

Please complete and return to catriona.hetherington@gov.scot by Friday 24th September 2021.

CATEGORY	QUESTION	RESPONSE
<p>OVER-ARCHING STAFF EXPERIENCE AND CULTURE</p>	<p>The 2020 Everyone Matters Pulse Survey report was published on 4 December 2020. The letter to Boards on 3 December 2020 asked senior leaders and managers across health and social care reflect to carefully on the outcomes of this report locally.</p> <p>1. Please confirm your 3 key actions in relation to staff experience and briefly describe how you intend to address these.</p> <p>2. Please advise why these areas have been chosen as a priority focus and how you plan to build on the work that has been achieved during the crisis.</p>	<ol style="list-style-type: none"> 1. Ongoing support from and development of the Staff Wellbeing Centre with an additional staffing resource and support in place. This has been amalgamated with HWL so this will continue to be overseen even if and when the Wellbeing Champion post has finished 2. Staff Garden – agreed to develop this for further staff rest and wellbeing 3. Creation of HR & Wellbeing Group to oversee all aspects of staff wellbeing <p>The above areas were selected as a priority by our staff. The first area is the need to stabilise the provision of Wellbeing and evidence employer commitment to the continued provision of services and focus. Further to the outcome of an internal survey, outside space was identified as lacking and the garden project is a resolution to this gap. The establishment of a steering group (The HR and Wellbeing Group) was seen as key to linking formally with Board Governance and Partnership Working.</p>

	<p>Your letter dated 28 June 2019 described the Board actions in response to the NHS Highland Review undertaken by John Sturrock QC.</p> <p>Please provide evidence of how your organisation is building on these actions and continuing to promote positive workplace behaviours in the current circumstances. Please also describe what impact this has had on culture and values.</p>	<p>The Excellence Awards and Long Service Awards are being delivered on 30th November 2021 to highlight and encourage best practice and to recognise the work of staff. Recognition is an important driver of staff wellbeing and positive behaviours.</p> <p>HWL is emphasising the value of wellbeing, relaxation, gratitude through its online and onsite workshops/ information/services. This helps to promote a positive work environment. It is also working to maintain the Gold Award for HWL.</p> <p>Coaching is being provided internally by 3 coaches, externally by NHS Lanarkshire (with whom we are working collaboratively on coaching) and staff are also advised of the coaching available through the National Wellbeing Hub. This support allows staff to be proactive in their self-care and to mitigate any challenges further down the line.</p>
<p>WELL INFORMED</p>	<p>We recognise that the pandemic has offered challenges and changes in how we effectively communicate with staff to support positive outcomes.</p> <p>What communication method(s) with staff have you introduced during the pandemic (or otherwise between 1 Apr 2020 and end Mar 2021) that you feel has led to a positive outcome in the culture and values of your board?</p> <p>Please also note what evidence you have that demonstrates how communication methods have led to positive outcomes.</p>	<p>A Covid-19 Support Team was established with the Head of Communications seconded indefinitely. A Covid-19 Support Team email box was set up to enable speedy receipt of questions and queries from staff.</p> <p>The Incident Command structure was stood up, with Silver Command meetings taking place seven days a week initially and Covid-19 staff bulletins twice daily. Regular meetings took place with Staff-Side Representatives to ensure effective partnership working continued. Silver Command meetings later reduced to three days a week with the introduction of Hospital Huddles the other four days. Covid-19 bulletins were produced once a day (seven days) in line with the new set up.</p>

These bulletins (which replaced routine communications so staff didn't feel overwhelmed with information) were distributed by email and housed on the Intranet to enable easy access by all staff, including those shielding. A Covid-19 bulletin header was created so staff could easily identify Covid-19 bulletins. Additionally, Bronze Commanders were tasked with briefing their teams regularly on key developments. This ensured key communications were delivered in a variety of forms; written, electronically, and face to face. By the summertime, the Incident Command structure was replaced by the Interim Management Structure. A debrief session highlighted the very strong contribution made by the Covid-19 Support Team and the Head of Communications, both of which were recognised as delivering excellence.

As part of the Interim Management Structure, Covid-19 bulletins were replaced by the normal weekly staff bulletin and dedicated staff bulletins as required. A Covid-19 section featured in the weekly staff bulletin to ensure continued high level communication, continuity and cohesion in the information shared. Additionally, 'all user' emails were used for urgent communications.

Electronic and digital communications were key to keeping staff connected and well informed. A Covid-19 Intranet page was created and kept up-to-date providing links to essential information and guidance including resources for wellbeing. The Covid-19 bulletin was used to create awareness of the information on the Intranet which was also emailed to all staff as attachments to bulletins. A Covid-19 Frequently Asked Questions document was produced and housed on the Intranet.

Digital communications were fast tracked, with the introduction of remote and flexible working patterns including rollout of Microsoft 365 across the organisation, with significant gains for staff including more frequent team meetings, and feelings of being supported and included.

A dedicated Staff Wellbeing Zone has been launched and is positively received by staff. This provides a space to relax and recuperate, access support, information and resources. Staff from across all disciplines offered their time to volunteer in the Staff Wellbeing Zone to provide peer support to staff dropping in. Feedback highlighted this was a huge benefit to staff and the volunteers themselves.

Staff engagement featured highly during the year. Two State Hospital staff surveys were undertaken. Feedback to staff was through the Covid-19 bulletin and teleconference discussions led by the Chief Executive involving multiple teams and individuals from across the organisation. Staff involved in these sessions received direct feedback in relation to the session they participated in. This twin approach (staff survey and teleconference discussions) enabled two-way dialogue and meaningful feedback from a third of the entire workforce. All feedback was used to develop actions and work-streams to guide the recovery process. This clear vision of the way forward was shared with staff to avoid causing undue anxiety.

Infection prevention and control remained central to the Covid-19 response during 2020/21. Staff feedback has shown that staff felt valued, safe, connected, engaged and well informed.

APPROPRIATELY TRAINED

In light of the pandemic, all NHS Boards were afforded the opportunity to take local decisions on whether the appraisal process would be paused. The following questions are therefore being asked to establish a baseline and gain an understanding of how this work will be remobilised in the coming year.

1. Please advise whether appraisals were paused in some or all areas in your Board or whether they continued.

2. If appraisals were paused what plans are in place for restarting the appraisal process.

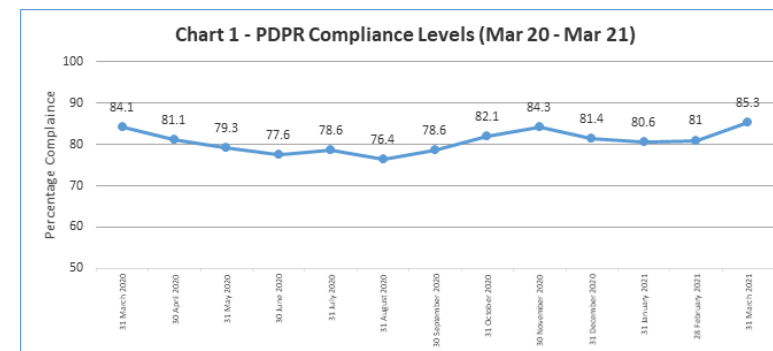
3. Where appraisals continued, confirm what percentage of staff within the Board has a signed off appraisal discussion on Turas Appraisal as of 31 March 2021; and What difference has continuing with the performance appraisal process made to staff experience during this period

The Scottish Government Young Person's Guarantee (<https://www.gov.scot/news/growing-the-young-persons-guarantee/>) aims to give all 16-24-year-olds in Scotland, the chance to succeed through the opportunity of a job, apprenticeship, education, training or volunteering.

We recognise from your Interim Workforce Plan that the has committed to extending adoption of Moderns Apprenticeships at every opportunity and across all disciplines. We look forward to learning more about this in future staff governance monitoring exercises.

1. During 2020/21, departmental managers were authorised to pause the appraisal process if required in accordance with the guidance issued in DL (2020)5.

2. Appraisals continued in many areas across the Board where resource/capacity issues allowed and were formally restarted in all departments from December 2020. Chart 1 below provides details of the percentage of staff with a review completed within the previous 12-month period (reported by month for 2020/21) and highlights that the % of staff with a signed-off appraisal discussion and PDP was on average approximately 80% throughout the year.



3. A total of 85.3% of staff had a signed off appraisal discussion recorded on Turas as of 31 March 2021.

Continuing with the PDPR process throughout the pandemic provided opportunities for structured dialogue between managers and staff and helped to ensure that staff continued to receive adequate and appropriate training and support (e.g. linked to different ways of working; changes to roles and work priorities; personal wellbeing and resilience, etc).

INVOLVED IN
DECISIONS

The commitment and value towards partnership working was reinforced across the NHS within the Partnership Statement issued by the Scottish Partnership Forum (published on 7 May 2020 and updated on 17 November 2020). It is recognised however, that the experience of Covid has meant changes have been occurring at a rapid pace.

1. How has the Covid pandemic affected your approach to partnership working?

2. What have you learnt about partnership working at pace?

3. How have your Board ensured that partnership working shapes recovery and remobilisation plans?

1. The Pandemic has heavily influenced a revised approach to Partnership Working to enhance and strengthen co-production of the organisational response to ensure staff are a full partner in key decision making. This included partnership representation on Gold and Silver Command meetings.

2. Partnership inclusion in the command and decision making structure through the pandemic allowed streamlined efficient decision making and enactment that focussed on delivery of objectives. This has allowed an examination and ongoing improvement in the governance structure through discussions at the Recovery and Innovation Group which was set up in May 2020 which is taking forward a number of identified actions under key themes, which included Organisational and Clinical Effectiveness and Reduction / review of low value activities; Organisational Leadership and Culture and Staff Health and Wellbeing.

3. The State hospital operated mainly through a command structure from March 2020 to 9 December 2020. As part of the remobilisation plan a shift was made to an interim management structure which, following review and endorsement from the Board, became the permanent organisational structure.

The revised organisational structure built on the lessons learned from the command structure and has adopted learning from staff feedback around decision making, pace of change and effectiveness of leadership from phase one of the pandemic

		<p>Partnership working continues to be strongly supported through the management structures with the Employee Director and nominated representative of the Joint staff side in attendance at the Corporate Management Team. The Organisational Management Team and Hospital Management Team also have staff side representation as part of the group. The Partnership Forum has also restarted and the Staff Governance Committee has continued throughout the pandemic.</p> <p>The Pandemic has heavily influenced a revised approach to Partnership Working to enhance and strengthen co-production of the organisational response to ensure staff are a full partner in key decision making. This included partnership representation on Incident Command Gold and Silver meetings.</p>
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<p>TREATED FAIRLY</p>	<p>The NHSScotland Bullying and Harassment Policy was launched in March 2020.</p> <p>1. Please provide the number of formal complaints raised under the NHSScotland Bullying and Harassment Policy between 1 April 2020 and 31 March 2021.</p> <p>2. Please also detail any steps that have been taken locally during the past year, to increase staff confidence to report bullying, discrimination and harassment</p> <p>Emerging evidence suggests that COVID-19 has exacerbated many pre-existing inequalities</p> <p>1. What relevant support have staff from minority ethnic backgrounds been provided during the pandemic?</p>	<p>1. In the period 1 April 2020 to 31 March 2021 two formal complaints were raised under NHS Scotland Bullying and Harassment Policy. One complaint was resolved following early resolution and one was not upheld with no further action required following a full investigation using the NHS Scotland Workforce Policies Investigation Process.</p> <p>2. Over the past year there have been no specific activities aimed at increasing staff confidence to report bullying, discrimination and harassment. Statistics related to number of cases of bullying and harassment continue to be reported to the Corporate Management Team and through the Partnership Forum and the HR and Wellbeing Group.</p> <p>1. Risk Assessment Tool for BAME staff completed for all individual BAME staff in the hospital to mitigate the risks and safeguard the health and wellbeing of BAME employees. This included considering home working where possible and where not possible or appropriate, adjustments to work tasks or temporary redeployment to non-frontline roles.</p> <p>2. All staff bulletins provided information on the risks and risk assessment tools for BAME staff.</p>
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2. What sign posts / communications were aimed directly at staff from minority ethnic backgrounds (particularly of African and Asian descent) on how to remain safe during the pandemic?

3. What support have you provided to staff of all protected characteristics during the pandemic (eg pregnancy/maternity, age, disability, gender identity, etc)

4. Are there active staff equality networks in your organisation who can actively distribute relevant information to staff? How have they been utilised during the pandemic?

5. What initiatives is your board undertaking to improve existing equalities data monitoring? (Including, do you proactively communicate to staff about the importance of equalities data monitoring. Is this issue being championed at an senior/executive level? Is there visible support for staff networks?)

3. E mail alerts to all managers to identify and complete risk assessments for those staff who may be identified as being at greater risk from COVID-19. This was not specifically targeted at protected characteristics staff but identified immunocompromised staff, disabled staff, pregnant staff and those who may be more vulnerable to infection. Managers were required to complete a risk assessment using the existing pregnancy risk assessment tool as a template. Where risks were identified a plan to mitigate and lower these should be put in place including reasonable workplace assessment to lower risks. Risk assessments were also managed and updated as required via departmental control book holders

4. At present there are no active staff equality network but work continues with our partners in other Health Boards to establish possible links.

5. While there has been some improvement in capturing equalities data this information is, in the main, captured from employee start forms. The roll out of the National workforce system eESS will provide a more comprehensive data set but will still be reliant on employees completing and providing data.

There is currently work ongoing between the HR Department and eHealth to refresh and update the reports produced. Ongoing this will include workforce monitoring information and data sources.

CONTINUOUSLY
IMPROVING AND
SAFE WORKING
ENVIRONMENT

NHSScotland supports and encourages an environment where employees can raise concerns about patient safety and malpractice. The NHSScotland Whistleblowing Policy became live in March 2021 following a 'soft launch' from January 2021 to enable Boards to prepare for implementation.

1. Please provide the number and nature of whistleblowing cases raised during the past year (1 Apr 20-31 Mar 21). This should include whether the investigations are on-going or concluded and whether feedback was provided to the individual.

2. Please advise how many of these whistleblowing cases included a bullying and harassment element.

3. Please describe the training that your Board has undertaken to support implementation of the NHSScotland Whistleblowing Policy

1 Four Whistleblowing cases were raised in period April 20 to March 2021. All cases were concluded after investigation. Feedback was provided to two individuals who raised the issues. The other two cases were anonymous therefore feedback could not be provided

2. None of the four cases raised included a bullying and harassment element

3. A number of briefing events were delivered to support implementation of the NHSScotland Whistleblowing Policy and associated standards. This included delivery of presentations and Q&A sessions for a range of organisational groups (e.g. NHS Board, Senior Management Team, Hospital Management Team, Staff Governance Committee, Partnership Forum, etc). Briefing events specifically targeting line managers and supervisors across all departments were also delivered - with a total of 30 managers attending these targeted events. A link was also created within the hospital's learnPro e-learning management system to facilitate access to the whistleblowing training resource developed by the Independent National Whistleblowing Officer. The link was assigned to the learnPro accounts of all TSH employees to encourage/ promote use of this online learning resource and as of 31 March 2021 a total of 71 staff had completed the following modules within the programme:

- Module 1: Introduction to the National Whistleblowing Standards and the Role of the Independent National Whistleblowing Officer.
- Module 2: Whistleblowing and How It Relates to Other HR Processes.
- Module 3: Using the National Whistleblowing Standards.

4. We note from our requested Whistleblowing Champion feedback earlier this year confirms there is a Corporate Governance Improvement Action Plan which sets out a number of initiatives to positively influence culture including reference to the Whistleblowing Champion.

Please detail any activities that your Board is undertaking to support and foster a culture where whistleblowing concerns are positively received and recognised as part of continuous improvement?

We recognise the impact of the pandemic on absence levels this past year. On this basis, direct comparisons with historical data would not be appropriate. Questions are therefore about any actions in view of non-Covid related absences.

Please note that Board absence figures will be available in The NHS Scotland Official Workforce Statistics, 31st March 2021, report. The report will be published in May/June 2021 and will be posted here: <https://turasdata.nes.nhs.scot/workforce-official-statistics/nhsscotland-workforce/>

Top 3 Absence Reasons:

1. Anxiety/stress/depression/other psychiatric illnesses
2. Other musculoskeletal problems
3. Back problems

Awareness sessions were provided for managers and staff prior to the go live date of 1st April 2020.

Ongoing a Learn Pro Whistleblowing Standards module has been introduced with mandatory completion required from all managers

4. Whistleblowing case incidence and timescales is reported on a monthly basis via Partnership forum, HR and Wellbeing Committee and to the Board.

Ongoing work using PuMP Methodology (Performance Measure Process) to identify key performance indicators for Whistleblowing is underway to identify improvements in local process and management of whistleblowing.

HR and Wellbeing Group established with regular meetings and wide representation from across the organisation. It provides a focal point for all health and wellbeing areas, including attendance and allows for quick decision making based on up-to-date data. Although not specifically targeted at 3 absence reasons it provides the opportunity to focus on specific areas of concern.

Continued support for the Tiered support model adopted locally based on principles of Psychology First Aid.

Skills training mapping in underway to support the roll out of level 1 and 2 Trauma training for managers with delivery planned for later in 2021/22

In depth analysis of sickness absence trends with a focus on the top 3 absence areas. This work will include examining

1. Please describe the actions that are planned or underway to address absences in these categories.

attendance trends as well as clinical activity and patient incidents to ascertain any causal links to attendance and ultimately to identify any appropriate additional support measures that can be put in place.

The evaluation of the measures adopted to promote positive staff health and wellbeing during the COVID-19 outbreak identified that the majority of staff reported that measures adopted locally and nationally to support their health and wellbeing were useful and/or effective. We continue to engage with staff through a range of work streams to ensure appropriate support is provided based on staff feedback. This includes ensuring that staff wellbeing is embedded as a priority in the remobilisation plans.

As detailed previously, temporary funding has been agreed to recruit 2 part-time fixed term posts to support staff wellbeing.
Post 1 – OD & Learning Advisor (Wellbeing Promotion & Peer Support)
Post 2 - OD & Learning Advisor (Wellbeing Trainer)

Funding for Pastoral Care Service for staff has been agreed. This was identified as one of the Equalities Outcomes for 2021 – 25.

Every member of staff and volunteer will be signposted to and have access to informal, independent, individually tailored Pastoral Support which reflects a holistic approach to staff wellbeing.

Recruitment is currently underway for pastoral care service via a SLA with NHS Lanarkshire

2. We note from your Pandemic Lessons Learned response received in Summer 2020 that you were making use of different ways of working, for example home working, compressed hours, “blended meetings” (ie a meeting which is a combination which allows both virtual and physical contributions) have increased as a consequence of COVID-19. All of these create the opportunity to adopt more satisfying roles which improve recognition of work life balance for and amongst staff. We also note that as part of your Remobilisation plans that TSH staff have access to online resources, peer support, refreshments, and a quiet space to relax and reflect. Staff have access to the dedicated OH service and advice line as well as counselling/talking therapy, specialist psychology for those experiencing trauma. There is support on 1st day of absence via EASY (Early Support for You) on mental health issues. There is a national online coaching hub being set up by NES to coordinate access to coaching support in partnership with external provider “KnowYouMore”.

Please can you confirm the impact that these changes have had on your staff and what plans you have to maintain and enhance these over the coming year?

Attainment of Healthy Working Lives has been an aspiration since 2008 (and reinforced as a commitment within CEL 01 2012).

Congratulations on achieving the Gold HWL award.

We continue to offer those staff who feel able to work from home, access to relevant systems and equipment to facilitate this. We are currently reviewing this both locally and nationally to ascertain the future of working practices for the staff that are able to do this, with an expectation of a “hybrid model”. As per national Policy, staff are able to apply for an amendment to their hours/ shift patterns etc and we accommodate this as and when we can.

We continue with our OH Service support and the process detailed. Our SLA comes to an end at the end of March 2022 and we are currently developing our Plan for tender to provide the OH Services thereafter.

The HR and Wellbeing Group continue to oversee the supports we have in place and will consider further “deep dive” work with the reason for staff absence to ascertain we keep the offer of support relevant to them.