

## **Bullying and Harassment: Review and Action plan**

### **1. Introduction**

Sherwood Forest Hospitals NHS FT (SFH) has made significant cultural improvements over the last 3 years with the majority of key indicators from within the NHS National Staff Survey improving year on year. In 2019 results, SFH identified a need to further understand and identify opportunities to improve colleague experience of ***bullying and harassment*** and in particular the reporting of such instances.

It was agreed that the most effective approach to this was two pronged. First, to engage with each Division to, further understand the reasons why colleagues experience forms of abuse and lack of Trust reporting. Secondly, to, review key information and evidence available to support a set of actions to improve.

A review was led by the Emergency Planning Officer in collaboration with key service leads across the organisation. This review has assisted actions relating to both the national violence reduction policy, led by the Chief Nurse and reduction in bullying and harassment and poor staff conduct, led by the Director of Culture and Improvement .

This paper responds to actions relating to ***bullying and harassment*** whilst recognising close working with the Chief Nurse on actions relating to violence reduction.

**Appendix A** is the output from a review of bullying and harassment, violence and aggression experienced by colleagues in SFH.

**Appendix B** is the action plan now in place to support colleagues and to reduce colleague experience of ***bullying and harassment*** across SFH.

**Appendix C** contains key actions in line with our WRES and WDES action plan.

### **2. Key areas to note**

SFH is below national average on reporting of experiences of bullying and harassment and violence and aggression (**Appendix A**). Within the Midlands region, SFH is 3<sup>rd</sup> worst provider in relation to experience of violence from patients and public and nationally, 72<sup>nd</sup> out of 85 acute providers.

Although experience of Bullying and Harassment in SFH has not worsened in the last 12 months, reporting has reduced. As an outstanding organisation, we are committed to continually learning and improving and as such we aim to be in a much stronger position and to live a culture where violence, aggression, bullying and harassment has no place in Sherwood.

Information has been gathered from multiple sources and discussed amongst key leaders including; Safeguarding, HR, F2SU, EDI and OD.

It is important to recognise that, currently, information is limited. This is mainly due to the lack of reporting by colleagues on their experience of bullying and harassment. It is also important to recognise that interpretation of bullying and harassment will differ. Where possible, further insight was gathered to understand experience including conversations with Divisions and other sources.

Actions identified in the plan (**Appendix B**) have been discussed and derived considering other key cultural agendas; WRES/WDES, F2SU, Violence Reduction National Standards, Leadership Development and Dignity at Work policy.

### **3. Governance**

The review of bullying and harassment was presented at the August Culture and Improvement Cabinet meeting. In this forum, recommendations were discussed and next steps agreed.

This report and action plan has been shared and discussed at the People, Culture and Improvement Committee. A task and finish group supported by the Director of Culture and Improvement is in place to fulfil the actions agreed and measure progress.

### **4. Next steps**

Progress against the bullying and harassment action plan will be reported and discussed at the Culture and Improvement Cabinet and assurance reported through the People, Culture and Improvement Committee.

Chief Nurse and Director of Culture and Improvement will ensure both important agendas are aligned and support enhancing the culture of Sherwood.

**Appendix A**

**Report into the Problems Associated with Bullying,  
Harassment, Violence and Aggression across Sherwood  
Forest Hospitals – August 2020**

By Mark Stone – Emergency Planning Officer

## Aim

The aim of this report is to provide the Trust Executive team with information about the prevalence of violence and aggression and bullying and harassment.

## Introduction

At the end of the first quarter 2020, the results of a staff survey 2018/19 were released which appeared to highlight that there is a significant problem with bullying and harassment throughout the Trust, which shows up as an outlier in relation to peer group organisations.

The following table shows the bottom five scores within the trust survey compared to the national average:

Fig 1- Bottom 5 Scores

	<b>Bottom 5 scores (compared to average)</b>
56%	Q12d. Last experience of physical violence reported
42%	Q13d. Last experience of harassment/bullying/abuse reported
81%	Q12a. Not experienced physical violence from patients/service users, their relatives or other members of the public
59%	Q10b. Don't work any additional paid hours per week for this organisation, over and above contracted hours
72%	Q11e. Not felt pressure from manager to come to work when not feeling well enough

This paper investigates the background to this and makes recommendations as to how the Trust should address the issues. It is informed by the expertise, helpfulness and support of the Deputy Director of HR and the Trust Freedom to Speak Up Guardian (FTSU).

So what is happening with the survey results?

It is difficult to ascertain the meaning and source of the results. This is a project in itself which will require some resource to fully understand what the results are telling us. Reassuringly almost no-one from any area is reporting B & H by their managers. In the same survey the results relating to B & H from both managers and colleagues scores very well and above peer group comparators. This would seem contradictory to the scores relating to the last reported incidents being negative.

Even on this score however, the Trust has remained consistent at 42% for the last three years against a peer average of 46%. So although an outlier, the gap is not large.

So, the survey results should be treated with some caution.

**Fig 2 – Survey Results**

		2015	2016	2017	2018	2019	Average	Organisation
Q12a	Not experienced physical violence from patients/service users, their relatives or other members of the public	-	82%	82%	81%	81%	85%	81%
Q12b	Not experienced physical violence from managers	-	99%	99%	100%	99%	99%	99%
Q12c	Not experienced physical violence from other colleagues	-	97%	98%	99%	99%	98%	99%
Q12d	Last experience of physical violence <u>reported</u>	-	69%	62%	61%	56%	67%	56%
Q13a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	-	71%	73%	73%	74%	71%	74%
Q13b	Not experienced harassment, bullying or abuse from managers	-	86%	87%	87%	89%	86%	89%
Q13c	Not experienced harassment, bullying or abuse from other colleagues	-	81%	81%	79%	81%	79%	81%
Q13d	Last experience of harassment/bullying/abuse <u>reported</u>	-	47%	42%	42%	42%	46%	42%

## Definitions

It is important to understand that there predominantly two elements to the concerns raised;

- a) Violence and aggression – where there is actual, or the considerable threat of, physical violence towards our staff. This is almost always an issue between patients/visitors and our staff members. Most of these are recorded on our Datix incident reporting system.
- b) Bullying and Harassment - which can take many forms but is predominantly where staff feel they have received bullying and/or harassment from other
- c) Staff members. The reporting of such incidents is less straightforward and data on this is harder to obtain. HR colleagues advise that cases resulting in any further procedures against individuals are extremely rare.

For consistency it is perhaps worth referring to the definitions contained within The Trust Dignity at Work Policy, which are:

### Bullying:

Any unwanted behaviour that makes someone feel intimidated, degraded, humiliated or offended. It is not necessarily always obvious or apparent to others and may happen in the workplace without an employer's awareness.

### Harassment, (as defined in the Equality Act 2010)::

Unwanted conduct related to a relevant protected characteristic, which has the purpose or effect of violating an individual's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual

## Observations

To begin with, I think we should examine the results and data on Violence and Aggression. The survey results suggest that the Trust scores well in comparison to peers in this area

There are a number of "hotspot" areas where the majority of reports of violence and aggression are reported (see fig 3):

Fig 3: Violence and Aggression 2019

King's Mill Hospital	Physical	Verbal	Restraint
ED including Resus	10	19	10
EAU	18	9	5
ITU		4	
Ward 11	3	5	1
Ward 12	7	9	1
Ward 14 / SAU		1	
Ward 21			
Ward 22	6	5	
Ward 23	5	3	1
Ward 24		2	
Ward 25		10	
Ward 31	1	4	1
Ward 32	14	5	1
Ward 33			
Ward 34	7	8	
Ward 35	2		
Ward 36	13	5	2
Ward 41	3	3	
Ward 42	6	6	1
Ward 43		2	
Ward 44	8	3	
Ward 51	6	4	1
Ward 52	27	10	2
Ward 53 / 54	10	8	2
Operating theatres		1	
Day Case		3	
SBU		4	
Maternity Ward	1	2	
Ante Natal Clinic			
G U Medicine		1	
KTC		12	
X Ray		1	
Pharmacy			
Offices			
Corridor			
NICCU			
	147	149	28

These are almost without exception patients on staff incidents, as supported by the survey results:

Fig 4 – Survey Results

		2015	2016	2017	2018	2019	Average	Organisation
Q12b	Not experienced physical violence from managers	-	99%	99%	100%	99%	99%	99%
Q12c	Not experienced physical violence from other colleagues	-	97%	98%	99%	99%	98%	<b>99%</b>

And it is perhaps unsurprising perhaps that the majority of these issues are in either the areas of highest footfall, where people have been admitted through the emergency care pathway (ED, EAU), with the associated factors of stress, and perhaps with drugs and alcohol as common factors. Also the areas where there are a higher level of mental health problems (Wards 52, 53, 54), score highly.

Looking back over the last two and a half years, the statistics suggest that this is fairly consistent and is not generally on the increase. It is also important to recognise that violence and aggression perpetrated by members of the community against our staff is a reflection of the culture within the community. Apart from supporting staff, training them on de-escalation techniques and maintaining a strong security presence on site, all of which are in place and on-going, there may be limited options for the Trust to make further inroads in this area.

The main concern for the Trust is to understand whether it has a problem with staff members willingly and consistently failing to adhere to its values and behaviours culture, by bullying and harassing (B&H) other staff, as suggested by the survey results. Colleagues would quite rightly expect the Trust to identify and root this out.

The Survey questions are closed questions which enable people who may be aggrieved by legitimate management processes to register their feelings. It is worth noting that during this reporting period a number of staff were going through a “workforce change” process which may have contributed to a high degree of upset and dissatisfaction.

An analysis of 2019 Datix incidents has the following number of incidents raised. After detailed analysis it is found that many of these have little to do with either violence, aggression or B & H, with the vast majority being related to matters of poor conduct, itself a problem of course, but not relevant to the matter in hand. Moreover, there is no easy way of establishing the locations for these incidents.



The table demonstrates my own interpretation of the incidents as follows in Fig 5:

Fig 5 – Datix Records 2019

<b>2019</b>	<b>Total Dtix</b>	<b>Poor Conduct</b>	<b>B &amp; H</b>
Jan	9	8	1
Feb	5	3	2
Mar	10	9	1
Apr	12	10	2
may	8	6	2
Jun	4	4	0
Jul	11	9	2
Aug	6	5	1
Sep	10	6	4
Oct	18	12	6
Nov	25	18	7
Dec	7	5	2
	<b>125</b>	<b>95</b>	<b>30</b>

Another important point is that the reporting method of B & H is not consistent, with options for staff to raise issues through Datix, the Freedom to Speak Up Guardians, or via the Trust Grievance Procedure. This makes the task of establishing true and accurate data very difficult., although a strong argument can be made to provide a number of options for staff, which is certainly the view of the FTSU Guardian, I would rather the whole process be simplified and made more streamlined and user-friendly.

The FTSU Guardians have collected the following data this year (Fig 6):

Fig 6 FTSU Data 2020

<b>Month</b>	<b>No. of concerns</b>	<b>Covid – 19 related</b>
January	14	0
February	8	0

March	7	0
April	6	4
May	5	4
June	10	5
July	5	3

Again however, this data needs to be viewed with extreme caution as is not specific to B & H and reflects different aspects of poor conduct. As a Trust we need to ensure that clearly defined categorisation methods and follow-up processes are available to all staff receiving B&H complaints. We need to have a system which avoids any duplication, where, for example people raise an issue through Datix, do not see an immediate response and so decide to raise through the FTSU team, or perhaps directly with HR. Up to this point It is impossible to determine how much of a factor duplicated reporting has been.

Therefore deriving any meaningful data on B & H from either of these sources is not possible.

## **Conclusions**

The survey results contain contradictions and more forensic analysis may be required to fully understand them.

The Datix reporting system is not an ideal tool for staff to report B & H. it is highly likely that many staff feeling bullied and/or harassed will be our lower banded colleagues, who may not have regular access to a Trust pc, and/or may struggle to navigate their way around the Datix system. They may also not have the time or privacy to complete one without fear of compromise.

By its very nature, B&H is very subjective and will be viewed by various individuals differently. As seen in Fig 5 (Datix Records) the vast majority of last years recorded incidents would not constitute bullying or harassment by any objective measure.

Many of the examples observed during this review are open to different interpretations and are contested by the individuals charged. Any link to actual bullying and/or harassment is very tenuous in most cases, which are more likely to

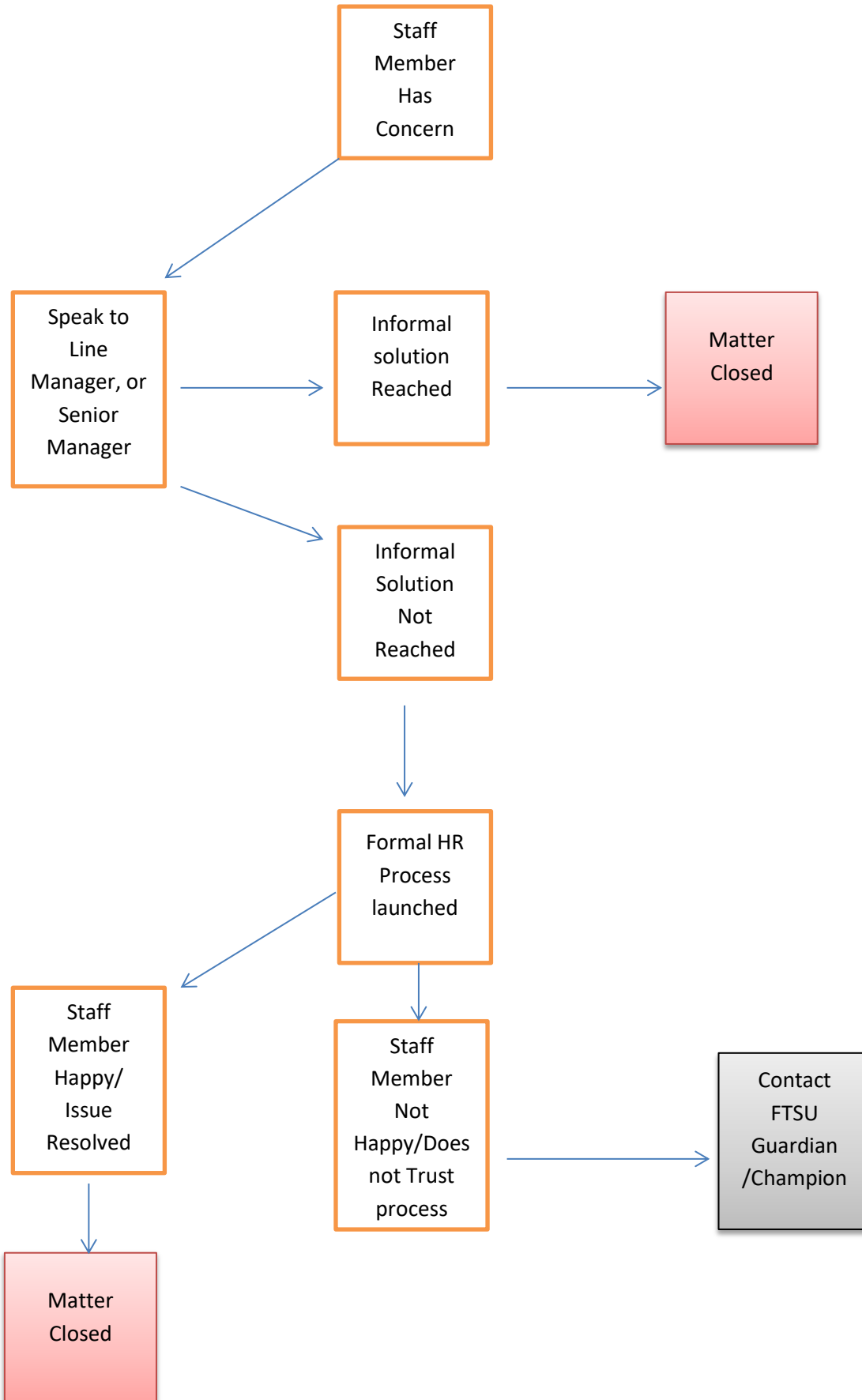
be about poor behaviour, i.e. someone didn't speak to someone else in a way that the recipient wanted, or was abrupt with them. Categorising these as bullying and harassment can therefore be misleading and does nothing to help capture meaningful data.

That said, the Trust must act on the concerns raised in the survey

Trust policy for dealing with Bullying and Harassment is not very clear. Part of the strategy for tackling this issue should involve clear sign-posting to the Dignity at Work Policy, around which a management training plan and communications campaign should be developed, built upon the principle of zero tolerance. Alternatively, consideration should be given as to whether B & H should have a stand-alone policy arrangement.

Part of the strategy will be to clarify the process for staff to follow which is described in Fig 7.

Fig 7 - Bullying and Harassment Process Flow Chart



Reporting back to people who have raised concerns is of the utmost importance, otherwise confidence in the system is diminished. Whilst of course the processes involved in responding to a bullying and harassment complaint require discretion and confidentiality there seems little wrong in letting the plaintiff know that appropriate action is being progressed in line with policy.

As mentioned earlier, the Trust does not currently have a specific policy for tackling B & H, nor is there currently an Executive lead. It would seem sensible to address these issues.

A new training package would provide support to managers in identifying what constitutes B & H and how to prevent it in their areas of responsibility.

Overall, the current data, albeit disjointed and rather scattered does not support the suggestion that the Trust has a particular problem with B & H, but there is an opportunity to perhaps create a robust procedures for reporting and capturing incidents and for processing issues to conclusion.

Training on all of this for managers will improve things further.

This work has been undertaken by the Trust Emergency Planning Officer, as lead for Security although the findings suggest that B & H requires a corporate level response.

## **Recommendations**

1. The Trust should consider how it captures data on reports of B & H.
2. A communications campaign should be launched stressing the principle of zero tolerance, clarifying for all staff the definitions, and the process which staff should follow (as per Fig. 7)
3. All managers/management teams should be retrained on the definitions, the process and reminded of zero tolerance.
4. The profile of B & H should be raised and perhaps included as a standing agenda item for divisional team meetings.
5. Staff and manager engagement sessions should be held in identified hotspot areas, with HR/FTSU Guardians to support.
6. An Executive Sponsor(s) to lead and support the agenda and requirements.
7. The Trust must start to capture more meaningful and specific data about the prevalence and the hotspot areas in order to target the relevant areas as priorities.
8. Once established a six month review of the newly captured data will show the Trust more accurately whether and where it has any problems.
9. After twelve months repeat the review process to establish the improvements which have been made and hold feedback sessions with all staff groups.

## **Acknowledgements**

Asfana Aslam – FTSU Guardian

Rob Simcox – Deputy Director of HR

Tina Hymas-Taylor - Head of Safeguarding

Ben Widdowson – Associate Director of Estates

End

**Appendix B: Bullying & Harassment ACTION PLAN**

Indicator	SFH (2019)	Average (2019)	Aspiration Yr 1	Aspiration Yr 2	Best
13a	74%	71%	75%	77%	80%
13b	89%	86%	90%	91%	92%
13c	81%	79%	82%	83%	85%
13d	42%	46%	46%	50%	55%

	Cultural Indicator(s)	Action(s)	Timescale Milestones	Lead	Comments
1.	National Staff Survey <b>Q13a:</b> Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of public <b>Q13b:</b> Not experienced harassment, bullying or abuse from managers <b>Q13c:</b> Not experienced harassment, bullying or abuse from colleagues <b>Q13d:</b> Last experience of harassment, bullying/abuse reported <b>Q21c:</b> Would recommend organisation as a place to work <b>Q12a/12d:</b> Violence and Aggression	BH/VA Campaign across Sherwood and the Mid Notts ICP.	31 <sup>st</sup> October 2020	Robin Smith Mark Stone	In partnership with Chief Nurse, plan to launch during Anti-Bullying Week 16-20 November 20.
2.	National Staff Survey <b>Q13d:</b> Last experience of harassment, bullying/abuse reported  DATIX F2SU HR	Agree mechanisms both existing and new for colleagues to recognise and report experiences of B&H.	31 <sup>st</sup> October 2020	Debbie Lister Afsana Aslam Raj Basra-Mann	Once agreed, to update necessary policies and toolkits and to form part of the Trust BH Campaign by developing a simple flow diagram of raise and report.
3.	National Staff Survey <b>Q13d:</b> Last experience of harassment, bullying/abuse reported  DATIX	To review the current Dignity at Work Policy to ensure it is clear and effectively signposts colleagues to raising awareness of the different forms of abuse, poor conduct and bullying and harassment and the safe reporting of.	31 <sup>st</sup> October 2020	Debbie Lister Roz Norman	With Trade Union support to review and update the existing policy in line with key actions to improve.
4	National Staff Survey <b>Q13b:</b> Not experienced harassment, bullying or abuse from managers <b>Q13c:</b> Not experienced harassment, bullying or abuse from colleagues	To provide training, education and development sessions: - HR: Dignity at Work Policy - OD: Skills and techniques to deal with B&H - Embed into Managers Induction	1 <sup>st</sup> October 2020 on-going	Debbie Lister Helen Shields	X 2 Toolbox talks developed to be launched 1 <sup>st</sup> Oct. Dealing with Challenging Behaviours and Civility within Teams.

					HR training to be in line with updated policy.
5	<p>National Staff Survey</p> <p><b>Q13b:</b> Not experienced harassment, bullying or abuse from managers</p> <p><b>Q13c:</b> Not experienced harassment, bullying or abuse from colleagues</p> <p>DATIX</p>	<p>Re-establish Civility Saves Lives leaders group to develop a long term approach to supporting and communicating Civility in Sherwood.</p>	30 <sup>th</sup> October 2020	<p>Adrian Piggott Helen Shields Charlotte McIntyre</p>	<p>Meeting agreed in late September, supported by Trust Communications Team.</p>
6.	<p>National Staff Survey</p> <p><b>Q13a:</b> Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of public</p> <p><b>Q13b:</b> Not experienced harassment, bullying or abuse from managers</p> <p><b>Q13c:</b> Not experienced harassment, bullying or abuse from colleagues</p> <p><b>Q13d:</b> Last experience of harassment, bullying/abuse reported</p> <p><b>Q21c:</b> Would recommend organisation as a place to work</p> <p>DATIX F2SU HR</p>	<p>To provide targeted support to 'hot spot' areas on opportunities to improve. Partnership approach across HR, Culture and Improvement.</p>	1 <sup>st</sup> December 2020	<p>Adrian Piggott HRBPs Anne Fewtrell</p>	<p>To be further scoped with HRBPs.</p>



**Appendix C: WRES/WDES Key Actions**

**WDES: Actions**

	WDES Metric/Indicator	Action(s)	Timescale/milestones for delivery	Lead Responsibility
<b>4a</b>	Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from patients/service users, relatives and other members of the public, managers and other colleagues.	<ul style="list-style-type: none"> <li>To promote the Definitions of Discrimination &amp; Bullying Guidance document and the Dignity at Work policy.</li> <li>To promote zero tolerance across the Trust via the Violence Reduction Policy.</li> <li>The Disability Staff Network to create posters on Zero Tolerance.</li> <li>Hold focus groups based on the 2020 Staff Survey results with all the staff networks to discuss discrimination within the workplace and what learning/action the Trust can take forward.</li> <li>Continue to promote Civility Saves Life Training</li> </ul>	<p>September 2020 onwards</p> <p>October 2020</p> <p>September – November 2020 March 2021 onwards</p> <p>September 2020 onwards</p>	<p>HRBP Team/HR Op's Team</p> <p>Executive Chief Nurse</p> <p>Disability Staff Network OD Team</p> <p>Training, Education and Development</p>
<b>4b</b>	Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.	<ul style="list-style-type: none"> <li>Increase awareness of reporting incidents.</li> <li>Promote and encourage staff to speak up with the Freedom to Speak up Guardians.</li> </ul>	<p>September 2020 onwards</p> <p>September 2020 onwards</p>	<p>All managers</p> <p>Freedom to Speak Up Guardians</p>

**WRES: Actions**

	WRES Metric/Indicator	Action(s)	Timescale/milestones for delivery	Lead Responsibility
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	<ul style="list-style-type: none"> <li>To promote zero tolerance across the Trust via the Violence Reduction Policy.</li> </ul>	October 2020	Executive Chief Nurse
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	<ul style="list-style-type: none"> <li>Create a culture where we encourage staff to speak up.</li> <li>To promote the Definitions of Discrimination &amp; Bullying Guidance document and the Dignity at Work policy.</li> <li>Continue to promote Civility Saves Life Training</li> </ul>	<p>September 2020 onwards</p> <p>September 2020 onwards</p> <p>September 2020 onwards</p>	<p>Freedom to Speak up Guardian</p> <p>HR Op's Team</p> <p>Training, Education &amp; Development</p>