

# Acas Review of Hull and East Yorkshire Hospitals NHS Trust

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## **SECTION 1**

### **Background**

- 1.1 Following a Care Quality Commission (CQC) inspection in May 2014 which had identified a culture of bullying, and staff survey results indicating similar issues, Hull and East Yorkshire NHS Trust (HEY) approached Acas for assistance in order to identify what this bullying culture looked like within the organisation. Contact was made by Acas Senior Adviser, Rich Jones during a phone call to the Trust's Organisational Development manager, Lucy Vere on, 7 May 2014.
- 1.2 Following a meeting between Lucy Vere, Myles Howell (Director of Communications and Engagement), Carole Hunter (Head of Occupational Health) and Rich Jones on 19 May 2014, it was agreed that Acas would join the bullying task and finish group already established by the Trust, comprising management, staff and union representatives. Rich Jones subsequently attended meetings of this group on 30 May 2014 and 20 June 2014. At the 20 June meeting Rich Jones' proposal (Annex A), was discussed and the scope of the proposed Acas involvement was agreed with the following subsequent amendments:
  - 90 minute sessions with up to six attendees rather than half day sessions with up to 15 attendees to be conducted
  - some group sessions were changed to one to ones to meet demand
  - additional sessions were provided to meet demand
  - some telephone interviews were provided to meet demand

## **SECTION 2**

### **Methodology**

- 2.1 It was proposed that 10 half day facilitated sessions involving up to 15 staff at each event should be run at various times and venues across HEY. The Task and Finish Group agreed that all staff should be given the opportunity to nominate themselves to provide confidential feedback to these sessions. The intention was to involve a sufficient number of HEY staff in the review in order that the views expressed in the feedback sessions could be seen as representative of the wider population. It should be noted however that the report

is not intended to be a piece of research in the academic sense and that the results are empirically rather than statistically based.

- 2.2 All staff were invited to participate via emails and posters and requests for interviews were handled by Occupational Health to preserve anonymity. Human Resources (HR) staff and Trade Union (TU) representatives were also specifically invited to separate sessions to ensure their unique insights could be included.
- 2.3 Acas subsequently spoke to 49 people during group sessions, 36 during individual sessions and 12 over the telephone (97 staff in total).
- 2.4 Throughout this report the term "staff" is typically used and is intended to denote the views of any individual(s) employed by HEY irrespective of their band, grade or position.
- 2.5 Group meetings were arranged at the following venues:  
  
2 July 2014: Hull Royal Infirmary  
9 July 2014: Castle Hill Hospital  
15 July 2014: Hull Royal Infirmary  
31 July 2014 (AM): Hull Royal Infirmary  
31 July 2014 (PM): Castle Hill Hospital  
4 August 2014: Willerby Manor Hotel  
7 August 2014 (AM): Castle Hill Hospital  
7 August 2014 (PM): Hull Royal Infirmary  
11 August 2014: Hull Royal Infirmary  
14 August 2014: The Octagon
- 2.6 Each session began with the Acas facilitator checking the attendees' understanding of why they were present, clarifying any misconceptions, reinforcing the confidential nature of the feedback and answering any questions.
- 2.7 The resultant discussions produced both positive and negative feedback which is detailed in Section 3. The language of the report in Section 3 reflects the actual words used by staff during the feedback sessions, albeit that some specific comments may have been edited in order to preserve anonymity.
- 2.8 The feedback covered areas that, strictly speaking, go beyond the Terms of Reference (e.g. alleged health and safety breaches) but as these issues do relate to the staff's

perceptions about their ability to do their jobs, they have been included in this report. All attendees were also asked to consider what improvements could be made and the suggestions put forward are listed at Annex B.

- 2.9 The initial sessions had low numbers in attendance, at least in part as a consequence of these being arranged at comparatively short notice, and many were subsequently changed to one to one sessions to meet demand. The numbers attending the group sessions varied from a low of 2 staff to a high of 7. In total 85 staff attended face to face sessions.
- 2.10 In addition to the face to face meetings provision was made for staff who wanted to speak to a member of Acas staff by telephone. A total of 16 sessions were requested and 12 were facilitated, the other members of staff being contacted by Acas but either failing or being unable to take up our offers to arrange sessions for them. A number of staff also took the opportunity during the group sessions to hand over documents, including comments from colleagues who were unable to attend the sessions, the content of which they felt was important for Acas to be aware of.
- 2.11 Clearly the negative context of this exercise focussed minds in that direction. However the strong impression was that staff believed they had much to contribute in terms of involvement in finding positive solutions. There were clearly many positive and enthusiastic customer interactions occurring on a daily basis and lots of good practice. The majority of staff said they enjoyed their jobs and were clearly committed to the profession and this was a clear positive.

## **SECTION 3**

### **Evidence Received**

- 3.1 Staff raised a wide variety of issues which fell into five broad areas which have been categorised as:
- (a) perceived bullying
  - (b) handling complaints
  - (c) staffing and resources
  - (d) communication, consultation and engagement
  - (e) effects of the current culture.

- 3.2 There was a degree of overlap between some of these areas, some of them have been split into sub-categories and many of them were interconnected but this report orders the feedback into the area where it appeared most naturally to fit.

### **(a) Perceived bullying**

#### Direct behaviours

- 3.3 The most common example of direct bullying behaviour provided by staff was being shouted or sworn at – often in front of other staff (and/or patients). Many staff said this happened on a daily basis and was viewed as the norm in some areas. Whilst staff could understand that pressurised environments could lead to short tempers, many pointed out that they and other colleagues did not react in this way, so questioned why certain individuals were allowed to get away with it. They said that more often than not it was not what they were being asked to do but the way they were asked which was the issue. This shouting approach was also mentioned with regards to emails, which some said were often deliberately sent in capitals (and sometimes in bold text).
- 3.4 Many examples were provided of other forms of aggressive behaviour which staff had been subjected to, or had witnessed. The more common ones included:
- being ridiculed
  - talked over or inappropriately criticised at meetings or in front of others
  - the banging of fists, tutting, rolling of eyes and being pushed or prodded
- 3.5 Others reported having small items such as pens thrown at them or other staff holding up a hand towards them or even putting it in their face to stop them speaking. Some said they had been given derogatory names and called things such as incompetent, underperforming, useless, thick, dopey, paranoid and ridiculous.
- 3.6 Another thing which was quite commonly mentioned was that whereas staff are hauled over the coals for their mistakes, perceived bullies never apologised for their own. In some instances it was reported that bullies blamed staff for the

mistakes of others, either to deliberately hurt them or to protect those who had actually made the mistake.

- 3.7 A number of staff reported that it was often the ongoing “getting on at staff” until they give in which was the most wearing thing. It was reported that one senior staff member in particular does this all the time but has not been tackled about it. There was a feeling that staff were often “persuaded” to do things they didn’t want through a variety of tactics. For example, staff talked of agreeing to changes to contracts relating to working hours and duties as a result of such tactics.
- 3.8 Some staff said their job security had been directly threatened. For example consultants said they had been threatened with the sack and a new enforced contract if they didn’t agree to work Saturdays.
- 3.9 The term “micro-management” cropped up a lot during interviews. Staff said they felt they were being “treated like children” in the way they were being “watched” or their work was being subjected to excessive scrutiny.
- 3.10 Other examples provided were of staff being deliberately ignored by individuals or groups, told not to speak to certain other staff or harassed whilst off sick or on a non-working day.
- 3.11 There was quite a strong feeling that in some areas of the organisation disabled staff are viewed as a burden. Examples were provided of reasonable adjustments either not being made or put under extreme scrutiny and the view was that managers resented having to spend time and money on them. This was summed up by one interviewee who said “patients can have a disability but staff can’t”.
- 3.12 A few participants felt there were some indications of racism amongst staff. For example, they had heard others make inappropriate comments about foreign staff or patients.
- 3.13 There were also some comments made about sexist behaviour and banter being used in some quarters, but no specific examples were provided.

## Indirect behaviours

- 3.14 There was a very strong feeling that one of the biggest issues is that “cliques” exist throughout the Trust, resulting in “in groups and out groups” within teams – with in group members being given preferential treatment and out group members being victimised. It was felt many of the indirect behaviours quoted stemmed from this. Examples included:
- consistently being given the worst shifts
  - deliberately being moved around a lot
  - encouraging other staff to close ranks on certain individuals
  - bitching sessions being held behind people’s backs
  - breaches of confidentiality
  - being excluded from meetings and social events
  - members of in groups being asked to “spy” on other staff
- 3.15 It was felt that bullies and in group members were sometimes allowed to work slowly so others would take up the slack. Examples were provided of managers refusing to change someone’s shifts to accommodate serious domestic issues/emergencies and the refusal of compassionate leave to be with sick or dying close relatives – with annual leave sometimes being suggested as an alternative. At its most extreme it was felt certain staff and managers were being deliberately forced out to make way for more favoured staff.
- 3.16 Another commonly held view was that sickness was seen as a sign of weakness and that the sickness policy was used as a weapon. It was also felt that counselling was being used as a punishment or to keep people at work rather than to assist them. Similarly, performance management was regularly mentioned as being used as a weapon without evidence and that often no support was offered to staff once placed on the capability procedure.
- 3.17 Other common examples which were perceived as more subtle bullying included:
- bullies stealing credit for work
  - overriding decisions
  - making up stories to get staff into trouble
  - setting staff up to fail with impossible tasks or deadlines
  - deliberately offering no support with difficult tasks or refusing training and development opportunities.

- 3.18 There appears throughout the trust to be an expectation that part time staff will work full time hours and that full time staff will work extra hours (normally unpaid). Staff felt that “emotional blackmail” was being used to achieve this e.g. “what if it was your mother?” etc. Some staff reported that they had been refused part time working following their return from pregnancy and that this was particularly the case for more senior staff.
- 3.19 The point was made several times that some examples of bullying, particularly the more subtle ones, may seem trivial to others but when they keep occurring they have a huge impact on the recipient. People said they first questioned whether they were somehow to blame (“The first thing you think is, is it me?”) but when behaviours persisted and they identified what they believed to be bullying towards them they became stressed and angry and felt powerless.

## **(b) Handling complaints**

### Previous practice

- 3.20 There was a strong feeling that throughout the Trust bullying complaints (and complaints in general) have traditionally not been welcomed and that those who have complained have been victimised as a result. Many staff talked of feeling intimidated into not pursuing complaints and there was a strong belief this message came from the very top, with senior staff seen as being supportive of bullies and the bullying culture. Many examples were provided of complaints being turned on the complainants rather than being investigated, minor issues being over-investigated as a punishment for complaining and complainants being moved rather than those complained about.
- 3.21 A number of examples were provided of complaints being made but not acted upon, including several very serious ones from senior staff or large groups of staff. Also, some staff were told that complaints could only be progressed if they were in writing and that complaints from third parties could not be accepted. There were a number of thoughts as to why this was the case. It was felt there was a fear of performance managing some bullies, some managers fear confronting the bullies and that poor behaviour was tolerated from medical staff for fear of losing them and their skills. There was also a view that HR wouldn't document complaints about senior



directors, either to protect them or because they were fearful of repercussions for themselves.

- 3.22 Rather than dealing with issues it was felt that bullies were often moved around or passed off as “strong characters” instead, the result being that bullies have felt safe to carry on with the same behaviours.
- 3.23 Some staff who had been involved in complaints were highly critical of what they saw as previous abuses of the process. Examples included:
- managers hand-picking friends to conduct investigations to get the result they wanted
  - investigation interviews being dressed up as “a bit of a chat” so staff didn’t understand their severity
  - staff being told formal investigations would be stopped if they apologised
  - staff being given deliberately short timescales to provide responses.
  - investigations being concluded without all the evidence or appropriate witnesses being interviewed
  - staff being told complaints would only be acted on if they were in writing
  - staff being told by senior managers to raise complaints with their managers first – when the managers were those doing the bullying.
- 3.24 There were some instances provided of staff feeling inappropriately treated by panel members during investigation interviews and hearings e.g. shouted at or talked to as though a decision had already been taken that they were guilty.
- 3.25 There was a feeling that most previous complaints which had been investigated had not been upheld. However, even where staff had had complaints upheld against them it was stated that their behaviour still hadn’t changed.
- 3.26 A few managers stated that they felt some staff may be “jumping on the bullying bandwagon” as a result of the current initiative within the Trust, meaning some complaints may be raised which are not really about bullying.

#### Current complaints procedure

- 3.27 The biggest concern regarding the current complaints procedure was that staff were simply too frightened to use it

given the previous history of complaints not being dealt with or being used against those complaining. Staff didn't feel complaints were dealt with in confidence and often felt they had nowhere to turn. As one interviewee said "there's no-one to report it to if your boss is the bully". Also staff feared complaining because they couldn't face seeing the bully at the hearing, as required under the procedures. Also, some senior staff commented that they sometimes had issues too but there was no support for them because there was no-one above them they could go to.

- 3.28 The fear of using the complaints procedures highlighted above also appears to have become more widespread. For example many staff said that DATEXes were not being used properly because complaints were either discouraged, ignored or delayed. As one participant put it, "the audit trail runs cold and you never get a response – managers hope you'll go off the boil". There was concern that the fear of speaking up was leading to clinical mistakes going unreported.
- 3.29 On a positive note many staff commented on the appointment of the bullying Tsar as being a really good idea and thought her role and work should be more widely publicised.
- 3.30 The next biggest concern was that the process takes far too long to conclude - in some cases 2-3 years. This was seen as immensely stressful for all involved and there was a perception in some quarters that this may have been done deliberately to make staff leave. It was stated that even where staff had admitted shortcomings the investigations still took ages, which was unnecessary.
- 3.31 Having to work with the other party during investigations was also a concern. Examples were provided of management failing to separate the parties in dispute, leading to significant stress, sickness, attempts to avoid having to work together by working opposite shifts and in some cases resignations.
- 3.32 A fear of not being supported by witnesses was also an issue. Examples were provided of staff being too scared to repeat what they'd seen so either refusing to act as witnesses or underplaying what they'd seen when giving evidence in front of the accused. It was felt that staff feared helping with complaints because they feared if they did it would be them next.

- 3.33 It was mentioned that when mediation had been used as part of the complaints process there has been no follow up, which had reduced its usefulness.
- 3.34 Finally, a number of staff complained about not being able to see the final report relating to their complaints. This meant they could not confirm for themselves that it had been handled correctly.

### **(c) Staffing and resources**

#### Senior management

- 3.35 As stated previously, staff felt many of the issues surrounding bullying came from the top. There was a strong view that a lot of current senior managers had been promoted very quickly, either because of nepotism or because they had used bullying tactics to get results. It was felt that senior managers often said the right things but then behaved very badly themselves, so they were perceived as bullies. It was felt that the senior team seemed to ignore NHS guidance when it didn't suit, that it found ways of getting round procedures and that a lot of senior staff didn't know the Trust policies either. By way of examples, it was stated that the heading of risk assessments has been removed from the annual report because the risks are coming out as too high and that extra resources made available before the CQC visit have now gone again. Additionally, there was a perception that only senior staff got pay rises and bonuses.
- 3.36 Concern was also expressed that there were not adequate governance arrangements in place to ensure senior management behaved and took decisions in an appropriate way. There was a feeling that this approach had now become so ingrained that it had made the senior team untenable and dysfunctional.

#### Management style

- 3.37 Given the feelings outlined above regarding the senior team there was a view that "management had been dumbed down so all decisions had to come from further up the line", effectively meaning a small number of individuals held all the power. Managers stated this had led them to feel pressure from above to do things they didn't always agree with but felt they had no alternative, leading many to adopt a bullying

style to get the job done. One comment made regarding this was “when staff get to band 6 you can see them change”.

- 3.38 It was felt managers only spoke to staff when there was a problem e.g. “If you do everything right it’s like you’ve done nothing at all, but if you make a mistake it’s jumped on” and “we’re not good at giving praise with value”. Concern was also expressed that many managers had little or no NHS experience so they didn’t understand the culture or procedures. Staff also felt many managers were invisible in a way they never used to be and as a result many staff didn’t even know who was in their management chain.
- 3.39 Finally, there was felt to be an inconsistency of approach across the organisation and job planning for consultants was one example provided of this.

### Staffing levels

- 3.40 Staffing levels was an issue which arose at nearly every group meeting. There was a belief that the organisation was seriously understaffed in many areas, with A&E being viewed as a particular problem area. As a result there was a culture of staff regularly working extra unpaid hours or swapping shifts at short notice and staff stated they were made to feel disloyal if they didn’t do this. Staff said they regularly didn’t get breaks and were regularly moved around, sometimes to jobs they were not trained in. There were sometimes not enough staff to cover weekends and managers and staff were being asked to cover more than one job when others left.
- 3.41 Participants felt much of the pressure on staffing had been caused by budget reductions and that this had contributed to the existing culture. They felt long service expensive staff were being driven out, restructures were being used to force staff into lower pay bands and that new starters were put on the lowest pay band, all to save money. Added to this they believed more managers had been recruited meaning less medical staff could be afforded, leaving them understaffed and with little room for progression.
- 3.42 The pressure on staffing meant it was common for staff to say they had no time to check emails and that release for things like training was a difficulty. The move to on-line training had meant staff just carried on until they passed and some staff took many goes to complete modules. Another point raised was that equality risk assessments were not being done.

- 3.43 Staff were particularly upset that any concerns raised about staffing levels were regularly either denied, ignored or simply not tolerated by managers – which they found disheartening. It was also felt that in some instances the approaches adopted to cope with low staffing levels had led to potential breaches of the EU Working Time Directive.

### Targets

- 4 The target driven approach of the trust was a major issue raised by most participants as contributing to the bullying culture. The view was that this really started with the previous CEO and the drive for Foundation Trust status. Staff said they were screamed and shouted at to find beds to meet targets and blamed if they were breached. The four-hour target, in particular was a bone of contention.
- 4.1 Nurses stated they found themselves caught between consultants and managers - "I'm a nurse not a statistician, you feel shot from both sides". There was a feeling that there were lots of KPIs for clinical work but none for management, yet managers blamed a failure to hit targets on poor time management on behalf of staff. As one participant put it "s\*\*t is shovelled downhill in this organisation" so staff and managers do whatever is necessary, including adopting bullying tactics, to hit targets, which was why it was condoned from above. There was a view that this had also led to pressure to manipulate figures in some areas.

### Recruitment and selection

- 4.2 It was a popular view that recruitment to most posts was determined by membership of cliques rather than ability. Staff said regular restructures were used to cut posts and allocate the remaining ones to members of in groups. Jobs were not properly advertised e.g. only offered to internal staff and not to at risk staff or filled without being advertised at all. Staff said short deadlines were often given and sometimes no application forms were used. Often there was no real competition for posts, with shortlists of one in some instances. There was a view that Job descriptions had been tailored to suit particular staff and that friends had been interviewing each other to ensure success. Staff told of absent staff's posts being filled behind them so they couldn't return to their original job – often with the post going to a member of the relevant in group.

- 4.3 Of particular note, most staff believed many managers had been promoted for doing a good job at their existing level but without the required skills or training in people management for the higher level job. They felt this contributed significantly to the bullying culture because in the absence of such skills and in an attempt to hit targets they fell back on the quickest approach, which was to be aggressive.

#### Sickness

- 4.4 There was strong feeling that the new sickness policy had been introduced without consultation and that it removed management discretion, so managers were being forced to penalise genuinely sick staff. Staff believed the policy was used to control them and keep them at work through fear. An example was given of notes being placed on the walls stating the number of shifts lost through sickness each month. This was one example of staff being put under pressure to return early from sickness or to not go sick in the first place.
- 4.5 There was a view that the policy was escalated quickly, sometimes when staff had only a few days off, so staff were scared to go sick and some had been taken ill at work as a result. Also, staff mentioned counselling being used as a way of keeping them at work, not out of consideration for their health but so managers didn't have to find cover for their shifts. It was also mentioned as a form of punishment in its own right. "If you complain you get a counselling letter" was one quote. Equally, more ambitious staff were scared to go sick because it was seen as a sign of weakness and would signal the end of their career.

#### Performance management

- 4.6 As with sickness, performance management was mentioned by many as being used as a weapon to stop staff complaining, force them to work extra hours and make them hit targets. Many staff told stories of being placed on the capability procedure or threatened with it without evidence.
- 4.7 However, there was also the recognition that some staff were being managed for the first time and didn't like it. Finally, there was a view that sometimes poor performing staff were moved on rather than dealt with and that due to time constraints PDRs didn't happen in many instances.

## **(d) Communication, consultation and engagement**

### General

- 4.8 Many staff felt communication was a problem and that even basic information was often not communicated well. Emails were used by poor managers to pass on bad news rather than having to do it face to face and the perception was there was little praise ever handed out. Concern was expressed at the number of times staff were told to do things in a particular way rather than being consulted about it.
- 4.9 Many participants complained of terms and conditions being changed at a Trust level without consultation e.g. car parking and pay protection. A specific concern was the e-rostering system which was imposed, and which prevented self-rostering – something which in the past had been used to help staff with managing their work life balance.
- 4.10 With specific reference to communicating with bullies, participants felt there were regular breaches of confidentiality so they didn't feel able to confide in them. They also said that bullies were not receptive to feedback about this or any of their other behaviours.
- 4.11 The Big Conversations, although well received by some, were viewed by others as stage managed and not receptive to negative views, with tales of "minders" in the audience to silence certain individuals. Participants told of staff being chastised for saying anything negative at these events.

### Trade Unions

- 4.12 There were some concerns expressed about the role played by the trade unions. Most staff saw them as having limited influence but weren't sure whether this was because the unions had not been consulted, were ineffective or were in some way in league with management. There was a view that union support and involvement varied across the Trust.
- 4.13 When providing their input to this work the trade unions stated that bullying cases had been increasing at a time when facility time was being cut, which didn't help in resolving such cases and sent out the wrong message about the Trust's commitment to union consultation. They felt the unions had

been deliberately marginalised by policy groups and the big conversation to force policy changes through. Representatives talked of having to complete union work and personal cases in their own time. They were concerned particularly that they were outnumbered on the Safety Committee and that it wouldn't discuss the topic of bullying, even though they feel it was a relevant forum.

### Human Resources

- 4.14 The perception of HR across the trust also varied. Some staff said there were pockets of good practice although there was lots of turnover in some HR departments. The more commonly held view was that staff had little trust in HR and they were seen as being on management's side. Examples were provided of procedural and contractual documentation either being altered or not received by staff and of minutes of meetings either not being taken or altered if they would cause embarrassment. There was concern that HR only had an advisory role and that managers could ignore their advice, leading to procedures not being followed correctly and inconsistencies of approach across the organisation. Although a minority view a small number of staff said they had experienced HR staff being rude and aggressive towards them in formal settings.
- 4.15 For their part HR representatives consulted as part of this work recognised the pressures staff were under and said they were frustrated that some managers chose not to follow their advice. They confirmed the Trust doesn't uphold many complaints of bullying or use mediation very much, even though there is a clearly a need for a different way of resolving issues. They felt disciplinary hearings in particular could be very formal and daunting – in part because of forceful trade union representation.

### **(e) Effects of the current culture**

- 4.16 Although technically outside the remit of this work, this report would not be complete without mentioning the serious impact the current culture is having on both staff and the organisation.



## Staff issues

- 4.17 During interviews many participants were in tears and visibly stressed and upset when recounting their personal stories. Some individuals said they had been emotionally damaged by what had happened to them and that they were no longer the same people they were before. Many had taken significant amounts of sick leave during the times when they felt they were being bullied.
- 4.18 Many staff said they had been compelled to leave or take lower grade jobs to “escape” whilst others said that although they enjoyed their jobs they couldn’t wait to get out because of the atmosphere. Many said they had been in tears both at work and at home, that they dreaded coming into work and that in many cases it was also affecting their home lives. They said many other staff felt the same way and despite trying to cope were at breaking point.

## Business issues

- 4.19 During their interviews staff described a number of issues which directly or indirectly affect the running of the trust.
- 4.20 It was reported that many staff wouldn’t work in certain parts of the organisation, in particular A&E, which exacerbates staffing issues there. The existence of in groups and out groups in many teams was felt to be a contributory factor to the low morale, high levels of stress and high level of sickness absence experienced in many parts of the Trust. And at a very basic level previous experiences of perceived bullying had led some staff to avoid certain meetings places or people, thus affecting their operational effectiveness.
- 4.21 Staff said the culture was leading in some instances to health and safety issues being ignored, for example, fire risks, unsafe premises and beds being situated in places they were never intended to be.
- 4.22 There was a feeling that staffing levels may be below the legal minimum requirements in some cases but that senior managers may not be aware of this because “dirty tactics” had been used to cover this up.
- 4.23 Other concerns raised by staff included:

- male and female patients being put on the same ward in some cases
  - examples of patient safety being threatened
  - patients being coerced or being moved to make room
- 4.24 It was stated that “Never events” were on the rise because of the pressure, but that staff were being punished and blamed when these occurred, instead of offering support and looking for the root causes.
- 4.25 Interestingly, many staff interviewed said they had experience of working for other trusts and that HEY was a negative place to work by comparison.

## SECTION 4

### Findings and Points for Consideration

#### Staff views on this review

- 4.1 During interviews many staff expressed concerns about the anonymity of the process, stating they did not feel this was being preserved even by managing bookings via the occupational health department. Some staff attended as representatives of groups of others who were too frightened to attend. Others said they had had difficulty arranging time off without their manager knowing where they were going and a few said attendees were expected to report back what had been discussed. Some staff were even too afraid to take up the offer of an anonymous telephone interview for fear they would be identified.
- 4.2 Many staff thanked the facilitator for listening – some stating it had been the first time they had felt able to speak about the issues concerning them. Most attendees asked what would happen once the report was complete. It was clear staff had a desire to see the full report but that there was a degree of cynicism about whether HEY would take any effective action.
- 4.3 The HEY staff who attended the various meetings appeared to be in the main dedicated, hardworking and caring. This care was directed towards patients, colleagues and line managers but rather less so towards the organisation itself. There was certainly a difference of perception between what HEY delivers to patients and staff – “we’re a caring organisation but nobody cares about us”.
- 4.4 Staff understood that the NHS was experiencing considerable change and generally did accept that there had been a need for service re-designs but they felt that there was a lack of a coherent plan and that such plans as do exist were not well communicated. The perception was that there was too much nepotism, too much change and too much focus on targets over patient care.
- 4.5 The overwhelming feeling that came across during interviews was a sense of frustration at not being able to do the job as well as they would like. There were clear differences in the experiences of clinical and non-clinical

staff. The majority of views from non-clinical staff were far more positive than their clinical counterparts about their experiences of working for HEY. However, many managers now felt they were being subjected to some of the same bullying behaviours as clinical staff. There were pockets of good practice in some areas where staff do feel well managed, consulted and adequately resourced but these were the exceptions.

- 4.6 Many staff commented on the geographically isolated nature of HEY and how this led them to be fearful of losing their jobs and made management fearful of losing skilled staff, thus leading to a lack of diversity within the organisation. They also felt this encouraged the nepotism of in groups and out groups mentioned by many during the sessions.

#### Strategic issues

- 4.7 There was an overwhelming feeling that only major changes at the top would lead to a real cultural shift within HEY. The incoming CEO may wish to ensure existing management structures are appropriate for delivering business objectives and tackling the issue of bullying in particular. It would also seem essential to continue with the bullying focus group and action plan with senior commitment. Many staff commented favourably on the appointment of the bullying Tsar and the organisation should publicise and consider enhancing that role.

#### Complaints handling

- 4.8 Many staff told genuinely moving stories about their experience of using (or in many cases not feeling able to use) the current bullying complaints procedure. It would therefore seem sensible to review the procedure with a view to introducing a more anonymous way of making complaints and encouraging the settlement of issues at lower levels where appropriate. This may require the appointment and training of more complaints investigators to ensure adherence to procedures and speedier investigations. It may also require a review of support arrangements for those staff involved in bullying complaints. For example, HEY may wish to consider the introduction of bullying contact officers to assist staff in identifying whether they have been the subject of bullying and to discuss options available to them.

## Staff management

- 4.9 One of the most commonly stated views was that many managers have been promoted into their positions without the tools required to manage staff. Training in people management for these individuals to ensure they understand how to get the most out of their teams and clearly understand the difference between firm management and bullying would therefore seem essential.
- 4.10 Nepotism in recruitment practices was another common theme raised by staff so reviewing the current policy and undertaking an audit of previous practices to identify inconsistencies may be helpful, backed up with training as required.
- 4.11 Similarly, staff reported both sickness and performance management procedures being used inappropriately. A review of the use of these policies to identify and tackle inconsistencies would be welcomed by staff.
- 4.12 The organisation may also wish to consider further investigation into the alleged breaches of health and safety and NHS guidelines referenced within this report

## Communication and engagement

- 4.13 As stated previously, to counter the high level of existing cynicism regarding this work HEY needs to ensure that the findings detailed in this report and the future work of the bullying group, are widely circulated and actions taken forward speedily and comprehensively. It may also be useful to undertake a review of current communications strategies to ensure these are fit for purpose and in particular to clarify with the recognised trade unions the future vision and resourcing implications for employment relations within the organisation.

Rich Jones

Acas Senior Adviser

September 2014

## **Annex A**

### **Hull and East Yorkshire Hospitals NHS Trust** **Proposal for Bullying Task and Finish Group – 20 June 2014**

#### **Introduction**

The following proposal is submitted for discussion. It is based on previous approaches adopted by Acas for such work and particularly learns lessons from similar work undertaken recently for another NHS organisation.

#### **Facilitated sessions**

It is proposed that Acas facilitates 10 half day information gathering sessions beginning in July 2014 and involving up to 15 staff at each event at various times and venues across the Trust.

A representative cross section of staff should be given the opportunity to provide confidential feedback to these sessions.

#### **Attendance**

Arrangements for staff to attend these sessions will rest with the Trust but the following groupings are suggested for consideration:

- Mixed staff groups (for staff below a certain level)
- Staff groups based on function/discipline
- A management group
- A HR group
- A TU group

Additionally, it is suggested that staff should be able to ask for one to one interviews where they feel this is necessary.

The intention is to involve a sufficient number of Trust staff in the review in order that the views expressed in the feedback sessions can be seen as genuinely representative of the wider population. It should be noted however that any findings will not be intended to be a piece of research in the academic sense and that the results will be empirically rather than statistically based.

#### **Session content**

Each session will begin with the Acas facilitator checking the attendees' understanding of why they are present, clarifying any misconceptions (e.g. we are not investigating individual complaints), reinforcing the confidential nature of the feedback and answering any questions. In an attempt to get genuinely open feedback without influencing the views of attendees, each session will begin with an open question such as "what's it like working out there" or "tell me what's happening in this Trust?" The focus will

then be on gathering staff views on things as they currently are and how they would like to see them change.

### **Feedback of findings**

It is proposed that Acas produces a report of its findings for presentation to the Bullying Task and Finish Group in September 2014 at the latest, with the possibility of interim findings at an earlier stage. The Trust has already given a commitment to publish any findings but consideration needs to be given to precisely what information will be provided, to whom and when.

### **The future**

Whilst it is too early to predict what the findings of this piece of work are likely to be, based on previous experience it is highly likely that further work will be required both as part of this initial exercise and undertaking remedial action following it. Acas would be more than willing to be involved in this work but additional monies would need to be secured to fund this as the current budget will only allow the programme of work outlined herein.

### **Items for consideration**

1. The number of sessions proposed
2. The venues and timings for sessions
3. Suggested groups of attendees at sessions
4. Arrangements for attendance (including release)
5. The approach to the sessions
6. Feedback proposals
7. Senior management approval to all of the above

## **Annex B**

### **Staff suggestions going forward**

All suggestions for improvement made by staff during interviews have been included below as every one may have some merit. However, where similar suggestions were made by a significant number of staff these have been grouped together and annotated accordingly.

(H) = high frequency of mentions

#### **(a) Perceived bullying and handling of complaints**

##### General

We need to deal with the bullies and those who allow them to carry on (H)

Deal with senior bullies first – the rest will flow from that (H)

We know who they are, we must deal with the bullies and any subsequent victimisation (H)

Use and publicise the anti-bullying Tsar (H)

Introduce wider publicity of the bullying definition

There should be a zero tolerance approach to bullying – backed by a clear message from the CEO

Acknowledge at senior level that bullying does exist – it's not just a few whingers

Be prepared to sack staff when they commit gross misconduct

##### Bullying procedure

Review the policy and train investigators to speed up the complaints process and prevent bullies getting a reputation (H)

We must deal with issues at a lower level (H)

We need someone independent to complain to so staff can complain without fear of reprisals e.g. anonymous tip-off card or hotline (H)



The current process is flawed because it puts witnesses in a difficult position – staff have lied to avoid being put in this position

Make the documenting of low level issues easier

We need an easier reporting mechanism

Have a dedicated investigation team

We need a proper mediation service

Occupational health should be allowed to intervene and stop bad practice

Publicise the outcome of complaints

Pay more attention to incident forms and make them easier to complete

Introduce proper training for investigators

Provide more guidance on decision making (i.e. what is a proportionate response to allegations?) and written guidance on what evidence is appropriate

### Support mechanisms

Introduce bullying contact officers (H)

Provide more coaching and support for those involved in complaints

Allow more in-depth counselling – currently it stops after six weeks

We need someone corporate you can confide in. The current departmental HR structure is too limiting

Allow parties to be separated during complaints

Set up an informal disability network

## **(b) Staffing and resources**

### General

The Trust needs a huge restructure (H)

Change the senior management team (H)

Review e-rostering and off duty as these are a cause of absence (H)

Introduce better governance arrangements

More sharing of good practice

Stop theatres operating in isolation

Audit how departments are currently working

Stop preferential treatment for doctors

We need to live our values

The senior team needs to lead for the long term, and if this means sackings, so be it

Raise the profile of the trust so people want to come here

We need an opportunity to openly discuss senior leader behaviour and why they need to change

Review the roles and responsibilities of the triumvirate

Review how we want our managers to be perceived and do something about it

Reopen closed wards

Need to be clearer about structures – e.g. who is my manager?

More role models, particularly at a senior level

We need a charter for good/bad behaviour

## Management style

Training in people management for managers – particularly how not to pass on problems they get from their managers (H)

Stop moving staff at short notice (H)

Encourage everyone to say thank you and give more praise (H)

SMT and managers to be more visible (H)

We need to stick to our policies

Put staff where their specialisms lie

Remind staff regarding confidentiality

Less command and control management

Learn to apologise for mistakes

Remind consultants and registrars what it's like to be a junior Doctor and to give feedback in private

HR need to do their job – staff currently have nowhere to go

We need more equality training – particularly around disability

## Staffing levels

More resources- fill the vacancies (H)

Each department should have its own Charge Nurse

Put a sister in charge of departments – take some of the power away from lower bands

## Targets

We must focus on patients not targets (H)

Stop moving patients to hit targets (H)

We need a sea change of understanding that the duty of consultants is firstly to their patients

### Recruitment and selection

Don't allow good friends to be involved in recruitment (H)

Better recruitment policies which involve operational staff

We need a fair and transparent recruitment process – particularly at senior level

More diversity in staffing

Less use of interim appointments

### Performance management

Ensure managers understand the services they manage (H)

Introduce 360 degree appraisals

More mentoring

Provide training for the senior team in bullying and link this into their performance management

Better succession planning

We need a standard approach to the job planning process and the involvement of non-medical managers needs to be clearer

We need to be more open about job plans – who's earning what?

### **(c) Communication, consultation and engagement**

Keep staff informed of developments with this work (H)

There needs to be more meaningful staff consultation and involvement (H)

Introduce a more standardised and prescriptive communication plan

Managers need to take on board what we say

Make better use of video-conferencing

Top-slice budgets to fund facility time

Hold more meetings at CHH