



NHS Highland Healing Process
Independent Review Panel Report on Organisational Learning
Report Four: April 2022

1. Background

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

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

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



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

2. Continuing Themes

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

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

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

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

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

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

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

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

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

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

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

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

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

2.6 Effective Mediation (Report 1: Recommendation 13).

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



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

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



3. Other Themes

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

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

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

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

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

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



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

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

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

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

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

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

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



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

We are aware of two research-based interventions, Trauma Focused Peer Support (TRIM) and Sustaining Resilience at Work Peer Support (STRAW), which are being used in public sector organisations where the work force might be more exposed to trauma, including in some NHS organisations. In these initiatives TRIM and STRAW practitioners are trained to act as a point of referral where mental health/ trauma is identified, given that in most instances line managers do not have the necessary skills to offer sufficient support.

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

3.3 Investigations (Report 1: Recommendation 11)

We have also heard again that individuals did not have confidence in the process put in place to undertake investigations. There was often a lack of respect and trust for those who were asked to carry out investigations. As investigations were carried out internally by managers they took a considerable length of time as they were being undertaken as part of other demanding duties.

We note that an external organisation was used to carry out investigations, but it would appear that that this did not lead to a significant improvement. We would encourage the Board to look again at the way investigatory processes are conducted, and to consider whether NHS Highland or the wider NHS on a regional or national basis should have a dedicated investigation unit. The pandemic has led to the use of technology which supports more virtual interactions which could be used by such a unit and ensure investigations are undertaken effectively and timeously.

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



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



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

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

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

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

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



4. Conclusion

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

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

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

April 2022