sturrock Report have already been implemented and these are noted in the Action Plan. Other actions are differentiated into completed, short, medium and long-term timescales. The timescales are:

- Short-term            0 – 3 months
- Medium-term        4 – 12 months
- Long-term            over 12 months

- 3.3 Each action within the plan has an associated success factor, identified by 

- 3.4 In addition, a more detailed Action Plan is provided in table form at the end of this document.

### 4 Conclusion



- 4.1 This draft Action Plan has been developed as a first step in addressing the proposals highlighted in the aforementioned reports. The intention now is to build upon and enhance this plan with ongoing positive engagement with staff and stakeholders.
- 4.2 NHS Highland embraces this opportunity to implement the proposals and make the necessary improvements required for the organisation to be *"Fit for the Future"*. NHS Highland is confident and committed to bring about positive change.
- 4.3 NHS Highland is developing a positive working culture where staff will feel valued, respected, trusted and empowered to play their part in a leading health organisation.

# Action Plan




## Theme 1: COMMUNICATIONS & ENGAGEMENT





### Completed Actions



- **Appointment of Director of Communications:** NHS Highland requires to develop an effective and fit for purpose communications & engagement strategy with an infrastructure to enable the organisation to effectively and comprehensively communicate with internal and external stakeholders going forward. The appointment of the Director of Communications is the first stage in leading this improvement.  
 *Director of Communications appointed*
- **Weekly Chief Executive's Bulletin:** A weekly bulletin direct from the Chief Executive issued to all our employees to provide a personal message on organisational priorities and to celebrate success.  
 *Weekly bulletins are issued every Friday*
- **Team Brief:** A monthly team brief established, providing updates on service delivery and other important information. This is cascaded to all staff through line managers, delivered face to face and supplemented by local information.  
 *Team Brief issued each month*

### Short Term Actions

- **Communication Department Structure Review:** Develop a robust communication structure to enable NHHSH to fully meet the communication and engagement needs of the organisation.  
 *Revised structure developed, agreed, resourced and implemented.*
- **Leadership Roadshow - Employee Engagement Sessions:** Roadshows to take place across the whole organisation led by the Chief Executive and/or Senior Leadership Team and Non-Executive Directors. The aim will be to discuss the Sturrock Report and shape the Action Plan going forward with input from staff. This will reinforce NHS Highland's values and our commitment to provide opportunities for staff to engage with important issues.  
 *Staff will feel included and engaged in the development of the Action Plan and understand NHS Highland's commitment to creating a healthy, positive culture. Visible leadership of Chief Executive, Senior Leadership Team and Board.*
- **Focus Groups:** A series of planned events across the organisation to consult with staff on specific areas of the Action Plan.  
 *Staff are engaged through active listening, face to face communication and the opportunity to bring out real experiences and identify common themes.*

- **Fireside Chats:** A series of informal chats with the Chief Executive. No agenda will be set with staff having the opportunity to speak directly with the Chief Executive. Fireside chats are small gatherings of staff and are intended to be intimate.
-  *Fireside chats occur throughout the organisation with staff feeling listened to by the Chief Executive.*
- **Briefings with Highland partnership fora and advisory groups:** Regular engagement with Local Partnership Forum, Area Clinical Forum and advisory committees on Action Plan development and progress.
-  *All partnership and advisory groups provided with the opportunity to engage, contribute and shape the Action Plan.*

## Medium Term Actions

- **Communications & Engagement Strategy:** A comprehensive communication strategy to ensure all stakeholders are engaged and informed about the organisation via a range of communication tools and channels.
-  *A fully developed and approved communications and engagement strategy to dovetail with the organisation's overall strategic plan and direction. As a result all stakeholders feel fully engaged and informed.*
- **Mind Your Language Campaign:** Internal campaign to support culture change and ask staff to consider the language they use when communicating with one another. Language should be collaborative and supportive e.g. important rather than imperative. This includes: posters, postcards, intranet, vlogs, social media and workshops.
-  *Improved organisational culture around staff communications with staff more aware of the language they use and the impact on others.*




### Completed Actions

- **Appointment of Whistleblowing Champion:** A locally appointed Whistleblowing Champion to provide critical oversight and assurance in making sure that these responsibilities are acted upon and working effectively and where not, bring these issues to the attention of the Board.
  - ✓ *New Whistleblowing Champion appointed with staff actively encouraged and supported to report any concerns and confident that these concerns will be acted upon and investigated as appropriate.*
- **Appointment of independent investigation provider:** Engagement of external organisation to assist with internal investigations.
  - ✓ *Investigations are undertaken in an efficient and effective manner and conclusion achieved for all parties.*
- **Investigation Training:** Appropriate staff provided with skills and confidence to undertake a consistent quality approach to timely investigations.
  - ✓ *Investigations are undertaken in an efficient and effective manner and conclusion achieved for all parties.*
- **Single point of contact:** To provide a single telephone number and email address within HR to enable staff to report any issues or concerns as they arise.
  - ✓ *The provision of a 24/7 telephone number and email address facility within HR and staff are aware of this facility to raise any issues or concerns.*

### Short Term Actions

- **Appointment of Director of Human Resources & Organisational Development:** NHS Highland requires a full time substantive HR & OD Director to develop an effective and fit for purpose workforce strategy and infrastructure providing a sustainable, skilled and capable workforce to deliver high quality and person centred care now and in the future. The appointment of the Director of HR & OD is the first stage in leading this improvement.
  - ✓ *Director of HR & OD appointed.*
- **HR Directorate Structure Review:** Ensure a robust HR and OD structure is in place to enable NHSH to develop an effective and fit for purpose workforce strategy and infrastructure providing a sustainable, skilled and capable workforce to deliver high quality and person centred care now and in the future.
  - ✓ *Capacity reviewed, requirements agreed and resourced as appropriate.*
- **Whistleblowing Reporting:** Information on whistleblowing cases reported to the Board for monitoring and assurance purposes to ensure that investigations are carried out in a timely and appropriate way.




 *Regular assurance to the Board that there is a robust and working policy and process available for anyone who wishes to raise concerns.*


- **Reporting channels:** Increase staff awareness on how to raise concerns and the various channels available.

 *Staff are confident in raising concerns and fully aware of available routes.*


- **People Management Programme:** Ensure the organisation recognises and understands roles and responsibilities of HR and line managers in order that they work effectively together.

 *HR and line management clarity on roles and responsibilities around people management.*


- **Review of live suspensions:** To ensure that suspensions are used appropriately and for as short a period as possible to safeguard health and well-being of employees and delivery of services by ensuring that a risk assessment is completed and in discussion with HR.

 *Individuals are only suspended where necessary and for as short a period as possible.*

- **Outstanding Cases Process:** External support from other NHS Boards sought to undertake reviews of cases where necessary to address the concerns raised by individuals during the Sturrock review.

 *All outstanding cases brought to resolution or conclusion.*

- **Resolving concerns using informal processes:** Supported by Once for Scotland polices, promote and encourage the appropriate use of informal methods such as mediation, pastoral care, group facilitation and coaching to managers and staff.

 *Increased use of informal processes to bring about resolution at an early stage and reduced requirement for formal processes.*

## Medium Term Actions

- **Once for Scotland Policies and Processes:** Promotion and implementation of the policies as they are launched and provide training throughout the organisation on the application of the policy to ensure that NHSH is applying national policies fairly and consistently.

 *New policies are implemented in Partnership, staff are aware and managers trained.*

- **Workforce Performance Information:** Review and improve workforce performance information to NHSH Board, Staff Governance Committee, Highland Partnership Forum and other fora as required to provide assurance on workforce performance metrics and monitor improvement where required.



*Board and SLT aware of workforce performance information for whole organisation, holding the whole organisation and services to account.*

- **Partnership Working:** Review partnership working within the organisation and improve effectiveness and create a positive supportive culture



*Improved decision making through partnership working and collaborations, evidenced via Staff Governance Monitoring Framework.*

## Theme 3: ORGANISATION AND WORKFORCE DEVELOPMENT



### Short Term Actions

- **Induction Programme:** Refresh, expand and develop the existing induction programme to incorporate Board, local, statutory and mandatory requirements.
  - ✓ *All new staff are aware of the organisation's values and strategy, their role in the delivery of services and have the skills and knowledge to carry out their roles efficiently and effectively.*
- **Supporting Teams:** Ensure leaders and managers are connected to their teams and operating effectively through the provision of appropriate training for team development. . Develop alignment through team and individual objectives and job planning for clinical staff.
  - ✓ *Training has been provided to ensure teams are well led, effective and individuals feel that their contribution is valued.*
- **Training in Courageous Conversations:** Training for managers on having difficult conversations to increase confidence and competence in managing staff.
  - ✓ *Managers trained to enable effective performance and reduce over reliance on formal processes.*

### Medium Term Actions

- **Senior Leadership Team Structure:** Given recent significant changes, have a Senior Leadership Team in place to ensure the organisation is led effectively and fit for the future.
  - ✓ *Senior Leadership Team in place who will lead NHSH and deliver first class services for the people in Highland.*
- **Workforce Strategy:** Develop and implement a Workforce Strategy in partnership, covering key themes, Effective and Sustainable Workforce, Healthy Organisational Culture, Effective Leadership and Management, Capable Workforce and an Integrated Workforce.
  - ✓ *The workforce is sustainable, skilled and capable of delivering high quality and person centred care now and in the future.*
- **Values:** Review organisation's published values and where appropriate refresh, ensuring staff engagement in their development and adoption to ensure the organisation's values are clearly aligned to NHS Scotland.
  - ✓ *Refreshed values adopted throughout the organisation.*

- **Clinical Relationship Management:** Review the role and functioning of the advisory structures in order to engage clinicians in the development of strategy.



*A Professional Alliance formed to bring together over 30 senior medical, nursing, allied health, managerial and social work staff to help oversee the transformation of NHS Highland.*

## Long Term Actions

- **Succession Planning:** Develop an NHHSH succession planning framework which aligns with NHS Scotland's Project Lift to identify staff with the attributes to become leaders and managers of the future.



*An established talent pipeline which ensures NHHSH is able to attract, recruit and retain future workforce.*

- **iMatter Engagement:** Ensure organisation prioritises the roll out of iMatter including survey responses and Action Planning at local and Board level to ensure the highest level of staff participation.



*Achieve a minimum of 60% response level and high Action Planning rates to ensure a Board report to develop and inform future actions.*

- **Leadership and Management:** Roll out leadership and management development programme to ensure they have the necessary skills and demonstrate the organisation's values in the way they work, including Bullying Behaviours - How to Handle and How to Avoid



*All leaders and managers will have received appropriate training and development to undertake their role effectively.*

## Theme 4: SUPPORT FOR STAFF



### Completed Actions

- **Pastoral Support:** Pastoral care available to support staff who have suffered harm as a consequence of bullying or inappropriate behaviour in the workplace.



*Staff are aware of the pastoral support available and can access the service when required.*

### Short Term Actions

- **Mediation:** Access to mediation is required as a preventative and restorative measure providing a safe space for people to talk. This is essential for both those perceived as 'victims' as well as those perceived as 'perpetrators' for healing to occur.



*A fully established and resourced mediation service to be available at an early stage to avoid formal processes.*

### Medium Term Actions

- **Confidential Contact Officers:** Trained individuals within the organisation to support staff who have concerns. The contact officers will also be able to signpost for options of how to manage situations.



*Established and trained confidential contact officers in place.*

- **Health and Wellbeing Strategy and Framework:** To develop a framework to improve the health and wellbeing of staff and prevent/reduce absenteeism.



*A healthier workforce is in place as evidenced by improved attendance, reduced turnover, fewer ill health retirements and increased stability factor.*

### Long Term Actions

**Counselling and Therapy:** Explore options to provide additional support to staff who may require counselling or psychological therapy.

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*Options for counselling and psychological therapy identified and access where appropriate*

## Theme 5: GOVERNANCE



### Completed Actions

- **Blueprint for Good Governance:** Board Development session to consider NHS Highland's response to the Blueprint for Good Governance confirming priority areas for development through an external governance review.
  - ✔ A development plan generated in support of the Blueprint for Good Governance agreed and submitted to Scottish Government.
- **Board Behavioural Protocol:** Completion of the national self-assessment survey on the functions of good governance set out in the Blueprint document
  - ✔ Revised Board Behavioural Protocol in place to provide a better understanding of the way in which behaviours in the Boardroom impact on effective governance.

### Short Term Actions

- **Executive Lead Appointment:** Appointment of a Senior Responsible Officer to assist the Chief Executive in implementing the “*Culture Fit for the Future*” Action Plan.
  - ✔ *To ensure appropriate, adequate and high level dedicated resource to enable successful delivery.*
- **Delivery Group:** Group established with key stakeholders to influence, contribute and facilitate the delivery of the “*Culture Fit for the Future*” Action Plan.
  - ✔ *Delivery group agreed and established with success factors delivered in the timescales specified.*

### Medium Term Actions

- **Board Training:** A formal induction and ongoing training programme for both Executive and Non-Executive Board members, developed and implemented to rebuild confidence and provide more support in their role and better connection with organisational purpose and cultural ethos.
  - ✔ *Board members provided with induction and ongoing training and more confident in fulfilling their role.*
- **Effective Board leadership and Accountability:** Board members trained in their corporate governance which includes leadership, accountability and information assurance, recognising a balance between the Executive and Non-Executive roles and between their roles of support and challenge.
  - ✔ *Effective training delivered and success measured through the national Self-Assessment Survey.*

- **Review of Governance Structure and Committee Network:** A review of the remits of the governance committees to minimise duplication and clarify the roles of and relationships between the Board and its committees.



*A refreshed, appropriate and accountable governance and committee structure that will enable the Board to take seriously any future cultural concerns through the committee structures, providing a recognised and formal channel for whistleblowers to raise any concerns.*



Theme 1: Communications Strategy & Staff Engagement						
Indicative Timescales	Activity	Description	Lead	Resources Required	Success Factors	Source
Completed	Appointment of Director of Communications	NHS Highland requires to develop an effective and fit for purpose communications and engagement strategy with an infrastructure to enable the organisation to effectively and comprehensively communicate with internal and external stakeholders going forward. The appointment of a Director of Communications is the first stage in leading this improvement.	CEO	n/a	Director of Communications appointed	Sturrock
Completed	Weekly CEO Bulletin	A weekly bulletin direct from the CEO is issued to all our employees to provide a personal message on organisational priorities and to celebrate success.	CEO	n/a	Weekly bulletins are issued every Friday	Sturrock
Completed	Team Brief	A monthly Team Brief established providing updates on service delivery and other important information. This is cascaded to all staff through line managers , delivered face to face and supplemented by local information.	Director of Communications	n/a	Team Brief issued each month	Internal

Short term	Communication Department Structure Review	Develop a robust communication team structure to enable the organisation to fully meet the communication and engagement needs of the organisation.	Director of Communications	Internal team	Revised structure developed, agreed, resourced and implemented	Internal
Short term	CEO/SLT Roadshow - Employee Engagement Sessions	Roadshows to take place across the whole organisation led by Chief Executive and/or Senior Leadership Team and Non Executive Directors. The aim will be to discuss Sturrock Report and shape the Action Plan going forward with input from staff. This will reinforce NHH values and our commitment to provide opportunities for our staff to engage with priority issues.	Director of Communications/ SLT	Communications Department	Staff will feel included and engaged in the development of the Action Plan and understand NHS Highland's commitment to creating a healthy positive culture. Visible leadership from Chief Executive, Senior Leadership Team and Board.	Sturrock
Short term	Focus groups	A series of planned events across the organisation to consult the views of staff on specific areas of the Action Plan.	Director of Communications/ Director of HR&OD	External Resource for facilitation being organised Internal resource communications/ HR teams	Staff are engaged through active listening, face to face communication and the opportunity to bring out real experiences and identify common themes	Gallanders
Short term	Fireside Chats	A series of informal chats with the Chief Executive. No agenda will be set with staff having the opportunity to speak directly with the CEO.	Director of Communications	Communications Department	Fireside chats occur through the organisation with staff feeling engaged and	Internal

		<b>Fireside chats are small gatherings of staff and are intended to be intimate.</b>			<b>listened to by the Chief Executive</b>	
<b>Short term</b>	<b>Briefings with Highland Partnership Fora and Advisory groups</b>	<b>Regular engagement with Highland Partnership Forum, Local Partnership Fora, Area Clinical Forum and Advisory Committees on Action Plan development and progress.</b>	<b>Director of Communications/ Director of HR&amp;OD</b>	<b>Communications Department and committees</b>	<b>All Partnership and advisory groups provided with the opportunity to engage, contribute and shape the Action Plan going forward.</b>	<b>Internal</b>
<b>Medium term</b>	<b>Communications &amp; Engagement Strategy</b>	<b>A comprehensive communication strategy to ensure all stakeholders are engaged and informed about the organisation via a range of communications tools and channels</b>	<b>Director of Communications</b>	<b>Communications Department</b>	<b>A fully developed and approved communications and engagement strategy to dovetail with the organisation's overall strategic plan and direction. As a result all stakeholders feel fully engaged and informed.</b>	<b>Brown, Sturrock, Gallanders, Culture audit</b>
<b>Medium term</b>	<b>Mind your language Campaign</b>	<b>Internal campaign to support culture change and ask staff to consider the language they use when communicating with one another. Language should be collaborative and supportive e.g. Important rather than imperative. To include: Posters/Postcards, Intranet, social media, vlogs.</b>	<b>Director of Communications</b>	<b>External Resource</b>	<b>Improved organisation culture around staff communications with staff more aware of the language they use and the impact on others</b>	<b>Internal</b>

## Theme 2: Human Resources Processes

<b>Indicative Timescales</b>	<b>Activity</b>	<b>Description</b>	<b>Lead</b>	<b>Resources Required</b>	<b>Success Factors</b>	<b>Source</b>
Completed	Appointment of Whistleblowing Champion	A locally appointed Whistleblowing Champion to provide critical oversight and assurance in making sure that these responsibilities are acted upon and working effectively and where not to bring these issues to the attention of the Board.	Board Chair	n/a	New Whistleblowing Champion appointed with staff actively encouraged and supported to report any concerns and confident that these concerns will be acted upon and investigated as appropriate	Internal
Completed	Appointment of independent investigation provider	Engagement of external organisation to assist with internal investigations	Director of HR	External	Investigations are undertaken in an efficient and effective manner and resolution/conclusion achieved for all parties.	Gallanders
Completed	Investigation Training	Appropriate staff provided with skills and confidence to undertake a consistent quality approach to timely investigations	Director of HR&OD	CMP, HR Teams, Chief Officers, SLT	Appropriate staff provided with skills and confidence to undertake a consistent quality approach to timely investigations	Sturrock, Gallanders

<b>Completed</b>	<b>Single Point of Contact for HR</b>	<b>To provide a single telephone number and email address within HR to enable staff to report any issues or concerns as they arise.</b>	<b>Director of HR</b>	<b>HR Team</b>	<b>The provision of a 24/7 telephone number and email address facility within HR and staff are aware of this facility to raise issues or concerns</b>	<b>Internal</b>
<b>Short term</b>	<b>Appointment of Director of HR&amp;OD</b>	<b>NHS Highland requires a full time and substantive Director of HR &amp; OD to develop an effective and fit for purpose workforce strategy and infrastructure providing a sustainable, skilled and capable workforce to deliver high quality and person centred care now and in the future. The appointment of a Director of HR &amp; OD is the first stage in leading this improvement.</b>	<b>Executive Lead for HR</b>	<b>Recruitment</b>	<b>Director of HR &amp; OD appointed</b>	<b>Sturrock, Gallanders</b>
<b>Short term</b>	<b>HR Directorate Review</b>	<b>Ensure a robust HR and OD structure is in place to enable NHH to develop an effective and fit for purpose workforce strategy and infrastructure providing a sustainable, skilled and capable workforce to deliver high quality and person centred care now and in the future.</b>	<b>Director of HR&amp;OD</b>	<b>HR Teams</b>	<b>Capacity reviewed, requirements agreed and resourced as appropriate.</b>	<b>Internal</b>

Short term	Whistleblowing Reporting	Information on whistleblowing cases reported to Board for monitoring and assurance purposes and to ensure that investigations are carried out in a timely and appropriate way	CEO/Director of HR & OD	Non executive, HR	Regular assurance to the Board that there is a robust and working policy and process available for anyone who wishes to raise concerns	Sturrock Review and Blueprint for GG Action Plan
Short term	Reporting channels	Increased staff awareness on how to raise concerns and the various channels available	Director of HR&OD	HR teams	Staff are confident in raising concerns and are fully aware of available routes	Sturrock
Short term	People Management Programme	Clarify HR roles and responsibilities through a people management programme to ensure the organisation recognises and understands the roles and responsibilities of HR and Line Managers in order that they work effectively together	Director of HR&OD	HR team through training and awareness	HR and Line management clarity on roles and responsibilities around people management	Sturrock, Gallanders
Short term	Review of live suspensions	To ensure that staff are appropriately suspended and for as short a period of possible to safeguard the wellbeing of employees and the delivery of services by ensuring that a risk assessment is undertaken in discussion with HR.	Director of HR&OD	HR teams	Individuals are only suspended where necessary and for as short a period as possible	Sturrock

<b>Short term</b>	<b>Outstanding cases process</b>	<b>External support from other NHS Boards sought to undertake reviews of cases where necessary to address the concerns raised by individuals during the Sturrock review</b>	<b>Director of HR&amp;OD</b>	<b>External resources</b>	<b>All outstanding cases brought to resolution or conclusion</b>	<b>Sturrock</b>
<b>Short term</b>	<b>Resolving concerns using informal processes</b>	<b>Supported by Once for Scotland policies promote and encourage the appropriate use of informal methods such as mediation, pastoral care, facilitation and coaching to managers and staff</b>	<b>Director of HR&amp;OD</b>	<b>HR Teams, Line Managers</b>	<b>Increased use of informal process to bring about resolution at early stage and reduced requirement for formal processes</b>	<b>Sturrock, Gallanders</b>
<b>Medium term</b>	<b>Once for Scotland HR Policies</b>	<b>Promotion and implementation of the policies as they are launched and provide training throughout the organisation on the application of the policy to ensure NHS Highland is applying national policies fairly and consistently.</b>	<b>Director of HR&amp;OD</b>	<b>HR teams &amp; national resources from Once for Scotland programme</b>	<b>New policies are implemented in Partnership, staff are aware and managers trained</b>	<b>Sturrock, Gallanders</b>
<b>Medium term</b>	<b>Workforce performance data</b>	<b>Review and improve workforce performance information to NHS Board, Staff Governance Committee, HPF and other fora as required to provide assurance on workforce performance metrics and monitor improvement where required.</b>	<b>Director of HR&amp;OD</b>	<b>HR Teams</b>	<b>Board and SLT aware of workforce performance information for whole organisation, holding organisation and services to account</b>	<b>Sturrock, Gallanders</b>



<b>Medium term</b>	<b>Partnership Working</b>	<b>To review partnership working within the organisation and to improve effectiveness and create a positive supportive culture</b>	<b>Employee Director</b>	<b>APF</b>	<b>Improvement in decision making through partnership working and collaborations, evidenced via Staff Governance Monitoring Framework</b>	<b>Sturrock</b>
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Theme 3: Organisational and Workforce Development						
Indicative Timescales	Activity	Description	Lead	Resources required	Success Factors	Source
Short term	Induction Programme	Refresh, expand and develop the existing induction programme to incorporate Board, local and statutory/mandatory requirements.	Director of HR&OD	HR teams	All new staff are aware of the organisation's values and strategy, their role in the delivery of services and have the skills and knowledge to carry out their roles efficiently and effectively	Sturrock, Gallanders, OD review, culture audit
Short term	Supporting teams in difficulty	Ensure leaders and managers are connected to their teams and operating effectively through the provision of appropriate training for team development. Develop alignment through team and individual objectives and job planning for clinical staff	Director of HR&OD	HR Teams	Training has been provided to ensure that teams are well led, effective and individuals feel that their contribution is valued	Sturrock, Gallanders, OD Review
Short term	Training in courageous conversations	Training for managers on having difficult conversations to increase confidence in managing staff	Director of HR&OD	CMP, HR Teams, Chief Officers, SLT	Managers trained, to enable effective performance and reduce over reliance on formal processes	Sturrock, Gallanders

Medium term	Senior Leadership Team Structure	Given recent significant changes, have a senior leadership team in place to ensure that the organisation is led effectively and fit for the future.	CEO/Director of HR & OD	HR	Senior Leadership Team in place who will lead NHS Highland and deliver first class services for the people of Highlands.	Sturrock
Medium term	Workforce Strategy	Develop and implement a Workforce Strategy in Partnership, covering key themes, Effective and Sustainable Workforce, a Healthy Organisational Culture, Effective Leadership and Management, Capable Workforce and Integrated Workforce	Director of HR&OD	HR Teams	The workforce is sustainable, skilled and capable of delivering high quality and person centred care now and in the future.	Gallanders, OD Review
Medium term	Values	Review the organisation's published values and where appropriate refresh, ensuring staff engagement in their development and adoption to ensure that the organisation's values are fully aligned to those of NHS Scotland	Director of HR&OD	HR. SLT	Refreshed values adopted throughout organisation	Gallanders, OD Review
Medium term	Clinical Relationship Management	Review the role and functioning of the advisory structures in order to engage clinicians in the development of strategy. Professional Alliance group established	Director of HR&OD	All clinical staff	A Professional Alliance formed to bring together 30 senior medical, nursing, allied health, managerial and social work staff to oversee the transformation of NHS Highland	Sturrock, Gallanders, OD Review

<b>Long term</b>	<b>Leadership and Management</b>	<b>Roll out leadership and management development programme to ensure managers and supervisors have the necessary skills and demonstrate the organisation's values in the way they work, including impact of bullying behaviours - how to handle and how to avoid.</b>	<b>Director of HR&amp;OD</b>	<b>HR teams</b>	<b>All leaders and managers will have received appropriate training and development to undertake their role effectively</b>	<b>Sturrock, Gallanders, OD review, culture audit</b>
<b>Long term</b>	<b>Succession Planning</b>	<b>Develop an NHS Highland succession planning framework which aligns with NHS Scotland's Project Lift to identify staff who have the attributes to become leaders and managers of the future.</b>	<b>Director of HR &amp; OD</b>	<b>SLT</b>	<b>An established talent pipeline which ensures NHS Highland is able to attract, recruit and retain the future workforce</b>	<b>Gallanders, Sturrock, OD review</b>
<b>Long term</b>	<b>iMatter engagement</b>	<b>Ensure the organisation prioritises the rollout of iMatter including survey responses and Action Planning at local and Board level to ensure the highest level of staff participation.</b>	<b>Director of HR&amp;OD</b>	<b>HR teams, line managers, SLT</b>	<b>At least 60% response rate and high Action Planning rates to obtain a Board report to develop and inform improvements actions</b>	<b>Gallanders, OD Review</b>

Theme 4 : Support for Staff						
Indicative Timescales	Activity	Description	Lead	Resources Required	Success Factors	Source
Completed	Pastoral Support	Pastoral care available to support staff who have suffered harm as a consequence of bullying or inappropriate behaviour	Director of Nursing/Director of Public Health	Internal: chaplaincy service, public health, Occupational Health	Staff are aware of the pastoral support available and can access when required	Sturrock, Gallanders
Short term	Mediation	Access to mediation is required as a preventative and restorative measure providing a safe space for people to talk. This is essential for both those perceived as 'victims' as well as those perceived as 'perpetrators' for healing to occur.	Director of HR & OD	External support being considered	A fully established and resourced mediation service to be available at an early stage to avoid formal processes.	Sturrock, Gallanders
Medium term	Confidential Contact Officers	Trained individuals within the organisation to support staff who have concerns. The contact officers will also be able to signpost for options of how to manage situations	Director of HR & OD	Internal - individuals to be identified and appropriately trained	Established and appropriately trained confidential contact officers in place	Gallanders 1
Medium term	Health & Wellbeing Framework	To develop a framework to improve the health and wellbeing of staff and prevent/reduce absenteeism	Director of Public Health/Director of HR & OD	Internal - group established led by Head of Health & Occupational Safety to progress framework	A stable healthier workforce as evidenced by improved attendance, reduced turnover, fewer ill health retirements, increased stability factor.	Gallanders 1

<b>Long Term</b>	<b>Counselling and Therapy</b>	Explore options to provide additional support to staff who may require counselling or psychological therapy.	<b>Director of HR &amp; OD</b>	<b>Internal and/or external</b>	<i>Options for counselling and psychological therapy identified and access where appropriate</i>	<b>Sturrock</b>
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Theme 5: Governance						
Indicative timescales	Activity	Description	Lead	Resources	Success Factors	Source
Completed	Blueprint for Good Governance	Board Development session held to consider NHS Highland's response to the Blueprint for Good Governance confirming priority areas for development through an external governance review	Board Chair	External support required	A development plan generated in support of the Blueprint for Good Governance agreed and submitted to Scottish Government	DL (2019) 02 Blueprint for GG Action Plan
Completed	Board Behavioural Protocol	Completion of the national self-assessment survey on the functions of good governance set out in the Blueprint document	Board Chair	n/a	Revised Board Behavioural Protocol to provide a better understanding of the way in which behaviours in the Boardroom impact on effective governance	Development Plan Blueprint for Good Governance
Short term	Executive Lead Appointment	Appointment of a Senior Responsible Officer to assist the CEO implementing Culture Fit for the Future Action Plan	CEO/ Executive Lead for HR	HR/CEO	To ensure appropriate, adequate and high level dedicated resource to ensure successful delivery	Sturrock

<b>Short term</b>	<b>Delivery Group set up</b>	<b>Group to be established with key stakeholders to influence, contribute and facilitate the delivery of the Culture Fit for the Future Action Plan</b>	<b>CEO</b>	<b>Internal staff</b>	<b>Delivery Group agreed and established with success factors delivered in the timescales specified</b>	<b>Sturrock</b>
<b>Medium term</b>	<b>Effective Board Leadership and Accountability</b>	<b>Board members will receive training in their corporate governance which includes leadership, accountability and information assurance recognising a balance between the Executive and Non Executive roles and between their roles of support and challenge.</b>	<b>CEO /Board Chair/ Board Secretary</b>	<b>External resources</b>	<b>Effective training delivered &amp; success measured through the national self assessment survey</b>	<b>Sturrock Review Polley Review Brown Review</b>
<b>Medium term</b>	<b>Review of Governance Structures and Committee Network</b>	<b>A review of the remits of the governance committees to minimise duplication and clarify the roles of and relationships between the Board and its committees.</b>	<b>Board Chair/Board Secretary</b>	<b>Board Chair, Board Committee Chairs, Chief Executive and Board Secretary</b>	<b>A refreshed, appropriate and accountable governance &amp; committee structure to enable the Board to take seriously any future cultural concerns. It also provides a recognised and formal channel for whistleblowers to raise any concerns</b>	<b>Sturrock Review Polley Review Brown Review</b>



<b>Medium term</b>	<b>Board Training</b>	<b>A formal induction and ongoing training programme for both Executive and Non-Executive Board members developed and provide more support in their role and better connection with organisational purpose and cultural ethos.</b>	<b>CEO /Board Chair/ Board Secretary/Executive Leadership</b>	<b>External resources</b>	<b>Board members provided with induction and ongoing training and are more confident in fulfilling their role</b>	<b>Sturrock Review Polley Review Brown Review</b>
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## **Delivery against the Culture Fit for the Future Action Plan**

This paper documents the progress made against the Culture Fit for the Future Action Plan, which was published on 31<sup>st</sup> May 2019, in response to the Sturrock Review.

The Culture Fit for the Future Action Plan was structured around 5 themes:

- Communications & Engagement
- Human Resource Processes
- Organisation and Workforce Development
- Support for Staff
- Governance

Some of the recommendations in the Sturrock Report had already been implemented before 31st May 2019 but were noted in the Action Plan. Other actions were differentiated into short, medium and long-term timescales, as follows.

- Short term - 0-3 months
- Medium term - 4-12 months
- Longer term over - 12 months

The Culture Fit for the Future Action Plan was developed as a first step and the intention was to build upon and enhance this plan with ongoing positive engagement with staff and stakeholders.

The updates on progress against the short, medium and long term actions are set out in this paper, organised by the 5 themes. This lists actions taken, those still in progress and those which are in plan.

Significant work has since been completed to establish a Culture Programme Board, overseen by an External Culture Advisor and to develop our longer term Culture Programme Plan and Commitments. These have been widely consulted on and are due to be approved and launched alongside our work on the wider Strategy, Vision and Values in the coming months.

Our Culture Programme will pick up those actions noted below as still in progress or planned from this original action plan which can now be regarded as complete.

### ***Communications and Engagement***

This included taking action to improve communication of information and visibility of leadership. Actions delivered include:

- ✓ Weekly CEO emails and Team Briefs
- ✓ Meetings with the Board Chair and Chief Executive, for individuals and the whistleblower group
- ✓ A programme of 23 colleague engagement sessions across the Board area
- ✓ Appointment of an External Culture Advisor
- ✓ Launch of a Culture Programme Board including staffside, whistleblower and public members as well as members from key governance meetings

There are also some actions which are still in progress and form part of our ongoing culture plan

- Development of a Communications and Engagement strategy including guidance on our tone and language
- Expanding our Communications, Engagement and Participation team

### ***HR Processes***

This included taking action to improve colleagues' experience and confidence in reporting concerns and having them effectively managed. Actions delivered include:

- ✓ External Mediation and Investigation support
- ✓ Creation of a single point of contact (phone and email) for HR
- ✓ Promoting channels of support and ways to report concerns to colleagues
- ✓ Review of colleague suspensions
- ✓ Appointment of a permanent, full time HR Director
- ✓ Appointment of a Whistleblowing champion
- ✓ Launch of the Once for Scotland policies and training in these and the various roles

There are also some actions which are still in progress and form part of our ongoing culture plan

- Improving our people processes and resolving outstanding cases
- Further work on our Whistleblowing policy to align to the new national standards

- Review of our HR structure and resource
- Improving our workforce information as part of our performance framework
- Review of our partnership working

### ***Organisation and Workforce Development***

This included improving our colleague experience and our learning proposition and management development support. Actions delivered include:

- ✓ Launch of Corporate induction portal
- ✓ Key appointments made to the Senior Leadership Team
- ✓ IMatter survey delivered and action planning carried out
- ✓ Tactical support for teams in difficulty
- ✓ Courageous Conversations training for managers
- ✓ Improved Clinical engagement via Professional Alliance and then Clinical Expert Group

There are also some actions which are still in progress both as part of the Culture Plan and our wider organisational strategy work.

- Creation of a long term leadership and management development proposition
- Development of our long term workforce strategy, linked to the Board strategy and objectives
- Full roll out of the NHS Scotland Values as part of our refreshed Vision and Strategy
- Further refinement of our Executive Leadership structures and roles

### ***Support for Staff***

This included provision of a range of additional support to colleagues and to ensure they were aware of all the support available to them. Actions delivered include:

- ✓ Promotion of pastoral support and values based reflective practice
- ✓ Access to external mediation
- ✓ External Speak Up service commissioned as additional channel of support
- ✓ Establishment of an Employee Assistance Programme to provide increase counselling and support to colleagues, in addition to current Occupational Health provision
- ✓ Focus on Health and Wellbeing resources and support

We continue to work on the following elements and this also forms part of our long term colleague support for dealing with the impact of Covid-19

- Development of our long term Health and Wellbeing strategy
- Creation of a dedicated Wellbeing website

### **Governance**

This included taking action to ensure all of our governance channels were working effectively and all Board members are fully trained and developed and can operate with confidence in their assurance and oversight capacity.

- ✓ Two day board workshop to reflect on Sturrock report and prioritise key actions
- ✓ Creation of a self assessment and development plan for the board linked to the Blueprint for good governance
- ✓ Initial delivery group set up to oversee the Culture Programme (replaced by Programme Board in November)
- ✓ Board trained in effective leadership and accountability on an ongoing basis

We are in the process of:

- Finalising a complete review of the governance committee structures, timings, membership and terms of reference



Argyll & Bute Health and Social Care Partnership

Culture Review – Survey results – Summary

Commissioned by NHS Highland in partnership with  
Argyll & Bute Health and Social Care Partnership

May 2020



# Executive Summary



- NHS Highland Board and the Argyll & Bute HSCP in November 2019 commissioned Progressive to carry out a survey of NHS Highland colleagues working in Argyll & Bute, as requested in the Sturrock report. The HSCP has 1540 NHS Highland employees and 770 Council employees and the scope of the review did not include Council employees, so this report only covers two thirds of the HSCP.
- 68% (344) of the 508 respondents to the survey (which includes 62 former colleagues) reported experiencing bullying or harassment with in the Argyll & Bute Health and Social Care Partnership (HSCP).
- 65% (291) of the 446 respondents who are still employed (i.e. current not ex-staff) reported experiencing bullying and harassment. This represents 19% of the current 1540 NHS Highland employees in the Argyll & Bute HSCP.
- 49% (167) of those 344 respondents who said they had experienced bullying reported experiencing issues within the last 6 months. This represents 11% of the current 1540 NHS Highland colleagues in the Argyll & Bute HSCP.
- 41% (140) of those 344 respondents who said they had experienced bullying reported that it happened/happens frequently. This represents 9% of the current 1540 NHS Highland colleagues in Argyll & Bute.
- This report sets out the background, the findings and the actions that are being taken to address the findings.

# Background



- In November 2018, the Scottish Government announced a fully independent external review into allegations of a bullying culture at NHS Highland which includes the Argyll & Bute Health and Social Care Partnership (HSCP), as an integrated arrangement under the direction of the Argyll & Bute Joint Board. The Review was commissioned following the public disclosure of concerns about bullying and harassment in September 2018.
- The Sturrock Review was published in April 2019 and was based on engagement with 340 people across the NHS Highland area. One of the report's recommendations was that an independent review of NHS Highland Culture in Argyll & Bute HSCP should be carried out, since only 6% of respondents to the Review were from Argyll & Bute, although they are around 15% of the colleague population.
- In November 2019, NHS Highland Board commissioned Progressive Partnership Ltd to carry out a survey of NHS Highland colleagues working in Argyll & Bute and ensured the A&B HSCP were consulted upon the work being undertaken. The HSCP has around 1540 NHS Highland employees and 770 Council employees and the scope of the review did not include Council employees, so this report only covers two thirds of the HSCP.
- It was agreed the review focus should be on gaining a quantitative measure of the problem that provides evidence of where any problems lie and from where they emanate, which will give NHS Highland the tools it needs to concentrate efforts where they are most needed.
- This research was therefore designed to focus on obtaining robust data about people's experience and what action staff members would prioritise now and in the near future, as well as obtaining a measure of the extent and nature of inappropriate behaviour and/or bullying, undermining and harassment reported by colleagues.
- This document is co-produced by Progressive and NHS Highland. All of the data has been provided by Progressive and this pack has been reviewed and quality checked for accuracy and validity of content. The summary of findings, themes and actions as a result of the finding have been validated by Progressive as being in line with the data and findings of both their qualitative and quantitative research.



# Details of the Survey



- This was a quantitative online survey. It was freely open to anyone with no restrictions to ensure widespread access, but that does mean it could be accessed by anyone or completed multiple times. Paper copies were also available on request.
- Questionnaire content was developed based on 20 in-depth interviews with self-nominated colleagues, plus a small number of management, human resources and trade union colleagues. This information, along with the free text aspects of the survey also provided some qualitative data which has been drawn upon.
- The target audience was current and former NHS Highland employees who work/worked in Argyll and Bute HSCP.
- The survey was hosted by Progressive, invitations sent by NHS Highland with the survey link which was unrestricted to access whether internal or external to NHS Highland. The survey was open between 18<sup>th</sup> February and 3<sup>rd</sup> April 2020.
- Sample size: From a population of 1540 current NHS Highland colleagues in Argyll & Bute, 446 completed the survey, which is 29%. This represents 19% of the overall Argyll & Bute HSCP population of 2310 which includes 770 council colleagues who are not included in the survey. The 29% response rate from the target population is a good return for a survey of this nature. Another 62 were former employees, making a total response of 508, with 496 electronic and 12 hard copy returns.
- However, because the sample is self-selecting and without access control, the findings may not be representative of the wider HSCP or NHS Highland population. The survey was widely promoted to those in scope, but was specifically about people's experience of bullying and so it is possible that those who have not experienced bullying would not see this as relevant to them.

# Summary of findings



The survey referenced the ACAS definition of bullying and harassment:-

*“offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means intended to undermine, humiliate, denigrate or injure the recipient. Bullying or harassment may be by an individual (perhaps by someone in a position of authority such as a manager, or a colleague) or involve groups of people. It may be obvious or it may be insidious. It may be persistent or an isolated incident. It can also occur in written communications, by phone or through email, not just face to face. Whatever form it takes, it is unwarranted and unwelcome to the individual.”*

**Further survey data is presented in chart form later in the pack, but these are the key headlines:**

- 68% (344) of the 508 respondents to the survey (which includes 62 former colleagues ) reported experiencing bullying or harassment within the Argyll & Bute Health and Social Care Partnership (HSCP).
- 65% (291) of the 446 respondents who are still employed (i.e. current not ex-staff) reported experiencing bullying and harassment. This represents 19% of the current 1540 NHS Highland employees in the Argyll & Bute HSCP.
- 49% (167) of those 344 respondents who said they had experienced bullying reported experiencing issues within the last 6 months. This represents 11% of the current 1540 NHS Highland colleagues in the Argyll & Bute HSCP.
- 41% (140) of those 344 respondents who said they had experienced bullying reported that it happened/happens frequently. This represents 9% of the current 1540 NHS Highland colleagues in Argyll & Bute.

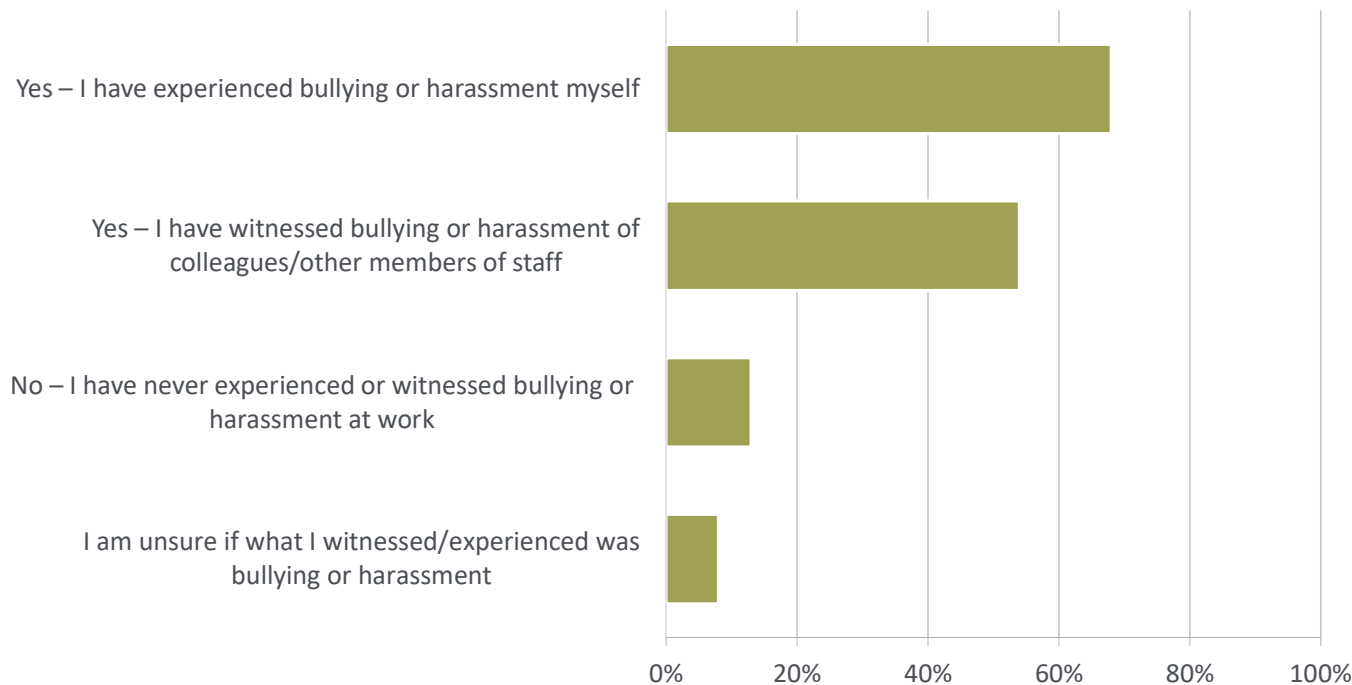
# Summary of findings



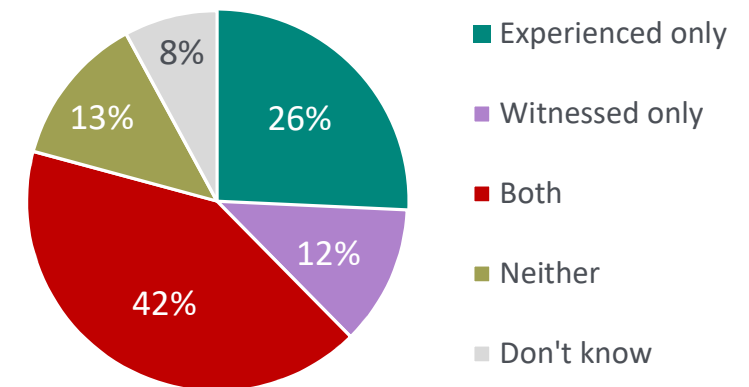
- It was reported that both managers and colleagues were responsible for bullying, although individuals were able to report bullying by more than one type of person, so it is difficult to assess this more specifically.
- Bullying was reported across all grades from the 344 who responded that they had experienced bullying and harassment (out of the 508 respondents from the target population of 1540 )
- Respondents from Bands 1 to 4 (99 of the 160 respondents from this grade range, which is 62%) were significantly less likely than those in Bands 5 to 7 to experience this (191 of the 266 respondents from this grade range, which is 72%).
- Bands 1-4 also had greater confidence than Bands 5-7 that reported incidents would be treated seriously .
- Those working for NHS Highland within the Argyll & Bute HSCP for less than 2 years were least likely to have experienced bullying (42% which is 30 of the 71 respondents, versus 66% which is 100 of the 151 respondents with 3-10 years service and 75% which is 212 of the 283 respondents with 10+ years' employment).
- Those working less than 2 years were also more confident that any issue they reported would be taken seriously (42% agreed which is 25 of the 60 respondents versus 24% which is 31 of the 131 respondents with 3-10 years service and 25% which is 62 of the 244 respondents with 10+ years service).
- 67% (129) of the 271 respondents who had experienced bullying and answered this question had reported it via one of the formal channels, although 61% (264) of the 435 respondents who answered this question (from the target population of 1540) believe there is a culture of discouraging reporting.

## Experience and witnessing of bullying and harassment

Whether respondents have experienced and/or witnessed bullying and harassment

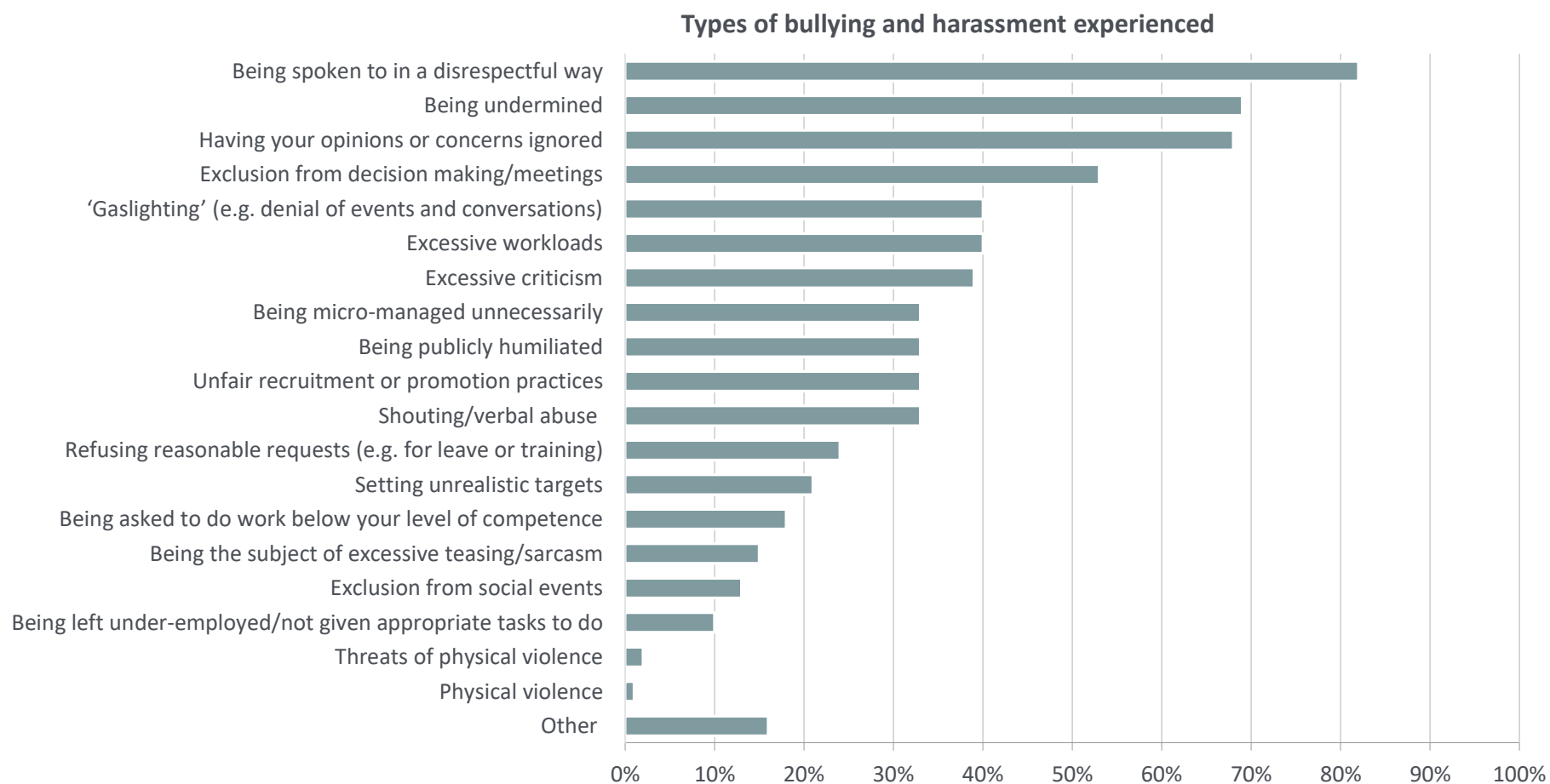


Experience: summary



Q12. Have you ever experienced or witnessed any bullying or harassment while working at NHS Highland? We are interested in bullying and harassment as we explained earlier in the definition of bullying, which occurred in the course of employment. Please tick all that apply? Base (all): 508

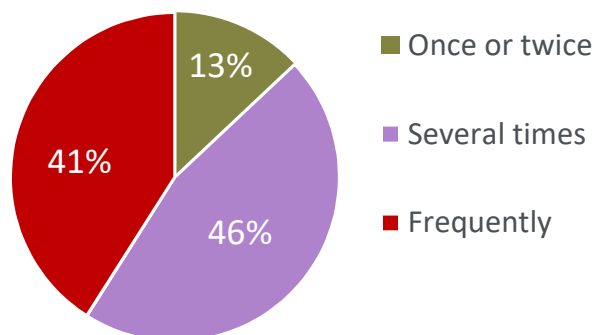
## Types of bullying or inappropriate behaviour reported by those who have experienced it



Q13. What kind of bullying or harassment have you personally experienced? Please tick all that apply. Base (all who have experienced): 344

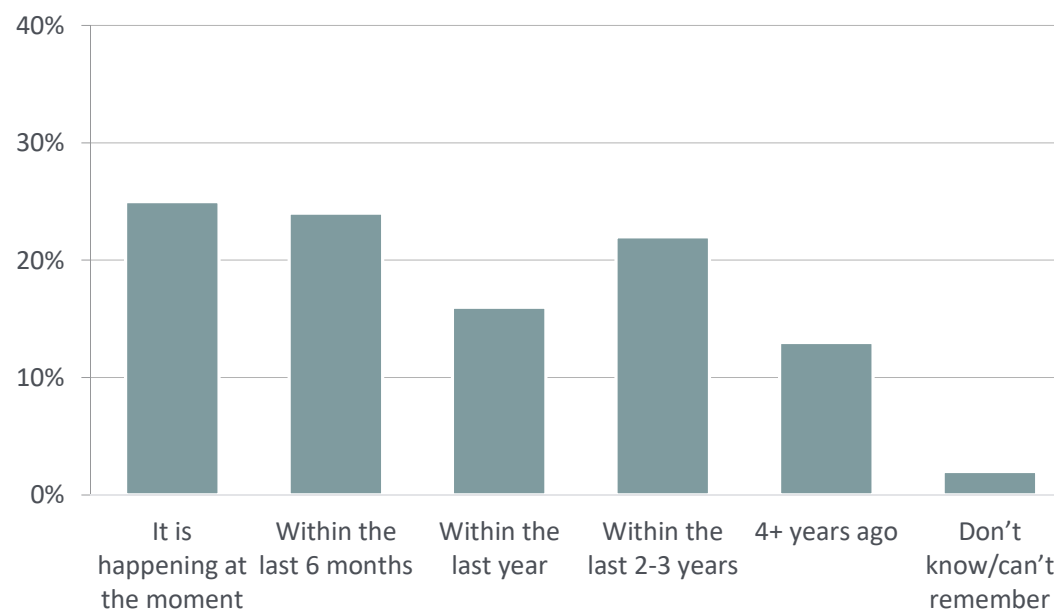
## Frequency and timescales of incidents experienced

Frequency of experiencing bullying or harassment



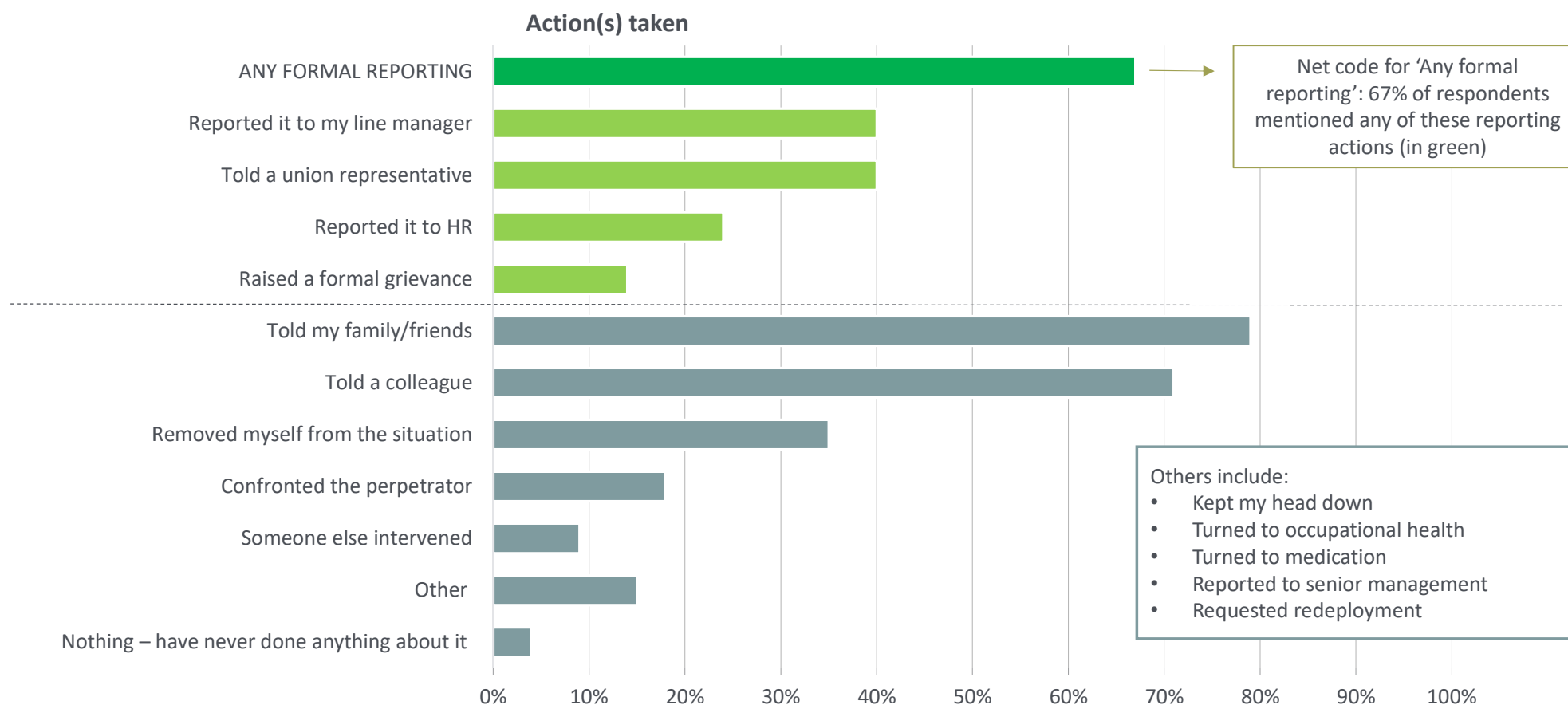
Q15. How often have you experienced bullying or harassment while working at NHS Highland?  
Base (all who have experienced): 344

Last time respondents experienced bullying or harassment



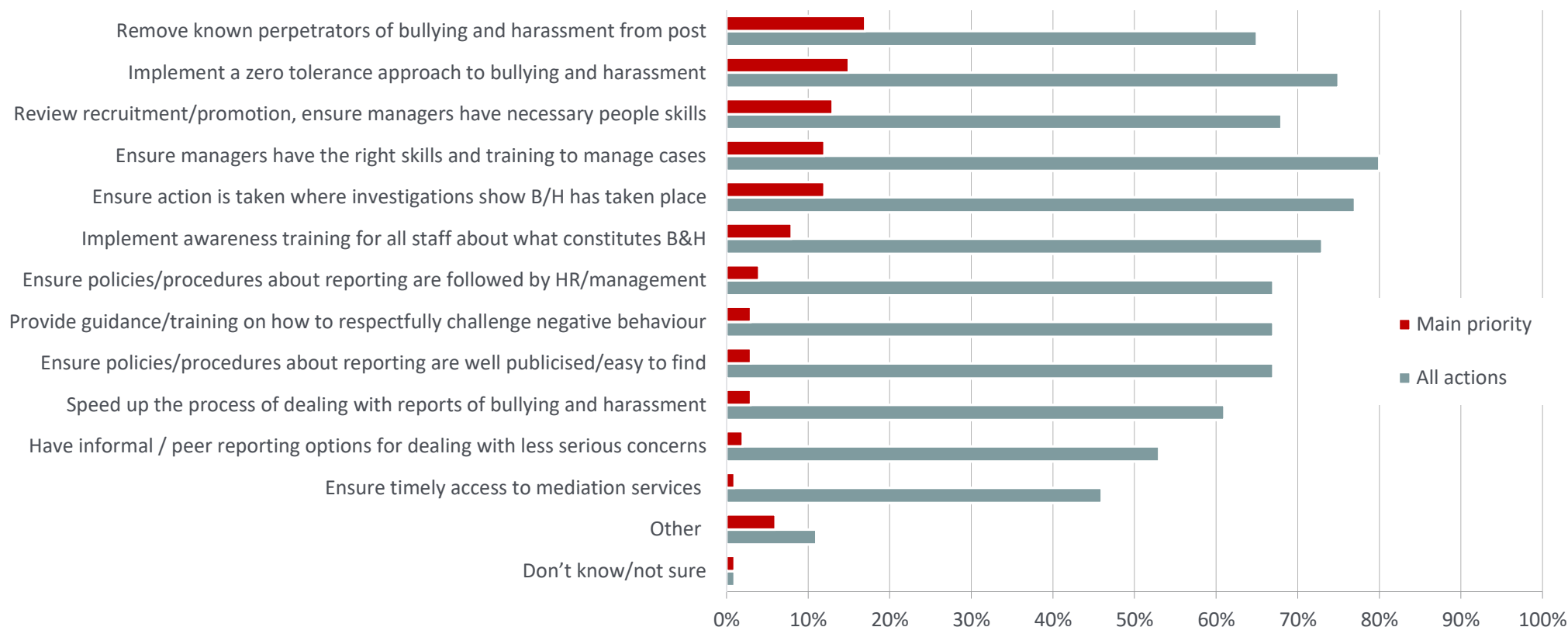
Q17. When was the last time you experienced bullying and harassment at work?  
Base (all who have experienced): 344

# Action taken in relation to incidents experienced



## Respondents thoughts on dealing with bullying and reporting

Priorities for action



Q28. What do you think NHS Highland should prioritise in dealing with any issues of bullying and reporting? Please select any/all actions you think are important to address. Base (all): 508

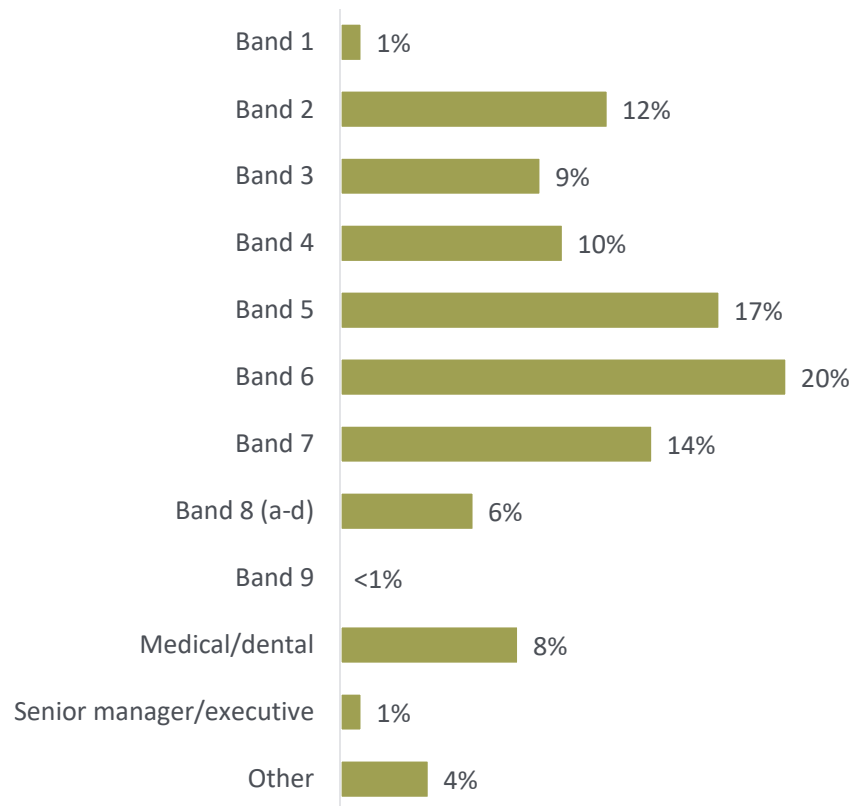
Q29. And which of these is the most important thing for the Board to address? Base (all excl DK): 500



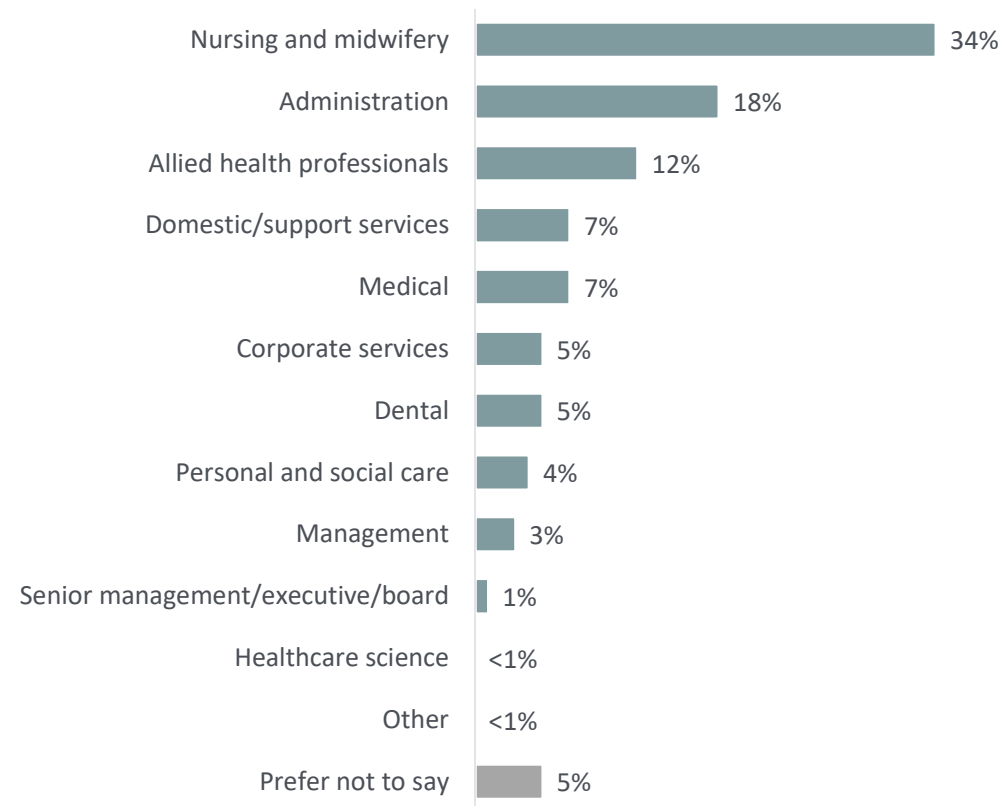
## Sample profile – staff grade and group

Broadly representative of workforce

### Staff grade



### Staff group



# Reflections



- It is important to acknowledge that a significant number of our colleagues have reported experience of bullying, many in the last year, and that we need to address this as a matter of urgency.
- The results are deeply concerning and we accept them fully and offer a sincere apology to every colleague who has experienced bullying or harassment. We would also like to thank those who responded for having the bravery to respond - we know how challenging it is for colleagues to confront the issues they are sharing with us.
- NHS Highland Board and Management and that of the Argyll & Bute IJB fully accept the findings and are committed to making the necessary changes to improve the experience of these colleagues and to rebuild trust and confidence.
- While significant work has already begun to address cultural issues across NHS Highland including the development of the Healing process, Courageous Conversations training, Employee Engagement sessions, launch of an Employee Assistance Programme and launch of an independent Speak up service on 1<sup>st</sup> July 2020, this report reinforces the need for the ongoing work and that our key priorities must be acted on rapidly.
- The themes and experiences from the survey broadly reflect those within the Sturrock report, although they are heightened by issues of rurality as well as the legacy of the dissolution of the Argyll & Clyde Health Board in 2006, which saw Argyll & Bute health colleagues moved to NHS Highland. These will need additional efforts to resolve.

# Themes



## **Confidence in our processes**

- There is a lack of trust and confidence from some colleagues in the effectiveness of key people processes, particularly from those who have been in the organisation for longer. This includes inconsistency in application of policy or recruitment decisions, the operation and pace of discipline and grievance processes and our ability to support informal resolution of concerns.

## **Leadership and Management skills**

- Many of the types of bullying concerns reported arise in the management relationship and could be easily resolved with quick action and discussion at an early stage. Managers are reported as capable in operational matters, but lacking leadership skills.

## **Individuals' expectations**

- Requests for action such as dismissal as the desired outcome for complaints came through strongly. This can add to the adversarial nature of the situation and the sense that there is a right or wrong approach; but when dealing with relationships and perceptions and feelings, this is not often the case. This means that the process will rarely achieve a satisfactory outcome.

## **History and connection to NHS Highland**

- The change to being part of NHS Highland in 2006 was difficult and it failed to recognise the need to change the name of the Board, to reflect Argyll & Bute, which impacted colleague and patient perceptions. This lack of connection is heightened by distance from Inverness and working in different models of integration, so language and communications don't feel inclusive

## **Challenges of remote and rural communities**

- There are limited opportunities for promotion and a lack of alternative employment, so people stay longer than in other areas
- Working in small communities makes it hard to differentiate between work and home, and colleagues often are friends or family
- Work-based disagreements can affect the wider community or vice versa. There are also pressures in the workforce having to cover very wide geographical areas and managers not being as visible or able to spot problems as a result.

# Actions underway



- We have launched our **Employee Assistance programme** for confidential advice and support (including a dedicated manager support and advice line)
- A **Colleague Communication** on the survey is being issued later today to all NHS Highland colleagues in Argyll & Bute, including information on the support available and contact points to raise concerns.
- This includes details of a **temporary Independent External hotline** we have put in place with for discussion and support for bullying concerns until our Guardian Speak Up Service goes live on 1 July
- The Chief Officer of the Argyll & Bute HSCP has arranged a **programme of engagement sessions** for colleagues across Argyll & Bute to talk through the survey results and for colleagues to provide thoughts and feedback. These will take place across both daytime and evening slots on **Monday 18th / Tuesday 19th May**.
- Our **Healing Process** is opening to applications by the end of May to help current and former colleagues deal with past concerns and gain resolution and support in a fair and non judgemental setting is about to launch.

# Conclusion



- This report has set out the findings of the survey commissioned to understand the experience of bullying and harassment of NHS Highland colleagues within the Argyll & Bute HSCP, following the recommendation within the Sturrock review.
- The key findings which are repeated below are deeply concerning and we accept them fully and offer a sincere apology to every colleague who has experienced bullying or harassment. We would also like to thank those who responded for having the bravery to respond.
- The main themes from the survey were in line with the Sturrock findings and are part of our ongoing programme and action plan to transform the culture to one where colleagues feel listened to, valued and respected. We have brought forward timings and increased resources as a result of the findings and address the themes of rurality and history within the Argyll & Bute HSCP.
- We have also created a **100 day plan** setting out 5 priority actions which will rapidly address the specific outcomes of this survey. Some of these were already part of our wider culture programme plans, but we have advanced the pace and resources on these. Others are specific action to address the themes that are specific to Argyll & Bute.

# 100 Day Action Plan

Theme	Action	SRO / Lead
Increase the sense of inclusion of Argyll & Bute colleagues and communities within the NHS Highland Board area	Discuss with Scottish Government the process and timing if we wished change the board name to NHS Highland, Argyll & Bute	Paul Hawkins / Joanna MacDonald
Urgently accelerate the review and improvement of the operation of key People Processes (disciplinary, grievance, bullying and harassment, recruitment ) across NHS Highland	Carry out an independent review of the key people processes and define the future model and processes with input from managers, colleagues, HR and staffside.	Fiona Hogg / External Consultant
Provide assurance and oversight of hiring decisions across NHS Highland to build trust and confidence of colleagues	Establish a monthly assurance panel to review selection decisions and provide feedback	Fiona Hogg / Emma Pickard
Build good relationship skills across the organisation through training all colleagues and managers in Courageous Conversations	Deliver short video introduction via team leaders / managers Rollout of virtual training sessions at rate of 6 sessions per week , 10 per session.	Joanna MacDonald / Jane Fowler
Set clear role expectations and behaviours for all colleagues and managers across NHS Highland	Create and cascade colleague and manager role and behaviour standards linked to our vision, values and objectives	Fiona Hogg / Jennifer Swanson & Caroline Morrison