

## Creating a culture of civility, compassion and respect in the NHS

A photograph showing two women sitting at a table, smiling and engaged in conversation. The woman on the left is wearing a white lab coat and has a stethoscope around her neck. The woman on the right is wearing a black top. There are water bottles and a clear container on the table in front of them. The background is a teal wall.

A progress report on Creating positive workplace cultures and tackling bullying in the NHS: a collective call to action

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# SPF foreword

*While we are pleased to be able to present our review of the first two years of the Creating positive workplace cultures and tackling bullying in the NHS, we do this in the context that there is no room for complacency with the 2018 NHS Staff Survey showing continuing high rates of bullying across the NHS with considerable variation affecting different types of trust and staff groups, a trend that has persisted over many years.*

*There are many reasons why the rates of bullying, harassment and abuse experienced by NHS staff are high. In part, it may reflect the increased profile being given to this issue by ministers, Department of Health and Social Care (DHSC), its arm's length bodies (ALBs), NHS system leaders, healthcare providers and commissioners, royal colleges, trade unions and their members. The work of all these bodies are covered in our review.*

*Despite the challenges in making improvements, our ability to work constructively together, led by the NHS Social Partnership Forum, is a powerful driver for change as through our various networks and spheres of influence, we encourage the compassionate leadership and nurturing culture required to address negative behaviour and eradicate bullying.*

*Our review shows the great work going on across the service to tackle bullying, with NHS organisations the length and breadth of England implementing a wide range of initiatives in partnership with their staff. These cover: values, leadership development, partnership working, collecting intelligence, raising awareness and sharing best practice. We recommend you look at the practice posters, many of which have been updated one year on - available on the [SPF website](#).*

*In the following pages, we outline our journey so far, starting with our extensive research leading to our call to action and our subsequent dialogue with a wide range of healthcare people from across the NHS who have all helped us identify the:*

- *need for excellent training and support for line managers*
- *impact of bullying on patient experience*
- *role of compassionate leadership at all levels*
- *high cost of bullying on staff recruitment, retention, morale, motivation and productivity*
- *importance of engaging staff to develop local policies and procedures for tackling bullying*
- *benefits of recruiting staff with the right values for public service.*

*Looking ahead, it is clear there is more to do on nurturing and supporting leaders and improving culture but we are confident momentum is building. For example, the Royal College of Obstetrics and Gynaecology, the Royal College of Surgeons of Edinburgh and NHS National Guardian led alliance that DHSC and its ALBs as well as UK health departments, other royal colleges and many healthcare oriented organisations have joined because they are committed to tackling bullying and recognise that no one organisation has all the answers to this complex, multi-faceted problem. Alliance members outline what they are doing and emphasise the need for kindness and respect throughout the NHS which should be reflected in recruitment practice as well as the training and development of our people throughout their careers.*

*The call to action is in its third year and our planned areas of focus are set out in this document. Priorities for year three include providing a higher profile for tackling bullying of our people from LGBT, BAME backgrounds and those with disabilities, all of whom suffer a poorer experience, as well as identifying what more we need to do to reduce the scourge of sexual harassment. We anticipate we will develop our initiatives as part of the NHS People Plan's commitment to make the NHS the best place to work backed up by funding over the next few years.*

*We, therefore, commend you to read our review which, more than anything, emphasises the passion of so many of our people across the NHS who want to make a difference and play their part in developing a positive, learning, nurturing culture where bullying has no part and staff can thrive for the benefit of them, their careers and the patients they serve.*

*We hope our review will act as a further encouragement for increased commitment to tackling bullying as we all want the same outcome: to attract and retain the skilled, passionate staff who join the NHS looking forward to being treated equitably and fairly as part of a valued and valuable career playing their part in helping patients by working with like-minded colleagues from the NHS's diverse range of backgrounds.*

**Simon Arden-Davis**, Department of Health and Social Care and **Jon Restell**, Managers in Partnership Co-chairs of the Social Partnership Forum, Workforce Issues Group

# Introduction

The Social Partnership Forum (SPF) Tackling bullying in the NHS: a collective call to action, was signed in December 2016 by Danny Mortimer, Chief Executive, NHS Employers and former minister of state for health, Philip Dunne, and Christina McAnea, former head of health at UNISON.

The call to action tasks employers and trade unions in all NHS organisations to work in partnership to create positive workplace cultures and tackle bullying - inviting all NHS organisations to:

- achieve the overarching leadership and cultural change to tackle bullying
- support staff to respectfully challenge problem behaviours
- publish their plans and progress so staff, patients and the public can hold them to account.

To support this work, the SPF is publicising the views of NHS leaders and experts on this topic and signposting information, tools and resources and case studies which can help partnership initiatives and encourage partnership action:

- by system leaders, led by Department of Health and Social Care (DHSC) and NHS Improvement (NHSI)
- by organisations, supported by NHS Employers and the Care Quality Commission (CQC)
- by individuals and teams supported by trade unions working with their members.

Following the launch of the call to action, leaders across the NHS, at all levels of the system, committed to take action that creates positive workplace cultures. These cultures, ultimately, will make a difference to the experience of staff and reduce incidences of poor behaviour and bullying in the NHS.

A system wide effort, led by trade unions, NHS Employers and employers, DHSC representatives and ministers and system leaders has made good progress in raising the profile of activities that contribute to the creation of positive cultures. The work so far has involved gathering evidence and advice from experts, listening to affected staff and learning from people who have taken positive action to successfully address cultural change, poor behaviour or bullying in their organisations.

The [SPF Workforce Issues Group \(WIG\)](#), which is a subgroup of the national SPF, is leading work on the call to action, drawing together evidence and front-line experiences to make a strong case for change.

## Context

- Ministers recognised the enduring problem of bullying in the NHS, with around one in four staff, reporting through the NHS staff survey, over several years, that they had been bullied, harassed or abused by a colleague in the previous 12 months.
- Bullying can have serious consequences for affected individuals and those they work with, causing psychological stress, reducing productivity and risking poorer patient care.
- There is no one solution so ministers, as part of their manifesto commitment to "...reduce bullying rates in the NHS, which are far too high" commissioned the national SPF to lead work to address the problem.
- In 2016, the SPF launched its Tackling bullying in the NHS: a collective call to action initially encouraging culture change to create the nurturing, learning, supportive environments within which staff can thrive and bullying isn't tolerated. The SPF then turned its attention to support for line managers, identifying the impact of bullying on patient experience and how the system is working together to tackle bullying.
- Ministers continue to highlight the importance of strong NHS leadership in tackling bullying, and concerns with bullying have led to its inclusion in the NHS Long Term Plan, which was published in January 2019.



## What is bullying

ACAS describe bullying and harassment together as *“offensive, intimidating, malicious or insulting behaviour, an abuse or misuse of power through means intended to undermine, humiliate, denigrate or injure the recipient. Bullying or harassment may be by an individual (perhaps by someone in a position of authority such as a manager or supervisor) or involve groups of people. It may be obvious, or it may be insidious. It may be persistent or an isolated incident. It can also occur in written communications, by phone or through email, not just face to face. Whatever form it takes, it is unwarranted and unwelcome to the individual.”*

**Harassment** is unwanted conduct affecting the dignity of men and women in the workplace. It may be related to age, sex, race, disability, religion, sexual orientation, nationality or any personal characteristic of the individual, and may be persistent or an isolated incident. The key is that the actions or comments are viewed as demeaning and unacceptable to the recipient.

*“Bullying and harassment are everyday features of many UK workplaces, with health and social care being the most prominent employment sector bedevilled by workplace ill-treatment... With the massive budgetary pressures facing the NHS, it is more relevant than ever to address the real costs of bullying, both moral and financial.”<sup>1</sup>*



## Key Points

- Bullying and harassment is a major issue in every NHS trust. Even in the best performing trusts in each sector, over ten per cent of staff reported experiencing bullying, harassment or abuse from colleagues in the past year.<sup>2</sup>
- Staff from a Black and Minority Ethnic (BME) background are significantly more likely to experience bullying, harassment and abuse. 23.5 per cent experienced bullying, harassment or abuse from colleagues and 15 per cent experienced bullying, harassment or abuse from managers in the last 12 months. This compares to 18 per cent and 12.5 per cent respectively for white staff.<sup>3</sup>
- For disabled staff the figures are even higher, 26.6 per cent reported experiencing bullying, harassment and abuse from colleagues in the last 12 months. This figure was 17.3 per cent for non-disabled staff.<sup>4</sup> Disabled staff are also more likely to experience bullying, harassment and abuse from managers 19.6 per cent compared to 11.6 per cent for non-disabled staff.
- Bisexual, gay men and gay women are also more likely to experience bullying, harassment and abuse than their heterosexual colleagues.<sup>5</sup>
- Bullying costs the NHS dearly. A study<sup>1</sup> conservatively estimated bullying costs the NHS over £2bn every year due to increased sickness absences and sickness presenteeism, increased staff turnover, decreased productivity and industrial relations, compensation and litigation costs. The indirect costs, for things like the impact on NHS staff choosing to leave the system, and decreased quality of care as a result, are likely to be much higher.

<sup>1</sup> *The price of fear: estimating the financial cost of bullying and harassment to the NHS in England*, Roger Kline & Duncan Lewis (October 2018).

<sup>2</sup> NHS Staff Survey 2018, [www.nhsstaffsurveyresults.com](http://www.nhsstaffsurveyresults.com). Community 10.4 per cent; acute 11.7 per cent; mental health and learning disability 11.8 per cent and ambulance sector 14 per cent.

<sup>3</sup> NHS Staff Survey 2018, [www.nhsstaffsurveyresults.com](http://www.nhsstaffsurveyresults.com)

<sup>4</sup> NHS Staff Survey 2018, [www.nhsstaffsurveyresults.com](http://www.nhsstaffsurveyresults.com)

<sup>5</sup> NHS Staff Survey 2018, [www.nhsstaffsurveyresults.com](http://www.nhsstaffsurveyresults.com)

# What we have done

The SPF through the call to action is co-ordinating activities and there is a real willingness and desire to work in partnership to address this issue. National SPF representatives attended regional SPF meetings in 2017 to promote and encourage regions and organisations to respond to the call to action. During 2018, national SPF representatives when attending regional SPF meetings also referred to the call to action and discussed SPF activity in this area both national and regional and sought to identify learning and share best practice.

Over 70 people attended an SPF tackling bullying summit, which brought together national, regional and local representatives to share good practice and lessons learnt. The event concluded with gathering commitment from partners on what the SPF should focus on in 2018.

The SPF liaised with the CQC on their inspections into whether trusts are well led. These inspections cover the extent to which organisations look after staff wellbeing.

**The [NHS Long Term Plan](#) references the work of the SPF in tackling bullying:**

*'To make the NHS a consistently great place to work, we will seek to shape a modern employment culture for the NHS – promoting flexibility, wellbeing and career development, and redoubling our efforts to address discrimination, violence, bullying and harassment. Many of the building blocks for this work are already in place in parts of the NHS. The Social Partnership Forum has set out an important programme on bullying and harassment.'*<sup>6</sup>

**The SPF hosted three webinars on promoting positive workplace cultures, two in 2018 and one early in 2019.**

1. The role of line management in tackling bullying.
2. Raising awareness of the impact of bullying on patient experience.
3. Connecting the work going on across the NHS to support positive workplace cultures.

## 1. The role of line management in tackling bullying (June 2018)

### Key points of discussion

The relationship between a line manager and their reports, the amount and quality of management training a manager receives, the time a manager has to carry out their management duties and the management style they use, all affect the working experience of staff. For staff who are bullied, the webinar highlighted the need for them to be able to access confidential support to talk through issues.

The webinar provided an opportunity for partners to share information on the role of line managers in tackling bullying. They felt it important for managers to be supported when they are performance managing, as often the performance management process, if not handled well, can be perceived as bullying by the staff member involved. Methods such as organisational values and behaviours can be used to identify where an individual has fallen short of the standards required. Values and standards also help encourage conversations and provide an informal way to nip issues in the bud.

An interesting point of discussion focused on whether individuals are aware of their own poor behaviour. One person on the webinar said her direct approach to management had been raised with her and she was surprised to discover that others perceived her to be a bully. She changed her communication style following this feedback.

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Those on the webinar thought effective management can address the negative behaviour of staff and reduce conflict in the workplace. Options available to line managers to help them do this include: coaching, mediation and working with a freedom to speak up guardian.

**The following useful resources were mentioned on the webinar:**

- The Royal College of Surgeons of Edinburgh (RCSEd) [Are you a bully?](#) resource is one of their most visited web pages and shows there is an interest in individuals reflecting on their behaviour.
- The BMA shared their [campaign video](#), based on real cases, to show the impact of bullying in a hierarchical setting. The video encourages staff to speak up about their experiences.

<sup>6</sup> Section 4.39, page 86, *The NHS Long Term Plan (January 2019)*.

## 2. Raising awareness of the impact of bullying on patient experience (September 2018)

### The following issues were highlighted:

- Data from the NHS staff survey show that BME staff are more likely to be bullied. The webinar posed the question whether this proportionately worse experience for BME staff is mirrored by a more negative experience of care for patients from a BME background.
- Assessments are needed to see where problems lie. A partnership approach, with employers working with trade union representatives can help get a true picture of the workplace cultures in an organisation.
- Evidence from the NHS staff survey shows a correlation between staff and patient experience. Bullying and harassment can also result in talented staff leaving the NHS.
- Negative behaviour can take different forms. For example, creating hierarchies through speaking to people based on the role they do.
- Boards must be open and honest about the issue of bullying in their organisation and use any support available to them to pinpoint issues and identify solutions. An example given on the webinar was a trust where a non-executive director was a champion for tackling bullying and harassment and this helped keep the issue current and real for the board.

### The following were referenced on the webinar:

- The [fit and proper person test](#) for executive director posts is being used in the NHS. If a senior manager has ignored or overlooked bullying in a previous role then they should not be appointed to an executive director level post.
- The impact on productivity and patient care (as demonstrated by [Kline & Lewis' research](#)) and the views of patients, when they see poor staff behaviour, can be used to encourage board level action to improve workplace cultures.

See Appendix B for more information.

## 3. Connecting the system to tackle bullying and create positive cultures (January 2019)

### Key findings from the webinar:

- Language such as bullying can be counterproductive and result in individuals taking entrenched positions. Use of alternative terminology such as negative behaviours is more likely to lead to a successful resolution.
- The National Guardians Office shares case reviews so the learning and recommendations are available to all NHS organisations.
- The RCSEd is co-ordinating a [UK wide alliance](#) of organisations that are seeking to improve NHS workplace cultures.
- University Hospitals of North Midlands NHS Trust has implemented multiple approaches to address high levels of bullying, including an anti-bullying week, focus on informal, facilitated conflict resolution, in your shoes event, compassion values, staff compassion recognition scheme and leadership and management development programmes.
- The London NHS Partnership, health and wellbeing group shares good practice in the capital and through a broader focus on the wider health and wellbeing of staff, helps counteract the negativity connected with bullying.
- The BMA has used stories from their members to develop a performance piece to try and help people think through and discuss the behaviour of individuals in acted out scenarios.
- NHSI is working with the CQC to ensure boards of NHS organisations take the issue of bullying seriously and identify what needs to be done. They are also looking to identify interventions where there is strong evidence to show a positive impact on the workforce.



## Regional SPF activity in response to the call to action

Regional SPFs have been discussing the bullying call to action since its launch. This has resulted in a variety of activities including: setting up task and finish groups to gather intelligence about employer action; management and trade union representatives attending regional SPF meetings to share local examples of the call to action and comparing rates nationally and regionally on incidents of bullying using the NHS staff survey results.

Regional SPFs have used the call to action to theme partnership conferences and share progress and good practice. This has included learning from the experience of employers locally and understanding how that can be applied by other employers and has been widened out to looking at broader health and wellbeing support for staff.

Following a period of more intense activity most regional SPFs are taking stock to determine what they need to do in terms of maintaining momentum, using the NHS Staff Survey results to influence change and discussing links with wider system change across regions, as well as learning from other regional SPF approaches.

## Response to the call to action - UNISON, BMA, RCN, NHS Employers, DHSC, NHI and HEE

### UNISON Ambition

UNISON is committed to working through the national and regional SPF to identify and implement practical measures for tackling bullying and harassment, and to promote positive workplace cultures. They work to ensure that their branches are confident to act on these issues and have access to support and resources. As part of this, they run regular training courses for workplace representatives on dealing with bullying and harassment.

### Activity

UNISON has promoted the call to action via their network of local branches and regional staff. UNISON's annual health service group conference debated progress again in 2019.

Their active self organised group structures at national, regional and local level do important work to tackle bullying and harassment where it is interlinked with discrimination issues or protected characteristics. You can find more information on the [UNISON website](#).





## BRITISH MEDICAL ASSOCIATION (BMA)

### Ambition

The BMA wants their members at every stage of their career and wherever they work to be treated with dignity and respect. Bullying and harassment is not acceptable, it is damaging to staff wellbeing and performance, and it undermines patient safety and quality of care. They would like to see better support for those affected by bullying and harassment, more effective responses and resolution of issues when they do arise and action throughout the system to improve the working environment and culture.

### The BMA identified the following factors that need to be addressed to improve culture:

- More resources and staffing to address workload pressures.
- More compassionate and collective leadership from the very top and throughout the system.
- Better facilities and opportunities for staff to rest and interact with colleagues away from immediate patient-facing environments so they can build supportive working relationships.
- A better understanding of human factors throughout medical selection, education and training and work practices.
- More training and support on giving and receiving effective feedback to prevent performance management becoming bullying.
- More effective action to encourage respect for diversity and a culture of inclusion.

### Activity

The BMA began a project in 2017, in response to concerns raised by their members about the scale of bullying and harassment in the NHS and the profession. Their staff and associate specialist grade doctors who are mainly BME or women helped initiate the project by highlighting the impact bullying and harassment had on them. They have engaged with their members, medical students through to consultants and medical managers throughout the project. They have developed a well received BMJ e-learning module, improved their web guidance, held workshops regionally and at branch of practice conferences and produced a wide range of communications materials to raise awareness of what bullying and harassment are and how to address and prevent them.

The BMA has reviewed the research evidence on the prevalence of bullying and which interventions are most effective in addressing it. They looked at their employment advisers' experiences of representing and supporting members and opened a secure online portal for doctors to share their experiences confidentially. Insights from this were used to develop policy recommendations and to inform a forum theatre activity by Performing Medicine at their national conference, in November 2018, on tackling bullying and creating a supportive and inclusive culture. Signing up to the call to action helped them learn from others, share experiences, and engage constructively with employers, other staff side organisations and external stakeholders at both a national and regional level in England. In 2019 they are strengthening relationships and continuing collaborations to improve workplace cultures and address bullying and harassment.

## THE ROYAL COLLEGE OF NURSING (RCN)

### Ambition

In 2016 in response to poor working conditions, including high levels of work related stress and reports of bullying, the RCN developed a healthy workplace initiative. The toolkit to support this initiative is divided into five domains, work life balance, dignity at work, health and safety at work, job design and learning and development in the workplace. Indicators under each of the five domains can be used to carry out an organisational health check and identify areas for improvement.

### Activity

The toolkit includes links to support when making improvements. The dignity domain signposts further resources including their [working with care](#) resource for improving working relationships in healthcare teams and a resource on addressing [bullying and harassment](#) at work. Supporting materials for the RCN's healthy workplace initiative were updated to include the SPF's tackling bullying stream of work.

The RCN has encouraged representatives and officers to promote discussion locally on the call to action. They published information on the call to action in an RCN monthly update to all regions and in Activate issued to all RCN representatives monthly. They are working with the RCSEd and other stakeholders in an alliance to tackle bullying and undermining behaviours.

See Appendix A for more information.

## NHS EMPLOYERS

### Ambition

NHS Employers focus is on embedding a social partnership approach to creating positive workplace cultures in NHS organisations.

### Activity

Promoted the call to action in the NHS Workforce Bulletin, via social media using NHS Employers and SPF Twitter accounts and at meetings, conferences and events.

Briefed the chairs of the regional SPFs on the call to action and drafted and distributed letters from the regional SPF co-chairs to NHS provider and commissioner organisations, in their region. The letters were sent to chief executives/accountable officers, HR directors and staff side leads to make them aware of the call to action and encourage them to act in response.

Produced a letter encouraging independent provider organisations to respond to the call to action. This was shared with independent provider HR leads through the NHS Confederation's Independent Healthcare Providers Network.

Facilitated working groups in the regional SPFs to embed the call to action within the regions. Developments on work being undertaken in the regional SPFs is recorded in the regional SPF action log.

Made the case for a change to system behaviour to support a more positive culture in the NHS at an arm's length bodies, non-executive directors' event in February 2017.

Took a lead role in the development and delivery of the three webinars in year two of the call to action. These focused on the role of line management, the impact of bullying on patient care and connecting the system.

Developed and maintains the call to action web page on the SPF website, including identifying useful tools and resources and case studies to support work to tackle bullying.

Produced a web page on NHS Employers website which includes case studies, good practice and tools and resources to help employers tackle bullying.

Developed a tool that enabled analysis of the 2016 NHS Staff Survey results and used this to pull together information for each region on the key findings from the survey that relate to staff being bullied by their colleagues.

Produced and promoted podcasts and case studies on encouraging positive cultures and tackling bullying in NHS organisations.

In 2017, NHS Employers developed [practice posters](#) showing the work being undertaken in NHS organisations to tackle bullying. These were published on the SPF website and promoted. In 2018, NHS Employers produced and published a [follow-up document](#) showing developments in tackling bullying in those organisations, one year on.



## DEPARTMENT OF HEALTH AND SOCIAL CARE (DHSC)

### Ambition

To deliver the Government's manifesto to tackle rates of bullying which are far too high.

### Activity

DHSC via ministerial leadership of the national SPF has overseen ongoing partnership working at national and regional level to help create the cultural and leadership environment where staff can thrive because they feel supported in speaking up, calling out bullying and feel able to learn and develop their jobs and careers.

Through WIG co-chair arrangements, led three webinars to look at specific aspects of bullying including support for and development of line managers, impact of bullying on patient experience and joining the system to itself, sharing what we're doing to identify what's working well.

Commissioned NHS Employers to deliver advice, guidance and good practice to the NHS on tackling bullying. In addition, DHSC commissioned NHSI to develop a programme to tackle bullying and harassment, commissioned Sir Ron Kerr to produce Empowering NHS leaders to lead, promoting the Kline/Lewis work on the cost of bullying to the NHS, overseeing NHS arrangements for implementing the Carter review of efficiency and productivity which recommends that trust chief executives should take a personal lead in tackling bullying in their organisations.

Working with the National Guardian, the RSCed, the Royal College of Obstetricians and Gynaecologists, UK health departments, the National Guardian, health unions and other organisations committed to tackling bullying in the NHS on an alliance (launched in April 2019) to create an environment where kindness and respect is harnessed in the selection and ongoing training and development of staff.

Providing leadership through the department's effort to continue tackling bullying internally to further reduce its current ten per cent rate. DHSC has also led a presentation to cross government senior civil servants about bullying and harassment in the NHS and the NHS's partnership approach to tackling it. This encouraged wider debate about similar issues facing other parts of the public services and how those challenges are being addressed.



Supporting Secretary of State for Health and Care to raise the issue as a concern to be tackled, in speeches:

- [Leadership within the NHS](#) speech, 15 November 2018.
- Speech to hospital staff, 20 July 2018: *"People cannot be expected to deliver world class care when facing bullying and harassment on this scale. So the culture must change, the NHS will be the better for it and I am determined to lead this change from the top. So in both health and social care I want your voice to be at the heart of government. To make this happen I'm going to launch a consultation exercise on workforce issues (#TalkHealthandCare). And I'll be setting up a (Workforce) panel of clinical and professional advisers, from a cross-section of the NHS and social care workforce. And I want everyone who gives their lives to this amazing vocation to respond to our consultation with their views. There is every reason why, with determination and the right caring, collaborative and supportive approach the NHS can be the best employer in the world to work for, with high morale at all levels. That should be our collective goal".*
- 28 November 2018 speech [Good NHS leadership starts with culture change](#) in which Secretary of State refers to Sir Ron Kerr's [report](#) Empowering NHS leaders to lead. Sir Ron found strong evidence of negative behaviours and recommends a behavioural compact, co-designed with NHS leaders led by the chief people officer.

## NHS IMPROVEMENT

### Ambition

To create supportive, compassionate, positive cultures in the NHS, making it the best place to work, ensuring leaders in the NHS have access to training and development to manage conflict and to develop a fair, learning culture which is promoted by all leaders.

### Activity

NHS Improvement:

- Included an article on the call to action in their provider bulletin. The article encouraged providers to commit to making a difference by implementing the initiative within their organisation.
- Undertook an initial scoping exercise to understand best practice in this area and developed online resources including: best practice and data analysis toolkits, staff and manager support and information on creating a just and learning culture.
- Has had direct engagement with 44 trusts, providing facilitation and coaching to support creating positive cultures. They also identified challenged trusts and developed an understanding of their needs and complex cultural change requirements. This work will be further progressed this year.
- Has collaborated with research experts to produce guidance on commissioning external reviews and to analyse what interventions have been successful and why and commenced a review of what good looks like with leadership training supporting the agenda of culture, reducing bullying and incivility in the workplace.

## HEALTH EDUCATION ENGLAND (HEE)

### Ambition

HEE has a zero tolerance towards bullying and harassment and has always aimed to promote an open and supportive culture throughout the organisation. This year, their executive team and board agreed the implementation of an Integrated Conflict Management System (ICMS), with the aim of providing support and opportunities for staff to maintain their health, wellbeing and safety.

The ICMS is specifically designed to promote a positive culture to address bullying and harassment in the workplace. If a member of staff feels that they have been bullied or harassed, the ICMS will ensure that they are effectively sign posted to internal and external sources of help. The ICMS creates a framework to effectively support staff and to resolve issues in an amicable fashion wherever possible.

### Activity

HEE is currently implementing a nationwide organisational development plan, which includes the ICMS. This involves a systemic approach to preventing, managing and resolving conflict, and ensures that there is a strategic leadership commitment to conflict management and early resolution. The ICMS also informs wider HR strategies, such as management standards and training priorities, and establishes multiple access points to resolve conflict at an early stage.

Over previous years, the following support mechanisms have been established to directly tackle negative workplace behaviours and cultures:

- HEE holds a regular policy working group in which they harmonise and review policies and guidance documents with their recognised trade unions. These have included a respect & dignity at work policy, a grievance policy and guidance and a raising concerns policy, which was developed to implement the recommendations of the Francis report on whistleblowing.
- Seven members of the HR team have received mediation training from ACAS and now utilise these skills to effectively and amicably resolve staff disputes.
- Between April and June 2017, 115 managers attended a half day training session entitled managing behaviours: An approach to dealing with bullying and harassment in the workplace.
- The contact officers' service and network were launched to staff on 1 April 2016 with 16 contact officers in place across the country. Since then, the network has been refreshed with three further officers joining the team and additional training delivered. The contact officers are volunteers from a variety of roles across the organisation. They offer confidential support to anyone who feels that they have been inappropriately treated, bullied or harassed or accused of such behaviours.
- HEE has now appointed a freedom to speak up guardian. This will be on an interim basis to scope out the requirements of the role before a permanent role is established later this year.



## Response to the call to action – other partners

NHS England promoted the call to action with their regional and organisational development (OD) leads to ensure it was linked with similar work being undertaken in Clinical Commissioning Groups and providers. They also linked with NHSI to identify opportunities to work together on this agenda as the two organisations integrate.

NHS Clinical Commissioners (NHSCC) promoted the call to action and encouraged sign up through its HR Forum. Best practice and learning regarding tackling bullying are regularly discussed at the NHSCC HR and OD Forum.

The NHS Partners Network (now Independent Healthcare Providers Network) worked with NHS Employers to produce a letter encouraging independent providers to respond to the call to action. The letter went to their independent provider HR leads, via their HR network.

Information on the call to action was included in Unite's representatives bulletin and in its community practitioner journal, which goes to all Unite members.

The Chartered Society of Physiotherapy (CSP) put the call to action on the agenda of their Industrial Relations Committee and National Group of Regional Stewards meeting. The call to action document was also made available at CSP's annual representatives conference.

## What have we learned?

Evidence-based actions that organisations can take to improve workplace cultures<sup>7</sup>:

- Establish a culture in which staff have a heightened awareness of workplace bullying, negative behaviours are challenged and positive behaviours endorsed.
- Focus preventative interventions firstly at leaders and managers who have the power to prevent and manage bullying and to change the culture.
- Ensure leaders and managers demonstrate support of interventions when introduced.
- Promote formal policies and procedures to outline the organisation's explicit commitment to tackling bullying.
- Provide effective training that enables people to prevent and manage bullying that focuses on developing insight into their own behaviour and its impact on others, delivered to appropriate staff, especially managers.
- Use mediation for informal resolution of conflict, but with awareness of its limitations.
- Use counsellors who have knowledge of bullying and can draw upon a range of integrated therapeutic models.
- Proactively monitor organisational data to identify patterns and outliers to help target interventions.

<sup>7</sup> Evidence synthesis on the occurrence, causes, consequences, prevention and management of bullying and harassing behaviours to inform decision-making in the NHS, Illing et al, (February 2013).

## Evidence on the role of line managers in tackling bullying

- There is a link between the level of management support to employees and the level of psychological distress and workplace bullying.
- Supportive work environments protect individuals from some of the harmful effects of bullying.
- Organisational climate is strongly influenced by the behaviour of managers and their commitment to supporting (or not) the wellbeing of staff.
- Managers act as role models for employees who then reflect their behaviour and values.
- Managers need good interpersonal skills to help identify and deal with incidents of bullying quickly.
- The role of managers is crucial to lend support and credibility to interventions and create a culture in which negative behaviours are challenged.
- Training targeted at managers needs to be relevant and tailored to the local context.
- Over the last five years there has been a steady increase in the proportion of respondents to the NHS staff survey reporting good communication between senior management and staff. However, the results suggest most staff think that senior management at their organisation could do more to communicate with staff.



## Evidence on the impact on patient care

Research shows bullying can inhibit team work, lead to an increase in errors and have a significant impact on patient outcomes. One study showed there were more falls, medication and treatment errors within teams with a poor culture and poor communication.

*See Appendix B for more information.*



## Other learning

- Bullying is a major problem for the NHS affecting staff morale and workforce productivity.
- The problem is persistent and enduring.
- There is not a one size fits all approach to improving workplace cultures.
- The use of the words bully and bullying can be counterproductive and lead to staff taking fixed positions. Positive and negative behaviours are more appropriate terms to use in most situations, as there are likely to be a variety of factors in play and the staff member accused of bullying may not be aware of the impact of their actions.
- BME, disabled and staff with other protected characteristics suffer more.
- Bullying and harassment can thrive in an environment where there is a poor leadership culture, poor interpersonal relationships, disrespect and a misplaced vision.
- Bullying can be exacerbated by the NHS's unique working environment. Staff often work under immense pressure, with fewer staff than expected, and in a system that is heavily regulated and frequently inspected.
- Bullying must be tackled at all levels (system, organisational, individual) and in partnership (ministers, officials, representative organisations, employers, staff).
- Create a shared understanding of acceptable and unacceptable behaviours.
- Recognising the problem is a key first step eg royal colleges and unions recognising they have members who are suffering but may also be part of the problem.
- Develop interpersonal, communication and conflict management skills.
- Identify local problems and causes of conflict and generating solutions.
- Agree a defined and explicit statement of what constitutes bullying and harassment.
- Engage and involve trade unions colleagues in tackling bullying activity.

- The BMA found that causes of bullying include: staff under pressure, comes from the top (culture) being difficult to challenge; staff being scared to speak up and bystanders ignoring the issue.
- Prevention is better than cure.
- No one organisation has the answer, so alliances to tackle the problem are essential for progress. There is real energy and desire to address this issue with new collaborations across UK (led by Royal College of Surgeons of Edinburgh and Royal College of Obstetrics and Gynaecology and involving UK health departments, the National Guardian, health unions and other organisations committed to tackling bullying in the NHS).
- Some organisations need specific help e.g. ambulance services.
- Advice, guidance and good practice needs to be sought out and spread, with relevant information being easy to find.



# What we will do in year three 2019/20

- Incorporate tackling violence against NHS staff into the call to action and rename the initiative: *Creating a culture of civility, compassion and respect in the NHS*.
- Work in partnership with NHS England and NHS Improvement on their programme to embed a culture of safety in the NHS and develop and distribute material to support regional discussions and local initiatives to address violence against NHS staff.
- Continue to encourage and support employers and trade unions in NHS organisations to work in partnership to build workplaces where positive behaviour between staff and between staff and managers predominates. This includes signposting useful guidance and resources and producing good practice case studies to share learning.
- Highlight the benefit of organisations exploring their NHS Staff Survey data and using more detailed staff surveys to identify areas within their organisation where action to address poor behaviour is required. This will include further promotion of [Workplace bullying: measurements and metrics to use in the NHS](#), commissioned by NHS Employers and produced by the University of Newcastle and other similar guidance which may be of use to NHS trusts.
- Link, through the Workforce Issues Group, with NHS England and NHS Improvement in the work they are progressing to tackle bullying in the NHS. Using the SPF structures to facilitate partner involvement in this work and SPF and partner communications to promote useful resources produced by NHS England and NHS Improvement.
- Make connections, where appropriate, with initiatives on improving workplace cultures in the NHS, in particular those arising from the best place to work element of the NHS people plan.
- Pursue a co-ordinated approach to improving workplace culture in the NHS through working with members of the [tackling bullying alliance](#). This will include working closely with the National Guardian's Office and the Care Quality Commission on its well led framework.
- Promote the data that shows that disabled, BME and LGBT staff are more likely to be bullied and have a poorer experience at work and encourage NHS organisations to address this, if this is an issue in their trust.
- Investigate how the SPF can reduce sexual harassment in the NHS, looking at the recommendations from the Equality and Human Rights Commission [report](#) on ending sexual harassment at work, and the Women and Equalities Committee [inquiry](#) into sexual harassment of women and girls in public places and support any partner organisation that is acting on this issue.





# Appendix A – Useful resources

## SPF website

A library of useful tools and resources and collated examples of successful partnership working to create a positive workplace culture and tackle bullying, which are available on the call to action web page on the [SPF website](#).

## SPF webinars factsheet

The SPF hosted three webinars looking at: the role of line management in tackling bullying, raising awareness of the impact of bullying on patient experience and connecting the work going on across the NHS to support positive workplace cultures. Summaries of the webinars, the presentations used and creating positive cultures practice posters from 2018 are available on the [SPF website](#).

## NHS Improvement

Best practice and online resources, covering data and analysis, policy approach, staff and manager support and a just and learning culture are available on NHSI's Kahootz web platform. To access the platform, send a request to: [nhsi.people\\_strategy@nhs.net](mailto:nhsi.people_strategy@nhs.net).

## BMA website

- BMA [policy report](#) setting out our findings and recommendations.
- Speaker videos and materials from their [national conference Bullying and harassment: how to address it and create a supportive and inclusive culture November 2018](#)
- [BMJ e-learning module](#) on addressing bullying and harassment.
- [Research review](#) of scale of bullying and harassment and effectiveness of interventions.
- [Campaign video with the hashtag #StandAgainstBullying](#) to encourage those who experience bullying or harassment to seek help. This signposts to BMA services.
- News stories and commentary on bullying and harassment in the BMA's member communications and publications:
  - September 2017: [He speaks to everybody like that. He shouldn't](#)
  - October 2017: [Taking a collective stand against bullying and harassment](#)
  - December 2017: [Let's stand together against sexual harassment](#)
  - January 2018: [Respect where it's due](#)

- February 2018: [Bullying doesn't have to be part of our culture](#)
- April 2018: [Anger management](#)
- June 2018: [I prayed a truck would flatten my car: A junior doctor's bullying experience](#)
- September 2018: [Ending the silence](#)
- October 2018: [Bullying costs NHS £2.3bn, finds study](#)
- December 2018: [In place of fear](#)
- Updated [guidance on the BMA website](#) on how individuals can address bullying and harassment.
- A [poster](#) that can be displayed in workplaces.
- [Guidance on how to address sexual harassment at work](#).

## RCN website

The [dignity domain](#) includes signposts to further resources including a [Working with Care](#) resource for improving working relationships in healthcare teams and a resource on addressing [bullying and harassment](#) at work.

The [RCN's Inclusion Café](#) aims to source, build and share critical tools and techniques that help to support leadership and accountability in creating inclusive workplace culture at every level.

Related features and articles on bullying and harassment from RCN publications:

[Zero tolerance](#)  
[Professional development](#)  
[Workplace bullying](#)  
[A vulnerable position](#)

## [NHS Employers website – Tackling bullying in the NHS](#)

## [UNISON website – Bullying and harassment](#)

- Case study of work by UNISON to identify, examine and address in partnership a problem with bullying and harassment [here](#)
- General resources for staff and reps [here](#)
- Guide tailored for young workers [here](#)

## [HEE website – Our values](#)

## Appendix B – Data on patient impact

While most of the events described overt bullying with no direct patient care consequences, bullying behaviour can threaten patient safety in many subversive ways. The study authors found that bullying behaviour inhibited teamwork, obstructed communication, and delayed new practices from being implemented. Disruptive behaviour can affect the healthcare provider's ability to think clearly and focus on the patient, which can lead to an increase in errors. Additionally, bullying decreases staff morale and increased absenteeism and turnover of qualified staff.

***Bullying in Healthcare: A Disruptive Force Linked to Compromised Patient Safety (Wallace & Gibson, 2017)***

Bullying and incivility from nurses, physicians, and supervisors have significant direct and indirect effects on nurse assessed adverse events and perceptions of patient care quality, primarily through perceptions of increased patient safety risk.

***Impact of workplace mistreatment on patient safety risk and nurse-assessed patient outcomes (Laschinger, 2014)***

Being a target of aggression may prompt an impulsive aggressive response with likely impact on the quality of care provided to patients.

***First, Do No Harm: The Role of Negative Emotions and Moral Disengagement in Understanding the Relationship Between Workplace Aggression and Misbehaviour (Fida et al, 2018)***

Unprofessional behaviours have a negative influence on teamwork and staff retention. This integrative review examined bullying of nurses and how it undermines safe practice. Researchers found that bullying affected fall rates, medication or treatment errors, delays, adverse events, and communication.

***Patient Safety and Workplace Bullying: An Integrative Review (Houck & Colbert, 2017)***

The kinds of improvements needed in patient safety and health care cannot be achieved if talented people are lost.

***Bullying has no place in health care (Joint Commission, 2016)***

Bullying The research suggests obvious incidents of guilty bystanding, maintaining the status quo or retaliation in a hospital setting leads to bullying and a decline in patient care.

***Workplace bullying in emergency nursing: Development of a grounded theory using situational analysis. (Wolf et al, 2017)***

Of particular concern for healthcare professionals is the fact that numerous studies suggest that bullying behaviour can have a significant negative impact on patients.<sup>8</sup> A 2005 study uncovered the startling revelation that 94 per cent of nurses feel that bullying behaviour has a negative impact on patient outcomes, with 54 per cent stating that patient safety is affected.<sup>9</sup> This may be due in part to how bullying is perceived to cause staff to lose motivation, commitment to their employer and the ability to concentrate at work, all of which puts the employee at greater risk of making mistakes on the job.<sup>10</sup> As an example, according to the Institute for Safe Medication Practices, bullying increases the risk of medication errors.<sup>11</sup>

***Bullying in the Healthcare Industry (Dalton, 2016)***



<sup>8</sup> MacIntosh J, Wuest J, Gray M, et.al. Workplace bullying in healthcare affects the meaning of work. *Qualitative Health Research Journal*. 2010;20:1128-1141.

<sup>9</sup> Rosenstein A, O'Daniel M. Disruptive behavior and clinical outcomes: perceptions of nurses and physicians. *American Journal of Nursing*. 2005;105:54-64.

<sup>10</sup> Johnson J, Trad M. Bullying among radiation therapists: bully behavior and effects on personal health. *Radiation Therapist*. 2014;23:11-20.

<sup>11</sup> Institute for Safe Medication Practices. (March 11, 2004). Intimidation: practitioners speak up about this unresolved problem (part I). Retrieved Aug. 19, 2016 from [https://www.ismp.org/newsletters/acute/acute/articles/20040311\\_2.asp](https://www.ismp.org/newsletters/acute/acute/articles/20040311_2.asp).



**Contact the national SPF team**

📍 2 Brewery Wharf, Kendall Street, Leeds. LS10 1JR

✉ [webenquiries@socialpartnershipforum.org](mailto:webenquiries@socialpartnershipforum.org)

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