

The Scottish Government Response to the Sturrock Review

**into Cultural Issues related to allegations of
Bullying and Harassment in NHS Highland**

May 2019

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Ministerial Foreword

I am extremely grateful to John Sturrock QC for the commitment, energy and diligence he has demonstrated in undertaking this Review, and for producing such an expansive, thoughtful and considered report, in a relatively short period of time. I would also like to express my sincere thanks and gratitude to everyone who engaged with the Review and who shared their own, and sometimes difficult, personal experiences. I am pleased to be able to now publish the review report and to respond directly on behalf of the Scottish Government.

It is important for me to restate that bullying and harassment in any form is fundamentally unacceptable. When I commissioned this review in November 2018, I chose to do so because it concerned me greatly to hear that a small group of individuals in NHS Highland felt that they had no option but to raise their concerns in public. For those individuals, the staff of NHS Highland and indeed the people of NHS Highland, it was essential the Scottish Government listened to those concerns, and took appropriate action. In commissioning the review, I sought to ensure that staff in NHS Highland would have the opportunity to access a safe space in which individual and collective concerns could be raised. I also sought an independent perspective on proposals for ways forward, to assist NHS Highland with taking action to ensure an open, transparent and inclusive workplace culture.

I believe passionately in the NHS Scotland values of care and compassion, dignity and respect, openness, honesty and responsibility, quality and teamwork. I know that the staff of NHS Highland believe passionately in those values too and I was pleased to see just how strongly that this is reflected in the Sturrock Review. NHS Highland benefits greatly from very caring, supportive, diligent and highly skilled staff.

Nevertheless, the Review has identified a number of significant cultural issues that have potentially contributed to a variety of situations and circumstances in which there has been behaviour that might reasonably be described as bullying, or at the

very least, inappropriate. It is important now that we take the opportunity to reflect on these findings and that we engage constructively in dialogue, in the spirit of the Review, to support implementation of the recommendations.

It is however only right and proper that the staff of NHS Highland are at the centre of that dialogue. A sustainable way forward can only be found if staff are collectively included in, and feel a sense of ownership of, that way forward. So I now expect the Board of NHS Highland to carefully consider this substantive report and actively engage with staff at every level to consider its conclusions and recommendations and how these can be positively applied in NHS Highland.

Notwithstanding that, the Review only examined matters in NHS Highland; I want to acknowledge that there is important learning and reflection here for other NHS Scotland health boards and for the Scottish Government. In many respects, what the Review states about how we work to build supportive cultures that engender and encourage the right behaviours, is of general application. For that reason, I will be convening a Ministerially-led Short-Life Working Group, with representation from NHS boards, staff-side, the Royal Colleges and the Professional and Regulatory bodies, to examine how we collectively take forward measures that support open and honest workplace cultures. In particular, I will be tasking this group to look specifically at what more we need to do to effectively deliver the behavioural and attitudinal approach to leadership and management that is at the heart of the Sturrock Review. Meantime, I will also be writing to all health boards in Scotland to consider the Review and look again at the effectiveness of their own internal systems, leadership and governance. Further, I will be working with my officials to consider how the Scottish Government works to improve its existing relationships with health boards, reflecting on a number of the observations made in the Review in relation to board governance, and noting the programmes of work already under way to reform health board selection, appointments and training.

In addition to this commitment to building more open, honest and inclusive cultures going forward, I have also reflected at length on how we can ensure that all NHS Scotland staff, irrespective of their role, have faith in the systems we have put in place to allow them to raise their concerns, and feel safeguarded. This response sets out a number of specific measures being taken forward in order to strengthen our existing policy architecture. This includes a transformational approach to refreshing our existing suite of workforce policies through co-production with NHS Scotland and our staff-side partners with a view to delivering people-focussed and user friendly policies that operate on a Once for Scotland Basis.

In order to ensure that all staff can have absolute confidence in the effectiveness of our whistleblowing policies, the Scottish Government is taking forward new legislation to introduce an Independent National Whistleblowing Officer for NHS Scotland (the Scottish Public Services Ombudsman), who will have the authority to investigate the handling of whistleblowing complaints, make recommendations and

lay reports, before the Scottish Parliament. We will now also proceed with recruiting new Non-Executive Whistleblowing Champions to every NHS Scotland health board, and have these in post by the end of 2019. These Champions will scrutinise health board's application of whistleblowing processes and will have the authority to raise concerns directly with the Scottish Ministers where they feel that issues have not been appropriately addressed.

Beyond this response, I will continue to monitor how NHS Highland take forward and implement the recommendations to this review. I will be visiting the board shortly to hear first-hand how matters are progressing. I remain committed to ensuring that that everyone in NHS Scotland feels welcome, safe and supported in their role. That matters greatly to everyone who works in our NHS and it matters greatly to every patient we serve.

A handwritten signature in black ink, appearing to read 'Jeane Freeman', with a long horizontal flourish extending to the right.

Jeane Freeman
Cabinet Secretary for Health and Sport

Background

On 23 November 2018, the Scottish Government announced that John Sturrock QC would lead a fully independent external review into allegations of a bullying culture at NHS Highland. The Review was commissioned following the public disclosure of concerns about bullying and harassment in September 2018. The Review was given a remit to:

- Create a safe space for individual and/or collective concerns to be raised and discussed confidentially with an independent and impartial third party.
- Understand what, if any, cultural issues have led to any bullying, or harassment, and a culture where such allegations apparently cannot be raised and responded to locally.
- Identify proposals and recommendations for ways forward, which help to ensure the culture within NHS Highland in the future is open and transparent and perceived by all concerned in this way.

In setting that remit, it was hoped that the Review would consider expressly the cultural and contextual circumstances that led to public allegations being made in the first place. Importantly however, there would be specific and explicit focus on repairing and restoring trust, and building a foundation of cooperation and respect going forward. It is important therefore to keep the particular terms of the commission in mind; the Review has not forensically examined individual complaints or concerns, but rather it has explored the environment in NHS Highland more generally. Nevertheless, in a comparatively short period of time, the Review has considered many voices and experiences, which have allowed John Sturrock QC to provide a robust and balanced synthesis of these perspectives.

Shortly after John Sturrock QC commenced the evidence-gathering phase of the review; it became apparent that a greater number of individuals would like to engage with the Review than had initially been anticipated. The Scottish Government agreed with Mr Sturrock QC that the Review should hear from these additional voices, noting that this would have an impact on the timing of the publication of any final report. Nevertheless, in order to strike the balance between hearing as many of those who would like to contribute as possible, and producing a timely review, it was also agreed with Mr Sturrock QC in January 2019, that he would commit only to seeing those who had already engaged with the Review at that time.

Mr Sturrock QC submitted interim findings and recommendations to the Cabinet Secretary for Health on 05 February 2019. The Cabinet Secretary subsequently met with John Sturrock QC on 14 February 2019 to discuss those interim findings and his emerging thoughts about potential ways forward.

John Sturrock QC provided a draft report to Scottish Government officials on 27 March 2019, thereafter an appropriate representations process commenced. John Sturrock QC subsequently revised the report to take account of any direct representations made as part of that representations process. A final review report was submitted to the Scottish Government on 03 May 2019; arrangements were then progressed for its immediate publication.

The Scottish Government Response to the Sturrock Review

The review presents a comprehensive suite of specific proposals through which NHS Highland can take forward a package of actions in partnership. Helpfully, many of the proposals are characterised as either for the immediate term (restorative) or for the future (preventative). The proposals are also thematic, covering many topics including present support, person-centred leadership, collaboration and responsibility, governance, engagement in partnership, and the management of HR processes. Taking forward these proposals meaningfully will require time and, as is acknowledged in the Review, there is a need to develop a measured, thoughtful and coherent strategy.

The Scottish Government accepts that there is value in progressing all of the proposals put forward by John Sturrock QC in his report. Collectively, they have the potential to deliver real and lasting change to the workplace culture(s) that existing in NHS Highland, making it a better organisation that more effectively serves its workforce and the people of Highland. It should be noted however, in the spirit of the Review, that questions relating to how the proposals are implemented and the voices that are included in that decision making process, are matters for NHS Highland to now take forward.

Given the wide-ranging nature of the proposals, it will be important for NHS Highland to urgently prioritise the action it is taking forward. The Sturrock review recommends convening an appropriate and representative working group to oversee the board's response, particularly in its initial phase. The Scottish Government also expects that the board heeds the Review's recommendations in appointing an appropriate executive lead (or leads) to oversee the short to medium term response, and that early priority should be given to setting out the five initiatives the board will take forward to make the biggest short-term improvement. Such a group should also be used to support the organisation to identify and respond to areas where it needs investment in resources, time and skills, to deliver agreed actions and build a longer-term plan for implementing the preventative recommendations, particularly around training and development. Effective oversight of the prioritisation and sequencing of proposals will also be needed. It should also be kept in mind that whilst the composition of such a group needs to be representative, it also needs to be sufficiently agile to allow it to respond dynamically.

Notwithstanding that the board now requires time, space and support to set out a coherent long-term response to the review, it is also acknowledged that immediate action should be taken to ensure that staff are able to access confidential sources of advice and support, that they are fully informed, and that any individual concerns now raised are dealt with efficiently, effectively and, above all, sensitively. Once again, in keeping with the spirit of the Review, consideration should be given to how historical matters, and concerns where there is no immediately apparent resolution,

are dealt with, in line with the principles of restorative practice. The Scottish Government is already providing support to the board through a senior HR professional adviser and will continue to do so for the foreseeable future.

Equally, underpinning both the immediate and longer-term responses, and central to the findings of the Review, are observations and proposals about effective senior leadership within NHS Highland. It should be acknowledged that there has been change in the composition of the executive leadership of the board. The Scottish Government supports the Review's observations that the recent changes in senior leadership may well prove refreshing and will be an opportunity for working relationships to be reset in a way that fosters collective leadership. We are fully committed to supporting the new Chief Executive and Interim Chair in setting the "ethical tone at the top". This begins with acknowledging formally that for many staff who engaged with the Review matters have been very serious for a number of years. The Scottish Government recognises that the various perspectives of those who engaged with the review all need to be acknowledged. We are proud of the fact that people take pride in working for our health service and staff deserve our recognition and thanks for doing an excellent job in delivering world-class healthcare.

It is accepted that the Review makes a number of observations about the relationship between NHS Highland and the Scottish Government, including in relation to how and when the Scottish Government intervenes where issues have arisen. It is also noted that the Review makes a number of proposals in respect of ensuring that effective governance is in place; work is well underway in this area.

Across Scotland, all appointments of non-executive members are now conducted using a Values Based approach, using the values of NHS Scotland that were set out in Everyone Matters: 2020 Workforce Vision. This means that the Values of individuals are assessed as well as their skills and competencies. In recruiting senior executives too, a values based approach is used. Equally, appraisal systems have been realigned with our values and a programme of work is underway through NHS Education Scotland to scope and deliver the development and support required by those who lead our NHS Boards.

Work to review Governance in NHS Scotland began in autumn 2017, led by John Brown, Chair of NHS Greater Glasgow and Clyde and NHS Tayside. That work helped develop "A Blueprint for Good Governance", published in January 2019, against which all NHS Boards are now assessing themselves. A Corporate Governance Steering Group has also been established to look at good governance in NHS Scotland and identify areas for improvement – such as opportunities around recruitment, training and development of board members and achieving greater consistency in approach to governance across all boards. The Scottish Government will continue to progress in earnest with this programme of work.

Looking outward, the Review and its findings present a number of timely considerations that may have relevance across the whole of NHS Scotland. The Scottish Government believes that, without exception, all NHS Scotland staff should be able to work in safe, rewarding and inclusive environments. Our staff should also feel that they have the confidence and freedom to speak up when something has gone wrong. For that reason, the Scottish Government is taking steps to actively strengthen both our workforce policies and the effectiveness of board governance in relation to whistleblowing matters. We are also currently working with in partnership with the whole of NHS Scotland to deliver a transformation programme through which we will deliver a revised suite of “Once for Scotland” workforce policies, explicitly designed to be both people-centred and user-focussed. Further detail is provided on each of these three initiatives in the sections that follow below.

In order to ensure that we harness the contribution of all stakeholders, The Cabinet Secretary for Health will be convening a Ministerially-chaired Short-Life Working Group, directly responding to the recommendation that efforts should be made to create a more cohesive and joined-up approach to address issues of culture, particularly in relation to bullying and harassment. The Scottish Government recognises that the trade unions, professional and regulatory bodies all have an interest in this topic, which is at the centre of employee experience and welfare. The Short-Life Working Group will be convened this summer and will have a remit to examine how we drive forward the attitudinal and behavioural approach to leadership, management, engagement and wellbeing that is at the heart of the Sturrock Review. The group will ensure that our efforts across the system are achieving the sum of their parts and that we are taking a whole-systems approach to delivering improvements in workplace culture in line with our vision and values, and aligned to the Once for Scotland workforce policies transformation programme that is already taking place.

In the immediate term, the Scottish Government will shortly be writing to all NHS Scotland boards to invite them to consider the reviews findings and recommendations. We will explicitly look for assurance that all boards:

- Are fostering opportunities for open and active dialogue with all staff, in the spirit of our Everyone Matters Workforce Vision and Values;
- Senior leaders are challenging themselves and their teams to ensure that a culture in which our vision and values are routinely modelled, and that positive behaviours permeate throughout the whole organisation;
- Remain assured that their local Staff Governance Monitoring arrangements effectively scrutinise implementation of the Staff Governance Standards, in particular that staff continue to be treated fairly and consistently, with dignity and respect, in an environment where diversity is valued;
- Are using systems for staff engagement and feedback, including iMatter, effectively and that boards continue to take action where issues are identified;

- That boards review the implementation of workforce policies relating to bullying and harassment and whistleblowing; that they promote staff awareness of these policies including how they can safely and confidentially raise concerns, the sources of support available and that staff are supported throughout the process;
- That boards review their existing workforce training and development needs and make use of the talent development and management programmes NHS Scotland has in place, including Project Lift, to ensure that we are equipping all our staff with the skills and abilities they need to be effective managers of people.

It should be acknowledged that this response to the Review only constitutes the first stage of a much longer process of improvement and reform that will require both monitoring and reflection. The Scottish Government will work with NHS Highland in the coming months as it undertakes its short, medium and longer-term action planning in response to the publication of this Review. Shortly, the Cabinet Secretary for Health will visit NHS Highland to meet with the board, the senior management team and staff to examine the implementation of short-term actions and to hear how longer-term action planning is progressing.

An Independent National Whistleblowing Officer (INWO) for NHS Scotland

On 30 April 2019, The Scottish Government laid a Public Services Reform Order for consultation in the Scottish Parliament. The draft Order makes provision to allow the Scottish Public Services Ombudsman (SPSO) to investigate complaints made about healthcare whistleblowing matters. The Order allows the SPSO to become a final stage complaints handling authority for whistleblowing complaints. It is envisaged that this will improve the efficiency and effectiveness with which whistleblowing complaints are handled within NHS Scotland as all health boards will be required to comply with the Model Complaints Handling Procedure for Whistleblowing Complaints that the Ombudsman intends to publish. Where there are concerns about how a complaint has been handled, the Ombudsman will provide an impartial review function. Where the Ombudsman has chosen to investigate, it will lay a report before the Scottish Parliament, ensuring that there is effective public accountability and scrutiny of the handling of whistleblowing cases in NHS Scotland organisations.

The principal policy objectives that the Scottish Government seeks to deliver through introduction of the INWO function relate to the need to promote positive culture change, improve the handling of cases, support good practice and strengthen current assurance arrangements.

It is our intention that any reviews undertaken by the Ombudsman will consider the procedure followed, the decision-making and the outcome, how the individual has been treated as a result of raising a whistleblowing concern, and the culture of the organisation in relation to whistleblowing. The INWO will also provide a national leadership role, offering support and guidance to health boards, primary care and independent providers under arrangements with NHSScotland.

A consultation with stakeholders is currently taking place and will conclude on 28 June 2019. Separately the SPSO are consulting on a set of Whistleblowing Standards; that consultation will also conclude on 28 June 2019. Following the consultation period, the Scottish Government will consider any representations received in determining whether to make changes to the draft Order before laying again in the autumn for Parliamentary approval. We will then work with the SPSO and health boards to support a 6-month implementation and training process. It is anticipated that the INWO function will go live in summer 2020.

New Whistleblowing Champions (Non-Executive Board Appointments)

Following a period of engagement with the service, the Scottish Government intends to appoint non-executive Whistleblowing Champion to every NHS Scotland health board. The appointments will further promote a culture of openness and transparency in NHS Scotland, where all staff feel confident that they can raise concerns, safe in the knowledge that they will be supported and their concerns properly investigated. In order to maintain their integrity, the Whistleblowing Champion will not have an operational or investigative role, but will perform a scrutiny function, as well as signposting staff to sources of support.

The Whistleblowing Champion will provide assurance that boards are complying with workforce policy on whistleblowing. Where a Whistleblowing Champion has concerns about the investigation or handling of concerns, then the Whistleblowing Champion will be able to escalate their concern to the Cabinet Secretary for Health and Sport, via the Scottish Government Director-General for Health and Social Care.

The Whistleblowing Champion will have a role in reporting on cases that have been identified and in raising awareness of issues and areas of good practice; they will also work to support the health board to ensure that the wider environment is one in which any staff member feels safe and supported to raise concerns.

Recruitment to these new posts will commence shortly with all new Whistleblowing Champions taking office before the end of 2019. Upon taking appointment, it is anticipated that the Champions will work to support the 6-month implementation and training process, in anticipation of the introduction of the Independent National Whistleblowing Officer.

Once for Scotland Workforce Policies Delivering User-Friendly and People-Centred HR Policies for NHS Scotland

On 17 April 2019, NHS Scotland launched a public consultation on a suite of revised workforce policies covering Bullying and Harassment, Capability, Conduct, Grievance, Attendance and a single Workforce Policy Investigation Process. The consultation is being taken forward under the auspices of the Once for Scotland Workforce Policies Programme.

The objective of the programme is to refine the existing suite of NHS Scotland HR policies, making them cleaner, leaner and more user-focussed. The Programme works in partnership with NHS Scotland employers and staff-side organisations to produce revised policies. It is anticipated that this first tranche of policies will be formally adopted over the summer. A second-phase of the programme will commence in the autumn.

The policy development process is running in tandem with the wider suite of initiatives already set out in this response and contributes to the Scottish Government's core policy objective of ensuring that all staff can have confidence in the rigour, fairness and effectiveness of NHS Scotland's employment safeguards.

Summary of Recommendations set out in the Sturrock Review

The following summary sets out a numbered list of the principal recommendations emerging from John Sturrock QC's independent review. The list should be read in consultation with chapter 2 and with chapters 33 et seq. of the Sturrock Review where additional important context and narrative is provided.

The Review report sets out proposals for the present (restorative) and for the future (preventative). The Review also makes clear that these proposals should not be taken forward in a pressurised way and that a coherent strategy should be developed as opposed to taking a technical/transactional approach.

Noting that a number of the recommendations are for the immediate term and others will require investment of time Skills and resources, John Sturrock QC has not offered specific order of priority and states this is for NHS Highland to determine as part of its collaborative approach going forward.

In order to assist, urgent and/or "restorative" recommendations are set out in bold. Recommendations made by Mr Sturrock requiring the input and/or leadership of the Scottish Government are underlined. These are based on an initial analysis of the report by the Scottish Government.

Leadership

- 1. The lynchpin of this suite of recommendations is that the new leadership in NHSH adopts a collaborative mind set; it must take its ideas to the community at large and work with all the very able people in NHSH to build a new culture.**
- 2. There should be a facilitated early gathering of a selected group of people who have responded to this review, to consider the report, assess its proposals and plan the way ahead. (The Cabinet Secretary could attend on the final day.)**
- 3. A Priorities Task Force could identify and lead on the five initiatives likely to make the biggest short-term difference.**
- 4. An executive lead should be appointed to oversee short-term tasks (John Sturrock QC describes this as an Associate Medical Director).**
5. Thereafter regular reviews should benchmark progress, with a full review after 12 months.
6. Individuals should be encouraged to provide the Chief Executive with confidential information provided to the Review.
7. Thought should be given to the chairing, remit and design of any Short-Life Working Group established to take these priorities forward (this comes on the back of concerns that a SLWG convened in the Autumn did not have an appropriate membership, following a report produced by Sandy Gallanders for the board).

People-Centred Leadership

8. There should be a renewed focus on people-centred leadership; in order to do so there needs to be a resetting at senior manager and board level.

9. Ongoing training and support should be provided for the new leadership team in the months ahead.
10. Leaders within the board should seek coaching and support from other leaders across the public sector in Scotland and engage with the Scottish Leaders Forum.
11. Leaders within the board should consider how their approach to leadership and management reflects the outcomes of the National Performance Framework.

The Chief Executive

12. The Chief Executive will need to engage with people at a personal level, listen well and seek to understand the constraints that people within the organisation are operating under; he will wish to be seen and recognised at all levels in the organisation.
13. He will need to build and to encourage the building of relationships.
14. The Chief Executive will require the support of like-minded colleagues and he will benefit from a thoughtful and open approach from the Scottish Government.

Acknowledgement & Civility

- 15. There needs to be authentic and meaningful acknowledgement, and acceptance of how serious matters have been for many in NHSH over a number of years, together with recognition and reassurance that these matters will be dealt with rigorously going forward.**
- 16. Equally, there should be acknowledgement of those who have been affected by the fact that allegations have been made and who are concerned about the adverse impact on NHSH.**
- 17. All staff deserved to be thanked for doing a difficult job, often in difficult circumstances.**
- 18. Communication and visibility are deeply important. Regular communication from senior staff and the chief executive should be a priority, as should opportunities for staff feedback and suggestions, including open forums with senior staff.**

Governance

19. The board must prioritise being able to hold senior executives to account and should review its structures, committee network and culture. Allied to this the board will wish to oversee a review of the management structure.
20. There should be a review of board appointments, together with training and support for all non-executive directors. This should take place at a Scottish Government Level.
21. The Scottish Government may wish to review governance generally, including ensuring that candidates have the skills, knowledge and expertise to be able to serve on boards.
22. External support should be sought, and existing non-executive directors should reflect on their role.

23. I endorse the suggestion that there should be an independent person for non-executives to go to if they have concerns that their actions are not being addressed after having raised these with a chair or chief executive.
24. Regular assurance should be provided that there is a robust working process available for anyone who wishes to raise concerns around bullying and safety.
25. Recognition should be given to the time and skills needed and devoted by non-executive directors.
26. The board should have a forward-looking strategic plan and shared vision, which places an effective and people-centred approach at the centre.
27. There is an urgent need to engage all clinical staff in the realisation of an effective clinical strategy.
28. The board should take primary responsibility for ensuring that the issues raised in this report are implemented and progress is maintained in the future. There should be a regular review of activity.

Clinical Engagement

29. Evidence from around the world suggests that improved clinical outcomes follow from greater clinical involvement in management. There should be reflection on the NHH approach to clinical involvement in leadership as the board moves towards a collaborative approach.
30. There should be clearer structures and a better understanding of the needs and motivations of both management and medical staff.
31. The existing “Clinical Compact – The Highland Pledge” should be reviewed with a view to effective implementation.
32. The board should have a system for rapidly addressing concerns; the use of facilitation and mediation should be considered.
33. Similarly, there should be a reflection on the relationship between GP practices and NHH.

Trade Unions

34. The role of trade unions and staff-side representation merits review to ensure that there is really effective representation. Trade Unions may wish to reorient their approach to assist in creating a supportive culture.
35. There needs to be buy-in to a more rigorous and transparent overall environment.

Argyll and Bute

36. A separate review in and about the functioning of management in Argyll and Bute should be commenced, conducted by a person or persons from outside the area.

Patient Safety

37. Where there are specific concerns about patient safety, these should be referred to the chief executive or a specified independent person.

Present Support & Listening

38. **There should be safe spaces provided for the many current and outstanding issues to be addressed fairly and urgently.**
39. **This support should be provided by facilitators who have a variety of skills including trauma recognition, pastoral care, other counselling and**

complaint handing skills. It may take months and will need to be well resourced.

- 40. Specific support should be offered to those who have encountered “bystander guilt”.**
- 41. There needs to be clarity around the purpose and objectives, in order to avoid creating unrealistic expectations.**
- 42. There should be an opportunity for those who have not been able to engage with the review to participate in a simple listening exercise; this should be time-limited in duration. This needs to be well-communicated and widely disseminated. The expected objectives, outputs and timescale should all be publicised.**

Specific Complaints: Independent Process & Safe Spaces

- 43. A strategy to resolve any outstanding cases, as speedily as possible, should be devised, within a clearly set timescale, so people can move on.**
- 44. It is for discussion whether this should be provided independently of NHH; in the short-term, there is likely to be much more confidence in external provision.**
45. Many complaints that are potentially amenable to resolution via the grievance process could be resolved through facilitated conversations and mediation.
46. Safe spaces should be provided to support breaking the cycle of accusation and counter-accusation as between “victims” and “perpetrators”.
47. Steps should be taken to rehabilitate, retrain and reintegrate those who have been subject to or accused of bullying. Where necessary, steps should be taken to make staffing changes.

Meetings

48. There could be a suite of well-facilitated meetings across NHH to take forward current concerns – but thought should be given to composition to prevent issues arising. Efforts should be taken to listening to all points of view.

Financial Matters

49. Consideration should be given to independent scrutiny of cases where individuals have suffered loss or detriment as a result of the alleged mishandling of their cases.

Training, Management and HR

50. There should be a preventative programme delivered looking at appropriate behaviour, with a clear definition of what constitutes bullying and harassment. Importantly this should include information about the effects of bullying on individuals and on others.
51. There should be a preventative programme of action learning, training, review, coaching and management; this support is essential at all management levels.
52. Management culture should shift towards managers being viewed as facilitators of other staff and their performance.
53. Mentoring and the sharing of best practice across all levels should be built into working practice.

54. There should be standards adopted in relation to meetings and relationships, social media and communication generally.

Other HR Related Matters

55. **There needs to be urgent direction given to HR and Organisational Development, at the highest level. There should be organisation-wide clarity about the role of HR.**
56. **HR practice should be reviewed, in the context of existing national reviews.**
57. Policies and procedures already existing that purport to deliver the goals to which everyone aspires. The apparent gulf between what is written and what actually happens in practice needs to be addressed.
58. National PIN policies need revision or perhaps to be better understood and implemented.
59. HR practice in relation to the use of suspension, grievance and other formal procedures should be reviewed and lengthy delays should be avoided.

Mental Health

60. Effective mental health supervision, including Occupational Health diagnosis of Trauma where this is relevant to issues being raised.
61. A “Compassion Champion” and or “mental health first-aider” could be appointed within the organisation to look for signs of stress.

Bullying Generally

62. Efforts should be made to create a more joined-up and cohesive approach to address bullying and harassment issues which have been recognised and are being addressed in various ways by the BMA, the GMC and others.
63. Senior Scottish Government Officials were aware of the dysfunctional situation in NHS for a considerable period of time prior to matters being made public. There is a tension for the Scottish Government between intervening and allowing bodies to deal with issues. Judging how and when to intervene isn't easy.
64. The Scottish Government is an essential part of the system, how it acts and reacts impacts on those in boards and executive positions in local areas. Now seems like a good time to review that relationship.

The Francis Report

65. Time should be spent considering and implementing the recommendations of the earlier Francis Report “Time to Speak Up”.



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This publication is available at www.gov.scot

Any enquiries regarding this publication should be sent to us at
The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

ISBN: 978-1-78781-825-5 (web only)

Published by The Scottish Government, May 2019

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS583590 (05/19)

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