

# Appendix 3: Independent Review Panel Recommendations



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

## Fourth IRP report recommendations

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

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

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

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		with difficulties in the workplace relating to personalities or management practices.		
4.8	Green	<p><b>Mental Health/Trauma (Report 3: Recommendations 2 and 3)</b></p> <p>The IRP heard more testimony about the lack of support for staff who had mental health issues or had experienced previous trauma either in their personal life or through their work, or both. We raised this in our last report and recommended that mental health be considered on the same basis as physical health and proposed the recruitment of Mental Health first aiders. We are aware that the Scottish Government has adopted a 10 year vision for mental health, and staff wellbeing is now part of NHS Scotland's Workforce strategy.</p> <p>Given the experiences within NHS Highland identified by the Sturrock Report and The Healing Process, we would recommend that further work is undertaken to analyse the extent of mental health support which is available in other organisations and could be effectively adopted by NHS Highland.</p>	The development of a Wellbeing strategy and plan is part of the wider strategy work and should be completed by October 2022.	<p>The IRP recognised that mental health was a national challenge, and that greater support and investment was required nationally.</p> <p>Wellbeing is a specific workstream / focus of the Culture Programme and will be an integral area of the People elements of the Together We Care strategy, with specific actions that can be taken to improve support and reduce stigma will be considered as part of this work as a priority.</p>
4.9	Completed	<p><b>Investigations (Report 1: Recommendation 11)</b></p> <p>We have also heard again that individuals did not have confidence in the process put in place to undertake investigations. There was often a lack of respect and trust for those who were asked to carry out investigations. As investigations were carried out internally by managers they took a considerable length of time as they were being undertaken as part of other demanding duties.</p>	Action completed although work continues on our wider processes	<p>A third-party specialist was used to investigate all bullying and harassment cases between June 2019 and April 2021 to provide some independence and impartiality, as part of rebuilding trust.</p> <p>Following analysis, this did not lead to consistent improvement in the timescales or quality of reports, because the complexity of the investigation and the difficulty in trying</p>

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		<p>We note that an external organisation was used to carry out investigations, but it would appear that that this did not lead to a significant improvement. We would encourage the Board to look again at the way investigatory processes are conducted, and to consider whether NHS Highland or the wider NHS on a regional or national basis should have a dedicated investigation unit. The pandemic has led to the use of technology which supports more virtual interactions which could be used by such a unit and ensure investigations are undertaken effectively and timeously.</p> <p>Performance in the efficiency and effectiveness of investigations needs to be measured and if suitable improvements are not witnessed, then further steps should be taken.</p>		<p>to establish clear facts when discussing relationships and behaviours. It also meant that in some cases, not understanding our context made the investigation more challenging.</p> <p>We still actively use external investigators (either 3<sup>rd</sup> party or an external board) where the specific sensitivities of the case require this. We continue to work in partnership to monitor our processes.</p> <p>However, because of the success of the Once for Scotland policies and training, early resolution has been very successful in the past year and that has allowed many cases to be resolved without investigation. This means that when investigations are required, we have sufficient capacity to effectively manage them.</p>
4.10	<b>Green</b>	<p><b>Culture Programme (Report 1: Recommendations 2, 4, and 8 and Report 2: Recommendation 1)</b></p> <p>Progress on implementing the Culture Programme created by the Board will have been impacted by COVID. We have been struck by the fact that information, on the content and progress on the Culture Programme is not easy to find on the NHS Highland public website. We feel given the resource and effort going into the Programme it should have a prominence on the website and other communication channels to demonstrate to the public and staff the Board's commitment to improving culture.</p>	<p>Culture will continue as an integral part of the Together We Care strategy with a focus on team / colleague engagement and impact over 22/23 and 23/24</p>	<p>The progress being made by the Culture Programme did indeed slow down over the recent last 2 quarters due to the systems pressures sustained by COVID, with several the developed support offers for front-line colleagues / teams being paused due to them having no capacity to participate in the development. The team support offer "Team Conversations" will shortly be piloted and rolled out; and the Leadership and Management Development cohorts and peer support have recommenced.</p> <p>The focus for culture over 22/23 is on the development and implementation of a Wellbeing strategy (including a focus on</p>

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		<p>In this final period of our work, it has been reported to us by participants, that the leadership of the NHS Board and the Executive team feels different to that which was in place prior to the Sturrock Report but that it has yet to make an impact on the way many staff feel in their everyday work. This appears to be borne out by the iMatter scores that remain low in certain areas such as confidence in performance management, involvement in decision making and trust and confidence in leadership. These low scores match other areas in NHS Scotland. However, our reflection is that the Culture Programme is yet to make significant impact.</p>		<p>mental health and workload) and the introduction of Promoting Professionalism and Civility Saves Lives, all of which will have a direct impact on the staff across the Board.</p> <p>The move to culture being part of the Together We Care strategy and Annual Delivery plan will support wider awareness and engagement and will also be aided by the replacement of the current internet which is no longer fit for purpose and is being replaced this year.</p>

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## First IRP report recommendations

### RAG status definitions



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

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



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

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		<ol style="list-style-type: none"> <li>2. See workforce equality as integral to service improvement not just compliance</li> <li>3. Insist on detailed scrutiny of data from Employee Staff Records / national staff survey to identify specific challenges</li> <li>4. Ensure the narrative underpinning strategy is specific to each organisation</li> <li>5. Learn from previous failed approaches</li> <li>6. Specific interventions must be evidence driven</li> <li>7. Accept that accountability is crucial (and leaders model the behaviours expected of others)</li> </ol>			work with other leaders in the organisation on our longer-term strategy and plan for inclusion and diversity, which we would want to have in place by April 2023.
1.8	<b>Green</b>	The culture going forwards should be one based on engaging and empowering, and valuing contribution through effective appraisal and feedback. This can be monitored through the NHS Scotland I-matter engagement process which all Boards are required to use and report on	In progress – culture will continue to be measure and reports via the Strategy, ADP, and other forums	In Progress	The Listening and Learning Survey has provided NHS Highland with a clear baseline of current culture, and this will be used to assess progress across several themes. The 2021 iMatter results are also available, and are in line with prior years and with the overall NHS Scotland results. iMatter will shortly be run and the follow up Listening and Learning Survey will take place in September 2022 so progress can be assessed.

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

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

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

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

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

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					The case management system is in progress but there is a manual reporting process as part of the Staff Governance workforce reports.

### Second IRP report recommendations

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



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2.2b	<b>Completed</b>	<p>That a leadership development programme to address the following areas for the organisation to thrive and grow and plan for any gaps that are identified:</p> <ul style="list-style-type: none"> <li>• Cognitive and critical thinking needed to reason, plan, adapt and learn</li> <li>• The leadership DNA in terms of how that is reflected in the way individuals think, act and feel</li> <li>• The unique knowledge, skills &amp; abilities required to excel in the leadership of people and teams</li> <li>• The capacity and willingness to continually learn from experience. Achieving growth through proactive use of feedback and self-reflection.</li> <li>• The ability to innovate and be a positive force for change and progress.</li> <li>• Confidence building.</li> </ul>	Completed	In progress delivering in 21/22 but will take time to roll out widely	<p>A leadership and management development programme was launched in October 2021 and early evaluation of efficacy has been positive. Additional cohorts will join the programme over the course of this and future financial years.</p> <p>Team conversations are being piloted in Spring 2022 which will support the development of effective team working and ensuring the NHS Highland values and behaviours are embedded across the organisation.</p>
2.2c	<b>Green</b>	That the NHS Scotland standard of values-based recruitment to leadership positions is fully adopted/implemented.	In progress over 22/23 for all roles	In progress	Values based recruitment is in place in many posts including in the recruitment of some clinical posts; and the intention is to roll this out more widely across the organisation
2.3	<b>Complete</b>	The Clinical Governance Committee reviews the governance and reporting of information governance incidents (only where there is clinical risk in NHS Highland as this is overseen elsewhere), patient safety reporting and the reporting and	Completed	In progress	Information assurance governance arrangements have been revised. Our process for Significant Adverse Event Reviews has been revised and a new approach is in place. The Clinical Governance Committee has a workplan and has refreshed our Quality and Patient Safety

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

## Appendix 3: Independent Review Panel Recommendations

### Third IRP report recommendations

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

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

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

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