

Appendix 4: Independent Review Panel Recommendations

1. The purpose of this document is to provide an assessment of the extent to which the recommendations made in the first two Healing Process Independent Review Panel (IRP) report are fully addressed, in progress or yet to be addressed. It is important to note that the members of the panel are independent to NHS Highland and so will not be aware of the action taken post Sturrock, so recommendations were made without that context. In addition, the experiences referenced by panel attendees range over a large timescale and many have left the organisation some years ago, so their experiences are at a point in time.
2. The first report of the IRP makes 22 recommendations and is based upon the evidence given by 26 current or former members of staff; and the second report makes a further 4 recommendations based upon the testimony of 58 individuals. The table below summarises each of the IRP recommendations and classifies them as addressed, in progress or not yet addressed. For those that are either in progress or not yet addressed, further commentary is provided as to the route for addressing the recommendation.

First IRP report recommendations

Rec #	Detail	Status and proposed timeframe	Route(s) to resolution / further activity required
1	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.	In progress (This will be an ongoing activity for the duration of the Culture Programme as further learning is identified)	It is important to assimilate the different sources of organisational learning (IRP, root cause diagnostic, Sturrock recommendations, Culture programme lessons) in order to avoid multiple separate sets of activity and recommendations. To address this, the Culture programme root cause diagnostic priority scope will be widened to 'Organisational Learning' and this will become the custodian of all identified lessons and improvements.
2	An ongoing cultural improvement development programme should be put in place for all clinical leaders and managers, including members of NHHSH Board	In progress (Management Development is a 3 year programme to include all in supervisory positions; Board Development	A revised leadership and management development framework and set of learning modules is under development and will include a suite of development aimed at improving ways of working. This will take significant time to cover all managers and leaders (2 years). Additional development will be targeted at the NHHSH Board, including ongoing development of the Executive Directors, to complement the existing programme of board development which has been underway since mid 2019. Our NHS Scotland online learning system contains targeted

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		21/22)	Board development support which is being utilised as part of this.
3	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	Not yet addressed 21/22 for exec objective setting 22/23 for start of wider performance management implementation	Performance management in NHS Scotland is not where it should be, with the national programme to address this delayed due to Covid. However, this is in place for the Executive and Senior manager cohort with national oversight of ratings. Starting in performance year 21/22 NHSH will focus on clear cascade of objectives down from Board – Executives – Senior Leaders, so that there is a clear sense of priority and focus, linked to the vision, values and board objectives which are currently being finalised. This will be built on the following year.
4	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 Complete within 21/22 as Culture Programme priority	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). The Culture Metrics and Tools priority is accountable for defining and implementing an approach to measuring culture improvement, including case data.
5	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 2 year programme to embed values based recruitment (complete 22/23)	The Recruitment Review completed last summer 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). A resourced plan and timeline for implementation will be created and shared. The route for oversight of the improvements is within scope of the Director of HR and OD's function and governance.
6	Once new starts are in place, induction processes should include training on equality	In progress	Statutory and Mandatory training includes equality and diversity modules so all new starts are required to complete this learning.

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	and diversity.	Ongoing – requires regular reporting / tracking.	Ensuring inclusive thinking and behaviours is a key element of our values and behaviours workstream as well as leadership and management development.
7	<p>The adoption of seven key principles, which have been proven in having effectiveness in this area (i.e. equality and diversity):</p> <ol style="list-style-type: none"> 1. Acknowledge the challenge 2. See workforce equality as integral to service improvement not just compliance 3. Insist on detailed scrutiny of data from Employee Staff Records / national staff survey to identify specific challenges 4. Ensure the narrative underpinning strategy is specific to each organisation 5. Learn from previous failed approaches 6. Specific interventions must be evidence driven 7. Accept that accountability is crucial (and leaders model the behaviours expected of others) 	<p>In progress</p> <p>Ongoing Staff Governance Standard monitoring Inclusion actions as part of remobilisation plan to be delivered during 21/22</p> <p>Longer term strategy to be developed and implemented</p>	<p>NHS Scotland has a commitment to equality and diversity within the Staff Governance Standard, to which NHS Highland works. We are also creating a plan for addressing key diversity and inclusion actions over 21/22 as part of our Remobilisation Plan. There is a Embracing Equality, Diversity & Human Rights Policy in place, although this is due for review nationally in Phase 2 of Once for Scotland, which has been delayed due to Covid</p> <p>Within Values and Behaviours work we will pay specific attention to diversity and inclusion and prompting a conversation around inclusive behaviours.</p>
8	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	<p>In Progress</p> <p>Culture Metrics and tools to deliver within 21/22;</p>	Whilst roll-out of the new values and behaviours, and an improved approach to internal communications and engagement should foster a culture of engaging and empowerment, there is currently no widely used system / tool for feedback and measurement. The i-Matter process whilst giving annual metrics on key figures is not tailored to NHSH's specific needs. An additional tool / survey is therefore planned

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	required to use and report on		for Spring to give real-time insights into organisational temperature and this forms part of the Culture Metrics priority.
9	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	Not yet addressed To finalise and implement first phase restructure by end June 2021 and communicate with the organisation around this	The understanding of the role and responsibility of HR within NHS Highland is confused, with many colleagues and managers expecting all people related matters to be addressed by the team, when this is a management responsibility. A review of the organisation of the function is underway, with additional senior roles being created and a business partner model implemented. Launch elements of this model from April 2021 will support better understanding and engagement of the organisation, along with the development of the team and clarity of roles and working practices. This will be complemented by the ongoing people processes workstream, which is a partnership group implementing the recommendations of our recent external review.
10	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.	In progress To complete Dec 2021	The definition, procurement and implementation of an HR case management system is within scope of the 'People Process' Culture priority. It is important to note that this is expected to take until the end of 2021 to implement, due to commissioning and procurement timelines.
11	Serious consideration is given to external independent involvement in Dignity at Work complaints as the default response	In progress To be reviewed as part of people process review 21/22	CMP are already used to support investigations where this is appropriate and this has been in place for 2 years. The model for investigation is within scope of the People Process review. External support is required at present given capacity; this could be reviewed in the future, to make use of specially trained internal resource who are allocated time to do this.
12	A change from a grievance to a resolution based approach, adopted through the HR	In progress	This is embedded in the Once for Scotland policies and is a key part of our training of managers. The focus of improving and embedding the

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	policies	Focus for People Processes 21/22	approach to 'early resolution' is the first priority of the People Process priority and is currently underway.
13	Where mediation is thought to assist, it should be formally entered into by both parties, and be 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.	In progress 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 and we will continue to review this as part of the people process review.
14	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.	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. The financial planning process and how budgets are allocated and the alignment with the wider strategy development process requires assessment, and will be reviewed during 21/22.
15	NHSH Board, in addition to regular Board meetings, should receive regular briefings where Board members can receive information from those directly providing front line services	Not yet addressed – but will commence 2021	This has been identified by the Board as a desirable process and will be scheduled into the 2021 calendar of meetings. This should also include the celebration of staff achievements which started in January 2021.
16	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	In progress Detailed approach to be implemented in	The approach to service design and involvement has been identified by both Sturrock and the root cause diagnostic as an area needing focus and work on this has already started. The Scottish Government has a well-developed approach to service

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	service being reviewed	2021/22	design which can be drawn upon; and has already been piloted in Caithness. A community engagement manager is in place to support this approach and the our protocol will be developed and implemented as standard practice in future redesigns including the ongoing Lochaber programme.
17	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	We have aligned our estates utilisation programme planning with our financial recovery and service redesign, led by our new Director of Estates, Facilities and Capital planning who took up post in November. A process is currently being developed whereby the Estates & Facilities directorate will be responsible for coordinating all accommodation moves with an emphasis on stakeholder engagement.
18	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 tracked and reported upon. The People process review will also consider how to further upskill all parties in managing these processes.
19	The role of the Employee Director should be clarified to ensure effective representation of the staff side, and effective representation at Board level	Addressed	There are nationally set parameters for this role and the Employee Director participates in all board training and development alongside the other non-executive and executive Board members. They also engage in the national forums for this role. They meet regularly with the Chair, Chief Executive and HR Director. The current incumbent will step down in 2021 and a full induction programme for the new Employee Director will be put in place, as for all new non-executive directors.
20	The role of Occupational Health in supporting the organisational culture should be explicit, and the Occupational Health Lead should	Addressed	The Lead for Occupational Health reports to the HR Director 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

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	report to a Director, and provide regular reports to the NHS Board		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.
21	Training for managers on recognising the signs of mental health issues and on appropriate interventions should be provided	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 weekly wellbeing emails. Managers can access support from OH and also from our EAP provider to assist in managing this. This will also be embedded in the modules of the leadership and management development programmes as well as our implementation of the Civility Saves Lives peer support approach.
22	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 around 3 short term suspensions in the last 6 months. A clear process is in place, and the HRD 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. The case management system is in progress but there is a manual reporting process as part of the Staff Governance workforce reports.

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Second IRP report recommendations

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1	That the recommendations in the Sturrock Report and the IRP's Organisational Learning Reports are implemented in full and that by regular feedback to the IRP, the Whistleblowing Group, NHSH employees, and the wider public, NHSH show that this is the case and that the actions being taken are being translated into culture change that is seen by staff as positive and that the Culture Programme is being shaped by the voices of affected staff	In progress	The publication of the first two IRP reports, the consolidated lessons learned and the activity being taken to address the feedback is the first step in the response to the findings of the Panel. The recommendations have each been reviewed and discussed by the Executive team; and as described in this document many are within scope of the current Culture programme priorities. The Culture programme will continue to evaluate the priorities against the recommendations of the IRP; and adapt the focus and scope as necessary. It is also important for the Culture programme to improve communications and engagement with staff, through more regular updates and the planned implementation of an engagement tool to track cultural improvement across the organisation.
2	<p>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 (Recommendation 2(a))</p> <p>That a leadership development programme to address the following areas in order for the organisation to thrive and grow and also plan for any gaps that are identified:</p> <ul style="list-style-type: none"> Cognitive and critical thinking needed to reason, plan, adapt and learn 	<p>Not yet addressed (2022 onwards)</p> <p>In progress</p>	<p>As outlined in the assessment of the first IRP report; the performance management / PDP processes within NHS Highland (and Scotland) require further development. The plan is for all leaders and managers across the organisation to undertake development over the course of the next 2-3 years; but given the significant numbers of people holding management roles this will take time to implement.</p> <p>A leadership and management development programme is under development and will be available for all those in management roles. The first modules will be available for staff to undertake in May; and there will be a rolling programme of development and evaluation. Additionally; it is planned to give every team a cultural development package over the course of 2021/22; which will support the</p>

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	<ul style="list-style-type: none"> • The leadership DNA in terms of how that is reflected in the way individuals think, act and feel • The unique knowledge, skills and abilities required to excel in the leadership of people and teams • The capacity and willingness to continually learn from experience. Achieving growth through proactive use of feedback and self-reflection. • The ability to innovate and be a positive force for change and progress. • Confidence building. (Recommendation 2(b)) <p>That the NHS Scotland standard of values based recruitment to leadership positions is fully adopted/implemented. (Report 2: Recommendation 2(c))</p>	In progress	<p>development of effective team working and ensuring the NHS Highland values and behaviours are embedded across the organisation.</p> <p>Values based recruitment has already been piloted in the recruitment of some clinical posts; and the intention is to role this out more widely across the organisation over the course of 2021/22.</p>
3	The Clinical Governance Committee reviews the governance and reporting of information governance incidents, patient safety reporting and the reporting and monitoring of adverse events with benchmarking against other health boards in Scotland.	Not yet addressed (2021/22)	A review of the current clinical governance arrangements has been identified by the NHS Highland Board as an area of focus during the forthcoming financial year. The recommendations of the panel will be considered as part of the development of the terms of reference for that review.
4	An assessment of the resources required to provide visible and meaningful leadership for services in remote areas should be	Not yet addressed	Over the course of 2021/22 the strategy for the next 3-5 years will be developed collaboratively with colleagues from across the organisation. As part of the strategy development process; the design of services

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	<p>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.</p>		<p>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.</p> <p>The recent restructure into “Acute” and “Community” structures across NHS Highland will also support the review of existing management and oversight arrangements.</p>