Appendix 1

REPORT ON VISIT TO ARGYLL AND BUTE

This report summarises a visit I carried out to the Argyll and Bute area of NHS Highland on Monday 19, Tuesday 20 and Wednesday 21 July 2021 and describes the key themes which emerged from the visit. I was accompanied throughout by Fiona Davies, Interim Chief Officer of Argyll and Bute HSCP, with whom I was able to have conversations regarding a range of health service issues in Argyll and Bute. For some parts of the visit, I met with staff, either individually or in groups, out with the presence of Fiona.

The purpose of the visit was:

- To promote the Whistleblowing Standards;
- To gain a sense of the culture in the area;
- To learn about service provision and healthcare issues across the area; and
- To provide visibility as a non-Executive Board member and as the Whistleblowing Champion.

I visited the following hospitals/healthcare settings:

- Mid Argyll Community Hospital and Integrated Care Centre, Lochgilphead;
- Campbeltown Hospital;
- Victoria Hospital, Rothesay; and
- Victoria Integrated Care Centre, Helensburgh.

In Tarbert, I also met Sarah Compton-Bishop in her capacity as a non-Executive Board member, Chair of the Argyll and Bute IJB and Chair of NHS Highland Staff Governance Committee.

The following are the main points to highlight:

<u>CULTURE</u>

My visit had been made known to staff, at my request. This included an invitation for groups of staff and/or individuals to meet with me if they wished. 2 individuals sought 1:1 meetings with me whilst a group of 3 staff members also requested to meet with me. Other staff members met with Fiona and me jointly, either on an individual basis or as part of a group.

I was particularly mindful of the disappointing staff survey results from 2020, and the 'Listen and Learn' survey conducted in June 2021, the results of which had not been revealed at the time of my visit. I was mindful too of conversations had with staff members in numerous meetings (either 1:1 or in groups) between February and June 2021.

Throughout my visit, in conversations and based on observations, I detected no evidence of the adverse cultural issues which stemmed from the 2020 culture survey. That is not to say there are no issues and in no way do my comments dismiss the feeling of hurt experienced by people. From what I gathered, these issues may be long standing, borne by longer serving members of staff, and are, of course, very real for those who have suffered and still are suffering.

What I observed was a very positive work force – committed and dedicated to providing health care to the population and communities they serve, and with no criticism of the culture.
I was warmly welcomed in all the locations I visited, staff were co-operative, and I believe they were genuinely pleased to see a non-Executive Board member and senior member of staff visiting their area.

The Midwifery Team in Campbeltown, though largely positive in their comments, spoke about a feeling of a 'them and us' situation with the Acute Team, an impression that the Acute Team get preferential treatment when money and resources are being allocated and a feeling that they are 'owned' by neither Acute nor the Children and Families Service and are forgotten about.

In Campbeltown, a feeling of isolation and lack of support, leading to staff becoming defensive and having an adverse effect on their mental health and wellbeing, was conveyed to me – though it seems these observations, as reported to me, mainly apply to long serving staff who are local to the area, with staff who have been recruited in more recent times, and staff who have worked elsewhere, having a more positive perspective.

GEORGRAPHY AND COMMUNICATION

A point often made to me was the vast territory covered by NHS Highland and its diversity – from remote and rural to urban – and the distance from Argyll and Bute to the north and north west extremities of the area, as well as the distance to the Board Headquarters in Inverness. This, combined with the clinical pathways being to Greater Glasgow and Clyde was commented upon by many – but with an acceptance of it being how it is. Feeling remote and isolated from the Board Headquarters in Inverness, it was suggested by some that greater visibility by senior managers and leaders, and stronger lines of communication, could help to overcome these feelings to a certain extent.

RECRUITMENT AND RETENTION

A topic which was raised by a number of people I met was recruitment and retention of staff. There were mixed views on this, very much dictated by the location. For example, managers and staff in Helensburgh, and to an extent in Rothesay, felt that because of their relative proximity to larger centres of population (even taking into consideration ferry travel in Rothesay) recruitment was not a major issue. On the other hand, staff in Campbeltown felt this was a major issue – but also highlighted that there had been success there in attracting staff from other parts of the UK, including Northern Ireland.

A comment made in Campbeltown related to a perceived anomaly for different sectors of staff in relation to provision of temporary accommodation while they seek permanent housing. It was said to me that incoming physiotherapy staff are provided with paid accommodation; radiologists are provided with a flat; but neither is available to nursing staff. I am reporting only what was commented to me and there may be more to this than I am aware of – perhaps something worthy of further enquiry.

HR ISSUES

In a few meetings, comments were made regarding HR processes. The 'Job train' system, of which I have no knowledge, was described as difficult to operate.

HR processes were described as slow, and mention was made of a review that had taken place at some stage when the balance of responsibility for recruitment administrative and logistical processes had

apparently moved from HR to operational line managers. Comments made suggested that this has become time consuming and diverts line managers away from their clinical responsibilities. It was also suggested to me that responsibility for formulating interview questions was left with line managers leading to an inconsistent approach by different line managers – some setting robust questions; others setting less robust questions. I appreciate there will more to this than I have been made aware and I raise it for awareness and consideration. I also learned that not all staff conducting interviews are trained in structured interviewing techniques.

Examples were provided of the allegedly slow HR process apparently resulting in desirable candidates being lost to the organisation due to the time taken to timeously deal with recruitment arrangements.

ARGYLL AND BUTE CLINICAL PATHWAY WITH GREATER GLASGOW AND CLYDE

In Helensburgh, I spoke with members of the Mental Health team who discussed the clinical pathways for delivering a service in that area. They suggested that the Service Level Agreement in place with Greater Glasgow and Clyde may not always be adhered to and that their patients are not given the level of service expected. They asked me to speak with the Consultant who would have had more knowledge of this and while I was willing to do so, staff discovered he was unavailable due to appointments with patients. This may be something worthy of being looked at more closely.

BUILDINGS

In all the buildings I visited, I was impressed by the state of cleanliness I observed. While I appreciate that my visit was not a detailed hygiene inspection, nevertheless the appearance of cleanliness was something which I noted, and I took the opportunity to pass on thanks and appreciation to various members of the cleaning staff.

In Rothesay and Helensburgh, however the buildings are dated, appear to have suffered from a lack of investment and the grounds, in certain parts, do not create a good impression. I realise that to deal with this requires major capital investment, but I simply record my observations and the comments made to me by some staff members.

SUMMARY

I found my 3-day visit to Argyll and Bute to be very worthwhile and informative for me as a Board member and as the Whistleblowing Champion. I believe the visit was appreciated by staff who commented that they were pleased to see an interest being shown in them and their work. I realise that some of the comments made to me, and which I have included in this report, may reflect only one part of a story but, nevertheless, they are submitted for information and consideration.

Albert J Donald
Non-Executive Director and Whistleblowing Champion
3 August 2021