

**Workplace Culture at  
Southwestern Ambulance NHS  
Foundation Trust.**

**An Independent Report  
Commissioned by**



**in partnership with**



**October 2018**

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**&**

**Longbow Associates Ltd**



## **Executive Summary**

This is a study and not an enquiry and the researchers have no jurisdiction to suggest sanctions or actions, instead to report and advise on what they have found and to make any recommendations where appropriate. Any reports from staff shared with the research team are done so without any further investigation.

This report is the outcome of a four-month study into workplace culture at South Western Ambulance Service NHS Foundation Trust (SWAST). A major feature of the study is the need to understand perceived organisation culture in relation to workplace behaviour in the Trust.

The study deployed a mixed-methods approach of staff survey and over 120 hours of one-to-one telephone interviews generated through contacts from completed surveys (self-generated interview requests). The data gathered using these methods have been used to produce this report.

It is important that readers recognise that this is a cross-sectional study – a snapshot in a moment in time from a sample of staff at SWAST. The staff who responded, as with any survey, self-select to take part. All staff were invited to take part and thus it was not a random sampling approach. The data has been used to produce an assessment of responses to questions/issues known to be associated with aspects of workplace culture that can lead to matters associated with bullying and harassment but, because of its cross-sectional nature, the data cannot be used to indicate cause and effect associations.

Carter (2018:41) in his recent report into Ambulance services reminds us that “Everyone should go to work without the fear of being abused, threatened, assaulted or attacked, and NHS staff are no exception. The level of bullying and harassment in the ambulance service is the highest in the NHS”. This makes understanding the cultural dynamics behind bullying and harassment critical and both SWAST and Unison are taking positive steps to address this through commissioning this report.

The report is commissioned research led by Professor Duncan Lewis of Longbow Associates Ltd. and Plymouth University for the Chief Executive of SWAST in partnership with Unison.

### ***Key Conclusions:***

1. SWAST, like many ambulance services are professionalising their operations year-on-year. Faced with annual budgetary pressures and increased demands on its services mean considerable challenges in delivering high quality care.
2. There is no clear evidence for a culture of bullying across SWAST, but there are hotspot areas. Senior managers might be unaware of such matters but as researchers we do not know the extent of their knowledge. Nonetheless, senior

management are responsible for tackling such issues under the principles of 'fit and proper persons test'.

3. Excessive work demands and lack of control over daily work matters are significant sources of stress for many staff in SWAST. These range from regular and numerous overruns, inability to take breaks, concerns about accessing short-term leave and reduced sense of autonomy to make decisions. This is exacerbated by a triage system that is viewed by staff as not fit for purpose.
4. The recently introduced Rota Review is causing significant unhappiness for many interviewees and there are strongly held negative views on its deployment. This, along with recent structural changes, indicate the communication and management of change is a potential source of stress in SWAST, echoing the most recent findings in the CQC September 2018 report.
5. Many managers are doing an excellent job, but this varies considerably. All managers need support and nurturing, and the skills of management developed and rolled out and regularly updated to ensure all managers treated staff equitably and fairly.
6. Many of the above issues can lead to some staff feeling mistreated at work which lead others to label their experiences as bullying. Interviewees did not use bullying wantonly, but instead with due consideration for how they had been treated at work.
7. Bullying and negative behaviours come wholly from managers and/or co-workers and this firmly places these as leadership and management issues.
8. We found reports of bullying/non-bullying to be at comparable levels with SWAST's NHS 2017 survey data and was reported across all pay bands and in all locations, with some locations having higher prevalence rates than others. Those with a disability/chronic health condition, trade union members or self-labelling as non-heterosexual had enhanced levels of reported bullying.
9. Whilst two-thirds of staff surveyed did not witness/observe bullying, one-third told us they had. This was mainly colleagues being bullied but some managers being bullied too.
10. In response to witnessing bullying no SWAST staff who responded to the survey spoke to the peer support network or to the Freedom to Speak-up Guardian, the latter being a relatively new role. Some staff spoke to management but 15% said they did nothing. Although staff speak highly of the 'staying well' service when they used it, there is scope to improve engagement with the existing employee voice channels for raising concerns when witnessing/observing alleged bullying.
11. Typically, between one-half and two-thirds of all SWAST employees who responded to the survey reported friction or anger between colleagues at some level and this was greatest for employees working in 111. Between half and three-quarters of all staff surveyed reported that relationships at work were strained.
12. Using questions from the British Workplace Behaviours Survey we found significantly higher levels of reporting of a range of unreasonable management behaviours

compared to the British average, but results were broadly comparable with other NHS Trusts – higher and lower in some instances. We also identified risk groups for such behaviours and this was a statistically higher risk for staff who said they were disabled or had a chronic health condition.

13. Serious Untoward Incidents (SI) investigations appear regularly in SWAST and managers are reported as not always treating staff equitably with SIs with minor misdemeanours treated harshly by one manager and treated as a learning process by another. The use of SI and sometimes other capability mechanisms can lead to significant sickness absence, reduced capacity and to staff exiting the organisation by choice. Micro-management is used as a control tool by some managers.
14. Incivility and disrespect behaviours have been normalised in some parts of SWAST and there is a straightforward correlation with these to bullying. Cliques and in/out-groups operate in some stations and gender, sexuality and disability groups are statistically more likely to report feeling marginalised in some locations. Gossip and spreading of rumours between colleagues also feature in some locations as acts of incivility.
15. Although some accounts were historical, several staff spoke of sexualised behaviours still being prevalent in SWAST and for these to be normalised. Examples included intimate conversations of a sexualised nature, viewing pornography on electronic devices in front of women, play-acting sexual acts in crew rooms and so forth.
16. Insufficient numbers of staff report a belief that senior management are committed to psychologically safe working but are more positive in their views about their line managers acting fairly and ethically. Manager support to staff across SWAST varies considerably and there is often a lack of clarity about line management or, regular face-to-face access with line managers because of the nature of the work patterns.
17. There is some frustration amongst a growing number of SWAST employees who are members of other trade unions such as the GMB, RCN and UNITE that their voices are officially unrecognised.
18. Where reports of bullying and mistreatment are high, it is perceived that many managers/colleagues lacked the reflective qualities, particularly associated with emotional intelligence, in failing to recognise things were not as they should be.
19. Both suicide ideation and actual suicides have occurred in SWAST and were referred to by several interviewees. It is impossible to connect these directly to alleged bullying/inappropriate behaviour, although some staff we interviewed made those connections themselves. The trust is acutely aware of this as a national/international problem for ambulance personnel and is working to ensure support and well-being for staff is maximised so that suicide ideation, regardless of where the causes of distress emanate, are minimised.

### ***Key Recommendations***

1. All voice mechanisms for staff must be actively promoted, including Freedom to Speak-Up Guardian, Peer Support, Counselling, HR/trade unions etc. A culture that actively promotes conduit channels for employees to give voice to issues of concern demonstrates a learning culture and a sustainable commitment to managing inappropriate behaviour as an issue worthy of risk classification.
2. To ensure bullying and inappropriate behaviours are taken seriously, Datix could be used to record and respond to bullying/inappropriate behaviours. This will help further enhance the organisation as 'well-led'. For Datix to be successful staff must believe that recording incidents will not lead to punitive responses, unless such recording is done maliciously. Equally, management responses must be timely and demonstrate clear outcomes/actions. Remember, bullying happens over time and early interventions are critical.
3. SWAST should create a single body/committee, including Staff Side, to advise the Executive monthly on all matters pertaining to bullying/inappropriate behaviour. This committee must have authority and responsibility to scrutinise data from exit interviews, employee turnover in locations/stations, grievance, sickness data, SI and capability claims etc. and to officially report to the CEO/Exec team with a summary of findings/actions. It is critical that this committee looks beyond labels of bullying in order to identify problems sufficiently early and before they can escalate into bullying. Equality and Diversity and Health & Safety representatives should also be co-opted to this committee. Alternatively, a single committee is established to embrace all elements.
4. Managers must be supported, but that if problems persist in a certain location, that the same managers are held to account. Similarly, senior managers are held to account if matters are brought to their attention but are left unaddressed.
5. SWAST should consider establishing a contract of respectful behaviour to enable managers to brief employees during induction, at appraisals and in team meetings as to what the expectations of the Trust are. This should explicitly make clear issues of equality, diversity and inclusion as well as fair and respectful behaviour. Sexualised behaviour requires specific focus.
6. Creation of a manager network to enable managers to learn best practice from those more experienced. This can be both formal and informal as necessary and will depend upon the skills of the manager needing help/development. Technology will probably be utilised because of the geographic spread and size of the Trust. A manager network could play an active role in briefing staff who might be thinking of taking on a management role and in helping to shape competencies for the future managers of SWAST so that employees with manager aspirations can plan career pathways.
7. All newly appointed managers without adequate manager experience to receive a mentor/buddy partner for the first 12-24 months of their managerial practice. This to be built into both the mentor's and mentee's appraisal procedures.

8. Discrimination must be better understood by all SWAST employees and the Trust must redouble efforts to address this, particularly for disability/chronic ill-health, sexual orientation and gender. All aspects of protected characteristics must be reinforced to build an inclusive culture and to remove threats of cliques and out-groups.
9. SWAST should work towards recognising GMB/RCN/UNITE at the earliest opportunity. This could be through provision of a place within JNCC so that Staff Side engage as a single voice for negotiation with SWAST. This would enable all employee groups to be represented in a partnership approach to tackle inappropriate behaviours and ultimately bullying.
10. Policies must be re-examined to ensure sufficient emphasis is given to sexual harassment and the Trust's commitment to eradicate such behaviours.

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## 1.0 - Introduction

Workplace Culture is acknowledged as multi-faceted (Traphagan, 2017) but often misunderstood. This is primarily because people often think of culture as a ‘unifying force’ that brings a sense of coherence and unity – Traphagan (2017) described it as a form of ‘social engineering’. For an organisation of the size and geographic spread of SWAST, is it reasonable to think of the organisation as having a unified and coherent culture?

Organisational culture is thus not a singular ‘thing’ with a sense of ‘unity’; it is also about differences, some of which can be accepting of ideas and values whilst others contest and counter them. So, for an organisation such as SWAST, a generally accepted unifying concept would be collectively working for the care of patients whilst at the same time having divergent views on the best ways to achieve this. In much the same way, concepts such as leadership, management and organisational behaviour are equally multi-faceted being delivered and experienced differently by those encountering it.

A key feature of organisation culture is ‘power’ with different reactions to this, dependent upon the ways in which that power is exercised and how this resonates with an individual’s personal beliefs. This, according to Traphagan (2017), manifests as a web of power relationships in which all members of an organisation are embedded, which are used to meet both organisational and personal goals. This concept of interlocking web of elements was captured by Johnson & Scholes (2003) in their Culture Web concept where ‘stories’, ‘power structures’, ‘symbols’, ‘routines and rituals’, ‘control systems’ and ‘organisational structures’ combine to form the paradigm of the organisation – or, ‘how we do things around here’ (see Figure 1 below).

Figure 1: The Culture Web



These dimensions can pull people together, as well as pull them apart, as each element engages and disengages. So, for example, stories of how things might have been in the past

in SWAST, typically in legacy organisations as well as more recently, can be anchoring points that some staff are reluctant to lose, whilst at the same time are seen as historical and of little relevance to newer staff members. In combining the elements of the culture web there can sometimes be a misleading belief, especially by those in positions of power, into thinking that the 'paradigm' or core beliefs, are accepted uncritically by the workforce. In reality, this can lead to a falsehood; rather than conformity with core organisation values, staff may not accept the organisations values 'or how we do things around here' as they do not personally align with them. This is particularly the case at the micro level of departments or individual locations.

More often than, there is a naïve assumption that culture is unifying; the reality is often that culture is a complex variable that both pulls together and pulls apart dependent upon how it is enacted by those in power, globally and locally, and how it is perceived by those on the ground.

One feature of organisational culture that has grown in importance in the last 25 years is how bullying and harassment have emerged as everyday features of British workplaces. Researchers have identified that some types of workplaces encounter more bullying and harassment than others with the industry sector of 'health and social care' being one of the most prominent sectors for this type of negative workplace behaviour.

Bullying and harassment covers such a spectrum of inappropriate behaviours that it is hard to pin down to a single, unequivocal pattern. Some bullying involves shouting (and swearing) that some might typically think of as bullying (we use bullying as the main label for bullying and harassment), others are fear-based, derived from intimidation, threats and past experiences that leave employees upset, frightened and unwell. What is important to grasp is the connection between these elements and 'power'. Power is regarded as key to understanding concepts of a bullying or harassing culture (Einarsen et al., 2011). The exercising of power by one person over another is critical in grasping concepts of bullying and this can be a supervisor or manager exerting inappropriate control over an employee, or an employee who controls or dominates another employee by means of some form of powerful intimidation or threat.

In this report we aim to establish the extent or otherwise of inappropriate behaviours taking place within SWAST and how these might help inform perceived organisational culture. Regardless of the types of behaviours SWAST employees are exposed to, our report aims to shed light on their experiences and bring these to the attention of those tasked with leading and managing the organisation. Our report will also offer potential solutions to the matters identified.

Professor Lewis has expertise in workplace stress, leadership/organisational behaviour, bullying and harassment research spanning 28 years. He has been a co-investigator for two large-scale publicly funded (ESRC) British studies, and conducted significant NHS work into bullying, harassment, discrimination and ill-treatment. He is a former Acas Professor of Workplace Futures and has published numerous studies, policy papers and research papers and is a co-author of 'Trouble at Work', the book of the largest-ever British study into workplace ill-treatment. Professor Lewis was an invited expert as part of a ministerial initiative designed to tackle bullying in NHS England and is currently in discussion with NHSI colleagues on this issue. He was recently an expert advisor to research studies on bullying and workplace ill-treatment in Ireland and Canada.

Delyth Lewis is a co-director at Longbow Associates Ltd. She worked in the NHS for 36 years, latterly as head of paediatric therapies for a mixed acute and community-based NHS Trust. She is a Speech and Language Therapist by profession.

## **2.0 Ambulance Services**

It is well documented that ambulance services across the UK are under severe pressure from several quarters. NHS Providers estimated that in Winter 2017-18 there were 1.3 million ambulance arrivals in England – the equivalent of the population of Birmingham arriving by ambulance, or an ambulance arriving every 15 minutes, 24 hours a day at the 137 trusts with a major Accident and Emergency Unit (A&E) facility (<https://nhsproviders.org/mapping-the-nhs-winter/pressures-on-the-ambulance-service>). A 2017 National Audit Office report into NHS ambulance services reported services to be under “intense, growing and unsustainable pressure” (p.5) partly due to an increased annual demand of circa 5%.

One of the main pressure points facing ambulance services is the knock-on effects of excessive waiting times at hospital A&E and general overcrowding in many UK hospitals (National Audit Office report 2017). Furthermore, the issues of diverting ambulances and long wait times at A&E often has personal impact on paramedic and ambulance crews who often end up missing meal breaks and working beyond their normal shift timings with significant overruns.

In 2018 sickness absence figures were highest in ambulance service trusts of all NHS organisations at 5.74% (NHS Sickness Absence Rates Oct-Dec 2017, NHS Digital). Between 2013-2017 there were 184,000 sickness absence days in ambulance services with stress, anxiety and mental health issues prominent causes of staff related absences. SWAST had below average sickness rate of 5.3%, bettered only by London Ambulance Service at 5.2% and West Midlands at 3.7% (NAO, 2017). Understanding the culture(s) of an organisation could be critical to reducing incidents of stress, sickness absence and mental health at work. Further, with the additional challenges of recruiting and retaining paramedic personnel

(NAO, 2017 classified this as a risk to recruitment), grasping aspects of organisational culture that can impact on this is important.

Evidence to the 2016-2017 report produced by the Public Accounts Committee on ambulance services by Dr. Roger Cooke, former Medical Director of West Midlands Ambulance Service indicated “a corporate culture, including bullying, is present in some ambulance services” and “if there is indeed a culture of bullying, and of failure to listen to the staff, that is likely to result in demotivation of staff, high levels of turnover, and increased sickness absence, each of which will independently adversely affect the performance of the organisation”. These views are further expanded upon in the Carter report (September 2018) which describes bullying in ambulance services as the highest of all NHS organisations.

Claims of bullying and harassment in ambulance services settings might also be due to a culture of bullying and harassment (Heath and Radcliffe, 2007), but that this was probably due to already embedded cultures of bullying where target setting merely exacerbated matters. Similarly, Hood (2006) identified that target setting in public services was often used as a screen for bullying rather than addressing the underlying causes such as organizational change/culture. Nevertheless, McCann et al., (2015) make clear that front line managers and clinical providers in the NHS, including in ambulance services, struggle in the face of managerial targets and the clinical choices facing them within systems designed to recognise resources are not only finite, but also increasingly rationed. These progressively impact upon clinical autonomy and perceived work intensity which leads some ambulance trust employees to feel devalued and isolated within a culture of management as “remote, unsympathetic, bullying or even untrustworthy” (evidence to 2016-2017 Public Accounts Committee on ambulance services by McCann, 2016). Carter (2018:41) sums this up saying “Everyone should go to work without the fear of being abused, threatened, assaulted or attacked, and NHS staff are no exception. The level of bullying and harassment in the ambulance service is the highest in the NHS”.

### **3.0 Background into Bullying and Harassment**

Workplace bullying, and harassment has been recognised as a contemporary workplace issue that affects organisations of all sizes and in all continents (Einarsen et al., 2011; Fevre et al., 2011; Lewis et al., 2016). Bullying (and harassment) is complex with multiple causes at individual, group and organisational levels. Individual, social/group and organisational experiences illustrate how negative behaviours, a lack of challenge to such behaviours, organisational culture, hierarchy and power, destructive management and leadership styles, and a broad range of stressors around a lack of job autonomy, insufficient resources, ineffective and poor levels of employee and management support are all potential contributory factors for bullying and ill-treatment (Baillien et al., 2011; Fevre et al., 2012; Lewis et al., 2016).

In the UK, there is no legislation covering bullying, although remedies exist across a spectrum of legislative frameworks such as the Health and Safety at Work Act (1974), Protection from Harassment Act 1997 etc. By contrast, harassment is covered by the 2010 Equality Act with protections rooted in protected characteristics of race, gender, sexuality, disability etc.

Research evidence shows that effective leadership and management, along with a spectrum of employee support such as occupational health and counselling services, buffers the effects of bullying whilst their absence exacerbates it (Lewis et al., 2016). It was therefore important to explore these issues within SWAST using a range of questions that originate in the Health and Safety Executive's (HSE) 'Management Standards'.

### *3.1 - Leadership/Management & Bullying at Work*

With studies demonstrating that managers and supervisors lie at the heart of many British employees' experiences of bullying and that work environment stressors strongly correlate with perceived unfairness at work, it is unsurprising that leadership has become a key area for focused interventions, especially in the following areas:

- Conflict and generic management training
- Development of interpersonal skills
- Leadership and management styles
- Leadership and management culture that support interventions to reduce bullying

Whilst it is impossible to list decades of research on bullying and harassment here, the broad thrust of evidence is:

- Managers who possess skills in conflict management are less likely to encounter bullying and harassment in their departments or are less likely to be accused of them.
- Interpersonal skills, particularly around active listening to employee complaints and being aware of tensions in the workplace before they escalate, are likely to serve a manager well in defusing issues before they develop into bullying and harassment. Emotional Intelligence is a valued skill in this regard.
- Organisational and departmental leadership that makes a sustained commitment to tackling bullying and demonstrates this commitment to employees is likely to be better placed in minimising claims of bullying in their workplaces.

It is worth noting that laissez-faire styles of leadership, where a manager, or leader, in effect, does not manage, or a leader does not lead, is more likely to be associated with workplace conflict and bullying (Skogstad et al., 2007). By contrast, the same is true of a manager who micro-manages, particularly professionals. As such, there is a need for

participative and affiliative leadership that is visionary and allows for coaching. However, in crisis situations, directive leadership is sometimes required but staff generally accept this and indeed expect it.

Leadership and management actions that stress that bullying is worth tackling and that set out organizational cultures by role-modelling behaviours (Resch and Schubinski, 1996) are likely to encounter less bullying, particularly as employees closely and carefully monitor leader and manager behaviours. This is often forgotten or misunderstood by leaders and managers. Employees are always observing for signs and signals of effective/ineffective leadership and management. Thus, significant emphasis needs to be placed in top-level leadership behaviours and for these to cascade through all management grades. Visibility of appropriate leadership behaviours is crucial in establishing organisational culture. Building a climate of 'trust' is also regarded as central to reducing bullying (Keashly and Neuman, 2008). Employees who believe that top-level leadership are committed to minimising bullying are more likely to 'trust' that managers are working for an employee's best interests.

Hilary and Vyas (2016) reported that many organisations run on a culture of 'fear' because employees are typically reluctant to participate for dread of being 'shot down' or ridiculed. Furthermore, 'bad news' is rarely passed upwards by front-line managers who feel it is better that senior managers do not 'hear bad news'. This often means senior managers/executives are unaware of what is happening at the front line. Subsequently this can result in 'why bother' attitudes from staff – a form of confirmation bias – because some staff perceive action plans will be largely ineffective as senior managers are too detached from employees' everyday lives. These features are often found in organisations where staff perceive a bullying culture.

It is also worth noting the increasing attention paid to 'Cyber-Bullying'. This occurs using technological resources such as emails or through inappropriate posts on social media platforms such as Facebook or Twitter. All staff must be reminded of Trust policies in these areas and of the importance of professional communications when using email or other technological means.

### *3.2 - Studies of Bullying and Harassment in Health/NHS contexts*

The 2013 Francis Report into the Mid Staffordshire NHS Foundation Trust reported how a culture of bullying can harm an NHS organization. Bullying can affect the ability of staff to undertake everyday tasks, which ultimately impacts patients. Sir Robert Francis conveyed how inapplicable pressure reported by staff was ignored and not scrutinised. Research from other countries into health care work supports the Francis findings and shows how bullied staff are often less likely to speak up, to admit mistakes and more likely to be ineffective in teamwork. These can all be directly related to adverse consequences to patient safety and care (The Joint Commission, 2008; Victoria Auditor-General's Report, 2016).

In his 2015 report 'Freedom to Speak Up', Francis remarked how bullying was on many occasions reported because NHS employees had spoken up or deployed whistleblowing principles. As a result, the process of speaking up caused feelings of isolation and sometimes led to reprisals, disciplinary action and counter allegations. As Francis (2015:13) stated, 'Quite apart from the unacceptable impact on victims, bullying is a safety issue if it deters people from speaking up'. It should therefore come as no surprise that bullying and harassment have unfavourable consequences for effective organisational performance and culture, specifically through increased sickness absence, reduced productivity, higher levels of employee turnover, directly impacting the potential for new entrants into the NHS labour market, excessive litigation costs, damaged organizational reputation and of course patient experiences (Francis, 2013).

Fevre et al., (2009) and Fevre et al., (2012) reported how health and social care, and the public sector more generally in Britain, were 'hotspots' for bullying and mistreatment. These are broadly supported across Europe and elsewhere where there is a strong evidence base for health and social care workers being troubled by bullying (e.g. Niedl, 1996; Kivimaki, 2000; Cheema et al., 2005).

Within a British health and social care context, Fevre et al., (2012) reported that negative behaviours associated with incivility and disrespect were the most prevalent, but also that behaviours associated with unreasonable treatment/management, in the form of demands and expectations, also helped explain how employees can feel ill-treated at work.

Understanding bullying across the NHS is often limited to the NHS employee survey, which, by design, often fails to ask the necessary questions to understand the phenomenon fully. For example, the most recent survey asked: 'In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from' with three response categories: a) [from] patients/services users, their relatives or other members of the public; b) [from] managers; c) [from] other colleagues. This approach is problematic because it leaves staff to interpret for themselves what harassment, bullying and abuse means. It also makes the unscrambling of each word problematic so that those decoding the data must use all three terms as meaning one and the same, which they do not.

The NHS survey also fails to ask sufficient questions about negative behaviours that might underpin perceptions of bullying and harassment, or ask for information about perpetrators, or why individuals might perceive themselves targeted for such behaviours. Researchers have argued that to understand bullying, a range of questions need to be asked, typically encompassing a combined definition of bullying with a battery of negative behaviours (Nielsen et al., 2009).

Recent data for the NHS in England (2017) showed 13% reporting bullying by managers, 18% by co-workers and 28% by patients/relatives. Only 48% of incidents of bullying were reported, suggesting the scale of the problem is much greater (<http://www.nhsstaffsurveys.com/Page/1064/Latest-Results/2017-Results>).

### *3.3 – The costs of bullying to the NHS*

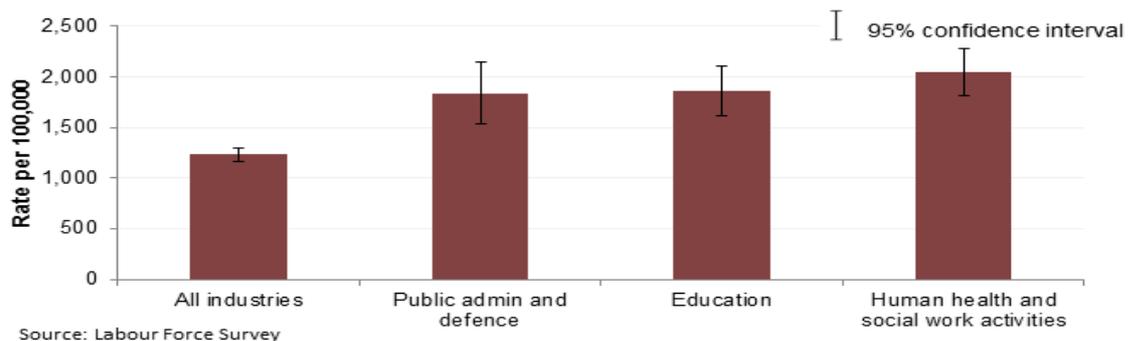
As already noted, sickness absence is a considerable cost to the NHS with the HSE reporting that Health and Social Work was the industrial sector with the highest levels of work-related stress, depression or anxiety (<http://www.hse.gov.uk/statistics/causdis/stress/>). HSE data since 2001/02 has shown a flat trend for self-reported worker stress, thus indicating a broad but consistent pattern, further suggesting managers and leaders have been unable to satisfactorily address stress at work. Several NHS occupational groups had some of the highest statistical rates of stressors amongst all occupational groups. Government austerity measures have also played a significant role in workload stressors which has had potential knock-on effects for workplace relationships.

Evidence from THOR (the Health and Occupation Research Network) using GP data on sickness across a six-year time period showed that over one-third of cases cited negative mental health to workplace stress with a mean of 24 days per absence. GP's attribute workplace relationships as the second most common source of mental ill-health, and when days off with sickness absence are analysed, shows 35% were for interpersonal difficulties with a manager, 14% with other workers and 24% for bullying and harassment. Whilst this data is not specifically located to NHS workers, it does demonstrate the correlation between bullying and sickness absence more generally. Researchers have estimated that bullying causes additional absences of an average of 7 extra days per employee (Hoel and Cooper, 2000).

Boorman (2009) estimated NHS sickness absence costs at £1.7bn with an additional cost of £1.45bn for agency staffing. Despite stringent efforts to bring this down (<http://www.nhsemployers.org/-/media/Employers/Documents/Plan/Reducing%20Agency%20use%20in%20the%20NHS.pdf>), costs remain stubbornly high. Marsden and Moriconi (2008) anticipated the costs of managing sickness absence across 8 organisations varied between 2%-19% but was lower in larger organisations similar to those found in the NHS. Even assuming a 2% rate, this would be significant for any NHS organisation (see Kline and Lewis, forthcoming for the full estimate of costs of bullying to NHS England).

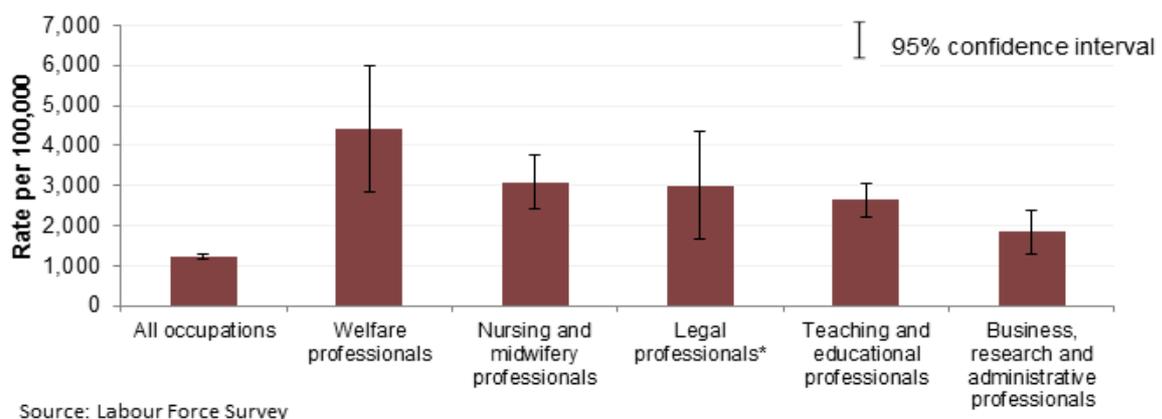
Figure 2 below (taken from the HSE - [www.hse.gov.uk/statistics/](http://www.hse.gov.uk/statistics/)) illustrates how the public sector has some of the highest rates of work-related stress compared to the average in other industries. Health and Social Care have the highest rates of stress of all public sector work.

**Figure 2:** Industries with higher than average prevalence rates of work-related stress, depression or anxiety in Great Britain, per 100,000 people employed in the last 12 months, averaged over the period 2014/15-2016/17



Within these categories, those classed as ‘professionals’ which would include several roles within ambulance services, reported the highest levels of self-reported work-related stress, depression or anxiety in Great Britain with those in welfare and other health-professionals roles showing the highest levels (see Figure 3 below).

**Figure 3:** Prevalence rate of work-related stress, depression or anxiety in Great Britain, within the category of Professional occupations, per 100,000 people employed in the last 12 months, averaged over the period 2014/15-2016/17



The additional costs of bullying must be recognised for employee turnover where researchers have shown 60% consider leaving their employer with 15% actually leaving employment (O’Connell, et al., 2017). Robinson and Perryman (2004) in their Quality of

Working Life study in the London NHS, estimated harassment leads to double the levels of employee turnover.

### **3.4 – Existing evidence of contributory factors to Bullying and Harassment in SWAST drawn from secondary sources.**

#### *3.4.1 – Evidence from 2016 and 2017 NHS Staff Survey*

Existing SWAST data obtained from the 2016 and 2017 NHS Staff Survey was examined to establish some baseline indicators. Staff engagement scores at SWAST were higher than other comparable ambulance trusts and were classified as 'above average' (3.50 compared to 3.45) although showed a slight decline from 3.56 in 2016 to 3.50 in 2017.

In terms of bullying and attendant issues, SWAST had above average scores in 2017 for:

- “organisation and management interest and action on health and wellbeing” at 3.59 compared to 3.25 for the average for ambulance trusts.
- “percentage of staff reporting good communication between senior management and staff at 24% compared to 20% for the average for ambulance trusts (however this is still a relatively poor score and had declined from 28% in 2016).
- Support from immediate managers (a key buffer for tackling bullying) was slightly improved in 2017 at 3.59 and better than the average for ambulance trusts at 3.44.

By contrast, SWAST scores in areas of potential concern were:

- the percentage of staff/colleagues reporting most recent experience of harassment bullying or abuse at 35% compared to 38% for the average for ambulance trusts.
- Percentage of staff feeling unwell due to work-related stress in the last 12 months was unchanged at 47% between 2016 and 2017 and was 5% higher than the best ambulance trust in 2017.
- Recognition and value of staff by managers and the organisation had fallen slightly from 3.17 to 3.11 between 2016-2017.

Bullying and harassment from other staff, which includes co-workers and managers, has increased at SWAST from 21% in 2016 to 24% in 2017. Whilst this was still 4% below ambulance service averages, this is a significant increase in and of itself and should be viewed as a cause for concern. The data showed that ambulance technicians were the occupational group in SWAST reporting the highest levels of bullying and harassment from other staff. Violence between staff had also increased in SWAST from 1% to 2% which means around 100 staff at SWAST are potentially experiencing violence from another colleague.

Discrimination was reported by 17% of SWAST respondents in 2017 (unchanged from 2016) and data from the Workforce Race Equality Standard in 2017 showed that Black Minority Ethnic (BME) staff were significantly more likely to report harassment, bullying and abuse from other staff (38%) compared to White staff (24%). BME respondents were also more likely to report personal experience of discrimination compared to White staff (32% versus 10%) and were also considerably less likely to believe in equal career progress (41%) compared to White staff (74%). These data should also be of concern to senior SWAST leaders as there is a correlation between minority status and bullying in known studies.

#### *3.4.2 – Care Quality Commission Reports 2016 and 2018*

The Care Quality Commission (CQC) reports of August 2016 and 2018 (111 and whole Trust) were also examined for insights. The 2018 CQC report into 111 services, and more latterly the whole Trust, reported the services were 'well led'. Whilst we congratulate SWAST on this achievement we need to exercise caution on the use of the 'well-led' concept as this phrasing is for NHS purposes around budgeting, planning and strategy making and not in terms of tackling issues such as bullying and workplace mistreatment. For 111 services the report indicated an improvement from December 2016 which stated improvements were required. The 2016 CQC report relied upon the NHS staff survey from 2015 for matters relating to bullying and harassment and thus did not provide any further detailed insights.

Overall, all of the above data points provide useful starting points for exploring bullying and harassment and associated stressors in SWAST.

## **4.0 Methodology**

### *4.1 Research Design*

In line with the deliverables outlined by SWAST commissioners, including input from the trade union UNISON, official partners in the study, the initial approach was to deploy a mixed methods research design. The choice of mixed methods is partly a pragmatic one because of the deliverables identified.

An organisation-wide survey of all SWAST staff.  
120+ hours of one-to-one telephone interviews.

All qualitative data was captured using handwritten notes. We adopted this approach because of the considerable pressure and anxiety talking about bullying is known to generate, and because of people's concerns about data breach/loss using technologies. All qualitative data were screened for themes that supported the British Workplace Behaviour Scale (BWBS) used in the survey and the HSE Management Standards for stress as well as any other emergent themes that were specific to SWAST employees. A process of axial-coding (Strauss and Corbin, 1998) was used to co-locate themes and build up a pattern of common threads.

### *4.2 Sampling*

The majority of staff (circa 4,900) were initially contacted via email by the communications team at SWAST using text drafted by Professor Duncan Lewis advising them about the nature and extent of the study and inviting them to take part in an independent online survey. Weekly follow up emails were sent directly by Professor Lewis to all staff listed in an email file over a six-week period. As a result, a response rate of circa 29%. However, although 1400 people commenced the survey, only 1100 of these answered every question. This needs to be borne in mind when examining the results below.

### *4.3 Interviews*

Over 110 employees who responded to the survey asked for direct contact with the researchers by indicating that they wished to take part in a telephone interview. The researchers also conducted interviews with staff who were referred to them by other interviewees. This resulted in over 120 hours of one-to-one telephone interviews.

### *4.4 Questions Asked Within the Survey*

To capture a range of issues that might provide insights into workplace culture we used

- The British Workplace Behaviours Scale (BWBS - after Fevre et al, 2010). Professor Lewis is a co-author of this scale and it has been used previously in studies in the NHS, a national British study and a nationwide study in Ireland. The deployment of

the BWBS would act as a starting point to establish the types of behaviours that may be prevalent in SWAST.

- Additional questions were included on workplace stressors using the HSE Management Standards. These covered areas such as job demands, role clarity, control over work, peer/manager support, workplace relationships and the management of change.
- Further questions were asked on job satisfaction/happiness, organisational psychological safe working and perceptions of line manager fairness and ethical behaviour.
- A battery of demographic questions was asked in relation to age, gender, etc.

The survey was designed as an online self-completion survey using Qualtrics© software. Although designed to be easy to complete, the need to capture sufficient responses to a range of issues meant the length of the survey could be problematic in terms of drop-outs and non-completions.

#### *4.5 Analytic Strategy*

The qualitative data from the telephone interviews and focus groups were captured using hand-written notes and analysed for themes. The conventional academic approach to analysing qualitative data is to organise the data in a 'coding' strategy. Our approach was therefore to have one master code, namely workplace culture and several subcodes as they emerged from the survey and interview data. These themes were wholly drawn from the responses the researchers received in the survey and from interviews.

#### *4.6 Ethics and Confidentiality*

Before the completion of any telephone interview or attendance at a focus group, SWAST employees were advised that during the interview only hand-written notes were being taken. Assurances of confidentiality were given and that names would not be recorded or reported.

Interviewees were sent a Participant Information Sheet (see Annex I) prior to interview which outlined the nature of the study and informing withdrawal could occur at any time, even if the interview had begun, without rights being affected. Verbal consent was sought prior to commencement of any interview.

## 5.0 Findings

We structure our findings as follows:

1. We start with an overview of respondents based on demographic statistics – the who, what and where of the study but always keeping data anonymised.
2. We then move directly to deal with bullying and harassment as this acts as a springboard from which to understand other aspects of workplace culture at SWAST. In this section we also incorporate data from the HSE questions on 'Relationships at Work' as these are a natural fit with the themes of bullying and harassment
3. Next, we turn to behaviours at work, because they underpin bullying and harassment and thus are a key component of culture. Behaviours at work can also help navigate the sorts of issues SWAST staff identify as common and how these might identify some of the cultural norms the Trust is keen to address.
4. We then turn to leadership and management picking up themes from both interviews and from the survey that closely align to these. These include staff perceptions on line managers, senior management, including senior management commitment to safe psychological working. In this section we also explore the responses to the HSE questions on 'Manager Support' and the 'Management of Change'.
5. Next, we look broadly at workplace culture and focus on the responses to HSE questions on 'Peer Support'. In this section we also explore staff perceptions of happiness, satisfaction and general engagement levels within their working lives.
6. Finally, we explore the nature of ambulance work, including responses to HSE questions on 'Work Demands', 'Control' and 'Role Clarity'. This final section includes a chart for all the HSE Management Standards elements.

Through each of these 6 sections we incorporate both quantitative and qualitative data in order to retain coherence of the accounts presented to us in interviews and wherever practicable, to fit these to the survey data.

### IMPORTANT INFORMATION

The survey received a total of over 1400 responses (n=1488). However, some of these were only partial responses meaning that some people did not answer every question and therefore scores may not always add up to 100% or be directly comparable question by question regarding response rates.

#### *5.1 Demographics – who completed the survey?*

Due to the confidential nature of the survey and concerns employees have about being identified in responding to sensitive topics, the following demographics are provided simply

to give a general overview of respondents. Where appropriate, we will refer to demographics in relation to any specific questions later in the report.

*Gender* – Of those who indicated their gender, 43.2% were female and 56.1% were male with 0.6% indicating they wished to be considered in another way.

*Age* - The mean age of respondents was 42.6 years.

*Sexuality* – 89.4% described themselves as heterosexual with the remainder being alternative sexualities or preferring not to indicate sexual identity.

*Working Status* – 76.3% of respondents worked full time on a rota line and 6.7% of staff worked full-time on relief. 12% worked part-time (8-29 hours) with 2% working the same part-time hours but on relief. 3% of staff worked on other contractual arrangements such as Bank.

*Ethnicity* – 93% of respondents described themselves as White British/White Irish/other White backgrounds with the remaining balance of responses made up of other Black, Asian and other ethnic origins. The responses received from ethnic minorities were too small to analyse any BME and White comparisons.

*Religion* – 47.3% of respondents described their religious affiliation as Christian (all denominations) with 41% stating they do not have a religion. The remainder reported a spectrum of other faiths and beliefs or indicated a preference not to state their religion/belief.

*Disability & Long-Standing Health Conditions* – 69% of respondents reported they did not have any disability or long-standing health condition with 31% reporting some form of disability or long-standing health condition. Of those with a disability or long-standing health condition, 48% reported that their health condition/disability made day-to-day activities difficult.

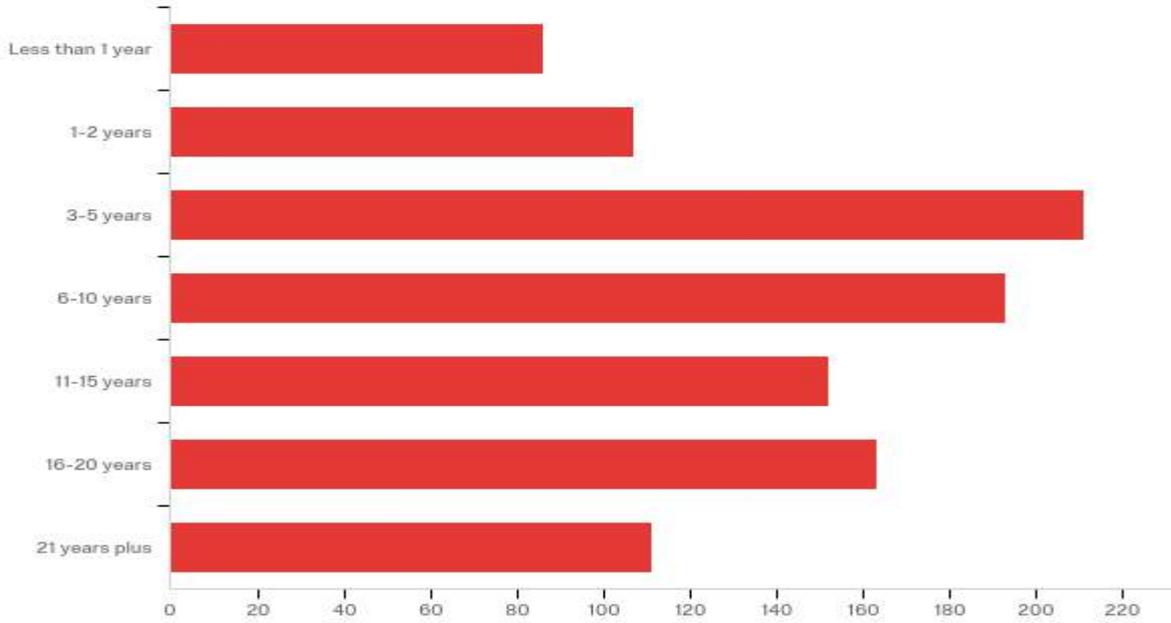
*Trade Union / Staff Association membership* – the data shows 63% reported being members of a trade union and 37% not members.

*Pay Banding* – All pay bands were included.

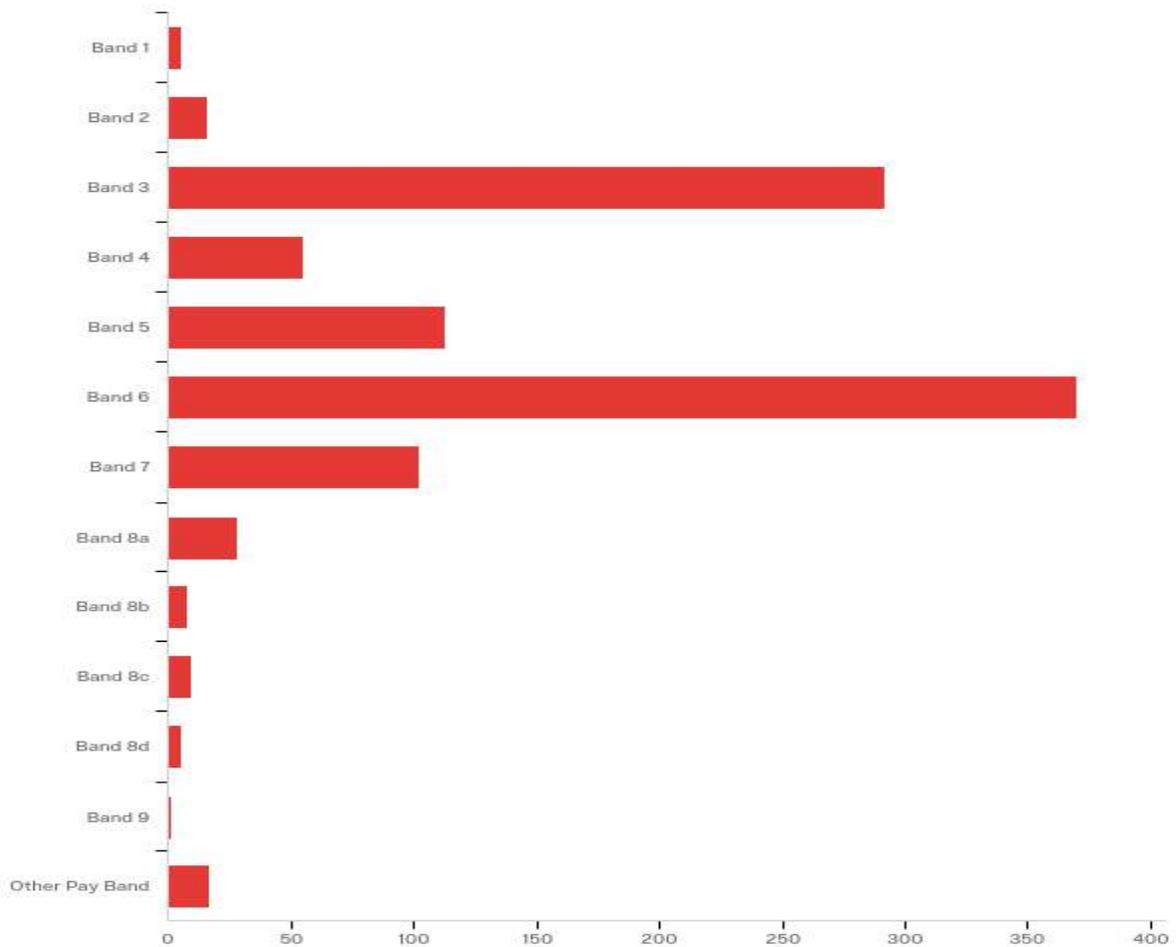
*Responses by work location* – Every location listed in the survey provided responses. These were smallest in OOH (1.47% of responses) and greatest in Corporate Services (11.5% of responses).

*Years of Service* – Figure 4 below shows the different lengths of service at SWAST indicating that longevity of service is less than other parts of the NHS.

Figure 4: Lengths of Service of Survey Respondents



*Pay Bands* – Figure 5 below illustrates the respondents by pay banding.



## 5.2 Responses to questions on bullying and harassment

### 5.2.1 Have you been bullied or harassed?

There was a single question asking staff if they had been exposed to bullying and harassment in the last 12 months at SWAST using an internationally recognised definition:

*“Bullying at work involves repeated negative actions and practices that are directed at one or more people. The behaviours are unwelcome and the person receiving the behaviours has difficulty defending themselves from them. Important - We do not think of one-off incidents as bullying. Using the definition above, have you been bullied at work in the last 12 months?”*

1035 people answered this question.

- 773 respondents said they had not experienced bullying (75%).
- 178 said Yes, Occasionally (17%).
- 31 said Yes, Monthly (3%).
- 35 said Yes, Weekly/Daily (3%).

- 18 reported they did not know if they had been bullied (2%).

Next, we wanted to examine the relationship between this question on bullying and individual demographic characteristics.

#### *Gender and Bullying*

We examined the data to see look for differences between women and men or between people who self-identify in some other way and bullying. Looking at women and men, there is no difference in their reporting of bullying, with approximately 23% of both reporting some exposure to bullying using the above definition. Also, we did not find any statistical difference between men/women and those who identified in 'some other way', but the numbers are too small to be valid.

#### *Ethnicity and Bullying*

NHS survey data from 2016 and 2017 suggested a persistent level of discrimination at SWAST and we wanted to explore if there was a statistical relationship between ethnicity and bullying. Overall, we found no differences in bullying and ethnicity with White and BME (Black Minority Ethnic), respondents equally likely to report/not report bullying, although BME responses were very small for statistical comparisons.

#### *Sexuality and Bullying*

We asked respondents about their sexual identity because we wanted to see if there was a difference between being Lesbian, Gay, Bisexual (LGB) and self-reported bullying. Our analysis reveals no statistically significant differences between heterosexual respondents and LGB respondents in respect of self-reported bullying. However, nearly 60 staff indicated 'other' or 'prefer not to say' when asked about their sexual identity. When we included these categories in the data the result proved statistically significant, meaning that being LGB (and classifying oneself other than heterosexual) meant these staff were twice as likely to report bullying. This result indicates the Trust should undertake some specific work with their non-heterosexual staff to understand this result more fully. It is possible that those staff who 'prefer not to say' are heterosexual rather than non-heterosexual and thus caution needs to be exercised when evaluating this finding.

#### *Religion/Belief and Bullying*

We were asked to include a question on religion/belief in the battery of demographic questions. We then examined the data to see if there were relationships between a specific religion/belief or no religion/belief and bullying. Our analysis revealed no statistical differences between these groups meaning that staff are equally likely to report/not report bullying regardless of whether they hold a religion/belief or have no religion/belief.

#### *Disability and Bullying*

We examined the data to see if SWAST employees who classified themselves as disabled or with a long-term health condition were more or less likely to report bullying. The data revealed an increased risk for disabled/chronically sick staff (1.4 times more likely) in reporting bullying. Furthermore, those disabled/chronically sick respondents who indicated their condition made doing day-to-day tasks substantially more difficult, were a further 1.75 times more likely to report bullying than those disabled/chronically sick staff who reported no difficulties in undertaking day-to-day activities. These results have been confirmed in other studies and indicate further work is required to understand why this is the case; for example, because of greater interactions with managers over sickness absence controls.

#### *Working Status*

We asked respondents for their employment status (full-time (incl. relief), part-time (incl. relief) and Bank) to establish whether any differences exist in employment status and bullying. Our analysis revealed no differences between these groups in terms of their exposure/non-exposure to bullying.

#### *Working Tenure and Bullying*

We asked respondents to indicate how long they had worked for SWAST to examine if bullying was more or less prevalent dependent upon an employee's length of service. Our analysis revealed no statistical differences further reinforcing that bullying can be experienced by all employees regardless of length of service.

#### *Pay Band and Bullying*

We wanted to see if prevalence rates of bullying varied by pay-band and no statistical significance was observed in exposure to bullying and pay banding.

#### *Trade Union/Staff Association Membership and Bullying*

The data reveals a statistical difference in SWAST with trade union members being 1.8 times more likely to report bullying compared to SWAST employees who were not trade union members.

#### *Department/Work location and Bullying*

We examined the data to see if differences existed between departments/locations in reporting more or less bullying.

The data reveals the departments/locations with the highest reported bullying were (in rank order):

1. EPPR
2. OM North Wiltshire
3. 111
4. OM Banes and South Wiltshire / OM West Cornwall/loS
5. OM East Cornwall

## 6. East Devon

In contrast, the locations/departments with the lowest reported incidences of bullying were (in rank order):

1. OM West Devon
2. OM Bristol
3. OM East Dorset
4. West Somerset

We examined the data on bullying by comparing the location/departments with the highest reported bullying (EPPR/OM North Wilts) against the department with the lowest reported bullying (OM West Devon). This revealed that those working in EPPR and OM North Wiltshire were 18 times more likely to report bullying compared to their colleagues in OM West Devon. Staff in 111 were 15 times more likely to report bullying compared to OM West Devon and staff in OM West Cornwall/loS were 11 times more likely to report bullying compared to OM West Devon.

### *5.2.2 HSE Management Standards Questions on Relationships at Work*

In addition to our own question on bullying, the HSE Management Standards have a section called 'Relationships at Work' which are measured by four items (the SWAST median scores are shown in brackets where a score of 1 indicates high stress and score of 5 low stress).

HSEQ.5	I am subjected to personal harassment in the form of unkind words or behaviour (4.19)
HSEQ.14	There is friction or anger between colleagues (3.18)
HSEQ.21	I am subject to bullying at work (4.40)
HSEQ.34	Relationships at work are strained (3.31)

Looking at the 4 questions, two stand out for their low median scores. Q14 – There is friction or anger between colleagues – and Q34 – Relationships at work are strained. The other two questions – bullying (17% of staff indicated they were always, often or sometimes bullied) and, harassment (22% reported they were always, often or sometimes subject to personal harassment in the form of unkind words and behaviour) are broadly similar to the question we asked on bullying where 23% indicated some exposure to bullying. These results mirror the SWAST NHS staff survey for 2017 where 24% of staff reported bullying. The differences in scores between our specific question and the HSE/NHS survey could be explained by our inclusion of a definition whereas no such definition is offered by the HSE or NHS.

The data demonstrates thus far that trade union members, disabled/chronically sick and non-heterosexuals have increased levels of reporting bullying in SWAST. When we looked at these groups for HSEQ5 (harassment), only trade union members were more likely to report experiencing harassment. In terms of work location, harassment was most widely reported in EPPR (39%), 111 (36%), OM South Devon (33%), OM South Gloucestershire (32%) and Operational Services (31%).

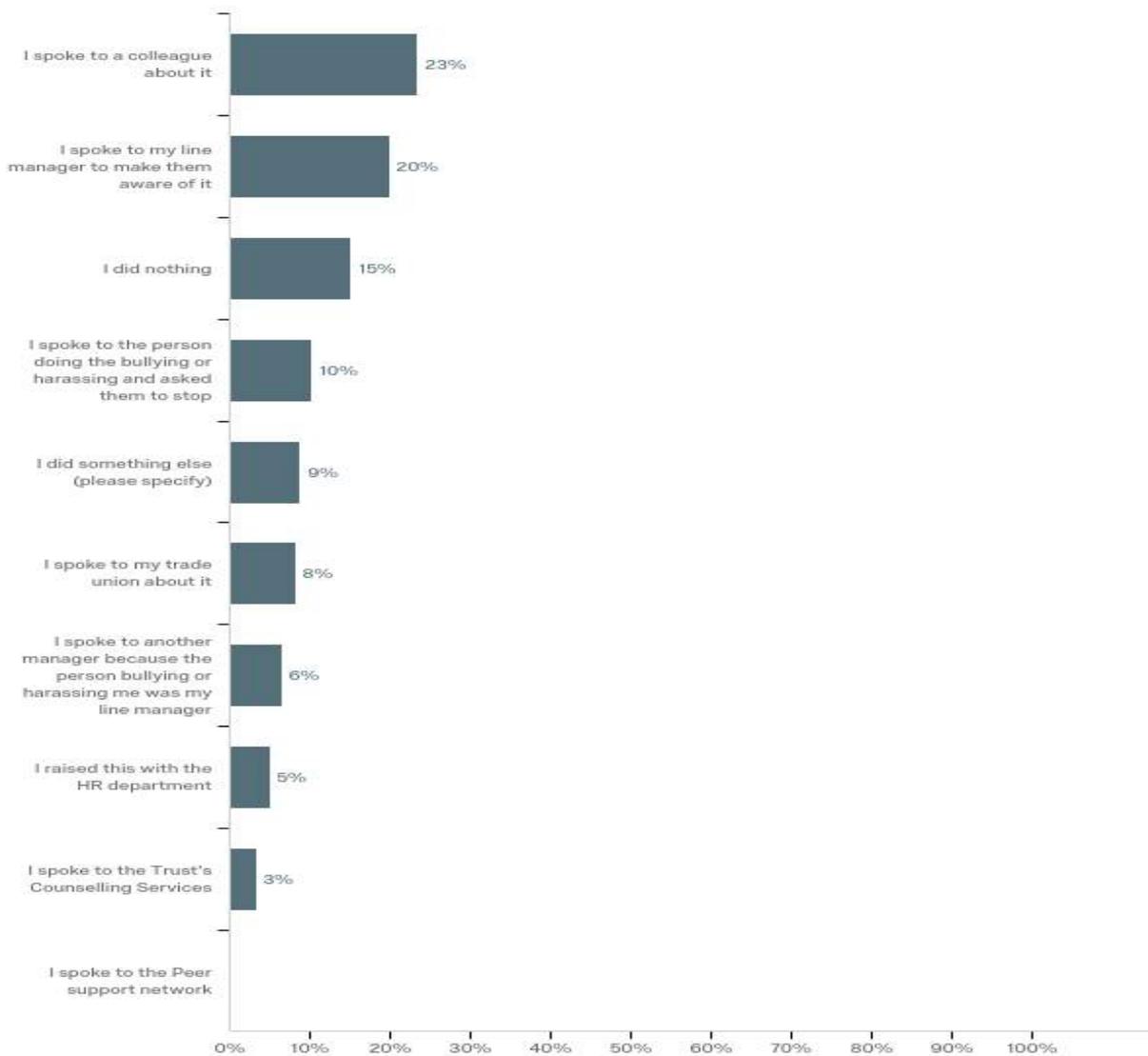
For question HSEQ14 'There is friction or anger between colleagues' we found this to be prevalent across the Trust for almost half of all employees in every location rising to 85% of employees in 111. Typically, between one-half and two-thirds of all SWAST employees report friction or anger between colleagues. We could not discern any differences across the demographic groups indicating staff were equally likely to encounter friction or anger between colleagues.

For HSEQ. 34 'Relationships at work are strained' we find a similar pattern to Q14 with around half to three-quarters of all staff surveyed reporting strained work relationships. When we looked at demographic groups we found no statistical differences between them, indicating that strained work relationships were as likely to be reported across all groups in SWAST.

### *5.2.3 What did SWAST staff do in response to the bullying/harassment they experienced?*

We wanted to find out what staff did if they had experienced bullying or harassment. Because bullying can emerge from a number of pathways, the routes to reporting it are varied and these are demonstrated in figure 6 below.

Figure 6: Choices made by staff when they experienced bullying



The data in figure 6 reveals the spectrum of choices made by SWAST staff when confronted with bullying, including doing nothing, which was chosen by 15% of staff. Importantly, not one of the 469 staff who reported some exposure to bullying spoke to the 'peer support network' and only 3% spoke to the Trust's counselling services. This suggests significant work is required either promoting this network/counselling services or considering their usefulness as routes/pathways for those encountering bullying.

Speaking to colleagues (23%) was the most common choice and this is supported in academic studies. However, research shows that colleagues are not an inexhaustible source of support to those encountering bullying, meaning organisational resources of support must be utilised. In SWAST, less than 5% of staff reported the bullying to HR which also indicates clear pathway choices are needed to steer staff for support.

It is also good to see that 20% of staff spoke to their line manager to make them aware of matters and 6% spoke to another manager if they felt their own line manager was doing the

bullying. 10% of staff spoke to the bully and this is unusually high as many employees find it challenging to speak to the person they believe is bullying them.

Of the 'other' pathways chosen by staff these included seeking legal advice, speaking with their family, sought alternative employment, raised datix reports and occasionally raised a grievance. Several respondents said they chose to remain quiet as to raise anything formally would be career-limiting whilst others said they had raised matters with the SWAST Executive but that things had been ignored.

*Data from interviews (direct quotes in italics)*

Not many staff used the label 'bullying' when they were interviewed (Note, staff were simply asked to discuss what concerned them at the start of interviews). When bullying was raised by staff it invariably related to the same named individuals, some of whom are no longer employed but some still are. Staff described these encounters as *"it's like being in an abusive relationship"* that it is *"generally accepted in the Trust"*. Staff talked about the belittling behaviour of their colleagues, sometimes who were managers, being told to *"shut up, sit in the corner and do not speak until you are spoken to"*.

Banter was frequently cited as a cause of concern by many staff we spoke to. Interviewees talked about banter being accepted as part of the culture *"but it can be malicious – it is the cultural norm"*. Others talked about being referred to as *"posh totty"* which although they found demeaning, they learned to live with. Alongside banter, gossip and rumours between staff about other staff was also a cause for concern which *"went on for a long time. It just got me down"*. Several staff talked about behaviours being *"normalised"* such that people forgot that in a *"normal workplace, these things would not be accepted, but here you keep your head down and get on with it"*. Other staff frequently raised *"nit-picking"* by managers which others simply described as *"Trust culture"* or *"The corporate bully"*. Sadly, some staff talked about suicide ideation and even making suicide attempts. These were not isolated, conversations with several interviewees having attempted suicide as a result of workplace experiences. Sickness absence was also a regular feature of staff who had experienced bullying with periods of several months being normal. Staff also talked about seeking alternative employment because of the culture in their department/work location or speaking of colleagues who had already left their employment. For many, this meant leaving the ambulance service completely because the nearest alternative ambulance employment for the NHS may have been geographically distant or because their partners had secure local employment/careers or because of family commitments. This combination of suicide attempts, suicide ideation, long-term sickness absence and end of careers are just some of the consequences staff associated with bullying.

***Summary commentary on the results of direct experiences of bullying***

The HSE Standard on 'Workplace Relationships' is that employees are not subjected to inappropriate behaviours such as bullying and that systems are in place in the organisation to respond accordingly. Similarly, promotion of appropriate behaviours takes place with the aim of promoting fairness and, systems are in place for reporting behaviours with managers equipped to deal with them.

A total of 23% of respondents reported that they have some experience of bullying at SWAST in the last 12 months using our question and definition. This largely mirrors the 2017 SWAST NHS staff survey where 24% of staff reported experiencing harassment, bullying or abuse from staff in the last 12 months. In this study staff were provided with a definition of bullying that might help them to have clarity in deciding if they had experienced bullying and harassment (we did not use the term 'abuse' unlike the NHS survey).

We found no statistical differences for bullying by gender, ethnicity, tenure/length of service, or pay band, thus indicating bullying can happen to all types of employee. Where we did find differences were amongst staff who were trade union members, self-identified as disabled/ have a chronic health condition and amongst staff who did not identify as heterosexual. There were also notable differences in prevalence rates for some departments/locations compared to others.

- Disability and long-term health conditions has emerged as any area of equalities concern in respect of bullying (see for example Fevre et al., (2013); Mawdsley & Lewis, 2017; Lewis et al., forthcoming). The greatest risks to those with disabilities/chronic health conditions relates to poor management understanding of rights and responsibilities in legislation and to an inability to recognise reasonable adjustments to workloads. We look further at the data (see later in this report) to see how behaviours at work impact on those with disabilities/chronic ill-health.
- Membership of a trade union has long been associated with reporting of bullying, primarily through an awareness of rights and through better employee representation.
- The results from non-heterosexual respondents requires further study and whilst further exploration of the data might reveal more nuanced insights, the Trust may need to undertake bespoke work with staff based around sexuality and equality to ensure there are no underlying problems of ill-treatment targeting those whose sexuality is other than heterosexual.
- Finally, differences in rates of bullying across departments/locations is unsurprising as bullying is largely an individual construct meaning it is based on events that occur between individuals. The results also indicate that because there is such extensive variation by locations in reporting bullying, there is subsequently no evidence for a bullying culture across the Trust. However, what is interesting is that colleagues in

departments reporting greater levels of bullying were up to 18 times more likely to report bullying compared to the least likely location/department. It is however, important to remind readers that this is cross-sectional data (a snapshot in time) and therefore it is inadvisable to state unequivocally that one department is better/worse than another for bullying.

It is clear that there are significant tensions across SWAST and for most employees. For 80% of staff in a location to indicate friction or anger between colleagues is startling and for this to be reported typically for 50-75% of staff in all locations should be a major concern. Strained working relationships are also commonplace in SWAST and with bullying and harassment reported by 1 in 5 staff, it is certain that problems exist. It is also apparent that staff differentiate bullying from harassment and these are viewed differently from everyday workplace tensions and in strained working relationships. As we have already pointed out, bullying is something that is repeated and frequently occurring negative behaviour. It is thus possible that many SWAST employees experience the beginnings of bullying and/or harassment through the tensions in the workplace culture, but that this only goes on to develop into full blown bullying for around a quarter of them. One thing is clear, actions are needed to reduce the tensions of workplace relationships across the whole of SWAST.

#### *5.2.4 Witnessing or observing bullying and harassment at SWAST*

We also wanted to establish if staff had witnessed/observed other staff being bullied (this is not covered in the NHS staff survey). One third (32.7%) indicated they had witnessed/observed bullying at SWAST during the last 12 months. We asked staff who they had seen being bullied and mostly this was witnessing fellow colleagues (90%), although 8% said that they had observed a manager/supervisor also being bullied or harassed. The survey asked respondents to indicate who they thought the alleged perpetrators of the bullying were and 48.5% reported it was a fellow colleague and 45.5% of the time a manager. This helps explain why so many staff indicated they had spoken to the bully (see above). It is much easier to raise concerns of bullying with a colleague than it is with a manager.

Respondents were also asked what they did about the bullying or harassing they had observed/witnessed. Most respondents undertook some form of action by supporting the person being bullied (43%), talking to their manager (or another manager) (23%), using the peer-support network or talking to HR (4%) or spoke to their trade union (5%). Only 6% reported doing nothing.

11% of respondents spoke to the party alleged to be doing the bullying or harassment. With over 90% of bullying coming from colleagues and managers this relatively small degree of direct intervention towards a perpetrator indicates the level of effort/courage required for

colleagues to speak up in defence of other colleagues. Similarly, only two people stated they raised a Datix.

### ***Summary commentary on witnessing bullying***

The data unambiguously indicates that when staff witness/observe what they consider to be bullying and harassment it is a manager/colleague problem. This clearly indicates it requires a management solution. Regardless of whether bullying and harassment is from a manager or a colleague, it requires managers to alter their own behaviour or address the behaviour of those they manage or of those employed in other parts of SWAST. Whilst over 90%+ of those witnessing/observing bullying or harassment do something about it, a small number of respondents did not intervene, which suggests there is effort to be deployed ensuring colleagues know where and how to raise issues of concern and the importance of doing so. This is particularly appropriate for accurately recording incidents which we know does not always happen based on the NHS staff survey. SWAST as an organisation must address matters of bullying but can only do so when it is aware of the extent of the problem.

There is evidence from both those experiencing bullying directly or witnessing/observing others being bullied that the formal pathways to raising awareness are rarely used. There is an urgent need to raise the profile of peer-support networks and other agencies such as counselling, Freedom to Speak-up Guardian as well as HR and trades unions, to capture incidences and record them in order then to action solutions. Very few staff raised a datix, which could be a key solution for bullying and harassment, providing the data is used and acted on appropriately. By elevating bullying and harassment as something that could be classed as a risk-register item (if matters continue to be unresolved) would provide a clear statement of intent by the SWAST Executive/Board as to how seriously bullying and harassment is taken. However, this requires the workforce to take this issue seriously and report using Datix mechanisms. A worst-case scenario would be to encourage Datix for bullying but then do nothing about them. We return to this and to other interventions later in the report.

## **5.3 Exposure to negative behaviours**

The survey asked respondents to report their exposure to 21 ill-treatment behaviours, which are the cornerstone of the British Workplace Behaviours Survey. Staff could respond with 'Never' through to 'Daily' for exposure to each of the behaviours. Note: researchers contend that bullying is only understood as regular and repeated exposure to negative behaviour over a prolonged period, usually months. As such, bullying is best understood by exposure shown as monthly through daily. The 21 behaviours break down into 3 clusters as discussed below.

### ***5.3.1 - Cluster A - Violence and Injury as a result of Violence***

Ambulance services, along with other emergency first responders, are known to experience violence from members of the public. Two items were designed to measure violence and injury at work. Both items; a) 'Receiving Actual Physical Violence at Work' and; b) 'Injury in Some Way as a Result of Violence at Work', resulted in scores of 3% and 2% respectively (these jump to 21% and 14% when occasional exposure to these behaviours is included). When we examined the data by location/department, nearly all had some experience of violence and being injured as a result of violence (except OOH, 111, Corporate Services, EPPR). Male staff were 2.5 times more likely to report incidences of both violence and injury compared to females and this may be due to their intervention in violent situations when operating in a mixed gender crew.

### **Commentary**

Violence is a recognised feature of health and social care work and is reported as a contributory factor to both sickness absence rates and to staff turnover. Existing data in SWAST demonstrates that although violence is below the national average for ambulance services (NHS staff survey 2017), it remains a cause for concern. Later in this report, evidence is presented on perpetrators and it appears from this that most incidents of violence and any subsequent injury is due primarily to the actions of patients and the relatives/friends of patients. Very few other violent incidents were reported in telephone interviews and it is apparent that when we spoke to SWAST staff they do not consider such incidents as typical of bullying and harassment.

Although researchers generally do not associate violence with bullying *per-se*, there is a connection between management inaction to address violence and perceptions of workplaces where violence is accepted as part of the job and thus bullying can also flourish (Bowie, 2002). As such, SWAST must demonstrate it is providing leadership on tackling violent incidents at work, particularly around recognition by managers when staff experience ill-health as a result of injury because of violent behaviour and any resultant recording of sickness absence contraventions.

### **5.3.2 Cluster B - Unreasonable Management Behaviours**

Unreasonable management behaviours are clustered around the following eight negative behaviours (see table 1 below). Here we have removed the 'Never' category as this is not associated with bullying and have included a category labelled 'Cumulative'. This is a cumulative score of 'Sometimes' through 'Daily'. We also include a direct comparison to the 2011 British survey by Fevre et al., which originated the same scale with the idea of allowing SWAST to compare their scores with the average in British organisations (note, caution needs to be exercised in these comparisons as the sampling is different and the British average is organisations of all sizes and industries).

Table 1 shows that between 30% and 80% of SWAST respondents reported exposure to ‘Unreasonable Management’ behaviours on an occasional or more regular basis. The most prevalent of these is:

- ‘Having your views and opinions ignored’
- ‘Being given unmanageable workloads or impossible deadlines’
- ‘Someone withholding information which affects your performance’
- ‘Your employer not following proper procedures’
- ‘Someone continually checking up on you or your work when it is not necessary’

Behaviour – How often have you experienced:	Sometimes	Monthly	Weekly/ Daily	Cumulative	Fevre, et al. (2011)
Someone withholding information which affects your performance	44%	7%	13%	64%	14.2%
Pressure from someone else to do work below your level of competence	33%	5%	10%	48%	11.9%
Having your views and opinions ignored	50%	13%	18%	81%	27.0%
Someone continually checking up on you or your work when it is not necessary	35%	7%	15%	57%	17.5%
Pressure from someone else not to claim something which by right you are entitled to	20%	5%	4%	29%	8.8%
Being given an unmanageable workload or impossible deadlines	42%	8%	17%	67%	29.1%
Your employer not following proper procedures	40%	6%	11%	57%	21.3%
Being treated unfairly compared to others in your workplace	33%	5%	9%	47%	14.8%

We examined the survey data to find where the greatest levels of the top 5 unreasonable management behaviours might be within SWAST. Our analysis showed that these behaviours were just as prevalent in locations with very low reports of bullying, such as in OM West Devon, as they were in locations with very high reports of bullying, such as EPPR.

In analysing the data more deeply we also found no difference based on sexuality, working status (full versus part-time), or pay band. However, some differences were found as follows:

- Males were statistically significantly more likely than females to report;

- ‘Someone continually checking up on you or your work when it is not necessary’; ‘Someone withholding information which affects your performance’; and ‘Your employer not following proper procedures’.
- Those with more years of service were statistically more likely to report;
  - ‘Having your views and opinions ignored’; ‘Your employer not following proper procedures’; and ‘Being given unmanageable workloads or impossible deadlines’.
- Respondents who were members of a trade union were statistically more likely to report;
  - ‘Someone continually checking up on you or your work when it is not necessary’; ‘Having your views and opinions ignored’; ‘Someone withholding information which affects your performance’; ‘Being given unmanageable workloads or impossible deadlines’; and ‘Your employer not following proper procedures’.
- Respondents who were disabled or had a long-term health condition were statistically more likely to report;
  - ‘Someone continually checking up on you or your work when it is not necessary’; ‘Having your views and opinions ignored’; ‘Someone withholding information which affects your performance’; ‘Being given unmanageable workloads or impossible deadlines’; and ‘Your employer not following proper procedures’.

### ***Unreasonable Management – evidence from interviews***

Staff raised numerous examples of manager behaviour that they deemed unreasonable. Issues such as being treated differently compared to colleagues such as *“some staff get pulled up, others don’t”* was a frequent occurrence while Serious Investigations (SI) were believed by some staff to be seemingly deployed inappropriately. Some staff claimed SIs were often raised in interviews (as threats) as means of control by managers, even though protestations from staff, often supported by trade unions were ignored. This often led to threats of dismissal – *“I was told I would be sacked”* and *“I was told to prepare to be sacked”* for clinical decisions that, when investigated, were dismissed and staff exonerated. Often, staff had taken considerable sickness absence during SIs and reported this as *“stress and anxiety”*. Other SWAST staff who had encountered SIs were reported as having left the Trust or retired because *“the stress of the SI was too much to bear”*. When staff talked about these SI processes, even after exoneration, they were bitterly disappointed to have their professional judgement tarnished and being *“put through the mill”* unnecessarily, particularly as no apologies were seemingly offered by either the managers concerned or by the Trust when the SI proved unfounded. Staff need to be reassured that SIs are only actioned centrally against agreed criteria and will not be used as a management tool for retribution. Erroneous SIs should also be appropriately addressed and apologised for.

Managers were reported as often unable or unwilling to follow up on staff well-being during periods of sickness absence due to SI or general sickness. Similarly, return-to-work protocols were not apparently followed – *“when I returned to work [after suspension] I was promised monthly one-to-one chats, but nothing ever happened – not even one”*. Other staff complained that injuries encountered as a result of work were not considered during sickness absence reviews which they felt breached Trust policy. Confidentiality, or lack of it, was also reported by a few staff mainly around SI investigations and even in one situation around a Court appearance. These are potentially serious breaches of conduct and managers must be reminded of their ethical responsibilities around management of sensitive staff information. We also heard from staff with serious and potentially life-threatening illnesses being poorly managed by SWAST managers and being relocated to light duties significant distances (hours of travel time) from their normal work base. SWAST policy and processes indicate this is never enforced. As such, clarity is needed to ensure staff and managers uphold policy and processes and ensure that no staff member is disadvantaged in the face of serious ill-health.

One staff member complained of being contacted to undertake pieces of work *“even though I was on certified annual leave”*. Other examples of perceived unfair treatment by a manager concerned career development with one staff member reporting *“I was told I was too old to be considered for paramedic training”* – another potential breach of the 2010 Equality Act. Other staff talked about being promised secondments or new roles but these *“never materialised”*. It is unsurprising then how some staff felt unsupported by their managers and left to feel *“on your own”* with one interviewee simply concluding *“it is easier to pretend they [management] don’t exist”*.

#### *Summary commentary on Unreasonable Management/Treatment Behaviours*

The term ‘Unreasonable Management’ was created by Fevre et al., (2011) because their data (from the largest ever representative study of ill-treatment in British workplaces) showed the majority of these behaviours were from managers and supervisors. Managers have a responsibility to engage with the workforce and to listen to concerns as well as suggestions – these are critical according to the Health and Safety Executive in working to alleviate stress at work. Whilst unmanageable workloads are often reported in the NHS, ignoring people’s views and opinions, or being given regular tasks that are outside of their competence framework, can undermine an individual’s professional standing/credibility.

The data demonstrates a widespread dispersal of reports of these types of behaviour across all locations and departments. As such, as much attention needs to be paid by the Trust leadership to negative behaviours as is paid to claims of bullying. Research shows (Fevre et al., 2012) that many more employees experience negative behaviours but only around one-third label their experiences as bullying. This suggests more widespread occurrences of workplace negativity exists than actually gets reported and this is supported by the 2017 NHS staff survey findings on under-reporting of bullying incidents.

In terms of the SWAST data, there are some clear signals with regards to Unreasonable Management behaviours. Whilst we do not have Trust data on where men and women work and in what roles, there are clear signs that men, those with long-service and trade union members are statistically more likely to report having their views and opinions being ignored, proper procedures not being followed, being checked up on unnecessarily, and having information withheld from them. It is reasonable to infer that with length of service comes experience and thus being checked up on is an affront to one's professionalism. Similarly, offering opinions only to have them ignored is also an affront. The failure to follow proper procedures would need closer scrutiny, but these might be around policy and process such as annual leave or rotas, or in terms of ambulance practices. What the data does provide is an opportunity for Trust leaders and managers to now engage with staff as to what these issues of concern might be and to look at ways of addressing them.

The data also indicates that those who have some form of disability or long-term health condition, are statistically more likely to report experiencing every one of the 5 behaviours compared to colleagues without such a disability/health condition. We also saw in interview data how managers are falling short of reasonable behaviour in both executing policy but also potentially in failing to uphold employment laws. This should trigger urgent and considered self-reflection from managers and leaders in SWAST as to duties covered by the 2010 Equality Act. This might be something as simple as asking such individuals/groups how they feel about their workloads/deadlines, being listened to as well as the deployment of their skills and competencies during appraisals and one-to-one meetings. It has been reported previously that people with disabilities and chronic health conditions are often poorly managed in terms of workloads and deadlines and procedures around making reasonable adjustments are often seriously misunderstood by managers and we heard this in several interviews with SWAST staff. The data here is very clear – disability is correlated with several unreasonable management behaviours.

Reports of SI's by staff appear commonplace and, as with other NHS Trust's we have worked in, are viewed by some staff as punitive by managers seemingly determined to pursue individual employees for minor misdemeanours or even no misdemeanours at all. Although SWAST management maintain SIs are centrally managed against set criteria, there needs to be confidence that this is always the case. It is possible that some staff are being threatened with SI's without these ever being fully deployed. This has significant repercussions for sickness absence rates and costs, early retirements or staff leaving the service, and for stress and mental ill-health for staff.

At the same time, managers have the right to manage and are expected to do so. If there is a legitimate reason to check on someone's work or their performance, this must be communicated sympathetically and sensitively. Micro-management, without good reason, is

inappropriate for any employee and particularly for professionals. When staff tick the behaviour 'Being treated unfairly compared to others in your workplace', it is often attributed to managers who treat one member of staff differently to another, typically around access to annual leave, rotas or to overt as well as covert scrutiny. The interviews with staff included examples of breaches of confidentiality and protocols on return to work following sickness and suspension. The key is to manage staff fairly and respectfully and to explain why work may be checked up on, and if within a performance management setting, is clearly set out and explained.

In terms of comparison to the Fevre et al., (2011) British nationwide study, the scores for SWAST are considerably higher, often three to four times higher, in every behaviour in the 'Unreasonable Management' category. Whilst caution needs to be exercised in comparing these two sources of data, the evidence suggests that these types of negative behaviour are significantly problematic for SWAST and understanding them and their causes is critical in tackling perceived bullying.

### *5.3.3 Cluster C - Incivility and Disrespect Behaviours*

'Incivility and Disrespect' behaviours are clustered around the following 11 negative behaviours (see table 2 below).

As with table 1, table 2 below provides a cumulative score (sometimes through daily) and a comparator score for incivility and disrespect with the Fevre et al., (2011) study. Behaviours around incivility and disrespect were reported by Fevre and colleagues to be most prevalent in health and social care contexts compared to all other industries. Furthermore, and unlike the unreasonable management/treatment behaviours in 5.3.2, Fevre and colleagues found incivility and disrespect behaviours were more evenly distributed in terms of perpetrators, with colleagues and managers equally likely to be cited.

Table 2: Incivility & Disrespect Behaviours in the last 12 months at SWAST					
Behaviour – How often have you experienced:	Sometimes	Monthly	Weekly /Daily	Cumulative	Fevre et al., (2011)
Being humiliated or ridiculed in connection with your work	19%	4%	3%	26%	7.6%
Gossip or rumours being spread about you or having allegations made against you	25%	3%	3%	31%	10.5%
Being insulted or having offensive remarks made about you	24%	5%	6%	35%	14.7%
Being treated in a disrespectful or rude way	36%	7%	10%	53%	22.3%
People excluding you from their group	28%	4%	5%	37%	7.8%
Hints or signals from others that you should quit your job	12%	2%	2%	14%	7.2%
Persistent criticism of your work or performance which is unfair	19%	4%	3%	26%	11.5%
Teasing, mocking, sarcasm or jokes which go too far	18%	2%	3%	23%	11.1%
Being shouted at or someone losing their temper with you	25%	5%	4%	34%	23.6%
Intimidating behaviour from people at work	26%	4%	5%	35%	13.3%
Feeling threatened in any way while at work	27%	4%	7%	38%	10.9%

Table 2 follows similar patterns to table 1 in illustrating that incivility and disrespect are prevalent for around a quarter to a third of SWAST employees who responded to the survey. Compared to the British average as reported by Fevre et al., (2011), SWAST employees are often considerably more likely to encounter such behaviours, typically two to four times more likely to report incivility and disrespect at work.

The 5 most widespread reported of these behaviours at SWAST were:

- Being treated in a disrespectful or rude way (over twice as likely).
- Feeling threatened in any way at work (over three times as likely).
- People excluding you from their group (over 4 times higher).
- Intimidating behaviour from people at work (over three times as likely).
- Being insulted or having offensive remarks made about you (over twice as likely).

Ambulance services are particularly exposed to violent behaviours from members of the public and from challenging and threatening behaviours from those with addiction problems and mental health issues. Ambulance workers, alongside other first responders, are increasingly exposed to rude behaviour from members of the public as reported in the mass media (<https://www.bbc.co.uk/news/uk-england-leicestershire-45256221>).

In order to therefore understand these results more clearly, we looked at each of the behaviours in turn against the 'bullying' variable. We have established above that the majority of bullying reported in SWAST is from colleagues and managers. We also looked at each behaviour against a range of demographics to identify risk groups.

#### Being treated in a disrespectful or rude way

Those reporting bullying were 8 times more likely to report this behaviour compared to those who did not report bullying. Disrespect and rudeness were also statistically more likely to be reported by staff with a disability, those who were members of a trade union, by pay bands 6 and below and increased as length of service increased.

#### Feeling threatened in any way at work

Those SWAST employees who reported bullying were 3.6 times more likely to report feeling threatened at work compared to those who had not reported bullying. Those most at risk of this behaviour were men (1.3 times more likely than women), non-heterosexuals (1.8 times more likely compared to heterosexuals), trade union members (also 1.8 times more likely than non-trade union staff) and those with between 10-20 years of service in SWAST.

#### People excluding you from their group

SWAST employees who reported bullying were 5.6 times more likely to report people excluding them from their group compared to those who had not reported bullying. This was also statistically more likely to be reported by women (1.3 times more likely than men), non-heterosexuals (1.8 times more likely compared to heterosexuals), people with a disability/health condition (2.5 times more likely than those not disabled/without a health condition) and those at pay band 7 and above (3 times more likely than band 6 or below).

#### Intimidating behaviour from people at work

SWAST employees who reported bullying were 8 times more likely to report intimidating behaviour from people at work compared to those who had not reported bullying. Once again, we find women (1.3 times more likely compared to men), non-heterosexuals (1.6

times more likely compared to heterosexuals), trade union members (1.7 times more likely compared to non-trade union staff), staff with a disability/health condition (1.7 times more likely) and pay bands 6 or below (1.5 times more likely).

#### Being insulted or having offensive remarks made about you

SWAST employees who reported bullying were 8 times more likely to report being insulted or having offensive remarks made about them compared to those who had not reported bullying. Risk groups included staff with more service – as length of service increased so did exposure to this behaviour – trade union members were 1.8 times more likely to report being insulted as were those in pay bands 6 or below (1.4 times more likely than band 7 and above).

#### ***Incivility and Disrespect – evidence from interviews***

We heard a significant number of concerns about the sorts of behaviours that fit within an incivility and disrespect category. These emanated from colleagues and managers. Colleague behaviours ranged from gossiping and spreading rumours and fairly widespread concern about colleagues *“speaking behind each other’s backs”* and *“criticising others rather than speaking directly to them”*. One interviewee said that gossiping and *“slagging off”* was done in front of managers who then *“joined in”*. In other cases, employees who had been the subject of gossiping and spreading rumours had complained to their line managers, but this was *“dismissed out of hand”*. In other examples SWAST staff complained that rumours had been circulating accusing them of inappropriate sexual conduct with another staff member and when they complained to their line manager *“they did nothing”*. As one staff member said, *“gossiping happens across the genders – men and women are just as bad as each other”*.

Some interviewees were upset by the way their colleagues behaved, *“shouting orders at me that were unreasonable”* and *“asking me to do one thing and then another in the same sentence”*. Shouting seemed to be a common encounter between colleagues with one paramedic saying she was continually shouted at by another female paramedic *“telling me to listen to her”*. Some staff felt that much of the behaviour was a *“rite of passage”* from older paramedics and *“you’re a target”*. This was a recurring theme with staff talking about the reliance on fitting in – *“people put so much emphasis on trying to fit in”* and *“stations can be tribal”*. Exeter station emerged in several conversations as being clique-driven and not accepting of staff from other stations, again being referred to as *“tribal”*. Cliques and claims of in-group favouritism led many staff to complain bitterly about annual leave being granted to those in the in-group but not to those in the out-group. Some stations were described as *“bitchy”* and *“unwelcoming”* all reinforcing the tribal nature of cultures across SWAST territory.

Managers too were spoken about because of their inappropriate and uncivil behaviour with one describing her manager as *“difficult to speak to – he speaks over me”*. Another said, *“if I gave 250% it still wouldn’t be good enough for my manager”*. Some talked about being *“put down”* in front of colleagues leaving them feeling *“demeaned”* and *“broken”*. This leads to some staff feeling *“management watch people destroy each other – they just let it happen”*. Disrespect was also felt because managers can lack empathy when staff encounter sudden bereavement of family members as one said, *“a close family member was killed in a motor vehicle accident – my manager was totally unsupportive”*. Disrespect was also felt by staff simply because their line manager doesn’t engage with them, for example just to check *“if things are OK”*. Another staff member was exiting her employment with the Trust and at the end of her notice period had still not been contacted by her manager – *“not even a thank you for all my years of service”*. This leads staff to feel undervalued and *“a nobody”*. This theme of lack of empathy or concern for staff was recurrent, particularly after difficult incidents such as paediatric death, assaults from members of the public etc. which led one interviewee to state *“my O.O. didn’t know what to do. All I wanted was them to sit down with me and be supportive”*. In other examples where staff had successive difficult *“shouts”* the management response was *“when are you going back on the road?”*.

### ***Summary commentary on Incivility and Disrespect at SWAST***

Incivility and disrespect appear as common occurrences for many SWAST employees and is much more common than for the average British worker as reported by Fevre and colleagues in 2011. There is a clear correlation between the worst of these behaviours (intimidating, threats, exclusion, insults and rudeness) and bullying where those reporting bullying were between three and eight times more likely to report such behaviours compared to those who did not report bullying. This supports existing studies that show bullying and exposure to negative behaviours are inextricably linked. We know already that most bullying is observed from colleagues and managers and thus it is highly likely that such behaviours also emanate from the same sources.

In terms of risk groups, the picture is not consistent. As we might expect, those in manager grades (and thus in higher pay bands) are less likely to report such behaviours primarily because their exposure to them should be much reduced, the one exception being exclusion from groups. When we looked more closely, there was no difference between band 7 staff and higher pay bands thus indicating exclusion is as likely to happen to a manager-grade pay band too. However, what we cannot answer is the source of the exclusion. This could be from other managers or from non-manager grades, possibly as a result of moving from a non-manager role into a managerial one and thus ‘crossing’ some imaginary line from ‘us’ to ‘them’. This could be part of the tribalism that was so evident in interviews.

Trade union members were also statistically more likely to report 4 out of the 5 worst incivility behaviours. We are unable to offer a clear picture as to why, but we suspect this is

because as we saw with length of service, many trade union members are likely to be longer serving SWAST members and possibly in the lower-mid pay bands which are where we find most exposure to the behaviours in question.

Interestingly, men and women also experience these behaviours differently with women more likely to report intimidation and exclusion and men more like to report being threatened at work. Whilst the differences were not stark, there is sufficient here to begin to ask questions about whether some underlying tensions around cliques and feeling intimidated if one does not fit in – again, all within a ‘rites of passage’ and tribal culture. This raises questions about identity and culture of individual workplaces and one’s fit within this. It also makes it clear that culture is not universal in coherently defining SWAST.

In much the same way, questions and further work are needed to understand how those with a disability/chronic health condition and non-heterosexuals are treated at work. We do not see a blanket application of these behaviours to disabled/chronically unwell staff or to non-heterosexuals. Instead, each of these groups report differently with disabled/chronically ill staff reporting being insulted, excluded and intimidated and non-heterosexuals reporting intimidation, exclusion and threats with the common thread between them being exclusion and intimidation. These results, along with gender, might hint towards mistreatment of staff by others simply because of their sexuality or because of their health/disability. Intimidation can manifest as verbal as well as physical posturing and can also be deployed through aggressive sickness management or lack of consideration for a chronic health condition or disability. Exclusion from a group, being commonplace for women, disabled, non-heterosexuals and higher pay bands, smacks of workplace cultures where isolation and unfriendliness are vehicles to discriminate against others because of a difference in identity or status. They clearly indicate a lack of collegiality.

These elements supported by interview data, describe some parts of SWAST as riven with gossip and spreading of false rumours and unwelcoming to outsiders. Of course, this is not across every station in SWAST or embedded in every sphere of operations, but it does indicate that cultures are fractured and unprofessional and that sometimes, managers are complicit. That so many staff should talk about an absence of empathy and understanding from managers is a real worry. Staff are not asking for anything out of the ordinary, simply for managers to be respectful and have due regard for those they manage.

#### **5.4 Leadership and Management**

The survey asked a number of questions about leadership and management that can help define cultural norms. Questions were specifically asked about:

- Senior management commitment to psychologically safe working
- Line manager ethical behaviour
- Manager support (questions within the HSE Management Standards)

- The management of change (also within the HSE Management Standards)

#### *5.4.1 Senior management commitment to psychologically safe working*

We asked 12 questions designed to measure employee beliefs on senior management commitment to safe psychological working. For example, the HSE make clear the legal requirements for UK employers to provide safe and healthy workplaces and to have clear strategies to mitigate and address stress at work. Figure 7 below provides a chart of responses to these 12 questions, of which, only two have more positive responses than negative responses, namely:

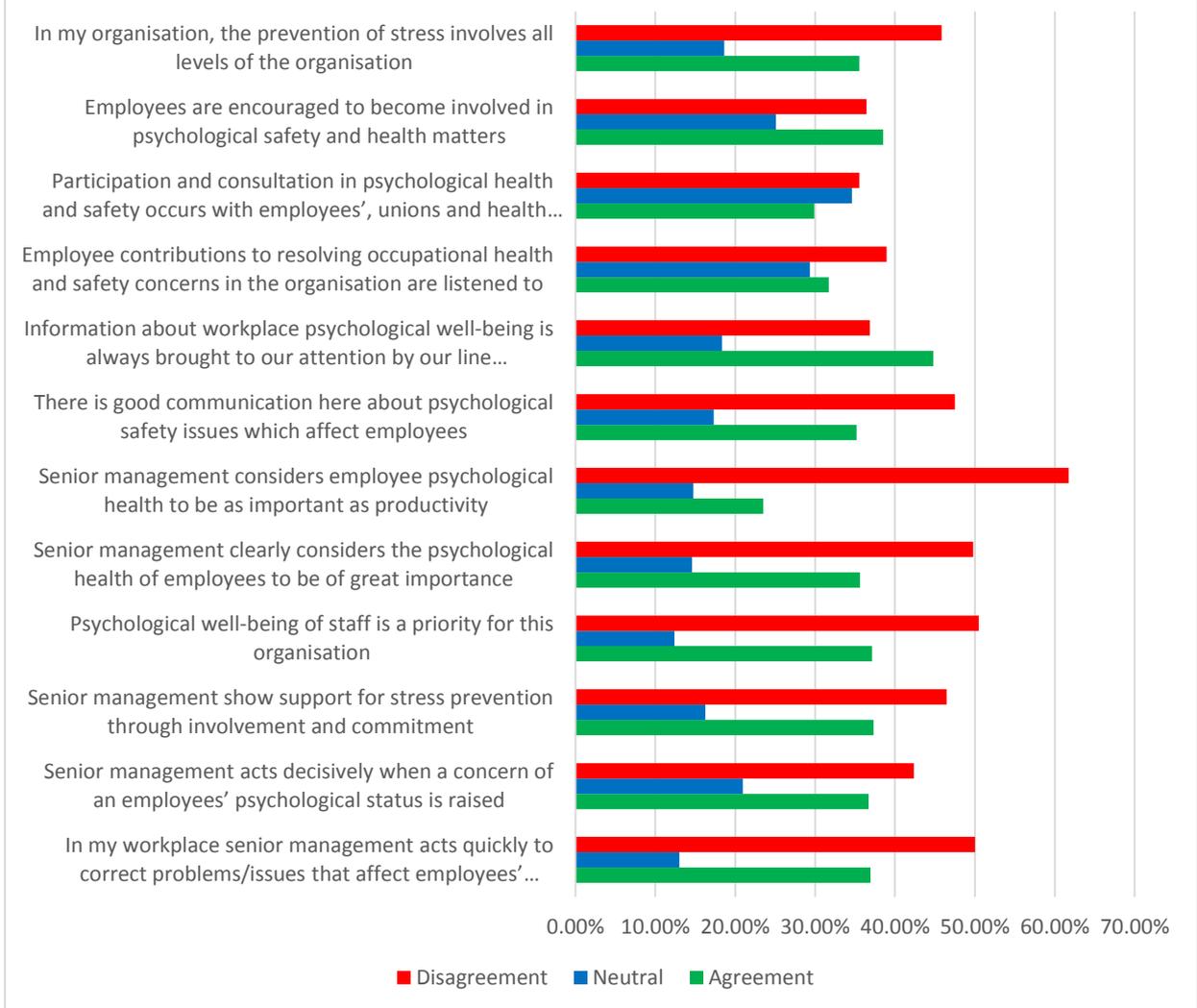
- Employees are encouraged to become involved in psychological safety and health matters (38.5% of staff in agreement);
- Information about workplace psychological well-being is always brought to our attention by our line manager (44.8% of staff in agreement).

By contrast, all 10 of the remaining questions show more staff in disagreement than in agreement. The greatest levels of disagreement are:

- Senior management considers employee psychological health to be more important than productivity (62% in disagreement of which 27% strongly disagreed);
- Psychological well-being of staff is a priority for this organisation (50.48% of which 20% strongly disagreeing)
- In my workplace senior management acts quickly to correct problems/issues that affect employees' psychological health (50% of which 18% strongly disagreeing)
- Senior management clearly considers the psychological health of employees to be of great importance (49.78% of which 18% strongly disagree)

Agreement with these questions was mainly found in those locations with less bullying or exposure to negative behaviours and highest in locations with high scores for bullying and negative behaviours.

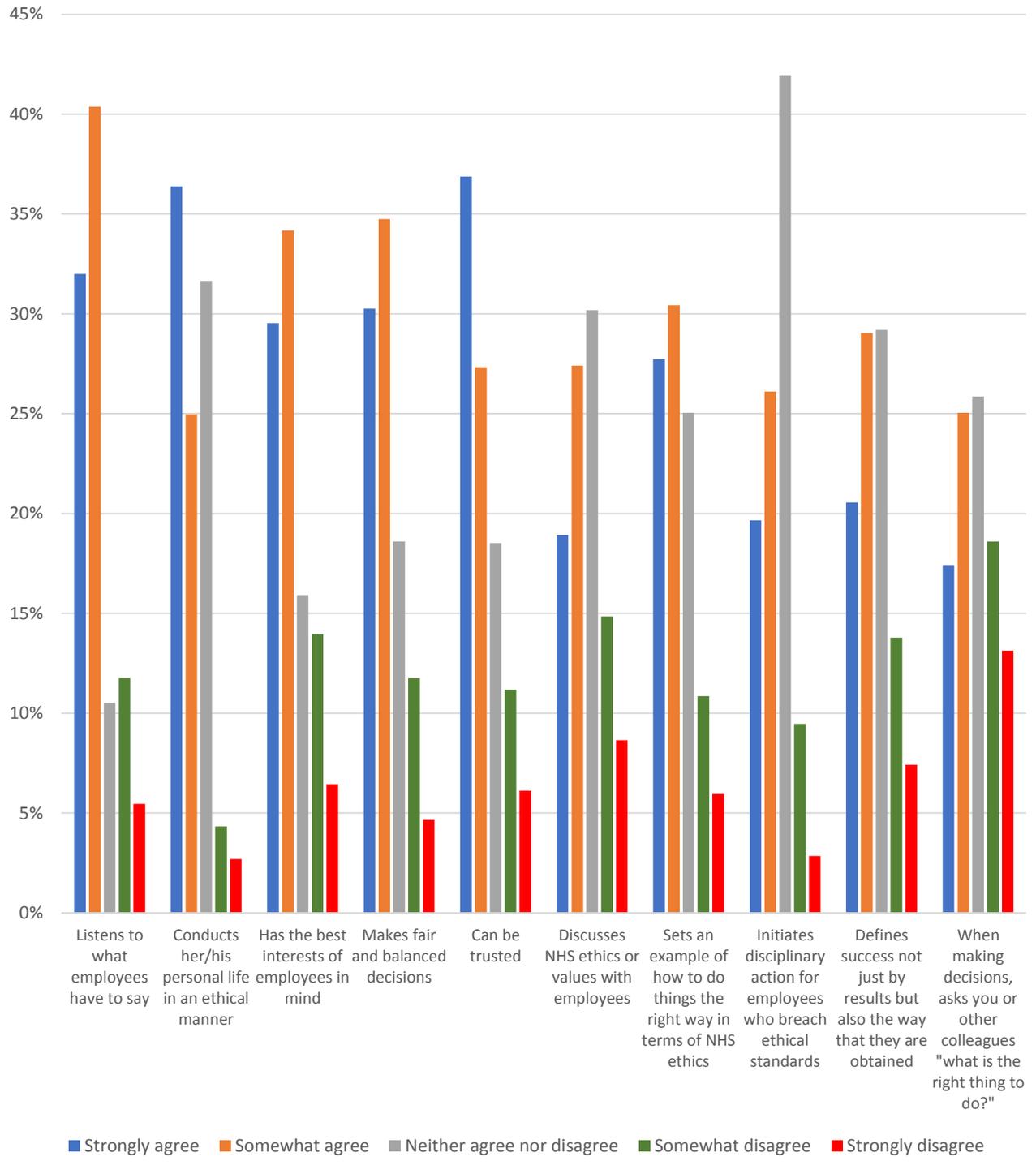
Fig 7: Respondents views on Senior Management Commitment to Psychologically Safe Working



5.4.2 Line manager fairness and ethical behaviours

Respondents were asked to give their views on 10 questions relating to their line manager/supervisor. 1226 respondents answered these questions. The questions aimed to understand how respondents perceive fairness and ethical treatment by their line manager with the results shown in Figure 8 below.

Fig 8 Respondents responses to questions about line manager fairness and ethical behaviour



Generally, the results show around 50%-60% of respondents are broadly in agreement with the statements. The question with the highest affirmative response was 'listens to what employees have to say' (72%). Two thirds of respondents reported their line manager:

- Can be trusted; Makes fair and balanced decisions; Has the best interests of the employee in mind; and Conducts his/her life in an ethical manner.

In terms of the lowest level of agreement they are:

- When making decisions, asks you or other colleagues 'what is the right thing to do'? (32% disagreement with 26% neutral)
- Discusses NHS ethics and values with employees (24% disagreement with 30% neutral)
- Defines success not just by results but also the way that they are obtained (21% disagreement with 29% neutral).

Overall, 41% of respondents agreed/strongly agreed with the statements 33% disagreed and 26% were neutral. There was no clear pattern in locations with the greatest levels of disagreements, but those with the highest levels of reported bullying were more likely to disagree (East Devon, East Cornwall and 111).

#### *5.4.3 - Manager Support – using HSE questions*

In addition to the above questions, the HSE asks questions specifically about manager support in five items as follows (The median scores for SWAST are shown in brackets for each question).

- Q.8 I am given supportive feedback on the work I do (2.84)
- Q.23 I can rely on my manager to help me out with a work problem (3.58)
- Q.29 I can talk to my manager about something that has upset me at work (3.61)
- Q.33 I am supported emotionally through emotionally demanding work (3.04)
- Q.35 My line manager encourages me at work (3.19)

Manager support should be reasonably uniform across SWAST with all managers operating in broadly similar ways when supporting employees. We know already that some staff however feel unsupported and we will see later that there is wide variation in manager support across SWAST. For now, the median ranges between 2.84 and 3.61 in management support illustrate this. The two lowest mean scores are Q8 – 'I am giving supportive feedback on the work I do' – and Q33 – 'I am supported emotionally through emotionally demanding work'.

Examination of the data reveals that there is significant variation in both of these areas with between 20%-68% of staff, dependent upon location, stating they rarely or never receive feedback or emotional support from managers. This variation is enormous and indicates inconsistencies in manager support by location.

When we examined the data more closely, we found some stark differences between work locations in terms of perceived manager support. The best performing locations for manager support in emotionally demanding work was North Somerset and OM Bristol. Using these as control variables we found that respondents in North Somerset were between 10 and 13 times more likely to perceive supportive management than in the poorest scoring work locations for manager support (East Cornwall, West Cornwall and East Devon) – we also know bullying is widely reported in these three locations too.

When we looked at supportive management feedback, the pattern changes with Operational Services and OM North Bristol scoring the best for supportive feedback but we found the same locations as above were poorest in [un]supportive feedback (West Cornwall, East Cornwall and East Devon). Using the same approach of using Operational Services and OM North Bristol as controls, the data reveals SWAST staff in these areas were between 6 and 8 times more likely to report supportive management feedback than in the poorest scoring work locations for manager feedback (East Cornwall, West Cornwall and East Devon).

We then looked at demographic groups and found exactly the same result as we did for control over work (see also below) with men and trade union members statistically significantly more likely to say they rarely/never received supportive manager feedback. However, only trade union members were statistically more likely (twice as likely) to report an absence of manager support in emotionally demanding situations. We found no statistically significant differences between men/women, heterosexual/non-heterosexual, disabled/non-disabled etc. for manager emotional support or management feedback.

#### *5.4.4 - Change at Work – using HSE questions*

As with manager support, the HSE asks 3 questions on how change is managed and engaged with at work. This is because change is a known stressor for many employees. The three items measuring change at work as follows (once again, SWAST median scores are in brackets).

Q.26 I have sufficient opportunities to question managers about change at work (2.75)

Q.28 Staff are always consulted about change at work (2.68)

Q.32 When changes are made at work, I am clear how they will work out in practice (2.85)

Change at work is the second lowest scoring Standard after ‘control’ which we discuss later. This indicates the management of change has the potential to be a major source of stress in SWAST. In terms of the 3 questions that make up this particular Standard, consultation on change with staff produced the lowest score (2.68) and the data indicates between one-third and two thirds of respondents across the Trust never/seldom get consulted on change (exceptions are Corporate Services/Operational Services where this falls to 20%/28% respectively). Of the demographic groups, men (twice as likely as women), and trade union

members (1.6 times more likely than non-trade union) are the only statistically significant results on the consultation of change at work.

We found similar responses in the other two questions on change but with higher numbers of staff (typically half or more) saying they had insufficient opportunities to question managers about change across all locations (again, Corporate Services/Operational Services had better scores at 13% and 17% respectively). Even in locations with benign scores of problems such as bullying, or manager support, had high incidences of dissatisfaction on the change measures, thus indicating it is an embedded perception across the Trust.

#### **5.4.5 Evidence from interviews on Senior and Line management**

Numerous interviewees felt many managers had emerged from the ranks but *“were still learning their craft”*. This led some to argue that many managers *“lacked proper management experience”*, were *“not trained in people management”* and were in real need of *“mentoring and management support”*. Several staff felt a need for managers to be *“professionalised”* and that *“we shouldn’t assume clinical staff can be promoted into management roles”*. Other staff talked about good managers *“not lasting”* and the recent restructure led to considerable reference to *“the wrong managers being appointed”* and *“good ones slipping through our fingers”*. The reduction of manager head-count in the recent restructure was felt by some to likely exacerbate the disconnect between staff and managers *“as they won’t be on station any more”*. It is of course too early to comment on the success or otherwise of the restructure exercise.

It was clear throughout most of the interviews that staff, although clear as to who their line manager is, lacked regular and sustained contact because of rota patterns, leading to a disconnect between staff and management. Duty officers and line managers assume similar roles, but staff are unable to build up close and meaningful relationships with their line manager because they might rarely encounter each other because of rota patterns. This leads many staff to say *“I don’t want to discuss personal issues with a number of different people”* which underpins many of the concerns raised above about lack of empathy between staff and managers. This may simply be because of organisational design rather than overtly unsympathetic managers, although clearly this may still exist.

Welfare checks, or lack of, also featured prominently in interviews with staff reporting that it was their union (often Unison) that undertook welfare checks. Within the broad theme of staff welfare, many staff feel that although spoken about as important, it is largely superficial because *“things are not followed through”*. Peer support was not felt to be sufficiently well advertised or known about, but staff were broadly complimentary of welfare processes when they had been properly engaged with. We return later to peer support.

In terms of senior management, some employees felt that the Trust lacked “*good leadership*” although they did not explain what this meant. Others felt that Trust leaders were “*focused on getting things right*” [in a positive way], but they didn’t manage the managers. This was a recurring theme across interviews, and particularly towards those who staff felt were bullies. A small number of staff stated that they had written/contacted the CEO but not had the “*courtesy of a reply*”. The recent restructure featured very negatively in interviews with staff and that despite consultation, “*their minds [Executive] had been made up*”. Senior staff interviewed felt there was a “*disconnect between the Board, the Executive and other senior managers*” with “*communication [between them] poor*”. Many interviews felt the expansion of the Trust had come too soon and that, as a consequence, there is a constancy in restructuring, partly because of austerity measures and saving money. These changes in structure left many managers feeling a lack of loyalty to them and that change was constantly unsettling staff, not providing sufficient opportunity to bed things down.

Some staff feel that senior managers and pointedly the CEO, “*micro-manages*” rather than letting others manage. Some interviewees talked about the CEO addressing them collectively which they felt was inappropriate in tone and style. There was a consistent view that the CEO was “*happy to let staff go*” and even “*encouraging getting rid of people*” because their replacements would be lower pay bands and have less sickness absence and thus lower operating costs. Many of the staff interviewed felt the CEO had “*failed to address issues*”, particularly around bullying and alleged bullies. Several staff feel there is “*rhetoric from the Executive and particularly the CEO that staff are high priority, but the reality is we are not – we are rubbish*”. Others felt that nothing happens in SWAST without the CEO “*saying so*” and the “*CEO is so comfortable*”, indicating his word was incontestable. Others talked about “*boys clubs*” [meaning cliques of males] of which the CEO was either aware or part of.

In broad terms, there was a significant feeling of disconnect between staff and senior management. Well-being in HQ being “*well-meaning but is so far removed from the front-line experience – what it is really like*”. Or as one interviewee said, “*Execs need to get out to the front line - no breaks, no food, no toilet breaks, ambulances falling apart*”. Many staff felt desperate that the Executive and CEO needed to have greater visibility and empathy with front-line operations because in many ways, the Executive are just “*fire-fighting*”. The recent Novichok incident at Salisbury was felt by several staff to be illustrative of a “*lack of concern for front line staff*” where the Executive “*were not prominent*” or seen to be “*supporting staff on the ground*”. The Salisbury incident is relatively unique and staff concerns may reflect a frustration that Executive site visits were not timely enough.

A number of interviewees felt HR/Workforce took decisions, particularly on outcomes, that should have been taken by senior management. We cannot comment on these without the

requisite case insights, but it is important to raise. It is also important to note that lots of staff we interviewed felt there were *“inconsistencies in how staff are treated by HR/senior managers”*, particularly in relation to suspensions and serious incidents (SIs). We were told of suspensions and dismissals, but once again, without the necessary evidence, we cannot comment further.

We also feel it important to raise concerns brought to our attention about ‘HART’ and the ‘Specialist Paramedic’ role where some staff we spoke to felt both were in terminable decline or unliked by the CEO and Executive. The staff concerned felt things were unclear in respect of the specialist paramedic role and thus causing significant uncertainty, while for HART, several staff felt they were seen as a luxury by other SWAST staff and that the Executive *“don’t bat for us”*. These uncertainties spill over into other aspects of change management such as the ‘Rota Review’ which many staff feel is neither working nor sustainable. As one said, *“Just a load of spin – a complete waste of time”*. The Rota Review is widely perceived as *“unfair”* leading to staff being unable to build team collegiality *“because I now work with so many different people – no-one has my back anymore”*. Others felt this was leading to *“a lack of team cohesion”* and *“I can’t confide to my manager because I never see them and now I can’t confide with my mate because I don’t know who my mate is”*. Many staff stated they had complained about the Rota Review after 6 months of being in operation but were told *“you chose this so just get on with it”*. Many staff felt this was unfair as there was more than one option at the outset and they may not have voted for the final version deployed. Others talked about *“not being given all the options”* when the Rota Review was being debated. It is fair to conclude that there is widespread disquiet on this issue although we are aware that there are further iterations and attempts to find solutions by SWAST managers.

### ***Summary commentary on leadership and management***

There is significant data on leadership and management issues and thus the commentary needs to be carefully considered.

Firstly, in terms of the survey data, this shows a mixed response between staff and line managers. For some staff, there is clearly a good relationship between them and their line managers who are reported to conduct their lives ethically, are trustworthy, balanced in their decision making and listen to their employees. However, this position is not uniform across the Trust, and with one third of staff disagreeing with the statements, and a quarter giving neutral answers, there is significant scope for improvement. For line managers, the greatest levels of disagreements were in areas that are relatively easy to address, being largely around engaging with their teams in areas of NHS ethics and values, in asking for views when making decisions, and ensuring success is measured in ways other than in conventional metrics. Disciplining violations of ethical procedures is not always visible to all

staff but communicating intent presents a sound signal to the workforce regarding ethical expectations.

There is obvious disquiet about the Rota Review and the change of structure to County Commander and is too early to say if the new structure will improve engagement between managers and staff, but what is clear is that there is a disconnect, although clearly not everywhere. Similarly, the Rota Review is now perceived to further divide the already fragile collegiality in some areas because staff now no longer work as a team. This has serious implications for morale and for welfare awareness which has long been recognised as critical to staff welfare. In short, in a 12-hour shift, how would staff recognise a subtle change in behaviour of their workmate if they hadn't worked with them before or not for several weeks?

Secondly, the responses to senior management commitment to psychologically safe working is much less positive, but still indicates around one quarter to one-third of respondents agreeing that senior management have a positive approach to psychologically safe working. There are large numbers (typically 12%-30%) who hold neutral views and is important to recognise that work needs to be undertaken to turn these to more positive outcomes. In terms of the negative views, many of these can also be addressed with little cost by more effective communication and a clear vision on psychological safe working from the Executive and the front-line management teams. There is work to be done around better engagement by the CEO and Executive and for staff to see welfare and well-being as prominent and not simply a matter of rhetoric. SWAST must drive welfare reform and make this a strategic priority. It is not simply a case of a collective arm around a shoulder, but more so one of active listening and proper engagement with action plans. There is also a need for clarity around communications on the value of HART and whether there is a planned phasing out of the Specialist Paramedic role. Much of this can only be achieved with proper engagement in partnership with trade unions. We use the plural here as at the time of writing there is no official recognition of the GMB Union at SWAST. We spoke to both Unison and GMB members and it is suggested that GMB membership is increasing. There are clear recognition requirements at SWAST for trade unions and the GMB (or any other trade union) will need to evidence membership numbers to comply. There are numerous examples of NHS Trusts becoming more productive because of better employment relations and diminished sickness absence rates as a result of active engagement by all sides in the employment relationship (see for example Mersey Care NHS Trust which has been held as an exemplar).

The survey data clearly shows that in those locations with low reports of bullying and exposure to negative behaviours there is a much closer affirmative alignment with views that senior management cares about psychological well-being. This is reversed in locations with high rates of reported bullying and exposure to negative behaviours. If teams feel

unsupported by their managers when faced with elevated levels of bullying, harassment and negative behaviours, it is unlikely there will be faith in the senior management being committed to safe psychological working. Staff require action from the leadership that demonstrates its commitment to psychological safe working in ways other than tokenism or paying it lip-service.

Thirdly, it is also clear that the process of change around restructuring (numerous) and the Rota Review has led to significant disquiet (the management and communication of change was also raised in the CQC report of September 2018). The HSE Standard on change aims to ensure the organisation engages staff during processes of change and that systems are in place to respond to an individual's concerns. In general, information should be timely to enable clear understanding for the change, consultation takes place allowing for individual employees to have input and influence the changes and that potential impacts of change are understood. Timetables, training and access to support during a change are evidence of good practice. In terms of SWAST, change is the second poorest performing Standard after control which we discuss below – both are very close in scores. This suggests the process of communicating, engaging and managing change is poorly executed for the majority of staff at SWAST (excluding Corporate and Operational Services, but even here there is scope for improvement). The results suggest there are opportunities to enhance communication around processes of change to ensure both consistency around changes made, and their likely impact. A failure to communicate intent has been shown to cause disquiet and the Rota Review is an area of recent change that is worthy of detailed scrutiny and review, regardless of its implementation costs.

Fourthly, manager support has been consistently shown through research to buffer the effects of bullying and harassment and, along with peer support (see below) is critical in addressing bullying. Along with adequate policies and processes, systems should be in place to empower managers to support employees. Employees in turn need to indicate they have sufficient information from management to support them, and they know where to go to raise any concerns. It is clear from the results that manager support varies significantly across SWAST with some good support in some locations and very little support in others. Whilst a degree of variation could be expected, partly because some managers are better at supporting staff than others, there is such a disparity between locations as to flag this as a serious cause for concern. This is particularly critical in ambulance work given the stressful nature of the job, plus, when combined with shift work and long-overruns, increases the capacity for error and patient risk as well as negatively impacting on staff well-being and mental ill-health. Once again, trade union respondents are statistically more likely to report minimal manager feedback and receiving less emotional support and male respondents reporting reduced manager feedback. The connection between some of the worst reporting locations for manager support and also for bullying is an important one. This supports our earlier findings that perpetrators of bullying can sometimes be managers. We

see some locations performing better than others in this regard and thus are seeing the emergence of hot-spots for bullying that closely connects to poor manager support as well as to negative behaviours.

## **5.5 Peer Support and Workplace Culture**

### *5.5.1 Peer Support – from HSE questions*

We have already alluded to peer-support being potentially threatened by the changes imposed via the Rota Review and by the importance of manager support being diminished by a lack of regular contact/interactions. We now turn to specific questions on peer support as set out in the HSEs Management Standards. Four items measure peer support (SWAST median score in brackets).

- Q.7 If work gets difficult, my colleagues will help me (3.90)
- Q.24 I get the help and support I need from colleagues (3.86)
- Q.27 I receive the respect at work I deserve from colleagues (3.71)
- Q.31 My colleagues are willing to listen to my work-related problems (3.84)

In a caring context such as the NHS, and particularly in ambulance service work, we would expect peer support to be excellent. In SWAST, 90% of staff report getting the help they need from colleagues and a similar number report their colleagues are listening to their work-related problems or willing to help them if work gets difficult. It is not surprising therefore that this is the second-best performing Standard at SWAST indicating consistent levels of peer support. However, Q27 had the lowest score of the 4 questions and when we examined this specific question in more detail we found:

- Women were 1.7 times more likely to say they never/seldom received respect they felt they deserved from colleagues.
- Non-heterosexuals were 3 times more likely to say they never/seldom received respect they felt they deserved from colleagues.
- Disabled/chronically sick staff were 2 times more likely to report they never/seldom received respect they felt they deserved from colleagues.

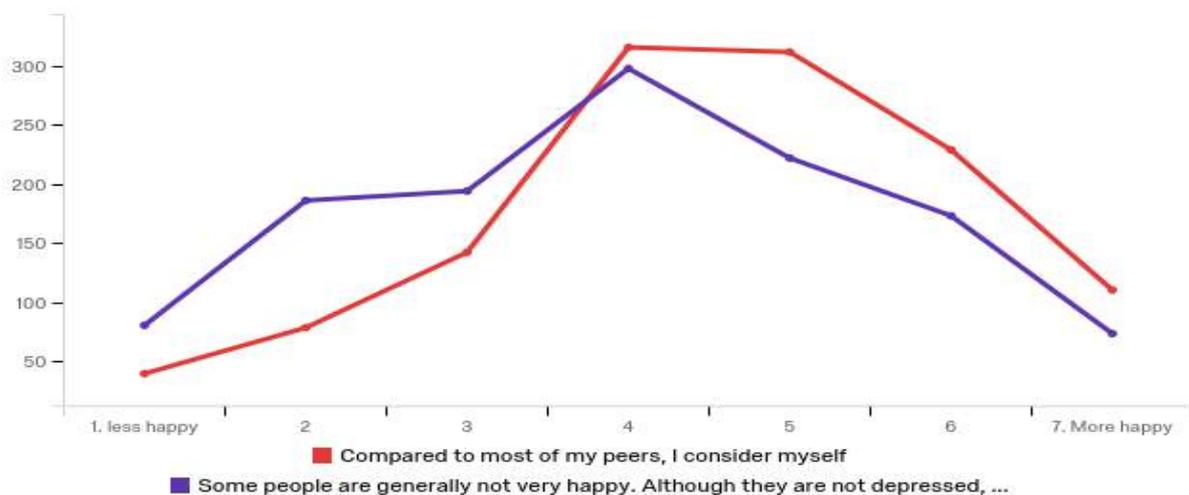
We observed no differences in the data between full-time and part-time staff, between staff with short or long lengths of service or between trade union and non-trade union members.

Two locations stood out as having the highest levels of negative association with peer support, namely East Devon and EPPR where 20% and 19% respectively of respondents from these locations said they never/rarely received the respect they felt they deserved from colleagues. EPPR reported the highest rates of bullying in the Trust and East Devon reported some of the lowest levels of manager support.

### 5.5.2 Staff Happiness

We asked a small number of questions about staff perceived levels of happiness. The reasons for asking these questions were to establish what relationship, if any, exists between levels of happiness and work-related stress, bullying or exposure to inappropriate workplace behaviours. Figure 9 below indicates a typical bell-curve with most staff stating a reasonable degree of happiness.

Figure 9 Staff Happiness Levels

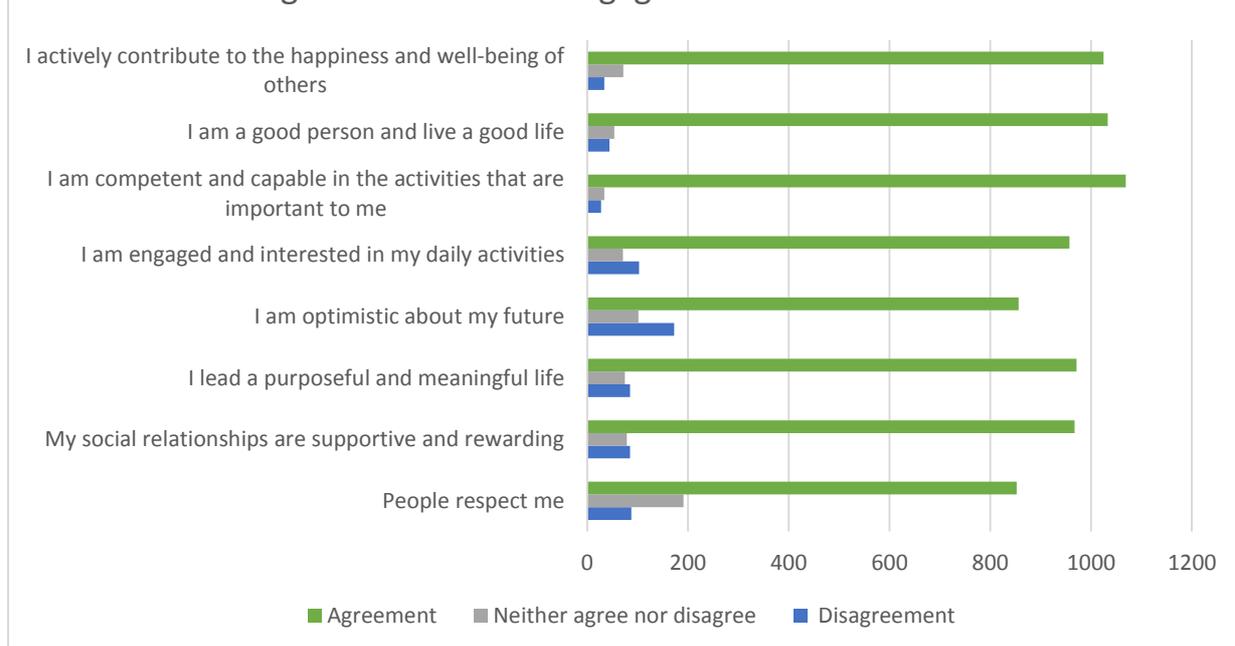


Taking scale points 4-7, 79% staff were happy or very happy at the time of completing the survey with 21% less happy. However, as we might expect, those people reporting exposure to bullying, negative behaviours or work-related stressors had lower levels of happiness compared to respondents not exposed.

### 5.5.3 Staff Engagement and Satisfaction

We also asked SWAST staff eight questions about measures of engagement and satisfaction. Fig 10 below provides a graphic of these results.

Fig 10: Measures of engagement and satisfaction



The data shows the significant majority of staff (typically between 75% and 95%) feel respected, have supportive social relationships, are optimistic and so forth. The lowest scores are:

- ‘people respect me’ with 191 people (17%) being neutral and 88 people (8%) disagreeing. Without clear understanding of staff thoughts, we cannot be sure if this means inside or outside of work. However, we would hope that in the role of paramedic/ambulance service worker that respect would cross work/non-work boundaries.
- ‘I am optimistic about my future’ with 102 people (9%) being neutral and 173 people (15%) disagreeing.

When we looked at these 8 questions and compared the response with people who reported being bullied using both our own question (with definition) and the HSE question on bullying, we found two statistically significant differences:

- 159 staff (37%) disagreed to some level that they were optimistic about their future. Of these, those reporting bullying were nearly twice as likely to be less optimistic about their futures as those who had not reported bullying.
- In terms of engagement/interest, 156 staff (22%) disagreed they were engaged and interested in their daily activities. Of these, those reporting bullying were nearly twice as likely to be less engaged/interested in their daily activities as those who had not reported bullying.

We found the same pattern in the results when we looked at the HSE question on harassment. Those subjected to harassment in the form of unkind words or behaviour had

twice the levels of disengagement/lack of interest compared to those who did not report harassment and twice the levels of diminished optimism about their futures compared to those who did not report harassment.

We also wanted to discover whether those who had neither reported bullying or harassment had their optimism or engagement/interest affected because they were also aware of anger/friction between colleagues or if they believed workplace relationships were strained. The same results were found, so that optimism and engagement/interest is diminished amongst those who reported friction or anger between colleagues or in strained workplace relationships.

#### *5.5.4 Interview data on descriptors of organisational culture*

One of the most consistent features of conversation with interviewees was the widespread belief that SWAST had a blame rather than learning culture, although one interviewee felt there was an increasing *“drive to a learning culture and greater transparency”*. A blame culture was evidenced by people’s experiences and observations of conducting excessive SIs and raising questions of capability against staff by using suspension, demotion and even dismissal as mechanisms of control. This was felt to be more prominent in some locations than others with Exeter being cited as a station that excessively deployed SIs whilst *“we never do that in Wiltshire unnecessarily”*. Staff fully appreciated the importance of these mechanisms but felt that managers used these as *“vehicles of fear and intimidation”*. Several staff felt that mistakes of a more trivial nature were used as *“managerial sticks”* to intimidate staff and if SWAST had a learning, rather than blame culture, there would be greater use of discretionary support by managers to ensure lessons were learned and errors not repeated. There is no question that staff feel serious errors should not be dealt with, but that minor mistakes were dealt harshly by some managers and not by others. Management styles was often described as *“dictatorial”* and *“old fashioned”* and *“command and control”* and these were the management styles favoured and encouraged.

In support of this, several staff felt that *“a boys club”* mentality existed. This was particularly the case in Cornwall where consistent reference was made to the *“B-B-Q Club”* a social gathering of local managers who used this as membership criteria for career progression and more favourable treatment. There were also some claims that this group of managers used membership for sexual favours, but we cannot corroborate this. Sexualised behaviour did however feature more regularly in our conversations with some SWAST staff. Whilst some of this was historical, it had nonetheless left its mark on interviewees. Some women talked about being exposed to pornographic material, to being physically propositioned and to behaviours that are frankly bordering on gross misconduct or even sexual assault. Much of this seems to either have existed or to still be prevalent because of a culture where sexual banter was/is commonplace. Women talked about being referred to as *“fresh meat”* or *“put over his [manager’s] knee and spanked my bottom”*. Some managers and male

colleagues openly talked about their private sex lives in front of females or made lewd gestures. Some male colleagues commented how they found the culture in some work locations to be highly sexualised and sexist where one male and female “*simulated sexual intercourse*” on the floor in front of others, including managers, who then failed to intervene. Men and women found such behaviours wholly offensive. Interviewees also talked about managers “*openly flirting*” with new employees in an attempt to exert power and control. As one interviewee said:

*“It was made clear to me that if I wanted to progress my career there were sexual favours that were required. Nights out, weekends away. You do as we want you to”.*

Some staff also complained that protests to managers were often dismissed with no repercussions for the alleged perpetrator or, if suspended, were reinstated to the same role with women expected to continue to work with them. The women we spoke to find such circumstances unacceptable and degrading as well as risky and threatening. Aside from sexualised behaviour, several interviewees thought some managers and colleagues were openly sexist towards women insinuating “*because I am a woman, I am somehow less capable*”. Sexism was also used against women to give unfair workloads compared to men and to be used as mechanisms of control. Note: We cannot comment on individual cases as we are not party to the full spectrum of evidence. There is a perennial concern amongst staff in all organisations of being unable to know the outcome of disciplinary actions by their employer, largely because of confidentiality. However, some NHS Trusts will anonymise outcomes by stating xyz staff have been dismissed because of bullying, inappropriate behaviour, sexual harassment etc. This is something SWAST may wish to consider.

We have already referred to numerous examples of banter in the Trust and to gossip and tribalism as features of some workplace cultures and staff felt a lot of this was akin to “*school playground behaviour*”. Exeter station was described as “*masculine, old-school where you are never greeted*” and the place has “*a couldn’t care-less attitude*”. People often felt that outside of their own station they were “*persona non-grata*” and it didn’t feel like they “*worked in the same organisation*”. That said, some interviewees felt that things were changing for the better with “*people more self-regulating*” in their banter and this was being helped by the professionalisation of ambulance services with “*new graduates coming through*”. However, others talked about “*massive strides [still] needed to professionalise the service*”.

Although widely reported on ambulance services *per-se*, many interviewees are exasperated by the triage of patients that see paramedics having to attend calls that even patients themselves deem not requiring an ambulance. Interviewees feel the Trust has a risk-averse culture which is too frightened “*to say no to anyone*”. Others described the culture as “*compliant*” and that SWAST should learn from Fire Services in “*educating the public and*

*being more proactive*". Similarly, one interviewee felt that they were never *"able to learn what happens after we leave a patient"*, meaning learning is lost over possible interventions that could be deployed earlier for patient care. Finally, staff we interviewed talked about a manager-workforce divide where there is failure to recognise *"good works done"*.

Speaking out or raising concerns also featured prominently in interviews with staff. Staff talked about being *"too scared to take things forward formally"* because *"it would be detrimental to my career"*. Others talked about not wanting to *"put my head above the parapet"* and even *"I didn't have the courage to speak to the CQC when they came"*. Interviewees talked about *"being scared"* because to do so meant they would be *"bullied"* or *"ignored"*. Some staff complained that they had been *"victimised"* or *"penalised"* for complaining or *"being honest"*. Those that had formally complained about bullying or inappropriate behaviour felt their careers had suffered as a result because they were no longer *"in the in-crowd"*. Others felt they were targeted because they were union members and had spoken out and this included being targeted by HR and told *"I had to keep quiet"*. Others told us that they could progress if *"I gave up my union work"*. Some interviewees felt that people were treated differently because they had CEO support – *"swept under the carpet"* whilst others *"were told to shut up"*, not by the CEO but by local managers.

Processes were often spoken about as *"biased"* or not acted upon. For example, Datix was not always possible because access to a computer was not regular and *"even if you do, they are not acted upon"*. Staff also complained that transfers from one station to another didn't follow policy, for example the filling of vacant posts with staff awaiting a transfer losing out to others. Interviewees talked about being advised *"to drop the case"* because to do so meant that *"my card would be marked"*, even though the case involved alleged sexual harassment.

### **Summary Commentary**

Firstly, peer or colleague support is also shown to buffer the effects of bullying and harassment which, along with management support, are deemed critical in helping address bullying. It appears that the majority of SWAST employees who responded to the survey are getting the support of their peers, but this is not universal, either by work location or by demographic group. Could this be a feature of workplaces described as 'tribal' earlier? The fact that women, disabled/chronically sick and non-heterosexuals report statistically significant differences compared to others indicates the potential for discriminatory behaviours or of cliques where members of an out-group are treated differently from the in-group. The data also ties closely to locations where bullying is present or where management support is absent. Overall, when colleague support is lacking, isolation and diminished self-confidence can occur and if this is linked to bullying or a disinterested/unengaged management then matters can become exacerbated. The fact that so many interviewees felt that raising concerns could be or was detrimental to their

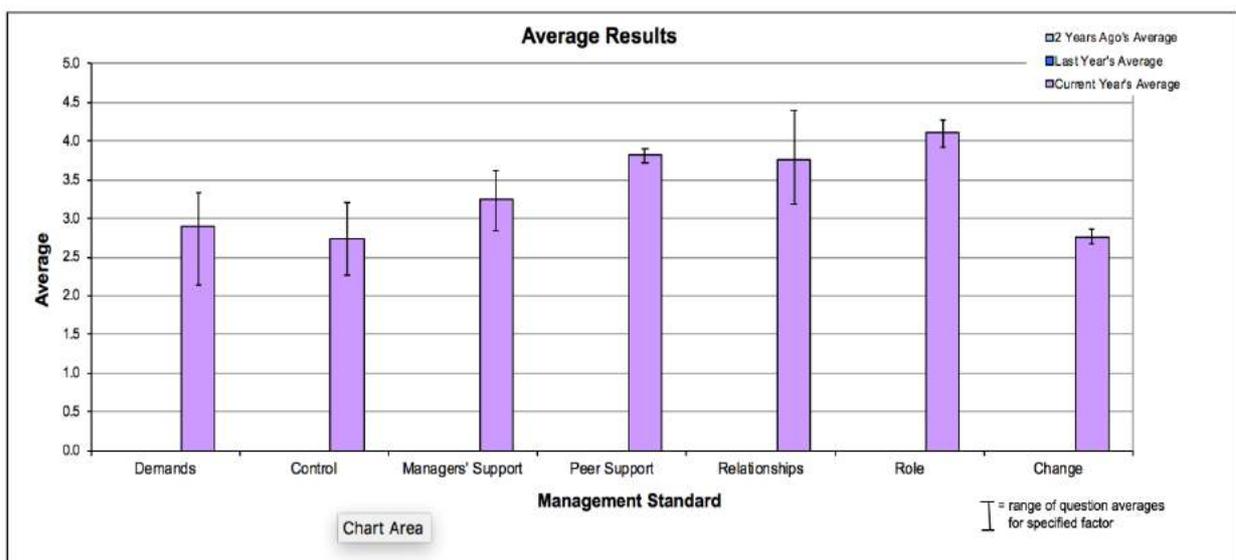
careers is of particular concern. The Francis Inquiry (2013) and the additional 2015 report make clear the risks to NHS organisations of not listening to staff when concerns of bullying or other forms of mistreatment are raised. Although some of the sexualised behaviour raised with us is historical, some of it is embedded, and real progress is needed to eradicate this once and for all. There is no place in any organisation for such behaviour, whether masquerading as banter or not. Similarly, policies and procedures must be executed fairly and consistently without exception. There can be no in-groups or out-groups and all stations must be universal in their fair and proper treatment of all SWAST staff, regardless of where they are based.

The data demonstrates the negative impacts both bullying and harassment directly have on staff engagement/interest in their daily tasks and in their optimism about the future. Furthermore, those staff not directly experiencing either bullying or harassment also demonstrate statistically significant differences in engagement and optimism simply from reporting strained working relationships or being aware of anger/friction between colleagues. As such, in working environments where stress, tension, bullying and harassment is allowed to exist, this has negative consequences for all.

### 5.6 Work Demands, Job Control and Role Clarity – the work of ambulance services

Figure 11 below illustrates the 7 areas of the HSE Management Standards. We have already discussed four of these and now we turn to the final three elements.

Figure 11: HSE Management Standards for Workplace Stressors (Average Scores)



#### 5.6.1 Work Demands

Our earlier analysis on negative behaviours suggested a potential correlation with demanding work with over two-thirds (67%) of survey respondents indicating they were given an unmanageable workload or set impossible deadlines. Work Demands in the HSE Management Standards are comprised of the following set of questions, which seek to

reflect the pressures experienced by employees as a part of their job. As illustrated in Fig. 11, this produced the third lowest score of the 7 Management Standards thus indicating the potential for this area as a workplace stressor. The individual questions in the Work Demands cluster were (mean scores in brackets):

- Q.3 Different groups at work demand things from me that are hard to combine (2.87)
- Q.6 I have unachievable deadlines (3.33)
- Q.9 I have to work very intensively (2.14)
- Q.12 I have to neglect some tasks because I have too much to do (3.26)
- Q.16 I am unable to take sufficient breaks (3.14)
- Q.18 I am pressured to work long hours (2.93)
- Q.20 I have to work very fast (2.53)
- Q.22 I have unrealistic time pressures (3.09)

Of these 8 questions, the 2 standout items (lowest scores) are Q9 – ‘I have to work very intensively’ and Q20 – ‘I have to work very fast’. As these two items were the highest indicators of stress within work demands, we looked at the different demographic groups to establish if any were more or less at risk than others. Our analysis reveals no statistically significant differences between the groups meaning that men/women, LGB/Heterosexual, disabled/non-disabled, pay bands etc. were equally likely to report these items as not report them. These questions also produced similar responses by work location and we conclude that having to work speedily and intensively is a Trust-wide issue and probably reflective of the wider NHS demands and particularly of those in ambulance services.

### ***Comments from interviews***

Interviewees consistently raised concerns about the nature of excessive work demands. There was particular concern in some locations about work overruns which many staff typically put at between 10-15 hours per month. Most of the staff we spoke to said overruns had “*become the norm*”. In another SWAST location staff felt overruns were typically “*2-3hours per shift*” and this seems particularly problematic in more rural locations with large distances between communities/hospitals. Alongside overruns, staff complained bitterly about the types of calls they were having to respond to as exemplified here: “*We’re being sent to so much rubbish. Triage isn’t fit for purpose*”. Another interviewee said “*25-30% of calls do not require me to be there*”. Alongside these issues staff in some locations complained about being unable to turn down non-emergency calls as their shift ended, as one interviewee said, “*Traditionally we could turn down a non-emergency call but now we are told we have to attend*”. This can result in significant overrun with one interviewee stating they ended up “*doing 700 miles in one shift*” and being sent to locations with “*2hours travel time each way within 45 mins of my shift ending*”. These scenarios create tensions between front line crew and both despatch and the triage services. The outcome for some staff of these situations is to seek alternative employment such as “*staff are*

*leaving to work in GP surgeries and finding other avenues for their skills”, while others choose to “reduce my hours”. Others describe their situation as “at breaking point” with trade union officials claiming being “overwhelmed by workload” because of how staff feel, particularly if coming on shift at 7am and finding “people waiting from the night before”. Some of this is also attributed to the Rota Review, which staff feel “didn’t achieve anything”.*

### **Commentary on work demands**

The HSE require organisations to aim to provide employees with appropriate and achievable demands related to the agreed hours of work. The aim is to match skills to job demands and to ensure any employee with concerns regarding their work environment have them appropriately addressed. This means systems are in place to respond to concerns, and ideally to monitor them. Overall, the ‘work demands’ results indicate significant numbers of respondents having exposure to some form of excessive work demands with many likely to be stressed by these conditions. Whilst some of this is clearly linked to increasing work demands across ambulance services *per se*, some of the concerns raised by SWAST staff relate to the triaging of patients, the dispatch on lengthy calls which extend shifts by considerable time and on a regular basis, and the impact of the Rota Review. These types of issues also feature in the next HSE area, Control over Work.

#### **5.6.2 - Control Over Work**

The amount of control a person has over their work, and how it is done, is best explained as ‘autonomy’ or, the ability to make decisions for themselves about how they do their work. The HSE indicate control over work by the following six items (median scores in brackets).

- Q.2 I can decide when to take a break (2.71)
- Q.10 I have a say in my own work speed (2.93)
- Q.15 I have a choice in deciding how to do my work (3.00)
- Q.19 I have a choice in deciding what I do at work (2.28)
- Q.25 I have some say over the way I work (3.21)
- Q.30 My working time can be flexible (2.26)

Control was the poorest set of results in the Management Standards at SWAST with a mean score of 2.73. Within these 6 questions, Q30 – ‘My working time can be flexible’ – and Q19 – ‘I have a choice in deciding what I do at work’ – were the two lowest/poorest scores. By contrast, Q25 – ‘I have some say over the way I work’ – produced the best score, but this should be viewed cautiously as a score of 3.00 is still only marginally over the median point.

Looking at the demographic groups for the two lowest scoring items our analysis showed some statistical differences. Men, and SWAST staff who were members of a trade union, were both statistically more likely to say that their working time is inflexible, and they lacked a choice of deciding what to do at work. When we looked at the work locations of

respondents, we found the OM locations and the 999 hubs reported the greatest problems with a lack of job control and the least amount of flexibility in working time.

There were no statistically significant differences in the other demographic groups for these six questions indicating that issues of work control are fairly uniform.

### **Comments from interviewees**

The issues identified by excessive work demands previously have significant impacts on SWAST staff's abilities to control numerous aspects of their lives. Without question, the greatest effects were on people's private lives with staff saying:

*"You cannot plan your life anymore. Long hours have a huge impact on family life"*

And

*"You don't plan anything [outside of work] on a work day"*

And

*"It is becoming impossible to have a life outside of the ambulance service. You never get downtime. I am just constantly tired and end up squabbling with family members. Something has to give".*

Once again, rotas featured prominently with staff describing their rota as *"hideous"* and *"no flexibility – it is exhausting"*. Others explained how their spouses/partners had to change their work contracts to accommodate the Rota Review changes with one saying, *"My health has deteriorated, and I have now developed Irritable Bowel Syndrome"*.

Staff also complained about the booking of short-term and long-term annual leave. Whilst the NHS widely practises advanced leave booking, many staff felt that annual leave was unfairly administered with favouritism by some managers. Control over work also featured occasionally for staff with recognised disabilities saying, *"when I am tired I am clumsy [dyspraxic] but there is no dispensation from my manager"*. Dyspraxia is covered under the 2010 Equality Act and reasonable adjustments must be considered by managers to assist employees with such conditions.

### **Commentary on control over work**

In order to reduce stress where possible, employees should have control over the pace of work, can use their skills and initiative to do their work, and develop new skills by undertaking new and challenging work. The organisation should encourage skill development and consult over work patterns. Employees should ideally have a say when they take their breaks.

Overall, control over work across SWAST is the weakest of the 7 Management Standards. Men and trade union members within SWAST are most likely to be dissatisfied with flexibility in working time and in choice about what they do at work, as are those working in

999 hubs or OM locations. Some of this is probably reflected in the ways men and trade union members are distributed by job role, but we do not have this information to be able to make a discernment. For example, if more men and trade union members are front-line ECAs/paramedics then it is relatively easy to understand how a lack of flexibility and choice in what is done at work manifests itself by the very nature of ambulance work and by the pressures of the job. Similarly, 999 hubs have little flexibility in how their work is controlled.

It is clear from interview data that many staff are very frustrated by the lack of control in their work lives and this is impacting negatively on their private lives. With regular overruns and concerns about being able to book annual leave at short notice, it is unsurprising that staff have a reduced sense of autonomy. Care must also be taken by front-line managers to ensure fairness and compliance with legal requirements for staff with recognised disabilities.

### *5.6.3 - Role Conflict*

Role conflict has been shown by researchers to be highly correlated to bullying at work, because an absence of role clarity creates uncertainty, leading to stress. Five items measure role conflict as follows (median scores in brackets).

- Q.1 I am clear what is expected of me at work (4.09)
- Q.4 I know how to go about getting my job done (4.28)
- Q.11 I am clear what my duties and responsibilities are (4.24)
- Q.13 I am clear about the goals and objectives for my department (3.92)
- Q.17 I understand how my work fits into the overall aim of the organisation (3.98)

Role conflict in SWAST is the best performing Standard meaning; 93% are clear about departmental goals and objectives and understanding how their work fits the aims of SWAST; 95% of SWAST staff are clear what is expected of them at work; 96% are clear on their duties and responsibilities; and 99% know how to get their job done. These results indicate a significant degree of role clarity for the majority of staff

The two lowest scores are Q13 (clarity on departmental goals and objectives) and Q17 (fit with SWAST aims). When we looked at these questions by location, 23% of staff working in 111 reported they seldom/never were clear about departmental goals and objectives (20% in OOH) while 21% of EPPR never/seldom understand how their work fits the SWAST aim (18% in South Gloucestershire and 16% in North Wiltshire).

#### *Comments from interviews*

We did not receive any comments on matters of role clarity in the interviews.

#### **Commentary on role conflict**

This Standard aims to ensure employees understand their roles and responsibilities and systems are in place to respond to concerns. The aim is to ensure compatibility between

employee roles and expectations by the organisation and that this is clear and wherever possible, unambiguous. Overall, SWAST employees report significant clarity in their role and fit with their departmental objectives and organisational aim. This suggests role clarity is not a source of stress for the majority of survey respondents and supports the view of a 'well-led' organisation in terms of strategic fit with goals and objectives. For a small number of staff role clarity is less definite.

#### ***5.6.4 Summary of HSE Management Standards***

Control over work, change management, job demands, and management support are the weakest performers in terms of Management Standards at SWAST. All elements have a degree of interrelationship leading to stress. For example, where an employee feels they have little control over work in terms of flexibility and choice coupled with super-intense and fast work, can lead to friction and anger and strained working relationships. If managers are then poor in supporting the emotional nature of the job and do not give sufficient feedback on the work done, and are poorly performing in communicating and explaining change, they combine to create a 'perfect storm' of stressors at work which can lead to the types of bullying and harassment claims that we see in the data.

There are numerous risk groups for these stressors and we have highlighted these above. These provide a focus for SWAST leadership in how they must improve managerial engagement and communication that is both meaningful and constructive. Communication featured as an area for improvement in the September 2018 CQC report and our report supports this. It is clear that men and trade union members often feel the most disengaged, but it is not that simple. We also saw in the data how certain stressor points are felt by women or other minorities, all indicating a lack of cohesiveness in culture because these groups feel they do not get the respect they deserve from colleagues. This also substantiates claims that in some stations there are cliques that operate on an in-group/out-group basis which ultimately can be prejudicial and unwelcoming.

## **6.0 Conclusions**

At the time of writing, the Carter report into English ambulance services was released (27/9/2018). Much of the content of the Carter Report on matters of workforce, leadership and management chimes with the findings in this report. This report is specifically concerned with SWAST culture and what relationship bullying and harassment and workplace stressors have with cultural dynamics.

We set out our conclusions by focusing on the problems as evidenced in the data. We do this in three discrete, but naturally overlapping areas; (1) the very nature of ambulance work; (2) Leadership and Management; and (3) cultural dynamics.

### *6.1 The Problem(s)*

#### *6.1.1 Ambulance work*

Both the 2017 National Audit Office report into NHS ambulance services and the 2018 Carter report into the same, paint a very challenging picture for English ambulance services with demand rising 6% per annum (Carter, 2018) and sustained performance pressures. These, combined with drives to increase productivity, have changed all aspects of ambulance work and these invariably impact on the staff. SWAST, for example, were in the upper half of English ambulance trusts for costs per face-to-face incident and costs per head of population (Carter, 2018) which invariably places significant pressure on the organisation to reduce these by numerous means. What relationship these have to stress and to potential bullying and harassment have been mooted, but each NHS organisation is different and thus need individual investigation. However, Carter (2018:41) reminds us that “Everyone should go to work without the fear of being abused, threatened, assaulted or attacked, and NHS staff are no exception. The level of bullying and harassment in the ambulance service is the highest in the NHS”. This makes understanding the cultural dynamics behind bullying and harassment critical and both SWAST and Unison are taking positive steps to address this through commissioning this report.

It is also worth remembering the ground-breaking reports of Sir Robert Francis in 2013 and 2015 into wider NHS issues where bullying had been reported, but resulted in isolation, reprisals and even disciplinary action and counter allegations. As Francis (2015:13) stated, ‘Quite apart from the unacceptable impact on victims, bullying is a safety issue if it deters people from speaking up’. It should therefore come as no surprise that bullying and harassment have unfavourable consequences for effective organisational performance, specifically through increased sickness absence, reduced productivity, higher levels of employee turnover, directly impacting the potential for new entrants into the NHS labour market, excessive litigation costs, damaged organizational reputation and of course patient experiences (Francis, 2013).

### *6.1.2 SWAST experiences of bullying and workplace relationships*

Before we get to the data on bullying, we found no evidence of race discrimination, unlike that reported in 2016 and 2017 SWAST NHS survey data. That is not to say that race discrimination does not exist, but more so that we simply did not obtain sufficient numbers of Black and minority ethnic responses to our survey to be able to draw any conclusive evidence. We did however, find evidence of discrimination, primarily through poor management practices, but also potentially through cultural normalised behaviours, against other minority groups and we address these below.

We obtained a healthy response rate to our survey with approximately 20-25% of SWAST employees responding to questions put to them. Aside from ethnicity, we obtained good responses across all locations of SWAST geographic operations, all departments/locations as well as pay grades. We are therefore confident that the data is robust and relatively representative. Nonetheless, the data are not randomised and are cross-sectional.

SWAST has seen bullying increasingly reported, rising from 21% in 2016 to 24% in 2017. Whilst this was still 4% below ambulance services averages, this is a significant increase in and of itself and should be viewed as a point of unease. In this study we found comparable responses in the survey with 23% reporting bullying, 6% of this being regular exposure (composite of monthly, weekly and daily). The 2017 NHS survey data for SWAST showed fewer reporting their most recent experience of harassment, bullying or abuse at 35% compared to 38% for the average for ambulance trusts. This is an area that must improve.

We found no statistical differences for bullying by gender, ethnicity, tenure/length of service, or pay band, thus indicating bullying can happen to all types of employee. In terms of risk groups reporting bullying, we found those respondents who identified as something other than heterosexual were twice as likely to report bullying as heterosexuals while those who classified themselves as disabled or having a chronic health condition had a slightly inflated risk of bullying (1.4 times more likely) compared to those without disabilities or such conditions. This is in line with other UK studies across a range of industries/context. Trade union members were also much more likely (1.8 times) to report bullying.

We found some locations within SWAST to have significant reported levels of bullying including: EPPR, OM North Wiltshire, 111, OM Banes and South Wiltshire / OM West Cornwall/IoS, OM East Cornwall and East Devon. When we compared the location/departments with the highest reported bullying (EPPR/OM North Wilts) against the department with the lowest reported bullying (OM West Devon), we found working in EPPR and OM North Wiltshire carried an 18 times increased likelihood of reporting bullying compared to colleagues in OM West Devon. Similarly, staff in 111 were 15 times more likely to report bullying compared to OM West Devon and staff in OM West Cornwall/IoS were 11 times more likely to report bullying compared to OM West Devon.

The HSE Management Standards comprise 35 questions, of which 4 are closely tied to bullying. When we looked at these four questions we found comparable results with our own questions with 17% of staff indicating exposure to bullying and 22% to harassment. However, of equal concern was our finding that there was widespread reporting of 'friction or anger between colleagues' for almost half of all employees in every location rising to 85% of employees in 111. Typically, between one-half and two-thirds of all SWAST employees report friction or anger between colleagues. Similarly, between half and three-quarters of staff in SWAST report 'Relationships at work are strained'.

With strained working relationships commonplace in SWAST and with bullying and harassment reported by around 1 in 5 staff, it is undisputable that problems exist. It is also apparent that staff differentiate bullying from harassment and these are viewed differently from everyday workplace tensions and in strained working relationships. We had virtually no commentary from our interviewees about violence or bullying and harassment by patients or their relatives and thus we conclude that when SWAST employees were talking about bullying and harassment they were referring to encounters with their colleagues and with managers.

Bullying is something that is repeated and results from frequently occurring negative behaviour. It is possible that many SWAST employees experience the beginnings of bullying and/or harassment through the tensions in the workplace culture, but that this only goes on to develop into full blown bullying for around a quarter of them. One thing is clear, actions are needed to reduce the tensions of workplace relationships across the whole of SWAST.

### *6.1.3 Witnessing and responding to bullying at SWAST*

Unlike the NHS staff survey, we also asked staff if they had witnessed or observed behaviours they classified as bullying and one third (32.7%) indicated they had witnessed / observed bullying at SWAST during the last 12 months and mostly was of fellow colleagues (90%) being bullied, although 8% said that they had observed a manager/supervisor being bullied.

We also asked SWAST staff what they did about bullying they had encountered and while 23% spoke to colleagues about it, in line with national studies, none of the 469 staff who reported some exposure to bullying spoke to the 'peer support network' and only 6% spoke to the Trust's counselling services. 15% reported they did nothing. We found virtually zero evidence for using the Freedom to Speak-up Guardian, although this role is relatively new in SWAST and may yet be fully embedded/known. This needs to change and the Trust has to improve on the 20% who spoke to their line manager and the 6% who spoke to another manager. There must be increased impetus to raise the profile of peer-support networks

and other agencies such as counselling as well as HR and trades unions, to capture incidences and record them in order then to action solutions.

The data plainly shows the problem of bullying and harassment at SWAST and that this requires a management solution. Regardless of whether bullying and harassment is from a manager or a colleague, it requires managers to alter their own behaviour or address the behaviour of those they manage or of those employed in other parts of SWAST. There is an urgent need to appraise current voice mechanisms and to better capture staff experiences. Only then can SWAST know the full extent of the problem. However, this requires the staff to have confidence that their concerns will be listened to and acted upon. If SWAST is to avoid the types of issues raised in the Francis reports of 2013 and 2015, staff must not be fearful of speaking up, blowing the whistle or simply reporting bullying. Some of the narratives of our interviewees indicates this is not always the case.

Very few staff raised a Datix, which could be a key solution for bullying and harassment, providing the data is used and acted on appropriately. By elevating bullying and harassment as something that could be classed as a risk-register item (if matters continue to be unresolved) could provide a clear statement of intent by the SWAST Executive/Board as to how seriously bullying and harassment is taken. However, this requires the workforce to take this issue seriously and report using Datix mechanisms. A worst-case scenario would be to encourage Datix for bullying but then do nothing about them. We return to this and to other interventions in our recommendations.

#### *6.1.4 Inappropriate behaviours at SWAST*

Turning to behaviours, the data establishes a widespread dispersal of unreasonable management behaviours across locations and departments. As such, as the Trust leadership needs to pay as much attention to negative behaviours as they do to claims of bullying.

In terms of the SWAST data, there are some well-defined signals regarding Unreasonable Management behaviours, the most common of which were staff reporting having their views and opinions ignored, proper procedures not being followed, being checked up on unnecessarily, and having information withheld from them. In terms of comparison to the Fevre et al., (2011) British nationwide study, the scores for SWAST are considerably higher, often three to four times higher, in every behaviour in the 'Unreasonable Management' category. Whilst caution needs to be exercised in comparing these two sources of data, the evidence suggests that these types of negative behaviour are significantly problematic for SWAST and understanding them and their causes is critical in tackling perceived bullying.

It is reasonable to infer that being checked up on is an affront to one's professionalism. Similarly, offering opinions only to have them ignored is also an affront. The failure to follow proper procedures would need closer scrutiny, but these might be around policy and

process such as annual leave or rotas, or in terms of ambulance practices. What the data does provide is an opportunity for SWAST leaders and managers to now engage with staff as to what these issues of concern might be and to look at ways of addressing them.

The data also signposts that those who have some form of disability or long-term health condition are statistically more likely to report experiencing every one of these 5 most prominent behaviours compared to colleagues without such a disability/health condition. We also saw in interview data how managers are falling short of reasonable behaviour in both executing policy but also potentially in failing to uphold employment laws. This should trigger urgent and considered self-reflection from managers and leaders in SWAST as to duties covered by the 2010 Equality Act. This might be something as simple as asking such individuals/groups how they feel about their workloads/deadlines, being listened to and so forth as well as the deployment of their skills and competencies during appraisals and one-to-one meetings. It has been reported previously that people with disabilities and chronic health conditions are often poorly managed in terms of workloads and deadlines and procedures around making reasonable adjustments are often seriously misunderstood by managers and we heard this in several interviews with SWAST staff. The data here is very clear – disability correlates with several unreasonable management behaviours.

SI's and capability mechanisms appear too common an occurrence at SWAST and, as with other NHS Trust's we have worked with, can be used punitively by managers seemingly determined on pursuing individual employees for minor misdemeanours or as retaliatory acts. This has significant repercussions for sickness absence rates and costs, as well as early retirements or staff leaving the service, and for stress and mental ill-health for staff.

Managers have the right to manage but must do so fairly. If there are legitimate reasons to check on someone's work or their performance, this must be communicated sympathetically and sensitively. Micro-management, without good reason, is inappropriate for any employee and particularly for professionals. When staff tick the behaviour 'Being treated unfairly compared to others in your workplace' they often do so because they perceive managers staff differently to one another, typically around access to annual leave, rotas or to overt as well as covert scrutiny. The interviews with staff included examples of breaches of confidentiality and protocols on return to work following sickness and suspension. The key is to manage staff fairly and respectfully and to explain why work may be checked up on, and if within a performance management setting, is clearly set out and explained.

Behaviours associated with incivility and disrespect were also everyday in SWAST. Several staff talked about behaviours being "*normalised*" and with banter that crossed bounds of common decency being normal occurrences. When we compared these behaviours with those staff reporting bullying we found being treated rudely or disrespectfully had an 8 times elevated risk, feeling threatened was 3.6 times more likely, exclusion from within a

group was 5.6 times more likely and both intimidating behaviour and being insulted was 8 times more likely. This clear correlation between incivility and disrespect behaviours and bullying provides SWAST leaders with insights into how bullying can escalate and establish itself.

There are subtle differences in how different groups experience and report these behaviours but there are signals that one's identity influences how one is treated. Having a disability/chronic health condition and identifying as non-heterosexual indicates elevated risks of mistreatment at work. Along with gender these hint towards mistreatment of staff by others simply because of difference. Numerous other behaviours including intimidation, exclusion from a group point towards some workplace cultures where isolation and unfriendliness are vehicles to discriminate against others because of a difference in identity or status. This also indicates a lack of collegiality and tensions around cliques and feeling intimidated if one does not fit in. There was much mention of tribal cultures in stations which raises questions of identity and culture of individual workplaces and one's fit within them.

Alongside some parts of SWAST that are fragmented with gossip and spreading of false rumours and unwelcoming to outsiders, this again points to an absence of teamwork. Of course, this is not across every station in SWAST or indeed embedded in every sphere of operations, but it does indicate that cultures are fractured and unprofessional and that sometimes, managers are complicit in these processes. That so many staff should talk about an absence of empathy and understanding from managers is a real cause for concern. Staff are not asking for anything out of the ordinary, simply for managers to be respectful and have due regard for those they manage.

### *6.2 Leadership and Management and the connections to stress at work*

Hilary and Vyas (2016) reported that many organisations run on a culture of 'fear' because employees are typically reluctant to participate for dread of being 'shot down' or ridiculed. Furthermore, 'bad news' is rarely passed upwards by front-line managers who feel it is better that senior managers do not 'hear bad news'. This often means senior managers/executives are unaware of what is happening at the front line which can result in 'why bother' attitudes because staff perceive action plans will be pointless. These features are often found in organisations where staff perceive a bullying culture. This also supports the findings of the Francis report (2013) and (2015) which identified the repercussions from whistleblowing and speaking up. SWAST must develop a leadership and management culture that is listening and empathic to staff concerns particularly with the recent Rota Review and structural changes.

There is some good news however in the survey data with some staff reporting good relationships between them and their line managers who are reported to conduct their lives

ethically, are trustworthy, balanced in their decision making and listen to their employees. However, this position is not uniform across the Trust. For line managers, the greatest levels of disagreements were in areas that are relatively easy to address, being largely around engaging with their teams in areas of NHS ethics and values, in asking for views when making decisions, and ensuring success is measured in ways other than in conventional metrics.

Only around one quarter to one-third of respondents agree that senior management have a positive approach to psychologically safe working. There are large numbers (typically 12%-30%) who hold neutral views and it is important to recognise that work needs to be undertaken to turn these to more positive outcomes. For those with negative views, many of these can also be addressed with little cost by more effective communication and a clear vision on psychological safe working from the Executive and the front-line management teams. There is effort to be deployed around better engagement by the CEO and Executive and for staff to see welfare and well-being as prominent. This requires active listening and proper engagement with action plans. Much of this can only be achieved with proper engagement in partnership with trade unions.

The management and communication of change is a source of disquiet and stress at SWAST. We see this evidenced in numerous concerns about the Rota Review and in structural changes. The results suggest there is scope for improvement about the communication around processes of change to ensure both consistency around changes made, and their likely impact. Manager support varies significantly across SWAST with some good support in some locations and very little support in others. Whilst a degree of variation could be expected, partly because some managers are better at supporting staff than others, there is such a disparity between locations as to flag this as a serious cause for concern. This is particularly critical in ambulance work given the stressful nature of the job, plus when combined with shift work and long-overruns, increases the capacity for errors and patient risk as well as negatively impacting on staff well-being. The connection between some of the worst locations for reporting poor manager support also ties with the same locations for bullying is an important one.

The majority of SWAST employees who responded to the survey are getting the support of their peers, but this is not universal, either by work location or by demographic group. Could this be a feature of workplaces described as 'tribal'? The fact that women, disabled/chronically sick and non-heterosexuals report statistically significant differences compared to others indicates the potential for discriminatory behaviours or of cliques where members of an out-group are treated differently from the in-group. The data also ties closely to locations where bullying is present or where management support is absent. Overall, when colleague support is lacking, isolation and diminished self-confidence can

occur and, if this is linked to bullying or a disinterested/unengaged management, then matters can become aggravated.

The fact that so many interviewees felt that raising concerns could be or was detrimental to their careers is of particular concern and this further emphasises the importance of the Freedom to Speak-up Guardian role. Although some of the sexualised behaviour raised with us is historical, some of it is embedded and swift progress is needed to eradicate this once and for all. There is no place in any organisation for such behaviour, whether masquerading as banter or not. Similarly, policies and procedures must be executed fairly and consistently without exception. There can be no in-groups or out-groups and all stations must be universal in their fair and proper treatment of all SWAST staff, regardless of where they are based.

The data connects both bullying directly with staff engagement/interest in their daily tasks and in their optimism about the future where those reporting bullying are less engagement and are less optimistic. This also extends to those staff not directly experiencing bullying and they too are more disengaged and less optimistic simply from reporting strained working relationships or being aware of anger/friction between colleagues. As such, in working environments where stress, tension, bullying and harassment is allowed to exist, this has negative consequences for all.

The 'work demands' results show significant numbers reporting exposure to some form of excessive work demands. Whilst some of this is likely linked to increasing work demands across ambulance services generally, some of it relates to the triaging of patients, regularly extended shifts and the impact of the Rota Review. These elements are reported as directly impacting upon staff abilities to control their work. It is therefore unsurprising that this is the weakest of the 7 Management Standards and range from an inability to take breaks and being unable to plan private/family lives because of regular and lengthy overruns. It is therefore unsurprising that staff have a reduced sense of autonomy. Finally, SWAST employees report significant clarity in their role and fit with their departmental objectives and organisational aim suggesting role clarity is not a source of stress.

### **6.3 Concluding Remarks**

Overall our conclusions point to highly pressured work which has resulted in elevated levels of incivility and disrespect between all levels within SWAST. In the face of budgetary pressures and rising demands, as well as resultant management pressures around work demands, it has resulted in a loss of control by front-line employees who are often no longer able to manage their daily work routines and feel disconnected by change processes that they feel are not working. These pressures have led to tensions between all grades of staff within SWAST which, if left unchecked, can develop into bullying and harassment. However, some of the behaviours reported by both managers and co-workers have gone

way beyond the pale. We cannot conclude conclusively that these directly correlate with suicide, but some staff talked to us about suicide ideation because of how they had been affected by work encounters. We heard several accounts of suicide ideation linked to mistreatment. One suicide is one too many.

For most staff, encounters with bullying and cultures of tribalism and in/out-group membership is isolating and unfriendly leading to early career departure or requests for transfer. Some of this can manifest as covert, albeit potentially unintentional, discrimination towards outsiders or those who are not as the majority are, including gender, disability and sexuality. Although SWAST, like ambulance services nationally, are professionalising year-on-year, there is a residue of sexualised behaviour which must end forthwith. No one should be subjected to descriptors of “*fresh meat*” or to acts and encounters where sexualised innuendo is used as banter or otherwise. The key to addressing all of these is to professionalise management and to ensure all managers are equipped to recognise, address and hold others to account for behaviours that define a culture that no person would wish to be a part of.

## **7.0 Recommendations**

### *7.1 Speaking up and reporting*

The data showed that there is significant work to be undertaken to ‘speak up’ or whistleblow without fear of retribution and this was also noted in the CQC report of September 2018. A culture that is open and honest with itself would encourage this. The actions of speaking up should not be seen as a weakness by those who choose to speak up, or as troublesome by those in management and leadership roles. A culture that actively promotes conduit channels for employees to give voice to issues of concern demonstrates a learning culture and a sustainable commitment to managing inappropriate behaviour as an issue worthy of risk classification. SWAST must put increased effort into awareness of pathways available to staff. Peer networks, guardians, counselling and so forth must be moral pathways for staff concerned with how they themselves are treated or indeed others, including patients.

Other reports, including from the Care Quality Commission and Carter (2018) have raised concerns about Datix reporting mechanisms and it is clear that work has to be undertaken to address this. We recommend that bullying and harassment should be escalated as potentially a high-risk issue and worthy of Datix recording. These must be recorded, and actions taken by managers/leaders to demonstrate concerns have been satisfactorily addressed/escalated for responsiveness. This would be a contributory component demonstrating robustness for learning and continuous improvement in line with the expectations of a ‘well-led’ NHS organisation. However, for Datix to work for bullying and harassment, all employees must buy into its deployment and believe in its importance.

However, it will be necessary to re-examine existing Datix processes to allow for a degree of anonymity in reporting of individuals, but not departments. Bullying and harassment fears are diverse, and it will be necessary to safeguard individuals in the first instance. Over time, as a supportive and learning culture develops, the anonymity should become less burdensome, but we have to accept that for some colleagues, anonymity will always be a requirement.

### *7.2 Partnership to action*

Recent successes in other parts of the NHS have pointed to the importance of a partnership model to address sickness absence and good employment relations. The behaviours underpinning much of this report come from employees at all levels and thus a response to them must also come from all levels. Safeguarding staff welfare and ultimately patient welfare is everyone's responsibility. We recommend SWAST creates a single committee/body empowered with authority and responsibility to scrutinise data on sickness absence, grievance, exit data, capability/SI summaries etc. to allow for proper scrutiny of all indicators where bullying and harassment might be present and why these might be occurring. This group should report directly to the Executive on a monthly basis with a summary of findings/actions. The group must include peer networks, equality/diversity, guardian advocates, trade unions as well as health/safety and HR representative. This group must be empowered to ask difficult questions and to raise matters swiftly before they can develop into bullying (leaving matters to quarterly reporting presents real risks of events escalating quickly such that tools of mediation and open conversations, for example, become neutralised). Also, bullying is an escalating process and early intervention and support is critical.

Any 'hot-spots' need rapid action with managers in those areas afforded additional support and training to reduce matters to at least median levels for the Trust. We believe that managers need to be supported, but that if there are continued problems in a certain department/location, that the same managers are held to account. The data in this report shows that when departments are well led there are fewer accounts of bullying or inappropriate behaviours, and when less well led, bullying and mistreatment can flourish.

This proposed committee requires an Executive lead nominee and possibly a nominated Non-Executive member overseeing the KPI's associated with data scrutiny and reporting. Legislation requires employers to actively manage stress at work and formalising this and recording actions is critical for bullying and mistreatment such as harassment/discrimination.

### *7.3 Supporting and Developing Managers*

One of the most fundamental challenges facing the Trust is ensuring clarity around line manager roles and ensuring more effective and regular communication between employees

and their line managers. Some staff cannot build relationships with their line manager because of rotas and might have very infrequent encounters with them.

SWAST staff often feel managers are promoted from within their own ranks without the requisite experiences or competencies to manage. Whilst this is a commonly held belief in many industries, all managers have to commence their management careers somewhere. With significant constraints on training budgets, there is nevertheless a need to ensure managers are appropriately trained and engaged to understand the importance of addressing bullying and harassment and affiliated issues such as discrimination. This latter point must not be overlooked, and neither should sexual harassment.

Numerous biases can undo good management decision making and lead to stereotyping and prejudice – employees only know what they know such that issues like confirmation bias - focusing on information because it only confirms existing preconceptions – can occur without anyone recognising it. Real effort is needed by managers to understand how mistreatment leads to bullying and who the risk groups are and why.

There are numerous components that could underpin management development, but we believe the following are critical at SWAST:

- Establishing a contract of respectful behaviour so that a manager can brief each employee during appraisals, at induction and in team meetings as to what the expectations of the Trust are. This should explicitly make clear issues of equality and diversity and of inclusion as well as fair and respectful behaviour. It is imperative that this is not overlooked by managers, as inappropriate behaviours are central to bullying and harassment perceptions and to discrimination.
- Creation of a manager network to enable managers to learn best practice from those more experienced. This can function in both formal and informal ways as necessary and will depend upon the skills of the manager needing help/development. Technology would seem the ideal vehicle to drive a blog of best practice utilising freely available sources such as NHS, Acas, Equality and Human Rights Commission etc. as well as case studies from within the Trust.
- Use selection centres for appraising the suitability of potential managers. Time served, along with experience, are valuable components, but offer little or no guarantee of the ability to manage. A key management skill is 'Emotional Intelligence' and it is clear that not all employees, let alone managers, possess this. The Trust should identify what it sees as the key management competencies it requires and work to assess these in potential managerial applicants. These competencies must be expressly identified in person specifications and expressed in job descriptions. Candidates must meet the criteria which are advertised otherwise perceived discrimination can fester amongst unsuccessful staff or those who feel they have been passed over for promotion.

- All newly appointed managers without adequate manager experience to receive a mentor/buddy partner for the first 12-24 months of their managerial practice. This to be built into both the mentor's and mentee's appraisal procedures.
- A manager network could play an active role in briefing staff who might be thinking of taking on a management role and in helping to shape competencies for the future managers of SWAST. Importantly, management is not for everyone and a manager network might help others to decide career pathways. Quarterly management development sessions for all staff considering managerial roles could help this process and be embedded into career planning workshops and promotion rounds.

#### *7.4 Tackling Discrimination*

Whilst SWAST largely operates with a White British/Irish workforce, the pressure on workforce recruitment and retention is only likely to accelerate in the foreseeable future. Our data shows that risk groups do exist and that the potential for discriminatory behaviour is real and potentially practiced either overtly or inadvertently.

Our recommendation in 7.2 above could also embrace discrimination principles and look for evidence of this. This group should act as stewards of diversity and inclusion, ensuring Trust data reflects diversity and be a voice mechanism for concerns about discrimination.

With pensionable employment moving farther and farther away for mainstream employees, and with more complex health needs and an aging workforce, disability and chronic ill-health will become even more prominent in the decades ahead. With appropriate management and quality support, those with such conditions can become effective employees for longer, providing it is acknowledged that expectations and performance, including sickness absence management, will be different. Manager awareness of rights and responsibilities under the 2010 Equality Act will be paramount and regular training updates are critical on all aspects of diversity and inclusion. We recommend specific training for all managers on disability and chronic ill-health discrimination with particular focus on the challenge of disclosure by employees and of hidden disabilities, particularly learning/psychological/neurological conditions. Sexual orientation is also an area of focus that the Trust should place some emphasis towards. SWAST may wish to appoint a Non-Executive champion for equality and inclusion to work with existing Trust expertise to make this a standing item on Trust agendas.

#### *7.5 Work Demands*

As with many NHS organisations, work demands feature highly in SWAST as a source of stress. Whilst it is not the remit of this report to find solutions to this, it is important that SWAST leadership recognise and mitigate the risks to ill-health caused by such workloads, as required by legislation. SWAST staff raised significant concerns with the operationalisation of the new rota system and these concerns need to be aired and addressed. Staff are also

frustrated by the apparent difficulties in obtaining short-term leave approval although we are led to believe that a new self-booking App will hopefully alleviate much, if not all, of this.

There is a lack of regular engagement between staff and their line manager that is not helping build regular understanding about frustrations with job demands and thus not providing a conduit between senior management and front-line staff on perhaps the depths of feelings that exist around this issue. Speaking-up about workloads and work demands are part of the engagement process that, if absent or curtailed, can lead to the conditions which led to the Francis report of 2013. If staff believe managers are engaged in listening to their concerns this is at least a step in the right direction. To develop this further we recommend that the Health and Safety Committee are empowered to interrogate existing data and to capture staff concerns about work demands so that these can be minuted and actioned by the Executive. Employers have a legal duty to protect employees from stress at work by undertaking risk assessments and acting upon the outcomes. Health and Safety must inform the wider culture of recognising how and when relationships become fractured and what role stress and job demands play in this process - although we must emphasise that only some behavioural interactions associated with bullying are because of excessive job demands. What is well-defined is that 'friction or anger' between colleagues is widely reported as high across SWAST and extremely high by 111 staff. The Health and Safety Committee need to better understand this data and to check its connections to work demands.

#### *7.6 Recognition of the GMB trade union*

With almost 500 reported members, the GMB trade union should be recognised as part of the formal negotiation machinery within SWAST. However, there are legal requirements in the event of industrial action and GMB must evidence its membership numbers in order to obtain recognition. The GMB trade union is already recognised in many ambulance services organisations and they have an active role to play in representing their members and working with the Trust in a partnership model alongside Unison. The same conditions/representation should, where appropriate, be extended to RCN and UNITE members to be representative of all unionised members within SWAST.

#### *7.7 Organisational Response to Sexualised Behaviour*

We believe it is important that SWAST reinforces its commitment to a workplace free of inappropriate sexualised behaviour. Whilst some of what we heard was historical, there was still an underlying belief that sexualised behaviours were allowed to flourish, partly because they have been normalised and thus staff accept them without thought or recourse to action. We recommend that the Trust reviews its policy arenas to ensure explicit statements on sexual harassment are made (the current Dignity and Respect Policy makes no such statement). Any recourse to address such behaviours must be made clear in policy and articulated by line managers in team meetings and one-to-one sessions with staff using our

proposed contract of respectful behaviour. Sexual harassment must be addressed and discussed so that staff can peel-away the normalisation of such behaviours to enable them to recognise such things as unacceptable. Every employee has a responsibility in this regard.

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## Annex I

### Participant Information Sheet

July 2018

#### A Cultural Audit Study at SWASFT

##### Invitation

You are being invited to take part in a research study. Before you decide whether to take part it is important for you to understand why the research is being done and what it will involve. Please take your time to read the following information carefully. Talk to others about the study if you wish. Taking part in this study is entirely voluntary and will not affect your rights in any way.

##### Purpose of the study

The research is being undertaken by Professor Duncan Lewis. Duncan is Professor of Management at Plymouth University and runs a specialist research consultancy specialising in bullying and harassment. The research has the support of SWASFT Executives. The information that is gathered will be used to improve policies and practices in SWASFT.

Prof. Lewis and his team are keen to understand your working experience and specifically the behaviours you encounter in doing your job. He will do this by asking for your involvement in an interview. You have already indicated that you would like to speak to a researcher when you completed the on-line survey run by Prof. Lewis. Interviews will be conducted by Prof. Lewis and a specialist researcher with experience of this type of work.

You will be asked to virtually sign a consent form that the researcher will read out to you on the day of your telephone interview. You are free to withdraw from this study at any time during the interview and without giving a reason. A decision to withdraw at any time will not affect you.

##### Confidentiality?

This research is completely confidential. Your views are important if we are to fully understand what work is like for employees in SWASFT. You will not be identified by name and we will guarantee that everything you tell us remains under the control of the research team. Your employer will not be given a copy of what you tell us.

The interview is your opportunity to tell us what your experiences of working with other people are like in working for SWASFT. We may ask you some questions to seek clarity on the things you tell us. We want to know your views and experiences. The interview will not be recorded.

##### What if I have any concerns?

If you want to know more about the study or about the interview, you can contact Prof Lewis by email at [Longbow.associates@virginmedia.com](mailto:Longbow.associates@virginmedia.com) and he will reply to any questions you may have.

##### What happens to the results of the research?

The data from the interviews will be used along with other data gathered from the survey you kindly completed to produce a report for SWASFT. The report will be used to highlight relevant issues from our findings in SWASFT and to help the Trust address these. You will not be identified in this report.

Professor Duncan Lewis  
Lead researcher