

## Board of Directors' Meeting Report – 5 December 2017

### Agenda item 95/17

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| <b>Title</b>  | Bullying & Harassment Survey across SUHFT, BTUH, MEHT: 2017   |
| <b>Sponsoring Director</b>  | Mary Foulkes, Chief Human Resources Director  |
| <b>Author</b>   | Evan Flockhart, Head of Learning and Organisational Development, SUHFT  |
| <b>Purpose</b>  | This paper provides an update on progress regarding the equalities agenda in the Trust for both workforce and patient care.   |
| <p><b>Executive Summary</b><br/> This paper was developed following the Bullying &amp; Harassment Pulse survey and associated focus groups. It builds on Staff Survey evidence. The aim is to provide insight on and provide recommendations to reduce the extensive problem of Bullying &amp; Harassment across the group.</p> <p>Bullying &amp; Harassment is recognised as being an extensive problem in the NHS with 25% of staff citing bullying &amp; harassment in the 2016 Staff Survey. The Group is no different. The potential costs are incalculable, however the financial costs, driven through staff turnover and sickness impact on operational performance is also likely to be significant. Failure to address these issues now will only serve to exacerbate operational difficulties going forward. Particularly considering the developing recruitment and retention issues.</p> |   |
| <b>Related Trust Objective</b>  | Engaged and Valued Staff<br>Excellent Patient Outcomes<br>Excellent Patient Experience  |
| <b>Related Risk</b>   | Risk 4 - Inability to recruit and retain staff<br><br>Risk 7 - Failure to provide effective and reliable clinical support services<br><br>Risk 8 - Failing to meet CQC Health & Social Care regulations   |
| <b>Quality Impact Assessment</b>  | The very nature of extensive Bullying & Harassment is that it is likely to impact on all areas of the Service ranging from patient safety to recruitment and retention. The degrees of this impact will be variable, context dependant and difficult to quantify in many cases. |
| <b>Equality Impact Assessment</b>   | This proposal has been subject to an equality analysis and there are no implications for groups with protected characteristics  |
| <p><b>Recommendations</b><br/> The Board is asked to receive assurance from the report.</p>   |   |

## **Bullying & Harassment Survey across SUHFT, BTUH, MEHT: 2017**

### **1. Executive Summary**

- a. Bullying & Harassment in the NHS is a well-recognised national problem, highlighted by staff surveys, national media, Royal Colleges and a number of other bodies. Results from the 2016 Staff Survey revealed that 25% of NHS staff nationally, stated that they suffered bullying and harassment in the past 12 months. Across the group this figure varies from 24% to 27% with no improvement since 2015.
- b. The three trusts undertook a Bullying & Harassment survey and held a programme of focus groups in the period June – July 2017. 1,561 people responded to the online survey and 28 people attended focus groups at SUHFT, BTUH and MEHT.
- c. Reducing Bullying & Harassment will require a sustained effort over a considerable period of time. This report will focus on Bullying & Harassment perpetrated by managers and colleagues as results indicate that this represents the greatest cause for concern.

### **2. National Bullying & Harassment Data**

The 2016 NHS staff survey shows that Bullying & Harassment has become an extensive problem in the health sector. 25% of all NHS staff have admitted that they have been bullied in some way with 29.9% of all NHS staff sharing that they have suffered some psychological stress due to bullying behaviours. (Source: NHS Employers).

### **3. Why Focus on Manager and Colleague Perpetrated Bullying?**

Reviewing the 2016 staff survey, it appears that the vast majority of Bullying & Harassment is perpetrated by managers and colleagues. Conversely less than 6% of responses to the pulse survey stated that patients / members of the public were the perpetrators.

### **4. Group Bullying & Harassment Survey Methodology**

There were 2 elements to the Bullying and harassment survey:

- a. Online survey over a period June – July 2017 (1,541 respondents).
- b. Face to Face Focus Groups across BTUH, MEHT, SUHFT, (28 attendees).

### **5. Survey & Focus Group Insight**

Key insights are as follows:

- a. Fear of reprisal was the dominant reason for not reporting in both focus groups and pulse survey. This may have had an impact on focus group attendance and survey responses. Anecdotally this same fear appears to influence staff survey response rates.
- b. Of the 463 people that provided relevant answers: 37% did not report because of fear of reprisal, 33% did not think it would be taken seriously and in 22% of cases the perpetrator was the line manager, an individual in a more senior position or someone closely associated with the individual's management chain.

- c. Of those that responded to the pulse survey and had been subjected to bullying, results show that the biggest proportion of bullying is carried out by colleagues 48%, managers (40%) with a small proportion being from patients.
- d. In general there appeared to be a significant lack of trust in the process of dealing with bullying & harassment complaints.
- e. Shouting / raised voice and public humiliation are reported as the most prevalent problems although there are various forms of bullying.
- f. The incidence of cyber bullying is reported as being very low.
- g. Focus groups generally corroborated staff and pulse survey results.
- h. Through the focus groups a number of ideas were proposed to help reduce bullying & harassment. Key themes were clearer policies and guidance, external or independent reporting and investigation channels and tangible action where bullying has been investigated and proven.

## 6. Best Practice and Resources for Anti- Bullying

There are some excellent examples of good practice including the role of a Dr as the anti-bullying Tsar at Hull and East Yorkshire Hospitals NHS Trust – the case study can be found at: <https://tinyurl.com/y9zur9p9>.

The action plan from this trust, focussed on embedding a culture transformation programme including, early intervention, training and mediation services.

## 7. Bullying & Harassment Reduction Recommendations:

It is clear that tackling bullying and harassment requires a sustained effort over a considerable period of time. The following recommendations were agreed at JEG

- a. **Bullying & Harassment Lead.** This individual will lead the change in bullying & harassment culture and report directly to the Chief Executive in order to demonstrate through both perception and practice that the role has independent influence. It is anticipated that it may also reduce the fear of retribution that appears prevalent. Additionally this role would specify interventions that staff side, HR, senior managers and directors would need to take to support staff in relation to bullying and harassment. The example of the anti-bullying Tsar at Hull and East Yorkshire Hospitals NHS Trust could be a reference point that spends on average 2 days a month on this activity with access to administrative support.
- b. **Bullying & Harassment Awareness.** Ensure our workforce is clear on what constitutes bullying and equally important, what does not constitute bullying but is indeed “fair management”. The HR and People & OD team will collaborate with staff side colleagues to co-develop a ‘managing bullying and harassment’ training programme. This will include a number of guidelines to help a member

of staff determine whether they might have been involved in workplace bullying or harassment and next steps.

- c. **Staffside Engagement.** Engage effectively with staff side and all relevant unions to determine their views and ideas relating to dealing with bullying & harassment. This group is an essential partner in dealing with this issue.
- d. **Anonymous Reporting Channel.** Provide an anonymous channel across all three trusts to report bullying & harassment and to gather insight.
- e. **Review HR Policies & Resources**
  - i. **Investigation Status Updates.** There is a common perception that nothing happens when people make complaints. Therefore develop and follow a clear process of regularly informing people of investigation status.
  - ii. **Grievances Review.** Review grievances across the group to determine how many have a bullying & harassment component. Use this qualitative data relating to further inform interventions.
  - iii. **Investigator Training:** Train more staff as investigators in order to complete investigations more rapidly.

## 8. Conclusion

It is clear that tackling Bullying and Harassment requires a sustained effort over a considerable period of time. Our focus will be on embedding a culture transformation programme with an action plan, training and early intervention.