Bullying & Harassment at South East Coast Ambulance NHS Foundation Trust: An Independent Report Commissioned by

July 2017

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Executive Summary

This report is the outcome of a four-month study into bullying and harassment (B&H) at South East Coast Ambulance NHS Foundation Trust (SECAMB). It is important to emphasise that this is a study and not an enquiry. The researchers have no jurisdiction to suggest sanctions or actions, instead to report and advise on what they have found.

Using a mixed-methods study of staff survey, focus groups and over 150 hours of one-to-one interviews, the report provides an assessment of responses to questions/issues known to be associated with B&H as they relate to SECAMB. The report is commissioned research led by Professor Duncan Lewis for the Human Resources Director at SECAMB.

Fundamental to addressing B&H is top level leadership and this has been frequently changing, sometimes absent, and often questionable as to their intent to tackle B&H in the recent past. Similarly, the senior clinical/operations officers below the executive must recognise their role in an organisational culture that has left many employees bereft of both confidence and direction. Whilst a new CEO has recently been appointed, it is critical that he now builds a senior team (at executive and below) that can give confidence to patients and the workforce that the direction of travel is a positive one.

It is also important that the HR function itself is confident and well equipped in the challenge it faces in helping re-build trust in all matters of B&H. This should start with a recognition that B&H is not simply idle game playing by some employees in SECAMB who do not wish to be managed. There is far too much 'organisational noise' around B&H and the researchers were shocked at the levels of staff reporting a spectrum of poor behaviours. This is without question a genuine and serious problem to address. This requires experienced and well qualified HR people at the helm to ensure policy, process and other features are well founded and fair. HR will be critical in addressing the B&H culture.

There is clear and unmistakeable evidence that locations such as Coxheath and to a lesser extent Tangmere are plagued by poor practices/behaviours. Both must be addressed as a matter of urgency. In much the same vein, there is also the very serious question of sexual harassment or of sexual grooming alleged to occur in some parts of the Kent area. The researchers were extremely distressed to hear of the experiences of several female SECAMB employees. The Trust may not of course be aware that such a culture exists, as employees are often extremely fearful of speaking out against such practices. However, as has been shown time after time, ignorance is no defence and too many British institutions have demonstrated failure to take matters seriously when it comes to sexual abuse. This report now brings to the attention of the Executive that further investigations will be necessary and action must be taken as an urgent priority to protect employees who are living in fear daily.

Key findings from the survey include:

- a 2000+ response; a rate of over 50% of all SECAMB employees. All pay bands were represented as were all spheres of SECAMB operations.
- 55% of respondents reported no exposure to bullying, 42% reported some experience of it during the last 12 months. These figures are marginally higher than the findings from the 2016 NHS England staff engagement survey on bullying at SECAMB, which stood at 40%.
- The most frequent exposure is 18% (bullying as a monthly, weekly or daily experience) and is above average for general British workplaces.
- Behaviours that are prevalent in SECAMB and help explain why B&H might be habitual include high workloads, SECAMB procedures not being followed, being excessively monitored and having opinions/viewed ignored. The findings show between 30% and 66% of respondents indicate exposure to 'Unreasonable Management' behaviours on an occasional or more regular basis.
- Managers have a responsibility to engage with the workforce and to listen to concerns as well as suggestions. Whilst unmanageable workloads are often reported in the NHS, ignoring views and options or excessive scrutiny can undermine an individual's professional standing/credibility. When we compared the behaviours at SECAMB to a national 2011 study of British workplaces we find SECAMB scores to be considerably higher (although direct comparisons are not advisable on methodological grounds).
- SECAMB employees report significantly higher rates of 'incivility and disrespect' when compared to the same 2011 national British study. Approximately 50% of SECAMB employees, who responded to the survey, reporting 'being treated in a disrespectful or rude way' and over one third experience 'intimidating behaviour from people at work' and 'Feeling threatened in any way while at work'. Around a third of respondents reported regular exposure to gossip/rumours, being insulted, being excluded by others in their group and a quarter of people being teased/mocked or encountering jokes which go too far or being subject to persistent criticism.
- The reasons for B&H at SECAMB are firmly located in manager behaviours and managers who fail to address colleague behaviours. Respondents believe the primary reasons they are targeted for such behaviour is not because of some personal characteristic they possess, such as gender or race, but because of the personality of the other party or the organisation culture in SECAMB.
- Evidence from the Health and Safety Executive (HSE) 'Management Standards' questions showed some positive features (good levels of peer support and absence of role conflict) and a mixed picture for autonomy/control over work, dependent upon the type of work undertaken in SECAMB, and for levels of manager support.

Other factors are a cause for concern as significant indicators of work stressors (work demands, work relationships, and management/communication of change).

The findings from our focus groups and interviews confirm many of the findings of the survey.

- Many employees we spoke to did not volunteer for interview/focus groups simply because they perceived themselves victims of B&H. Rather, many came forward because they felt a moral duty to speak out about the organisational culture or individual leadership styles of managers and/or colleagues.
- In most cases, individuals simply sought to make SECAMB a better place to work. In doing so they felt a duty to themselves and others to talk to the researchers about issues such as; tackling cliques, intransigent hierarchies reluctant to embrace alternative ways of working and unpleasant and threatening behaviours encapsulated in aggressive and intimidating actions.
- Rather than being a 'whinging minority', employees who came forward should be recognised for the strength of character to do so. Several interviewees and attendees at focus groups genuinely feared for their job security in speaking out. This speaks of a culture underlying B&H.
- The report highlights in detail the central threads of employee concerns around B&H

Several recommendations are offered including for example:

- More prominent roles for Governors and Non-Executive Directors
- Enhanced training, support and development of managers, but also making managers accountable.
- Establishment of a cross-sectional steering group empowered to scrutinise data and to drive change at board level.
- Better understanding of SECAMB culture with a drive to change the macho, work-hard-play-hard culture in some quarters to better represent the care expectations of a contemporary NHS. Gallows humour has its place, but not at the expense of decent and benevolent behaviour to all employees, regardless of gender, race, disability etc.
- A fundamental appraisal of policy and process and the recognition of the need to build a true partnership model with trades unions to disable the crippling grievance/investigation culture that SECAMB is hamstrung by.
- In addressing the tit-for-tat grievance culture, all sides must move away from the clear vindictive and retribution culture that exists to one that seeks to minimise disputes and creates effective vehicles for proper employee engagement. This can be only achieved by a leadership that deploys active listening and provides voice mechanisms for its employees.

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Acknowledgments
The researchers wish to acknowledge the contributions of every member of staff who completed the survey, took time to take part in interviews and focus groups and for those who wrote directly to the researchers by email and postal services. Without their responses, this report would not have been possible.

1.0 - Introduction

Gillian arrives on station to be met by her line manager who shouts across the garage floor at her. This line manager does this to all staff and "bellows" instructions as if they were a sergeant major in the army. "I find it so demeaning" says Gillian in the crew room. "It makes me feel like a child and I hate being shouted at". Her colleague Jim replies "Oh don't mind her, she is like that with everyone, we have just got used to it". "Really"? says Gillian with an air of astonishment in her voice.

Meanwhile, Mike calls his brother on his mobile from his car on the way from the Make Ready Centre *'What's up?' says Mike's brother. "This and that" says Mike, "I can't handle being frozen out by my manager any longer".* When Mike's brother asks what happened Mike explains *"My manager hasn't spoken to me for three years"* 'Really'? says Mike's brother – 'How come?' *"I simply don't know. We don't have team meetings and it all works around your face fitting. If your face fits, you get on, if it doesn't, you are frozen out. I haven't had a proper appraisal for ages and my last one lasted 10 minutes at most and I had a piece of paper thrust at me. That is not how I expect to be managed. It is time to look for another job I think".*

"Sometimes it is 8 hours after you have had your 30-minute lunch break until the end of your shift" said Simon. *"I have only had two tea breaks in 3 years". "We hear that our colleagues in Surrey get regular tea breaks, but I know that is uncommon in our county. I sometimes am shattered at the end of my 12-hour shift because I had lunch 8 hours before and even then it was only for 30 minutes. I cannot physically function and be on top of my game with so few breaks. I have to pinch 5 minutes here and there to take a breather".*

Whilst none of the accounts above have used the word 'bullying' or 'harassment', all are reconstructions of perceptions of unfairness that SECAMB employees associate with B&H. All three brief excerpts tell of workplaces that are troubled by incivilities of one kind or another. Whether they constitute bullying in the minds of the people concerned is not the important question. Instead, we should concern ourselves that they typically represent a spectrum of views from SECAMB employees who feel that their working lives are not as they should be. This report deals with these issues and provides insights into potential reasons for why reports of B&H in SECAMB are considerably higher than the averages in the NHS England annual employee engagement survey.

This report is the culmination of a four-month study into B&H within SECAMB. The study was commissioned by the HR Director and undertaken by Professor Duncan Lewis and a research assistant with 36 years clinical and management experience in the NHS.

Prior to the appointment of Professor Lewis, a scoping meeting with Robert Ivey of the HR department established a broad scope of issues to be investigated. Previous evidence of

these issues at SECAMB indicated above average scores for B&H (compared to other English NHS Trusts and compared to other ambulance services trusts). These factors prompted the commissioning of Professor Lewis to undertake research to investigate them. The study comprised a survey, focus groups and over 150 hours of one-to-one telephone and face-to-face interviews with a range of employees of all grades and experience.

Professor Lewis has expertise in B&H research spanning 25 years including two large-scale publicly funded (ESRC) British studies, along with previous NHS work into B&H, discrimination and ill treatment in British workplaces. He has published numerous studies and papers and is 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 B&H in NHS England and is an expert advisor to research studies in Ireland and Canada. In April 2016, he addressed the 10th international conference on B&H in Auckland, New Zealand as a keynote speaker.

2.0 Ambulance Services Pressures

It is well documented that ambulance services across the UK are under severe pressures from several quarters. In a 2016-2017 report produced by the Public Accounts Committee of the House of Commons on ambulance services, it was documented how: funding increases have not kept pace since ambulance services were last examined in 2011; response time targets have been such a major focus for ambulance trusts that they have had a detrimental effect on wider performance; and significant variations exist, in both financial and operational performances, between ambulance trusts with a lack of progress in understanding why such variations exist since the 2011 report of the same Committee. The report also highlighted an urgent need to address new models of care for ambulance services to address demands.

The 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 Accident and Emergency Units (A&E) and general overcrowding in many UK hospitals (National Audit Office report 2017). This has led to nearly 500 hospitals closing doors to new emergency admissions resulting in ambulances being diverted, further impacting upon ambulance response times (http://www.bbc.co.uk/news/health-39519855) (See also McCann et al, 2015). This has led to calls from the Nuffield Trust to make such pressures an urgent issue so that ambulance services can focus on meeting their targets. Furthermore, the issues of diverting ambulances and long wait times at A&E often has personal impacts on paramedic and ambulance crews who often end up missing breaks and working beyond their normal shift timings.

Sickness absence figures in ambulance services trusts show almost 184,000 sickness absence days between 2013-2017 with stress, anxiety and mental health issues prominent causes of staff related absences. Even so, SECAMB has a below average absence rate of 5.4% (NAO, 2017). The 2016-2017 report produced by the Public Accounts Committee also recognised high sickness absence rates and the additional challenge of recruiting and retaining qualified staff. Minutes evidenced to this committee by the Department of Health showed SECAMB to have the highest published vacancy rate of any ambulance service in England (8.2%).

Trade unions representing the health sector cite numerous response targets set by Government, which when combined with calls to 999 services for patients unable to see their GP, as major causes for the increase in sickness absence amongst ambulance personnel. A survey of ambulance staff by trade union Unite in 2015, reported falling morale and motivation with 88% of respondents reporting stress as the primary reason behind that (http://www.unitetheunion.org/news/record-numbers-of-paramedics-quitting-could-trigger-ambulance-crisis-warn-health-unions/) and significant threats to effective service delivery caused by high labour turnover of paramedics. In a 2015, joint trade union study by

Unite, GMB and Unison into recruitment and retention of ambulance staff, respondents cited pay banding, working life, despatch handling, career progression and paying a recruitment/retention premium as the most important to helping ambulance staff stay in their role. The same report revealed 25% of perceived stress was due to bullying and harassment. Meanwhile, 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".

There is also some evidence of target culture pressures leading to claims of bullying and harassment in ambulance services settings (Heath and Radcliffe, 2007), but that this was likely due to already embedded cultures of bullying where target setting merely exacerbates the issue. 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).

3.0 Background into Bullying and Harassment

Workplace bullying has been recognised as a contemporary workplace issue that affects organisations of all sizes and in all continents (Einarsen 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 change, hierarchy, destructive leadership styles and a broad range of stressors around a lack of autonomy, insufficient resources, ineffective and non-existent 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).

Recent British research showed that larger, complex organizations, which are well equipped with policies and practices designed to tackle bullying, were more likely to experience the phenomenon (Fevre et al., 2012). That research demonstrated that managers and supervisors are often cited as the perpetrators of the behaviours many employees label as

'bullying', but that co-workers, clients/patients and families of patients can also be perpetrators (Fevre et al., 2011).

Evidence shows that effective leadership and management, along with a spectrum of employee support, buffers the effects of bullying whilst their absence exacerbates it (Lewis et al., 2016). It was therefore deemed necessary to explore these issues within SECAMB 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 most British employees' experiences of B&H and that work environment demands, job demands, management and colleague support and organisational change, strongly correlate with B&H, 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 styles
- Leadership and management culture that support interventions to reduce bullying

Whilst it is impossible to list decades of research on B&H here, the broad thrust of evidence is:

- Managers who possess skills in conflict management are less likely to encounter B&H in their departments or are less likely to be accused of B&H.
- 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 can develop into B&H.
- Organisational leadership that makes a sustained commitment to tackling B&H and demonstrates this commitment to employees is likely to be better placed in minimising claims of B&H.

Participative leadership styles have been found to be associated with the lowest levels of B&H while a leadership style that is based on punishment that is unrelated to an employee's behaviour (non-contingent punishment) was the strongest predictor of reported B&H (Hoel et al., 2010). Fevre et al., (2012) reported that most employees expect managers to manage and know that the task of management is difficult, but where employees have difficulties in understanding managers and leaders who bully is because manager behaviours are often irrational. This ties in closely with Hoel et al's (2010) Ideas of non-contingency. Therefore, irrational or non-contingent behaviour that is difficult for an employee to make sense of is

more likely to lead to perceptions of mistreatment or B&H. An illustration of this is when a manager might deploy favouritism for shift rotas, overtime or annual leave for example. It is also worth noting that laissez-faire styles of leadership, where a manager 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) and the same is true of a manager who micro-manages, particularly professionals. As such, a manager must demonstrate leadership but not micro-manage.

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 particularly pertinent in the case of SECAMB. 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 the 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. These correlates closely with management and employee support as indicated in the HSE 'Management Standards'.

Discrimination has also been shown to correlate with bullying. Lewis and Gunn (2007) showed how ethnic minorities were more likely to report bullying and ill-treatment compared to White colleagues while Hoel and Cooper (2000) also showed a strong relationship between bullying and ethnic minorities. Sexuality (Hoel et al., 2014), women (Einarsen et al., 2011), younger employees and people with disabilities and long-term health conditions (Fevre et al., 2013) have all been shown to have greater exposure to ill treatment and bullying. This makes it critical for managers and leaders to be aware of risk groups and their responsibilities to them under the Equality Act (2010).

In much the same way, banter and inappropriate behaviours that are highly sexualised can also strongly correlate with B&H. Although sexual harassment is often researched independently of bullying, there can be instances when a work environment either encourages, or fails to discourage sexualised behaviours which subsequently allows banter to flourish and lead to a work environment that is uncomfortable or openly unpleasant, usually, but not exclusively, to women.

Hilary and Vyas (2016) reported that many organisations run on 'fear' with participants typically reluctant to participate for fear of being 'shot down' or ridiculed. Furthermore, 'bad news' is rarely passed upwards and there is a culture of tokenism without any real engagement. Often this leads to a collective belief that any action plans will be largely

ineffective and therefore adoption of a 'why bother' attitude. These features are often found in organisations where staff perceive a bullying culture.

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

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 B&H 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 at al., 2005). At the 2016 Workplace Bullying and Harassment conference, over 30 attendees from the USA, Canada, Australia, New Zealand and the UK amongst others, drawn from research and practice, attended a workshop on tackling the issue of B&H in a health care context. The spread of countries attending indicated the extent of the problem in health and social care based workplaces.

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 management in the form of demands and expectations also helped explain how employees feel ill-treated at work. Violence and injury was also a feature of working in the health and social care sector for some employees.

Studies specifically citing B&H in NHS workplaces are, despite claims made, uncommon. Claims that 'workplace bullying is a persistent problem in the NHS' (Iling et al., (2013) are often based upon studies that have small sample sizes or are weak in methodological design. Studies in an NHS context often focus on specific occupational groups such as doctors (Quine, 1999; 2002), dentists (Steadman et al., 2009) or nurses (Quine, 2001; Lewis, 2006). Studies such as these are often based on unrepresentative samples or on small-scale qualitative studies. These are not specific criticisms, but more so the challenge of undertaking research on such as sensitive issue as B&H. Whole organisation-wide studies are almost non-existent in an NHS context, partly due to problems of access for researchers as well as costs associated with undertaking the research. Furthermore, the complexity of the phenomenon and its antecedents makes studying bullying using surveys alone, highly problematical.

As such, understanding bullying across the NHS is often limited to the NHS employee survey, which, by design, often fails to ask the questions necessary to understand the phenomenon fully. For example, the survey asks respondents, based on a definition, to indicate if they feel 'bullied at work'. This often leads to relatively high prevalence rates (typically 15-17% on average) (Iling et al., 2013) however, the survey fails to ask sufficient questions about negative behaviours that might underpin perceptions of B&H, 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).

3.3 - Studies of Bullying and Harassment in Ambulance Service contexts

There are virtually no published academic studies of bullying and harassment in ambulance services globally. Generally, studies are of a spectrum of health professionals where the data is then organised by professional groupings such as paramedics. Alternatively, data is cut from representative data such as those discussed above where ambulance services personnel have been shown to be more at risk of bullying compared to general populations (see for example Hoel and Cooper, 2000). When ambulance service personnel have been studied, links to bullying are often tangential, such as Sterud et al., (2008) whose Norwegian study indicated that job-related factors like emotional exhaustion and bullying may be important contributors to suicide ideation. Alternatively, short reports by bodies such as NHS Employers have used case studies of other UK ambulance services such as London Ambulance Service (NHS Employers, 2017) to indicate evidence of perceived good practices.

Against this backdrop of known evidence, this study at SECAMB has endeavoured to be cognisant of these approaches in an attempt to follow best practice. Whilst it is not possible to include every question possible on B&H, the survey design has encapsulated the key issues likely to be of importance in ambulance services contexts.

4.0 – Existing evidence of contributory factors to Bullying and Harassment in SECAMB drawn from NHS Engagement data

Existing SECAMB data obtained from the 2015 and 2016 NHS Employee Engagement data was examined to establish some baseline indicators. Whilst there were some good indicators of improvement in 2015 such as more consistent use of appraisals, reduced self-reporting of stress, good communications between senior managers and staff etc., these appeared to have regressed in 2016, particularly around stress, being unwell because of pressure, worsening communication with senior management etc. There were several key metrics that were of concern. These included:

- When asked “if they would recommend SECAMB as a place to work”, in 2015 SECAMB respondents were 6%, on average, below the average for ambulance trusts and by 2016 this had fallen to 20% below the average.
- Whilst there had been an overall improvement in staff engagement between 2014 and 2015, this was still below the average for ambulance trusts and by 2016 had fallen back on the 2015 score.

- Management interest in health and well-being of staff remained consistent at 3.15 in both 2014 and 2015. This fell further in 2016 suggesting that any attempts to address B&H were ineffective.
- In 2015, 32% of SECAMB staff reported experiencing B&H from other staff in the last 12 months, compared to 30% of other ambulance trusts. By 2016, this figure had risen to 40% in SECAMB yet fallen to 28% as the average in other ambulance trusts.
- In 2015, a reduction to 33% of the number of people reporting their experience of B&H or abuse which by 2016 had risen to 38%.
- In 2015, 24% of staff reported experiencing discrimination at work in the last 12 months, up 5% compared to the average of ambulance trusts and remaining consistent in 2016.
- Other key metrics of concern in 2015, compared to the average for ambulance trusts, included; a rise in the number of staff who felt they were working excessive hours, increased dissatisfaction with opportunities for flexible working and a growth in witnessing harmful errors, near misses in the last month, increased concerns and lack of confidence in procedures for reporting errors/near misses and reduced confidence in reporting unsafe clinical practice.
- By 2016, key points of concern, compared to the average for ambulance trusts, included; quality of non-mandatory training, learning or development, reduced belief in fairness and effectiveness of procedures for reporting errors/near misses and incidents, attending work despite feeling unwell because of felt pressure to do so, reduced perceptions of staff recognition

These data points provide a useful starting point for exploring B&H and attendant known stressors in SECAMB.

5.0 - Methodology

5.1 - Research Design

In line with the deliverables outlined by the SECAMB HR Director, 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. To obtain as wide a sample of employee responses as possible, it was necessary for the study to include:

- An organisation-wide survey of all SECAMB staff.
- numerous focus groups and;
- Over 150 hours of one-to-one telephone interviews.

The research design aimed to carry out several focus groups with a sample of SECAMB employees by randomly selecting from a database of staff. These included focus groups that were female only and some that were manager grades. In every focus group care was taken to ensure no manager and their direct reports would be in the same focus group.

Despite careful and well organised planning, attendance at focus groups was often poor. Obtaining responses from SECAMB employees chosen to attend focus groups was frequently sporadic and the researchers encountered several non-attendances. It was subsequently decided on grounds of efficiency/cost management to curtail some focus groups and instead focus on following up as many interview contacts as possible.

All qualitative data was captured by using handwritten notes. This was primarily adopted because of the considerable anxiety expressed by participants in coming forward to speak to the research team. Many SECAMB interviewees required significant assurances that they could not be dismissed or identified for speaking to the researchers. Several employees required weeks of coaching and reassurance to openly speak to the research team. All qualitative data was screened for themes that supported the British Workplace Behaviour Scale (BWBS) used in the survey and the HSE Management Standards as well as any other emergent themes that were specific to SECAMB employees

5.2 - Sampling

All staff (circa 3400 approx.) were initially contacted via email by the communications team at SECAMB using text drafted by Professor Duncan Lewis advising them about the nature and extent of the project and inviting them to take part in an independent online survey. Weekly follow up emails were sent to all staff over a six-week period that the survey was live to encourage further responses and gain as wide a response base as possible. The response of over 2000 was very high for a survey of this kind. This suggests that B&H is a significantly important issue to many employees at SECAMB and it enables the researchers to be confident of the conclusions drawn.

It is important that readers note that because of the time scales in reporting the findings that it was not possible at this juncture to establish statistically significant inferences from the data.

5.3 - Focus Groups

Some employees who had responded to the survey indicated they wished to take part in focus groups and they were contacted by the researchers with a time and location appropriate to their locale. Other attendees were drawn from a randomised sample of the workforce with the aim of capturing what working at SECAMB meant to employees. Attendance at the focus groups did not require employees to have experience of B&H. All focus groups took place on SECAMB premises and this may well have impacted on poor attendance or from those who withdrew or did not attend. Focus groups have consistently shown their value in B&H research (see for example Hoel, et al. 2014) and this might require off-site organising in any future engagement with the workforce on this issue.

5.4 - Questions Asked Within the Survey

To address the issues of ill-treatment behaviours it was proposed that the BWBS (after Fevre et al, 2010) was deployed. Duncan Lewis is a co-author of this scale and it has been used previously both 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 SECAMB.

The survey was designed as on-line self-completion survey using Qualtrics© software. Although designed to be easy to complete, the need to capture sufficient responses to a range of ill-treatment behaviours, as well as details of perpetrators and possible reasons why employees believed they had been targeted, meant the length of the survey could be problematic in terms of drop-outs and non-completions.

5.5 - Analytic Strategy

The qualitative data from the telephone interviews and focus groups was 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 B&H and several sub codes. The sub codes were structured from the central themes emerging from the qualitative data. These themes were wholly drawn from the responses the researchers received in the focus groups/interviews.

5.6 - Ethics and Confidentiality

Before the completion of any telephone interview, SECAMB employees were advised that the interview was not being digitally recorded and that only hand-written notes were being taken. Assurances of confidentiality were given and that names would not be recorded or reported.

Attendance at focus groups allowed for individuals to receive an information document concerning the particulars about this research (see Appendix 1). This included why the

research was to be carried out and by whom. This approach follows the conventions expected of academic researchers and the ethical requirements for research from Plymouth University and Longbow Associates Ltd. Despite efforts to enable employees to attend focus groups confidentially, some had to swap shifts or speak to line managers to enable them to attend.
Prior to any focus groups being conducted, participants were required to sign two consent forms (see Appendix 2) to show their understanding of the proceedings and to provide consent to taking part in the focus group. One copy was retained by the researchers and placed in the research file and a second copy given to participants as a reminder of what they had consented to.

Participants could withdraw at any time, even if the interview/focus groups had begun, which allowed the chance for anyone who felt uncomfortable to withdraw without their rights being affected.

6.0 - Findings

IMPORTANT INFORMATION

The survey received a total of 2093 responses. However, some of these are only partial responses meaning that some people did not answer every question in the survey and therefore scores do not always add up to 100%. Similarly, some questions will receive higher responses than other questions.

6.1 - Demographics – who completed the survey?

Due to the confidential nature of the survey and concerns employees had about being identified in responding, the following demographics are provided simply to give a general overview of respondents. No attempt has been made to interpret the data by different demographic groups or by location.

Gender – 53.47% of respondents were male and 46.01% were female with 8 indicating they wished to be considered in another way.

Age - The mean age score of respondents was 40 years.

Sexuality – 87.10% described themselves as heterosexual with the remainder being alternative sexualities or preferring not to indicate sexual identity.

Working Status – 83.87% of respondents work full time, 11.61% part-time (8-29 hours) and the remaining responses (4.5%) work on other contractual arrangements such as Bank, Agency or less than 8 hours per week.

Ethnicity – 90.52% described themselves as being White British, nearly 1% as White Irish, 4% as Other White Background and the balance (4.5%) being made up of other Black, Asian and other ethnic origins.

Religion – 46.74% of respondents described their religious affiliation as Christian (all denominations) with 43.58% 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 response.

Disability & Long Standing Health Conditions – 73.78% of respondents reported they did not have any disability long standing health conditions with 26.22% (n=418) reporting some form of disability or long standing health condition. Of these, 66 people reported that their health condition/disability made doing their day-to-day activities difficult.

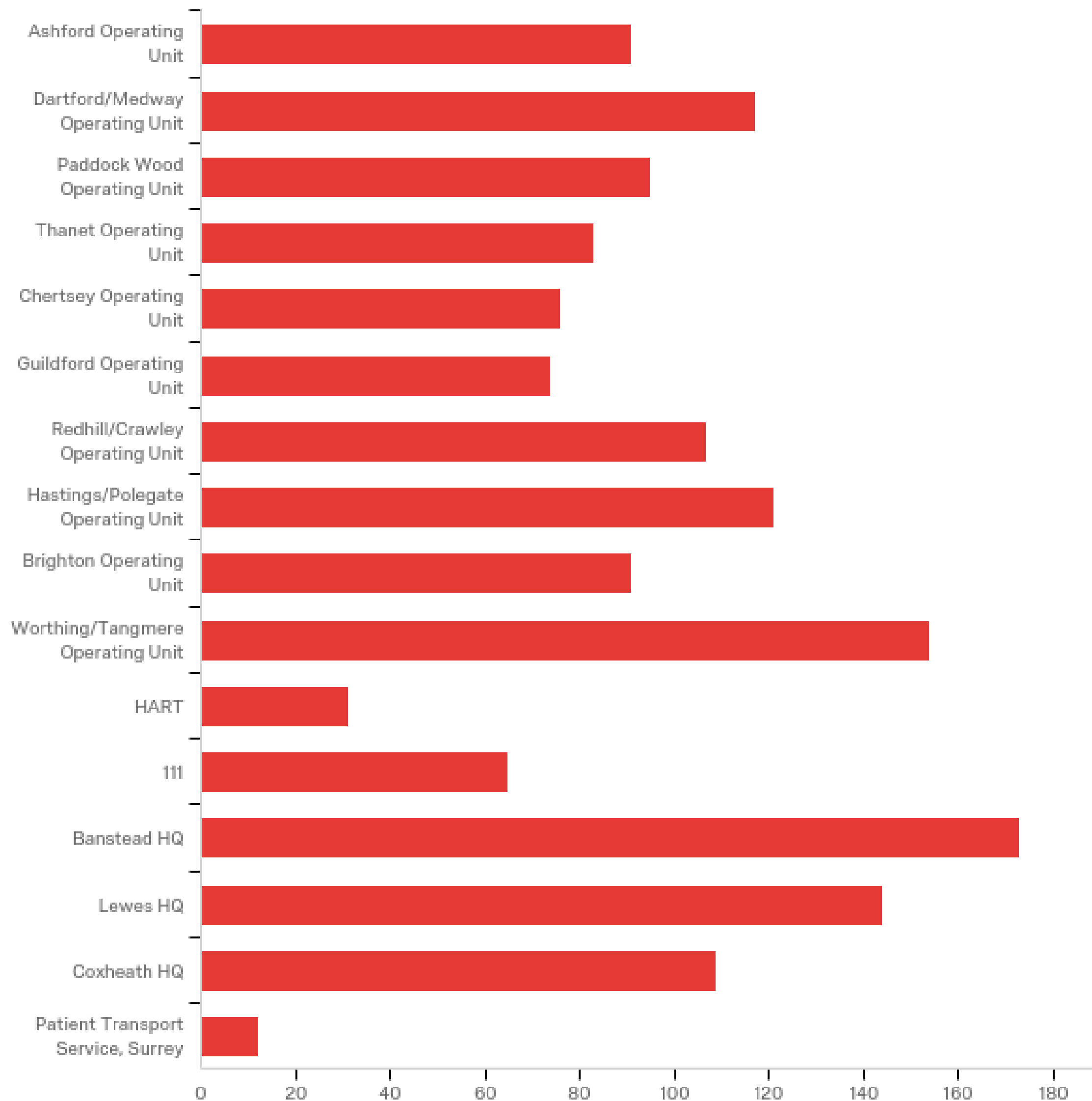
Trade Union / Staff Association membership – 73.85% reported they were a member of a trade union and less than 1% reported being a member of a staff association. 25.37% were not members of either.

Educational Attainment - 63% of respondents held a Higher Education Diploma, Degree (or equivalent) or higher degree/postgraduate qualification with the remainder holding school and post 16 level qualifications (O/A/GCSE/NVQ etc.).

Pay Banding – All pay bands were included amongst respondents

Location – See Figure 1 which demonstrates a spectrum of respondent work locations.

Figure 1: Primary Work Location of Respondents



Corporate Directorate – 66% of respondents came from frontline operations including Fleet, 5% from 111, 14% from Frontline Operations EOC, 11.5% from Corporate Support Directorates and the remainder from other parts of SECAMB.

6.2 - Exposure to bullying and ill-treatment behaviours

The survey had a single question asking respondents if they believe they had been exposed to B&H in the last 12 months at SECAMB.

- 55% of respondents said they had not experienced bullying.
- 24% said occasionally

Table 1: Experience of ill-treatment behaviours in the last 12 months.

- 7% said monthly
- 7% said weekly and
- 4% daily.
- 3% reported they did not know if they had been bullied.

A total of 42% of respondents reported that they have some experience of bullying at SECAMB in the last 12 months. This is marginally higher than the findings from the 2016 NHS England staff engagement survey on bullying at SECAMB, which stood at 40%.

Note: Although the survey asked respondents with occasional or more regular experience of bullying to complete the question on negative behaviours, only 31% did so, despite 42% reporting some experience of bullying.

The more frequent and regular exposure to bullying at 18% (Monthly through Daily) is around 5-10% above average for general British workplaces and marginally higher than other NHS Trusts that have used this survey instrument.

The survey then asked staff to report their exposure to 21 B&H behaviours, which are the cornerstone of the British Workplace Behaviour Survey (BWBS). Staff could respond with 'Never' through to 'Daily' categories.

Please 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 below. Table 1 illustrates the responses received to these 21 negative behaviours (shown as percentages).

Question	Never	Rarely	Sometimes	Monthly	Daily
Someone continually checking up on you or your work when it is NOT necessary?	20.86%	30.14%	21.74%	10.90%	16.35%
Having your views and opinions ignored?	9.09%	16.35%	36.97%	20.05%	17.54%
Someone withholding information which affects your performance?	18.48%	22.62%	36.78%	11.78%	10.34%
Pressure from someone else to do work below your level of competence?	24.50%	27.94%	27.63%	9.77%	10.15%
Being given an unmanageable workload or impossible deadlines?	17.42%	23.06%	29.01%	11.97%	18.55%
Your employer not following proper procedures?	14.54%	18.67%	31.27%	16.17%	19.36%
Being treated unfairly compared to others in your workplace?	26.57%	23.93%	24.81%	12.09%	12.59%
Being humiliated or ridiculed in connection with your work?	46.99%	24.56%	16.48%	6.95%	5.01%
Gossip and rumours being spread about you or having allegations made against you?	48.06%	22.49%	18.73%	6.39%	4.32%
Being treated in a disrespectful or rude way?	28.45%	23.43%	27.38%	13.66%	7.08%
People excluding you from their group?	41.73%	26.44%	18.55%	6.77%	6.52%
Being shouted at or someone losing their temper with you?	47.49%	25.56%	17.36%	6.77%	2.82%
Intimidating behaviour from people at work?	41.73%	23.50%	20.68%	9.15%	4.95%
Feeling threatened in any way while at work?	41.92%	21.87%	22.06%	9.65%	4.51%
Pressure from someone else NOT to claim something which by right you are entitled to (e.g. sick leave, holiday entitlement, travel expenses)	40.73%	19.99%	21.80%	11.15%	6.33%
Being insulted or having offensive remarks made about you	43.30%	24.56%	19.67%	8.33%	4.14%
Teasing, mocking, sarcasm or jokes which go too far	53.57%	24.12%	13.35%	5.58%	3.38%
Receiving actual physical violence at work	70.36%	18.11%	9.46%	1.75%	0.31%
Injury in some way as a result of violence or aggression at work	76.13%	16.98%	5.89%	0.63%	0.38%
Hints or signals from others that you should quit your job	67.61%	14.54%	10.40%	4.76%	2.69%
Persistent criticism of your work or performance which is unfair	52.32%	23.62%	13.85%	7.14%	3.07%

The results in Table 1 above illustrate a broad spectrum of responses. We will deal with these in clusters of negative behaviour as follows.

6.3 - Cluster A - Violence and Injury as a result of Violence

Two items were designed to measure violence and injury at work. Both items - 'Receiving Actual Physical Violence at Work' and 'Injury in Some Way as a Result of Violence at Work' resulted in scores of 11.5% and 6.9% respectively.

Violence is a recognised feature of blue-light work and is reported as a contributory factor to both sickness absence rates and to staff turnover. Later in this report evidence is presented on perpetrators and it appears that most incidents of violence and any subsequent injury is due primarily to the actions of patients and the relatives/friends of patients. Although researchers generally do not associate violence with bullying *per-se*, there is an association between management inaction to address violence and perceptions of workplaces where violence is accepted as part of the rough-and-tumble of the job (Bowie, 2002). SECAMB must demonstrate to the workforce that it is providing leadership on tackling violent incidents at work. Furthermore, as can be seen in some of the interview/focus groups discussions below, perceptions of unfairness exist for some employees because of the ways in which injuries are not recognised by some managers and the organisation when staff experience ill-health as a result of injury.

6.4 - Cluster B - Unreasonable Management Behaviours

Unreasonable management behaviours are clustered around the following eight negative behaviours (see table 2 below). In this table, we have removed the 'Never' and 'Rarely' categories as these are not associated with B&H and have included a category labelled 'Cumulative' which is a cumulative score of 'Sometimes' through 'Daily'. We also include a direct comparison to the 2011 British survey by Fevre et al., which used the same scale.

Table 2: Experience of unreasonable management behaviours in the last 12 months

Behaviour – How often have you experienced:	Sometimes	Monthly	Daily	Cumulative	Fevre, et al. (2011)
Someone withholding information which affects your performance	36.78%	11.78%	10.34%	59%	14.2%
Pressure from someone else to do work below your level of competence	27.63%	9.77%	10.15%	47.5%	11.9%
Having your views and opinions ignored	36.97%	20.05%	17.54%	74.6%	27.0%
Someone continually checking up on you or your work when it is not necessary	21.74%	10.9%	16.35%	49%	17.5%
Pressure from someone else not to claim something which by right you are entitled to	21.8%	11.15%	6.33%	39.3%	8.8%

Being given an unmanageable workload or impossible deadlines	29.01%	11.97%	18.55%	59.5%	29.1%
Your employer not following proper procedures	31.27%	16.17%	19.36%	66.8%	21.3%
Being treated unfairly compared to others in your workplace	24.81%	12.09%	12.59%	49%	14.8%

Table 2 results reveal that between one and two-thirds of respondents indicated exposure to 'Unreasonable Management' behaviours on an occasional or more regular basis. The most prevalent of these is around 'unmanageable workloads', 'Having your views and opinions ignored', 'Your employer not following proper procedures' and 'Someone continually checking up on you or your work when it is not necessary'. These behaviours are clearly evidenced later in this report in conversations between the researchers and employees. The issue of 'Unreasonable Management' was frequently reported in our conversations with staff at focus groups and in interviews as a *"Managers know best"* culture where when challenged, managers are perceived as knowing *"what's best for you"*. Managers have a responsibility to engage with the workforce and to listen to concerns as well as suggestions. Whilst unmanageable workloads are often reported in the NHS, ignoring people's views and opinions or excessive scrutiny of them and their work can undermine an individual's professional standing/credibility. Employees attending focus groups and interviews often expressed the view that such behaviours arose from a lack of proper management training and/or because managers lacked the requisite skills to manage staff properly and with sensitivity. This is discussed further in this report.

In terms of comparison to the Fevre et al., (2011) British study, the scores for SECAMB are considerably higher in all behaviours 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 highly problematic for SECAMB and understanding them and their causes will prove critical in tackling perceived B&H.

6.5 - Cluster C - Incivility and Disrespect Behaviours

'Incivility and Disrespect' behaviours are clustered around the following 11 negative behaviours (see table 3 below).

Table 3: Incivility & Disrespect Behaviours in the last 12 months					
Behaviour – How often have you experienced:	**Sometimes**	**Monthly**	**Daily**	**Cumulative**	**Fevre et al., (2011)**
Being humiliated or ridiculed in connection with your work	16.48%	6.95%	5.01%	28.4%	7.6%

Gossip or rumours being spread about you or having allegations made against you	18.7%	6.4%	4.3%	29.4%	10.5%
Being insulted or having offensive remarks made about you	19.7%	8.3%	4.1%	32.1%	14.7%
Being treated in a disrespectful or rude way	27.4%	13.7%	7.1%	48.2%	22.3%
People excluding you from their group	18.5%	6.8%	6.5%	31.8%	7.8%
Hints or signals from others that you should quit your job	10.4%	4.8%	2.7%	17.9%	7.2%
Persistent criticism of your work or performance which is unfair	13.9%	7.1%	3.1%	24.1%	11.5%
Teasing, mocking, sarcasm or jokes which go too far	13.4%	5.6%	3.4%	22.4%	11.1%
Being shouted at or someone losing their temper with you	17.4%	6.8%	2.8%	27.0%	23.6%
Intimidating behaviour from people at work	20.7%	9.2%	5.0%	34.9%	13.3%
Feeling threatened in any way while at work	22.1%	9.7%	4.5%	36.3%	10.9%

As with table 2, table 3 provides a cumulative score (sometimes through daily) and a comparator score for incivility and disrespect with the Fevre et al., (2011) study. Across all behaviours, the respondents from SECAMB reported significantly higher prevalence rates when compared to the Fevre et al. score. Notwithstanding our earlier comments on the difficulties of comparing the two studies, the results reveal significantly higher negative scores with nearly a half of respondents reporting 'being treated in a disrespectful or rude way' and over one third experiencing 'intimidating behaviour from people at work' and 'Feeling threatened in any way while at work'. Around a third of employees reported regular exposure to gossip/rumours, being insulted, being excluded by others in their group and a quarter of people being teased/mocked or encountering jokes which go too far or being subject to persistent criticism. These offer clear evidence of a pattern of 'Incivility and Disrespect'.

The culture of 'incivility and disrespect' was reinforced by the conversations at focus groups where people reported numerous examples of being singled out and mistreated. These extended to being ridiculed for suffering hearing loss, being teased for being too short to drive the ambulance, ignored by managers, being disrespected for being a woman and so forth. In some situations, this reinforces what was observed in 'Unreasonable Management'

with *"cliques"* being prevalent in SECAMB and 'an old-boys network' being prevalent and putting pressure on employees to conform to belong to the 'in-group' with several staff commenting that progression/good shifts/access to leave and so forth only happened if *"your face fits".* We discuss this in much more detail below.

6.6 - Which behaviour do employees find most difficult to deal with?

We also asked respondents to select the one behaviour they found most difficult to deal with. The principle behaviours (most frequently cited) are presented in rank order:

1. Being treated unfairly compared to others in your workplace
2. Your employer not following proper procedures
3. Being given an unmanageable workload or impossible deadlines
4. Being treated in a disrespectful or rude way
5. Having your views and opinions ignored
6. Someone continually checking up on you or your work when it is NOT necessary
7. Gossip and rumours being spread about you or having allegations made against you
8. Someone withholding information which affects your performance
9. Intimidating behaviour from people at work

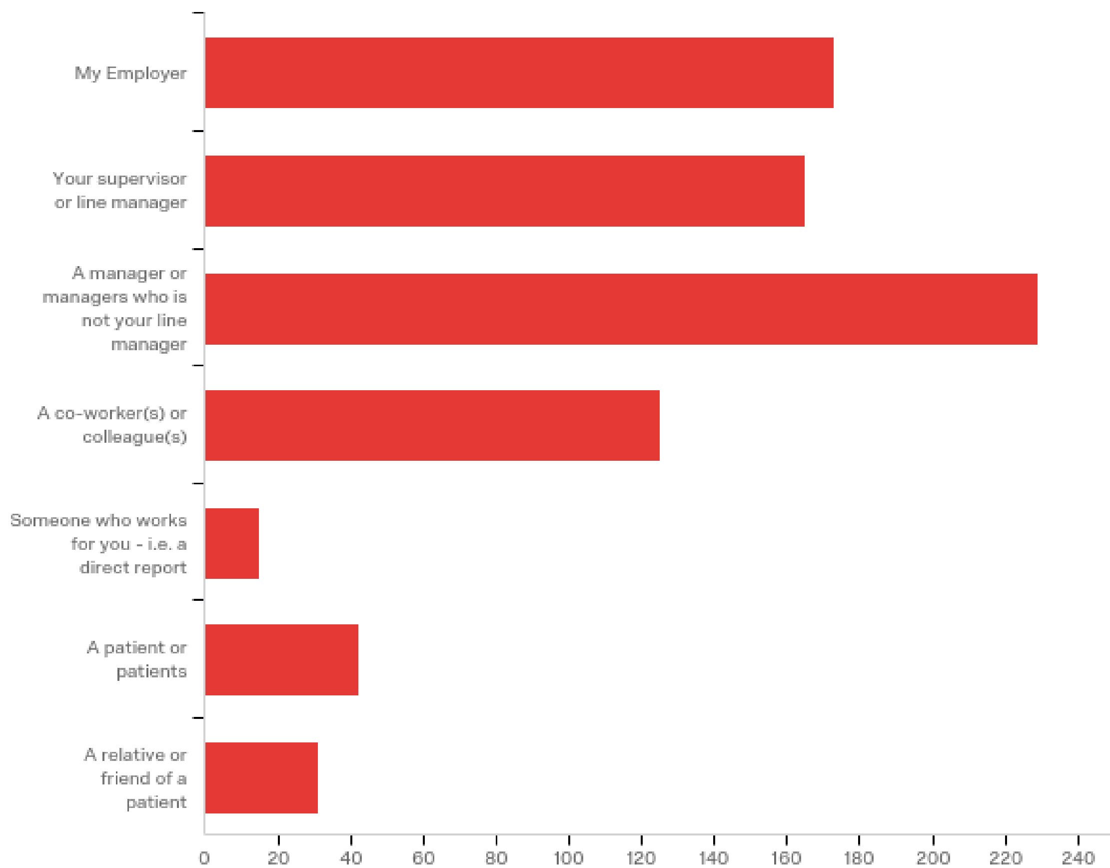
These behaviours confirm their high prevalence rates as being troublesome for employees to deal with. Whilst some are difficult to address (workloads), others are much more easily dealt with. Courtesy, fair management, respectfulness and dealing professionally with inappropriate behaviour could address many of these behaviours at source. The key is recognising them and addressing them head on.

6.7 - General Perpetrator Trends

We asked respondents in the survey to indicate the person/s they felt were responsible for the single behaviour they found most difficult to deal with. Figure 2 below illustrates these findings.

It is evident from the data that there is a clear trend towards management and managers, including the general perception of the organisation itself, being responsible for the negative behaviours that staff found the most challenging to deal with. Colleagues/co-workers are the second most cited perpetrator with patients, or relatives/friends the next most noticeable. This supports the belief that there is a culture within the trust of B&H deriving primarily from managers but also that colleagues play a part in this. Either way, this is a management issue that requires attention and this must start with action from the top-level leadership.

Figure 2: Perceived perpetrators for the behaviour employees found most difficult to deal with:



The survey then asked respondents to indicate why they believed that they were the recipients of such negative behaviours. The rank order of the top 5 reasons are:

1. The attitude or personality of the other person(s) (25.8%)
2. It's just the way thing are where you work (21.11%)
3. Your position in the organisation (18.34%)
4. People's relationships at work (e.g. favouritism) (8.74%)
5. People have a group or clique at work and exclude you from it (5.79%)

As illustrated above, over one quarter of respondents attribute negative behaviours that they experience to the personality of the perpetrator, with a further 20% stating that it is simply the nature of how things are in SECAMB. These responses are typical in surveys of B&H as most employees struggle to attribute causality to their experiences.

The other responses support the evidence from focus groups (see above and later in this report) of an organisational culture of favouritism and cliques for some employees and a

landscape of unpleasantness for others. It is also important to note that around 5% of employees believed their own health problems, their own long-term health conditions and disabilities were the reason they encountered negative behaviours. For example, employees felt that sickness absence procedures failed to consider their disability/chronic health issue or had not been applied fairly by their manager (e.g. Your employer not following correct procedures). This has been reported in studies elsewhere in Britain (Fevre, 2012; Hoel et al., 2014) where managers disproportionately fail to recognise the legalities of managing such employees under the Equality Act 2010. On a more positive note, there was no clear evidence of people feeling they were being targeted for negative behaviour because of a protected characteristic such as sexuality, gender, race etc.

7.0 - Health and Safety Executive (HSE) Management Standards

The HSE have a well-established survey instrument (The Management Standards) with high validity and reliability. This uses a battery of questions designed to assess workplaces at risk of known stressors, which includes two questions; one on bullying and another on harassment. Our analysis here is based on the HSE's own formulae for assessing stressor risk.

The 35 HSE questions are designed to measure responses to:

- Work demands, including patterns and work pressures
- How much control a person has in the way they do their work
- How much support an employee has from their line manager, colleagues and the organisation.
- How relationships are at work, particularly around unacceptable behaviour.
- How people understand their role in their organisation and whether they have conflicting demands
- How organisational change is managed and communicated in the organisation

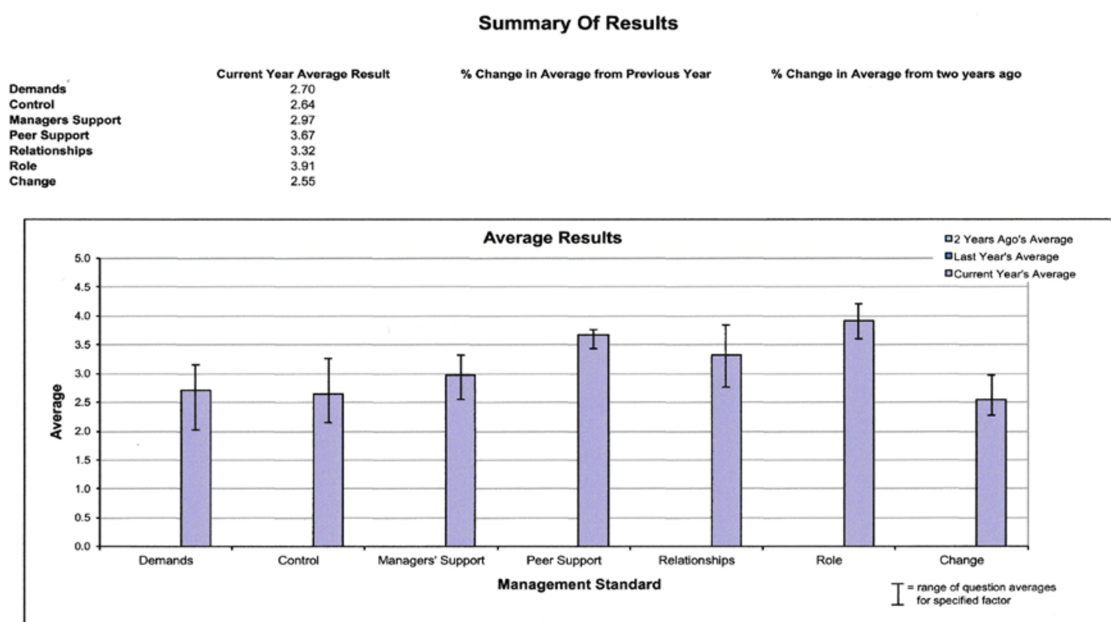
These factors represent a set of conditions that if existing, reflect levels of organisation performance as well being a litmus test for health and wellbeing (HSE website - July 2014). Based on the HSE's own guidelines of a minimum number of participants to make analysis justifiable (a minimum of 800 responses), the SECAMB responses are well within acceptable levels.

Figure 3 below provides an illustration of the average scores (along with upper and lower score boundaries) for each of the seven categories of the HSE Management Standards. The general principle is that a score of 5 presents the least risk to stressors at work, or the most desirable score, and a score of 1 presents the greatest risk of stressors, or the least desirable. Thus, a cursory glance at Figure 3 below would suggest that SECAMB is on

average, above the median of a 2.5 score on every item. However, this is rather simplistic and a more in-depth appraisal is required. This requires each of the Management Standards to be explored individually.

Note: The output is designed to allow an organisation to annually monitor the scores for each item. Figure 3 therefore has a legend that shows % change year on year. These are not editable in the software hence the scores are for one year only.

Figure 3 : HSE Management Standards Average Scores



Summary Of Results

	Current Year Average Result	% Change in Average from Previous Year	% Change in Average from two years ago
Demands	2.70		
Control	2.64		
Managers Support	2.97		
Peer Support	3.67		
Relationships	3.32		
Role	3.91		
Change	2.55		

7.1 - Work Demands (see first bar in Figure 2)

Work Demands is 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 the above Fig. 2 this produced the lowest score of all seven Management Standards and therefore requires consideration as a reflection of the potential stresses experienced by employees who completed the survey at SECAMB.

Q.3 Different groups at work demand things from me that are hard to combine (2.82)

Q.6 I have unachievable deadlines (3.15)

Q.9 I have to work very intensively (2.02)

Q.12 I have to neglect some tasks because I have too much to do (3.11)

Q.16 I am unable to take sufficient breaks (2.60)

Q.18 I am pressured to work long hours (2.64)

Q.20 I have to work very fast (2.47)

Q.22 I have unrealistic time pressures (2.78)

Of these 8 questions, ‘I have to work intensively’ produced the most negative (risk of stressor) result with 27% of respondents indicating they ‘always’ had to work intensively. By including those who ‘often’ experience this work demand, the score increases to 74%, thus indicating three-quarters of staff that completed the survey reported having to work intensively. This is further supported by the evidence to Q20 (I have to work very fast) where 48.5% of staff reported ‘always’ or ‘often having to work very fast’ and for Q22 (I have unrealistic time pressures) where 41% of staff reported ‘always’ or ‘often’ experiencing unrealistic time pressures when completing work tasks. 30% of respondents said they ‘always’ or ‘often’ had to neglect some tasks because of excessive workloads and another 38% reported that they ‘always’ or ‘often’ had different groups demanding things of them that were hard to combine. 30% reported ‘always’ or often’ having unachievable deadlines. A good indicator of job demands is that 52% of respondents to Q18 (I am pressured to work long hours) ‘always’ or ‘often’ reported this.

Overall, the ‘work demands’ results indicate significant number of respondents having exposure to some form of excessive work demands.

7.2 - Control Over Work (see second bar in Figure 2)

Control over work is comprised of the following six items (median scores in brackets).

Q.2 I can decide when to take a break (2.29)

Q.10 I have a say in my own work speed (2.90)

Q.15 I have a choice in deciding how to do my work (2.94)

Q.19 I have a choice in deciding what I do at work (2.15)

Q.25 I have some say over the way I work (3.26)

Q.30 My working time can be flexible (2.29)

The amount of control a person has over their work and how it is done is best explained as ‘autonomy’. In the SECAMB results, 63% are ‘seldom’ or ‘never’ in control over when they can take a break while a small number (13%) are always able to decide when to break. As such, making comparisons across the workforce is difficult because ambulance personnel on the road have significant less autonomy compared to control centre/administration personnel. Similarly, around one-third (35%) having little or no autonomy in the pace of work while a similar number (33%) have much greater autonomy over work pace. This same

pattern of one-third of employees having little or no control in how they do their work versus one-third who do have control is shown in the answers to the question ‘I have a choice in deciding how to do my work’. However, the question ‘I have a choice in deciding what I do at work’ showed that 64% of SECAMB staff have seldom or never any control of what they do. This is perhaps unsurprising given the nature of work tasks. Around half of respondents (50.5%) had some say in the way they worked but 62% reported that their working time could not be flexible.

Overall, the results for autonomy over control over work indicate a mixed picture. The mixed nature of ambulance services is clearly demonstrated in these six questions. It appears that those ‘on the road’ have less autonomy compared to their colleagues in other roles although some measures like a lack of work flexibility appears to impact across the organisation.

7.3 - Manager Support (see third bar in figure 2)

Manager Support is comprised of five items as follows (median score in brackets).

Q.8 I am given supportive feedback on the work I do (2.55)

Q.23 I can rely on my manager to help me out with a work problem (3.29)

Q.29 I can talk to my manager about something that has upset me at work (3.32)

Q.33 I am supported emotionally through emotionally demanding work (2.68)

Q.35 My line manager encourages me at work (3.02)

Managerial support has been shown through research to buffer the effects of B&H, thus these types of measures are important in a study of this kind. Around a half of respondents (54%) said they could ‘always‘ or ‘often‘ talk to their manager about something that had upset them at work (this was the most positive result against stressor risk). Similarly, 46% reported they could rely on their manager to help them out with a work problem.

In contrast, while a quarter of staff (28%) reported being ‘supported through emotionally demanding work’ nearly a half (47%) reported they were not supported (strongly disagree/disagree). When it came to supportive feedback and encouragement, the scores were less positive with 53% reporting their manager ‘never’ or ‘seldom’ gives supportive feedback and one-third (34%) similarly reported ‘never or seldom’ being encouraged by their line manager. Only 22% reporting regularly receiving supportive feedback.

These results appear to indicate scope for improvement in the relationships between managers and employees and whilst there are some positive signs of manager support, this is typically to only around 50% of respondents with further possibilities for improvement in areas of employee feedback and encouragement. This finding correlates with the evidence from the survey that managers play some part in the perceptions of B&H in the Trust.

7.4 - Peer Support (see fourth bar in figure 2)

Four items measure peer support as follows (median score in brackets).

Q.7 If work gets difficult, my colleagues will help me (3.74)

Q.24 I get the help and support I need from colleagues (3.76)

Q.27 I receive the respect at work I deserve from colleagues (3.43)

Q.31 My colleagues are willing to listen to my work-related problems (3.76)

As with manager support, peer or colleague support is also shown to buffer the effects of B&H. Overall, these four measures reveal colleague support to be positive. Less than 10% of respondents felt their colleagues would not help them if work got difficult and a similar number (9%) said their colleagues would not listen to their work-related problems. These results suggest that peer support is a strong feature of organisational culture at SECAMB, although some of the incivility and disrespect behaviours was revealed as emanating from colleagues and co-workers in the survey.

7.5 - Relationships at Work (see fifth bar in figure 2)

Relationships (including questions on B&H) are measured by four items (median scores in brackets).

Q.5 I am subjected to personal harassment in the form of unkind words or behaviour (3.75)

Q.14 There is friction or anger between colleagues (2.89)

Q.21 I am subject to bullying at work (3.84)

Q.34 Relationships at work are strained (2.76)

The results to the questions indicate that B&H is perceived to happen on a regular basis for some staff (Always/Often) indicated by a prevalence rate of 63%. If we include less regular exposure to B&H (sometimes) the prevalence rate increases to 87%. These figures are extremely high and support the other findings of the survey. The scores for 'relationships are strained at work' (27% reported often/always) and 'there is friction or anger between colleagues' (26% often/always) demonstrated an embedded tension in SECAMB.

These results suggest B&H is very common for a high proportion of staff, compared to national survey data and to NHS staff survey data. The organisational climate is demonstrated through tensions and strained relationships for around a quarter of workforce and suggests that the workplace is tense and prone to periods of anger/aggression that, for some, manifest as B&H.

7.6 - Role Conflict (see sixth bar in figure 2)

Five items measure role conflict as follows (median scores in brackets).

Q.1 I am clear what is expected of me at work (4.03)

Q.4 I know how to go about getting my job done (4.21)

Q.11 I am clear what my duties and responsibilities are (4.05)

Q.13 I am clear about the goals and objectives for my department (3.60)

Q.17 I understand how my work fits into the overall aim of the organisation (3.67)

Role conflict has been shown by researchers to be highly correlated to bullying at work. These five items indicate 76% of respondents have clear indications of what is expected of them and 88% know how to get their job done. Some 78% are clear about their duties and responsibilities but only 58% are clear about departmental goals and objectives. Overall, two thirds of respondents are clear about how their work fits into the overall aims of SECAMB.

These results therefore suggest that role conflict is largely absent for most staff as a work stressor but there is scope to improve clarity on departmental goals and objectives and how employees are contributing to overall organisational aims.

7.7 - Change at Work (see seventh bar in figure 2)

Three items measure change at work as follows (median scores in brackets).

Q.26 I have sufficient opportunities to question managers about change at work (2.42)

Q.28 Staff are always consulted about change at work (2.97)

Q.32 When changes are made at work, I am clear how they will work out in practice (2.27)

The results for organisational change indicate a sense of conflict between staff regarding their consultation and explanation when change is made at SECAMB. 60% feel they do not have sufficient opportunity to question others about change at work. However, when asked ‘staff are consulted about changes at work’, 41% reported ‘Never’ and 35% reported ‘always’. This could indicate that in certain parts of SECAMB staff are consulted whilst in other areas they are not. A significant 64% strongly disagree/disagree about how changes will be practically applied when they are imposed.

These results suggest there is a significant scope for improvement about the communication of change and its impact to ensure both consistency and the impact benefit of changes.

In summary, the results for the HSE Management Standards demonstrate some positive features (peer support and absence of role conflict) and a mixed picture for

autonomy/control over work dependent upon the type of work undertaken in SECAMB and for levels of manager support. Other factors provide a cause for concern as indicators of work stressors (work demands, work relationships, and change). These provide valuable insights as to intervention strategies going forward.

8.0 - Qualitative Insights from Interviews and Focus Groups

The findings of the focus groups, interviews and any written testimony supplied to the researchers produced the key themes below. Where appropriate we illustrate each theme with anonymised statements/examples from people we spoke to or from documentary submission. These are shown in italics. Because of the complexity of the process of coding the conversations we have elected to summarise the key issues identified rather than deal with each element individually. However, in some instances there are clear crossovers between themes; for example, inappropriate banter reflects organisational culture, poor management practice and a failure of leadership to establish value norms and behaviours.

8.1 – Leadership & Management

Our report commences with leadership because all organisational issues start and end with leadership. As such, leadership informs all the other dominant themes of culture, management and so forth. We refer to leadership as the executive and those in senior clinical and operations teams.

SECAMB has and continues to have several changes at the executive level. Chief Executives, acting Chief Executives and Chairs have left and been replaced recently. This has meant significant disturbance amongst the executive and a lack of consistent leadership. This process is continuing and at the time of writing some senior employees are in the process of leaving SECAMB and other new appointments being made. Whilst these changes may, or may not be, associated directly with B&H, they do not provide the sound foundations required to tackle B&H effectively by demonstrating effective leadership.

Several employees spoken to felt that whilst SECAMB had slowly begun the process of tackling B&H by making changes at the highest organisational levels, there was considerable scepticism about the motives for doing so. Some employees felt that the commissioning of the research upon which this report is based was merely a gesture rather than a true commitment to tackling B&H. As such, much work must be done by the new Chief Executive and his team, including engagement with Governors, Non-Executive Directors and the broader workforce to demonstrate clear commitment to dealing with B&H. This is critical to addressing the view that the SECAMB leadership have historically turned a blind eye to matters of B&H or indeed sexual harassment (see below).

8.1.1 – Leadership Visibility

Many employees spoken to by the researchers had never encountered members of the Executive in their day-to-day workplaces. Such views were not uncommon, even amongst members of the workforce with 20-30 years of service. Instances of former CEO's meeting staff briefly during Christmas rotas was met with a high degree of cynicism and viewed as tokenism. Many employees felt that they were not able to approach the Executive directly stating, *"What are we allowed to talk to the Executive about"?* On a more positive note, recent field activity from senior officers such as Joe Garcia was welcomed by employees and this is an example of a step in the right direction by the leadership team. Many employees

would welcome members of the Executive joining them on shift to provide some insight into the challenges of their normal daily tasks. Staff felt that talking face-to-face with senior leaders would be an opportunity to put across their opinions and have a chance to be provided with a response. The wider NHS has embraced such moves to differing degrees of success and the researchers believe it is central to SECAMB's commitment to tackle B&H that the leadership team makes credible efforts to build engagement and re-establish trust with the workforce. This is particularly the case across ALL counties as there are perceptions that those close to headquarters are treated more favourably than those who are more distant.

8.1.2 – Leadership Style

Whilst most staff spoken to had limited opportunity to engage with the senior leaders of SECAMB some had encountered this directly. This was referred to as a 'militaristic style of leadership' built on 'command and control' principles. Whilst elements of such a leadership style can be appropriate in emergency incidents, it is not conducive to the general leadership style for the SECAMB Executive. An example of executive behaviour was that people observed others coming out of executive meetings *"looking shell-shocked"* and the *"executive haven't worked together for a very long time"*. Whilst much of this may be historical towards an executive that has recently changed, it does provide evidence that others are observant and watching and thus the executive are always on display.

Behaviours amongst the executive and senior clinical/operations leaders was described to the researchers as *"not wanting to be accountable"*, infighting and *"taking grievances out against each other"*, *"openly talking in corridors about sacking other people who they willingly named"*. If true, such behaviours are highly inappropriate and suggests a fractured senior team unable to lead or to demonstrate leadership credibility to the workforce.

Communication across a wide geographic area and to a workforce often deployed 'on the road' is particularly challenging. Conventional approaches to engage the workforce such as bulletins, weekly emails and more recently blogs are an attempt to address a spectrum of communication media. A major concern for some employees is that whilst change is communicated by the leadership, the reasons for the change are poorly explained or not explained at all. Notifications appear to be sent out regularly expecting staff to act with immediate effect and all that staff require is an explanation for such actions. In sum, the leadership style is grounded more in transactional behaviours rather than transformational ones, or as one employee stated, *"we are supposed to follow their lead, but they don't lead"*.

8.1.3 Governors and Non-Executive Directors

The researchers examined a sample of governor agendas and recordings of meetings and conducted a telephone interview with a governor. The evidence gleaned is governance is

not as effective as it could be in tackling issues such as B&H. This is not that the governors are not able or willing to play a role, more so that governors have historically not been kept fully informed of such issues, instead being told *“positive news stories not negative ones”* and *“promises of improvements that never appear”*. Perceptions exist with some governors that there is a failure by the executive to address abusive/raucous behaviours or to act against perpetrators, which we will return to later. The researchers did not speak to any non-executive directors but believe that their independence, along with the governors is important in tackling B&H and key roles should be found for both to help drive the culture change that is necessary within SECAMB.

8.1.4 Management & Management Culture

There is a consistent view in some parts of SECAMB operations of a *“boys club”* culture. A frequently occurring theme within management was when individuals reported dissatisfaction with inappropriate behaviour, a common response was *“that’s just the way they are”.* Such views were reported in both interviews and focus groups where cliques and favouritism were perceived to exist. This extended to social settings where groups of male managers, whose careers had progressed together, upheld a culture that was stubbornly resistant to change/replace or indeed to being addressed. One respondent described this as *“cannot be broken internally*”. The researchers were also told regularly that *“one’s face has to fit in order to develop one’s career”.*

Although examples of discrimination were not apparently commonplace it is critical that managers display constant vigilance to tackle it. We were told of situations that could ostensibly lead to litigation for poor management actions in the management of those with long-term health conditions and disabilities. Other examples include serious mismanagement of ill health amongst staff and well-defined gender discrimination (around the issue of light duties) which could amount to serious litigation risks to SECAMB and those it employs. Diversity and Inclusion appears to be an area ripe for management focus and employee training interventions, particularly when some senior officers are perceived to be *“gradist”,* meaning they would only talk to people of equivalent or higher grades and being opposed to women senior officers. Furthermore, women employees often felt there was an absence of female role models amongst the senior officers of SECAMB and the historical changes from a masculine workforce to a gender-balanced one was not reflected at senior levels.

Several employees felt there was little point in reporting B&H issues because managers will default to supporting each other rather than taking a complaint seriously and at face value. This is a fundamental weakness that must be dealt with to effectively tackle B&H. Such responses are wholly unacceptable, regardless of the level or position of the person in the organisation. Concerns expressed by employees should never be responded to in such a manner. The researchers also encountered several examples of a counter-grievance culture in SECAMB where tit-for-tat grievances were raised by one party against another grievance

party. Managers must recognise their roles and responsibilities which are not best served by raising counter grievances (see further section below on grievances and investigations).

Even so, some employees who had voiced concerns had suffered at the hands of their managers for doing so. Others felt it was folly to contradict their line manager because to do so would only result in penalties being applied. This is despite there being a clear statement in the B&H policy that victimisation will not be tolerated. This needs to be emphasised to all employees, but particularly managers.

In this context, there is a chance that 'employee voice' would not be heard by senior leaders, as employees fear there would be repercussions from any issues they raised. Statements such as *"not putting my head above the parapet"* were commonly used. As such, the concepts of fear and power determined that individuals were too scared to speak out, because leaders and managers could/would not be challenged or questioned. Such situations indicate that policies and processes might need to be reviewed to ensure actions of unfairness are not underpinning bullying. Whilst we cannot comment on individual accounts, managers need to ensure complete transparency and fairness in processes on all employee matters.

Front-line management is often viewed as 'reactive' rather than 'proactive'. As with the leadership of change, the front-line management of change is felt to be happening too quickly and to be poorly executed by some managers where word of mouth is the primary mechanism for communication. This reinforces the findings on change from the questions in the HSE Management Standards and the poor communication of change was a recurring feature in interviews and focus groups. However, some managers themselves felt poorly equipped for the task of management with virtually no competence development and support, instead being left to *"bumble along"*. Despite this, some managers had built their own support networks where they were able to share experiences and advice informally. This should be formalised within SECAMB to help equip managers with the skills, experiences and competencies for management. Some of our interviewees related their perceptions of bullying being the result of managers lacking basic skills while others talked about managers lacking the talents for management, views which are widespread in their belief and by all levels of the SECAMB workforce.

A significant majority of participants who perceived they had experienced negative issues at SECAMB were because of actions or treatment from their line manager or managers generally. This is also like the problems highlighted within the survey responses, where many of the behaviours were attributed to managers as perpetrators. Examples told to us included being shouted at publicly/bellowed at (numerous accounts), belittled in front of others (numerous), vindictive if complaints raised, dismissed and ignored in front of others and so on. These claims were so widespread that the researchers feel there must be substance to them and as such, provide clear evidence of the need for root and branch intervention for some manager/colleague behaviours.

It was identified by several participants that their line managers were not equipped with appropriate people management skills with examples of poor/non-existent appraisals [PDR] and little to no team meetings or one-to-ones with staff. Many staff felt appraisal was simply a process exercise with some claiming they had to simply fill in their form and get it signed, while others saw it as nothing more than a tick-box exercise. Some employees felt that an absence of team meetings denied them an ability to have a voice or to share why B&H might be happening or to take ownership for addressing it.

Many staff spoke about being micro managed such that their professionalism was questioned, primarily through what employees called the 'welfare-check' system. To be clear on this point, employees were not referring to the conventional welfare checks when an employee is on sickness absence and that a manager may undertake, but that used by controllers for ambulance personnel on the road who were visiting a patient. Employees felt that rather than this being a genuine check on the welfare of an employee out on a job, it is perceived as a mechanism to drive employees from job-to-job in the aim of operational efficiency. Some employees view this as a form of harassment.

8.1.5 - Becoming managers

The researchers uncovered several scenarios where managers appear to be appointed on an interim basis. Several interviewees reported that manager posts were never advertised with staff being asked to 'act-up'. This creates a sense of unfairness with some employees feeling they would like the opportunity to apply for a management role but that processes were fundamentally unfair. The belief amongst many employees is that this is to ensure a manager's "face fits" or to ensure that they are "compliant with the culture". We were also informed that some managers were appointed even though they had failed the assessment centre criteria, which is wholly unprofessional and undermines any due process. It is a strongly held belief in some quarters that most managers are ill-prepared for the task of management, often being clinically qualified but not managerially so. As one interviewee responded "CTLs are not bad people [they are] just not ready for their role"

8.2 – Organisational Culture

The organisational climate was reported by many interviewees as having a negative impact upon them, and this was central to their problems within the workplace.

We begin by describing some of the fears and anxieties expressed by some individuals in coming to speak to us. These fears led some individuals to repeatedly seek assurances before committing to a telephone interview. Even during interviews, some employees continued to question researchers what the data would be used for and that they could not be identified. Such anxieties indicate a culture of fear and apprehension and although such expressions of concern are not unusual when researching B&H, should be recognised by SECAMB leadership and management in their future efforts to tackle this most difficult of subjects. This statement typifies how lots of employees feel about working at SECAMB:

"I started in the NHS 11 years ago, but coming to SECAMB feels like I have gone back 20 years".

A central component of culture at SECAMB regarding B&H is the fear individuals felt in simply speaking out; either to the researchers, or to their line managers or others in authority in SECAMB. Time after time participants told us of their fears of *"speaking out"* because to do so meant they either had been, or would be seen as *"trouble makers"*. This is typified in these statements:

> *"Standing up against bad behaviour puts you on a manager's radar – excessive monitoring, more work, more pressure".*
>
> *"I can't trust management at all. There is no openness, they conceal everything"*

Several staff we spoke to indicated how ambulance-based work was generally much tougher than in the wider NHS with a culture of command and control and authoritarian management styles. Several of our interviewees felt that in their 20-30 years of SECAMB service [and prior legacy organisations] that things had got progressively worse. Some younger employees interviewed felt that SECAMB was not a workplace they would commit to whilst some who had recently left SECAMB reported surprise at not being spoken to so harshly in their newer roles within other NHS Trusts. This viewpoint illustrates the often widely held beliefs that staff turnover is high because people can move job locations because of the high density and buoyant labour markets of the South East of England and the newer opportunities for ambulance personnel to find alternative roles in other parts of the NHS such as GP practices.

Although SECAMB has been in existence for over a decade, many staff still assign their loyalties and ways of working to their legacy 'county' using phrases such as *"the Kent way"* or *"Surrey do it differently".* Such views clearly indicate that the creation of SECAMB has never fully embedded itself and the culture has remained detached and individualised (see also section on policy and process). This might begin to change with the new headquarters in Crawley, but leaders must seek to rid SECAMB of this legacy culture into a unified and focused whole.

Values and behaviours by which employees were expected to operate by were viewed as a tick-mark exercise by many and countless staff could not recount if there were common values and behaviours or, if there were, what these are. The researchers could not easily observe such values and behaviours during visits to SECAMB premises. Equally important is that there is little point in high visibility of values and behaviours if these are not adhered to in everyday practice by leaders, managers and by all grades of employee. Some staff felt such claims of the Trust's values to be disingenuous and that they are not 'lived' throughout the organisation, or importantly, not demonstrated by senior managers at the executive/senior levels.

Another common feature in interviews and focus groups was the belief that SECAMB had a 'complaining and reporting' culture, namely that instead of colleagues speaking to each other when minor conflicts had arisen, there was a tradition of formally complaining and reporting actions through grievances and counter-grievance. We heard numerous counts where grievances, suspensions and disciplinary actions resulted in lengthy (sometimes more than 12months) and upsetting investigations, often taking lengthy periods to resolve. This culture of grievance/counter grievance is evidence of the toxicity that exists in some parts of SECAMB. Such actions exist both at employee and manager levels and this has significant implications for policy and practice which may need to be re-written to reduce the over reliance on formalising routes to conflict resolution. Such cultural norms also place significant pressures on the HR function and trades unions representatives.

The culture in some parts of SECAMB is expressed as 'gallows humour' reflecting the challenges of meeting trauma on a regular occurrence. Notwithstanding, other cultural stereotypes appear to be regular and frequent use of inappropriate language, disrespectful behaviours towards women, student paramedics and *"cavalier and bullish management".* These are often expressed through a wide range of negative or inappropriate behaviours.

The survey findings above have already highlighted the prevalence or otherwise of these, but staff told us that *"shouting"*, *"swearing in front of others", "demeaning"* and "belittling" behaviours were commonplace. Banter, although seen by many established SECAMB employees as the cultural norm, would be viewed as inappropriate in most organisational culture. For example, teasing colleagues about being overweight, too short, hard of hearing and so forth are indicative of a culture that functions in a 'work-hard play-hard' style where *"if you can't take it, you're not tough enough"* prevails. Although it is well known that black-humour is a common feature of blue-light work, such banter demeans and diminishes employees generally. As one employee said:

> *"Being called cloth-ears (because of hearing difficulties) and stupid does hurt. I take it out on my kids when I get home"*

Work environments such as these often lead employees to feel vulnerable and isolated and for some to have suicide ideation. With these cultural norms being so dominant it is unsurprising that employees feel many managers do not listen to their concerns seriously enough. As some staff said; *"Things are done to us rather than with us or involving us"* and *"The organisation never listens" "Managers feel they know what is best".*

Several people we spoke to also perceived the culture to be one that thanking employees for a job well done does not exist and there is no culture of praise or encouragement. These views also feature in the HSE scores in section 7 above around perceived manager support.

We also observed a culture where common courtesy is often absent. Email communication is very poor with no replies to emails, weeks to answer emails, if at all, and generally poor communication style showing a lack of tolerance and respect. Modern organisations, especially ones effectively running 24/7/365 rely on email communication and this must be embraced. Similarly, face-to-face communication was observed sometimes to be courteous and other times 'laddish'. This might be a product of 'gallows humour' but does not reflect the ethics and principles of the professional NHS nor of a caring profession.

8.2.1 – Sexualised Behaviour

The researchers heard from several sources about overt and covert sexualised behaviour within SECAMB. This extended from beliefs held about former senior leaders through to front line managers and the broader workforce. Some senior staff interviewed believed such a culture existed with those who had since left SECAMB but the researchers were assured this was embedded in some parts of the organisation at management levels. For example, female staff talked about sexual favours being sought in return for career progression whilst others were hounded by managers seeking sexual favours for personal reasons. Several female staff felt that such behaviours were the norm with some stating *"my a**e was slapped regularly"* and others who felt they were demeaned by highly sexualised gazing in front of colleagues and even patients. Some female respondents talked about "sexual predators" amongst male colleagues who "groomed students" for sexualised ends. Some managers felt there was a history of comments being turned to lewd remarks but slowly these were being addressed.

Those holding such managerial or resource power displayed this in varying forms, and our analysis of comments suggest elements of a controlling and manipulative style with individuals as 'untouchables' - meaning they could do what they wanted without fear of action being taken against them. Whilst the researchers cannot confirm with certainty that such sexualised behaviours were commonplace, these are not isolated incidents and require proper investigation by SECAMB officers. In any workplace, such behaviours are wholly unacceptable and must be eradicated, being not only outside of principles of common decency, but also illegal and potentially putting individuals, SECAMB and the wider NHS at significant litigious risk.

8.3 Job design and work organisation

The establishment of Make Ready Centres (MRC's) has enabled SECAMB to be more efficient in the face of resourcing and budgetary challenges. Whilst facilities and operating conditions are welcomed by staff, these come with some consequences for job design and ways of working. Whilst employees told us they can access their shift patterns several weeks ahead and on a variety of technological devices, the system was described as *"slow and subject to regular failure".* A small number of employees felt the shift patterns were detrimental to good physical health.

The patterning of shifts and the high demands on services can lead some employees to work up to 8 hours from an end of meal break to shift ending. This means they must *"pinch 5 minutes here and there"* to get a cup of tea or have a toilet break. Some also feel this leaves them open to excessive scrutiny by Bronze managers located in hospitals who are vigilant in moving personnel to the next allotted task without due regard for the health and well-being of those working long shifts without adequate breaks.

The modernization associated with MRC's has meant that teams and teamwork established between crews often does not exist and most now feel they no longer have such bonds. However, there are some perceptions that this is not universally applied, citing Guildford as examples of crew consistency. The researchers cannot confirm this, but if true, provides evidence that can be seen by the workforce as unfair. Constant team member changes have implications for health and well-being where employees felt they could historically *"second-guess"* their crew mates next actions and now are unable to *"pick up changes in behaviour any more"*. This leads some employees to feel that the efficiencies sought by MRCs are in fact counter-productive, although such views should not be considered widespread.

8.4 Policies and Processes

As noted above, the culture within SECAMB appears to remain fragmented at a county level when it comes to policy and process. There appears to be a localised approach to dealing with policies/practices and most employees spoken to felt policy was inconsistently deployed, particularly around sickness absence, recognition of disability/ long-term health issues and incident reporting. For example, one employee felt that his condition covered by the 2010 Equality Act was not recognised by his manager/operations controllers and whilst he was entitled to extra time because of his condition, this was not afforded to him, leading him to feel anxious and pressurised. So frequent were some of these issues that we deal with them separately here.

8.4.1 – Sickness Absence Management

Some employees told us that whilst during some sickness absences that they felt they were being unfairly monitored, whilst others felt there was an absence of monitoring. Consistency and following policy is thus key. Similarly, others felt that there was a failure by SECAMB to recognise workplace illness or injury caused by the work undertaken. In other examples, sickness interviews are not conducted in a timely fashion. For example, the time taken between returning to work from sickness, and interviews being undertaken by managers, often runs into weeks and sometimes months. As such, monitoring of sickness absence started from the day of the interview rather than the return to work date. This is unfair and should be eradicated and some employees feel their *"life is on hold during a sickness stage".*

It also seems common practice that employees being monitored after sickness were prevented from partaking in any continuing professional development (CPD) or entering paramedic courses. The researchers scrutinised the SECAMB policy but could not find any clear evidence of this practice being policy. A further observation is that the sickness absence policy is out of date with a review date of 2015 and was found to be very difficult to navigate by managers as well as employees. The researchers too found the policy more complex than it needs be, poorly expressed and with reference points which do not appear to exist. Some elements do not appear to make sense.

Often managers are not in control of the information sent to employees regarding sickness trigger points. Those managers who are sufficiently experienced know how to brief employees and reassure them that sickness absence monitoring is process driven and how to overcome employee anxieties. Less experienced managers, or those who see sickness absence as a black and white issue might in fact be exacerbating stress around sickness. The language of sickness absence letters is demeaning and threatening by some staff. Some staff are so concerned by the threat of action for sickness that they report for duty whilst perceiving themselves as unfit to do so. Interestingly, the governor we interviewed was assured that *"no employee would be targeted for sickness detrimentally".* It therefore seems timely to conduct a thorough review of the sickness absence policy and procedures and to ensure all managers, regardless of location, follow this consistently and without detriment to CPD and employee health.

8.4.2 Grievance/Investigation/Suspension Culture

As has already been noted SECAMB is bedevilled by a grievance culture. Staff suspensions appear commonplace and sometimes, without apparent reason or explanation. Whilst the researchers are not able to confirm this, many employees corroborated this belief consistently. Contact by managers during suspension was often deemed haphazard or absent.

The researchers heard on several occasions of threats of suspension and even dismissal by managers. These were often idly tossed at employees and when they raised this sometime later with the manager concerned were told that this had been dropped. This meant that employees endured weeks/months of anxiety not knowing what was happening or where events may turn. This is utterly unfair and must stop. To use such threats over employees without meaning or substance is clear evidence of bullying.

Grievances often appeared to take excessively lengthy periods to resolve, habitually several months. The researchers were told that investigations were viewed with suspicion because managers were not impartial and some managers give judgements rather than give their findings. Furthermore, meetings originally listed as 'informal' quickly descend into formality and some employees reported that they were denied a companion/critical friend/trade

union representative to accompany them. In one or two cases, note takers were brought from within a manager's administration team rather than from within HR. Clearly, if these examples are true, they would defy all principles of employee representation and be outside of the prescribed guidance from Acas. Efforts must be redoubled to ensure investigations are carried out to prescribed best practice.

The researchers scrutinised the 2016 Investigation Guidelines and found them to be reasonable in terms of intention to be timely, impartial and to allow for representation. However, there are errors in numbering and layout. Where there is scope for clarity however is in the status of note-taker (see 9.2). A note taker should be independent and the researchers heard of instances where the note taker is the PA of a manager. In the same instance, the investigating manager was accompanied by another manager. The Investigation Guidelines make no mention of this and there is no logical reason for an investigating manager to be accompanied by anyone other than a note taker, who ideally should be from within the HR team.

Some grievance areas were within legislative domains where the Trust could be seen to be operating on the margins of legality (disability/chronic ill-health rights). Employees with disabilities and long-term health issues appear to be poorly supported. A spectrum of long-term health issues covered under the 2010 Equality Act are often badly managed by front line managers who report to employees that *"they [managers] are not equipped to support me".*

It is important that both SECAMB management/HR and trade unions work diligently to reduce/mitigate the grievance culture. Many grievances appear to be held for a long time and some employees are at a perpetual state-of-war with each other. It serves no one any benefit to follow an immediate pathway to grievance submission. Grievances rightly have their place, but a proper partnership approach to solving disputes and conflicts requires all parties to work together to find better routes to dispute resolution.

Finally, on this issue, SECAMBs chosen pathway to deal with an employee deemed to have potentially bullied others is often to move that person into *"special projects"* or other roles whilst being investigated. This approach is a consistent criticism within B&H literatures and many SECAMB employees see such a tactic as being rewarded for bullying. Of course, the sensitivities around confidentiality make the reporting of outcomes difficult and often employees feel frustrated by this. Even so, the B&H policy does make clear that it is possible for parties to know the outcomes of investigations and to access minutes. It is possible that this needs to be made clearer to all employees. What is clear is that B&H must be outside of acceptable boundaries of behaviour and any employee deemed to have bullied others must be held to account, including where appropriate, reprimanded or even dismissed. Employees who may have been targets of bullies can be told the detail of outcomes as

indicated in the B&H policy and can be informed that action has been taken and an indication of what this means moving forward.

8.4.3 - The Management of Incidents

The management of incidents (IR1) was often reported to be *"a waste of time"* because even after deploying the IR1 process, most employees either heard nothing about the incident or, didn't appear to know if the issue concerned had been dealt with. This is serious issue that must be addressed as it is appearing to lead to non-reporting of incidents because of staff apathy of not obtaining a response. One employee reported "When I put in an incident form it was covered up because he was one of the boys, so I haven't bothered reporting anything again".

8.4.4 – Bare Below the Elbow

Although a relatively small scale issue, the Bare Below the Elbow policy is viewed by some employees as administered in a discriminating fashion by many managers. Some managers are extremely diligent with some employees, but with other employees are more lenient. This is a further illustration of how employees can take a relatively minor issue as indicative of unfair treatment and favouritism.

8.4.5 – Bullying and Harassment Policy

None of those interviewed or who took part in focus groups raised issues about the B&H policy, which is surprising given the 2016 NHS Engagement Survey data revealed 40% of SECAMB employees perceived themselves to have suffered B&H. An examination of the policy found this to be up-to-date having been reviewed in 2016. Some observations of the policy are:

- The language of zero tolerance is well met but how realistic is this as an aim?
- Some of the phraseology/language of the policy is pseudo-legalistic/complex – e.g. "complainant". Whilst there are legal implications within a spectrum of employment and civil legislation these need not be prominent in the wording of the policy. 3.4 was particularly complex.
- The length and format of the policy is conventional but some of these could be better ordered. For example, the opening principles are focused heavily on discrimination. Whilst discrimination can feature in cases of bullying this is not the mainstay of B&H experiences. Appendices contain examples of B&H behaviours and this needs to be more prominent rather than annexed. Similarly, definitions of B&H, victimisation etc. need to be more prominent rather than on P.4.
- There are conventional routes outlined to resolution but personal action (i.e. speaking to the alleged perpetrator first) is not always practicable or sensible, particularly with so many alleged incidences of B&H emanating from managers. There needs to be a clear alternative pathway for employees to raise concerns when the alleged bully is their line manager.

- It is possible that with consultation with trade unions that the policy be renamed Dignity and Respect Policy given that so much identified negative behaviour is around incivility and disrespect and further, that B&H is such a contested term that many employees struggle to correctly label.
- There are several links to other policies and, given comments above, it is imperative that these are both accurate, up-to-date and appropriate. For example, the Staff Welfare Policy (Health and Well Being) was written in 2012 and should have been reviewed in 2015 but has not been. This policy refers to staff who want to be "Bullying and Harassment Advisors will be trained to advise staff on issues relating to bullying and harassment". The researchers have had no interactions with any B&H advisors or heard from anyone purporting to be such an advisor. They therefore assume, rightly or wrongly, that this initiative never gained traction. This is a missed opportunity but significant care should be taken if seeking reintroduction (the researchers would be happy to consult/advise on this). Furthermore, policies that interconnect, such as the B&H policy and Staff Welfare Policy must do so seamlessly.

8.5 Employee Support

The researchers were advised that occupational health is now delivered through external provision making counselling services distant and difficult to engage with meaningfully. The efficiencies and resourcing issues facing SECAMB lead many employees to feel that service demands drive them from job-to-job and their lack of regular and well-known team members on ambulances and use of single driver vehicles mean spotting PTSD symptoms is overlooked or missed. The Chaplaincy is well regarded and some employees feel this is their sole source of counselling support.

8.5.1 Employee Voice

Creating appropriate 'voice' mechanisms is also central to future attempts at addressing B&H. The researchers conclude that whilst there is some good work between all parties in the Joint Partnership Forum (JPF), there is limited evidence for a true partnership model of working between the Trust and trade unions. Such a model of partnership is central to resolving the perceived B&H issues.

Many employees feel they have nowhere to turn to and are *"genuinely terrified of their story being out there",* which is a view from a senior officer in SECAMB. The 'speak in confidence' service is a good initiative, but perhaps under-promoted to the workforce. It is important that this service continues to reside outside of the HR function (the service is currently via an external provider), possibly involving a nominee governor and non-executive director (NED) and someone from an occupational health background. There is a difficult balancing act between giving employees an independent source of contact and at the same time demonstrating 'active listening' by internal agents, hence the suggestion of Governor/NED pathways. What is critical is that any whistleblowing provision is

independent of the management of the organization. It is also noteworthy to mention that the role of the 'Freedom to Speak Up Guardian' as required by all NHS bodies. This role perhaps could be reinforced as another avenue for employees to raise concerns. As noted above, raising concerns about B&H is extremely traumatic for many SECAMB employees and the academic literature has reported the widespread anxiety, trauma, shame and guilt effects that employees feel because of exposure to B&H.

8.6. Human Resources

The researchers were contacted by several SECAMB employees regarding the HR department. This was variously described as 'dysfunctional', having a history of employees described as bullies and a departmental culture described as 'toxic'. There has been a significant recent history of leadership change within HR with much coming and going of senior HR officers.

Most B&H problems require a functioning HR department that employees can perceive as being impartial and well informed as well as guardians of good policy and practices. It is clear from our investigations that the HR department is some way distant from achieving this. Many employees do not trust HR or believe that people will not listen to their concerns, including some employees within the HR function itself. As such, SECAMB will not be able to progress its attempts at tackling B&H until such time that HR functions as it should.

There is consistent evidence of behaviours falling short of good practice around privacy, confidentiality as well as qualification of some who hold significant authority within HR. Whilst some of HR's dysfunctionality is a direct correlation with a grievance and investigation culture because so many HR officers are mired in carrying out investigations, some of this is also due to a belief in some quarters that B&H is not the problem they perceive it to be, being a bi-product of *"people jumping on the bandwagon".* Whilst it is possible that the scale of B&H might be partially influenced by the views of others, it is clear to researchers that there is an embedded culture of bullying and HR appears not to have recognised or addressed this.

In much the same way as in other parts of SECAMB, progression in HR appears to exist around favouritism in both appointments as well as access to training/learning opportunities. There is also a belief that HR officers face interference from senior directors over decision making in investigations rather than leaving matters in the hands of investigators. This is poor practice and means HR cannot be the arbitrators of disputes involving B&H. This subsequently impacts upon perceptions of zero trust and of being *"deflated".*

There are some committed individuals working within HR who are clearly struggling with workloads and a culture of behaviours that we see throughout SECAMB – humiliation, being shouted at, threatened and generally poor manager behaviours. This leads many HR staff to feel used with no active listening taking place.

Record keeping, conduct around investigations and policy that is fit to address all those elements that can be attributed/associated with B&H, require root and branch work. The incoming HR Director needs to be very experienced in these aspects and can heal and develop a team that can be accurately described as *"lost", "anxious"* and for some, *"belittled".*

9.0 - Conclusions

This is a large-scale study completed in a relatively short period of time. The analysis of the data is therefore largely descriptive to provide a holistic summary of the issues under investigation. More detailed analyses may provide greater insights, but this will take time and further resources.

This report must be considered an independent study. It is not an inquiry and was not resourced to be so. As such, the observations are meant to be constructive and to help shed light on the complexities of why claims of B&H should be so high within SECAMB.

Our interviews with employees and our discussions in focus groups reveal that support to employees in the form of 'staff-side' interventions or in formal/informal routes to tackling B&H through policies, processes and other mechanisms should be up scaled and prioritised. For example, it is critical that all parties work collaboratively in a spirit of co-operation to tackle B&H. Trades Unions, managers and leaders should consider adopting a working party that begins to look towards interventions for B&H to the benefit of all staff in a collegiate and harmonious way rather than one of claim and counter claim.

Fundamental to addressing B&H is top level leadership and this has been frequently changing, sometimes absent, and often questionable as to their intentions to tackle B&H in the recent past. Similarly, the senior clinical/operations officers below the executive should recognise their role in an organisational culture that has left many employees bereft of both confidence and direction. Whilst a new CEO has recently been appointed, it is critical that he now builds a senior team (at executive and below) that can give confidence to patients and the workforce that the direction of travel is a positive one.

It is also acute that the HR function itself is confident and well equipped in the challenge it faces in helping re-build trust in all matters of bullying and harassment. This should start

with a recognition that B&H is not simply idle game playing by some in SECAMB who do not wish to be managed. There is far too much 'organisational noise' around B&H and the researchers were shocked at the levels of staff reporting a spectrum of poor behaviours. This is without question a genuine and serious problem to address. This requires experienced and well qualified people at the helm to ensure policy, process and other features are well founded and fair.

The broad conclusions are that there is indeed a culture of B&H facing many employees in SECAMB. The survey evidence demonstrates that there are two clusters of negative behaviours operating within the domains of 'Unreasonable Management' and 'Incivility and Disrespect' where the former is primarily associated with senior managers, line managers, supervisors and historical leadership and the latter a combination of behaviours attributed to managers and fellow colleagues. These inappropriate behaviours create a culture where blame, counter blame, threat and intimidation are commonplace. Shouting, swearing and general undermining of colleagues and their competences are also apparent. When we benchmark these to the BWBS of 2011, upon which the questions are based, we find SECAMB to be in a significantly worse position, being considerably inferior for both Unreasonable Management and Incivility and Disrespect behaviours.

The perpetrators of these behaviours and of perceived bullying are often attributed to managers. This too replicates other studies in the NHS as well as the general British workplace. When managers/leaders are not cited as the cause of the problem, work colleagues are. Thus, however one views the data, managers and the leadership of the Trust must take responsibility for tackling B&H, either through their own behaviour, or in addressing the behaviours of others. Leadership has failed employees in this regard. It is also evident that, like other sensitive issues in many UK organisations, that there has been a practice of turning a blind eye to issues so well known that it is tantamount to be worthy of apology.

There is clear and unmistakeable evidence that locations such as Coxheath and to a lesser extent Tangmere are plagued by poor practices/behaviours. Both must be addressed as a matter of urgency. There are also strongly held beliefs that what happens at Coxheath, namely a bullying culture, happens elsewhere.

In much the same vein, there is also the very serious question of sexual harassment or indeed of sexual grooming alleged to occur in the Kent area. The researchers were extremely distressed to hear of the experiences of several female SECAMB employees. The Trust may not of course be aware that such a culture exists as employees are often extremely fearful of speaking out against such practices. However, as has been shown time after time, ignorance is no defence and too many British institutions have demonstrated failure to take matters seriously when it comes to sexual abuse. This report now brings to the attention of the Executive that further investigations will be necessary and action must be taken as an urgent priority to protect employees who are living in fear daily.

Wider exposure to inappropriate workplace behaviours underpin concepts of B&H where around 40% of respondents to our survey report experiencing them. This figure is slightly worse than SECAMBs figures from the 2016 NHS staff engagement survey and are supported by the results. In the HSE questions the organisation does relatively well on 'Peer Support' and 'Role Conflict', but has room for improvement in 'Control over Work' and 'Manager Support'. There is significant work to be done improving 'Job Demands', 'Management of Change' and 'Relationships at Work'. All seven categories are known workplace stressors and have regularly be shown to be associated with B&H.

The insights gleaned from hundreds of hours of interview comments from SECAMB colleagues in focus groups and one-to-one interviews confirm many of the findings from the survey. These insights were invaluable as they not only independently offered understandings of why B&H might exist, but also offered colleagues the opportunity to talk openly about elements of their working lives that otherwise could remain hidden and unresolved. Such an approach offers opportunities for SECAMB to embrace a more open and honest approach to workplace issues such as B&H. This requires managers to be willing to embrace sensitive matters that sometimes they themselves are at the heart of. This will require a mature response and the development of an organisational culture that moves from actively seeking criticism to one of learning and sensitive emotional intelligence. Equally, trade unions must too play their part by seeking a partnership approach to finding resolutions. The researchers were very impressed by several trade union representatives they spoke to and feel they could help drive forwards with eradicating B&H, but they too must recognise that raising grievances are not always wholly appropriate.

Finally, there is considerable pressure facing all employees at SECAMB to deliver a service in the face of rising public demand and from budgetary and target pressures set by Government. This will be a common feature of working life going forward and the leadership of SECAMB must consider how best to address these pressures. With work demands featuring so prominently as a work stressor, management support will be essential in working alongside trade unions in a partnership model for solutions to new care pathways.

10.0 - Recommendations

Our recommendations are not placed in rank order. Nevertheless, it would seem sensible to start with organizational culture.

10.1 - Organisational Culture

There is clear evidence that culture change is a strategic priority within SECAMB as evidenced by contents of this report. The model below (see figure 4 – The Culture Web, after Johnson & Scholes, 2003) has been used previously in defining NHS Culture. For SECAMB, elements such as 'unreasonable management' can be found in symbols, power structures and control systems whereas 'incivility and disrespect' can be found in stories and symbols. Similarly, ways of 'doing' and 'seeing' as demonstrated by the behaviours of some can be in the rituals and routines and power structures of the organisational culture. Control systems and organisational structures such as grievance cultures, investigation rituals and performance management and other leadership styles (typically autocratic and micro-management labels used by respondents in this study) also help shape the central paradigm of culture at SECAMB.

We recommend that SECAMB introduce an exercise to describe the constituent elements that underpin each component of the Culture Web. This needs to be an activity undertaken by front-line as well as senior managers.

Figure 4: The Culture Web

Undertaking such an organisation-wide activity may empower the paradigm shift necessary to tackle B&H in the Trust. Conventional deployment of models such as the above recommend individual employees in their work teams produce five or six items that help describe each component of the model, and then combine these to produce a further five or six items that produce the Paradigm - or “how things are around here” might be a more effective way of conceptualising the Paradigm. It would also be worthwhile undertaking this for each location/department so that comparisons can be made as how one part of the organisation is similar or different to another. The process should be non-judgmental with no right or wrong answer, but merely a matter of perceptions. Once this data has been collected, a cross section of staff should be gathered to interpret the data to refine themes into the 5-6 main components that describe each element of the model and is recognisable to all at SECAMB.

10.2 - Training Interventions

All employees, but particularly managers, need a heightened awareness of negative behaviours and poor leadership/management behaviours that lead to perceptions of B&H. This requires specific training into preventative measures that enable managers to challenge their own and each other’s behaviours, as well as of those they manage. This requires a culture of openness and sharing, and a willingness to speak out without fear of retribution and reprisal, which in turn requires effective leadership.

We recommend all managers undertake training/learning designed to tackle B&H. These sessions must be compulsory and failure to attend would be built into a personal development activity in an individual’s PDR process. Managers must engage in interactive sessions where they explore B&H behaviours, understand their role in them and the processes required to tackle them in early intervention. It is important that managers understand the value of attending such training and the strategic importance attached to it by the Executive. Each session should contain no more than 20 managers so that effective discussion and learning can take place.

We also recommend that all non-manager employees undertake a training programme to orientate themselves as to what bullying and ill-treatment is, and is not. We believe it is important for staff to understand the boundaries of their own behaviour and the importance of speaking out when they encounter such experiences, either as recipients or as witnesses. This is probably best achieved as an on-line induction activity where staff on shifts can engage in a semi-structured exercise to learn the importance of B&H at work to SECAMB culture. This should be aligned and reinforced with the values and beliefs of the Trust.

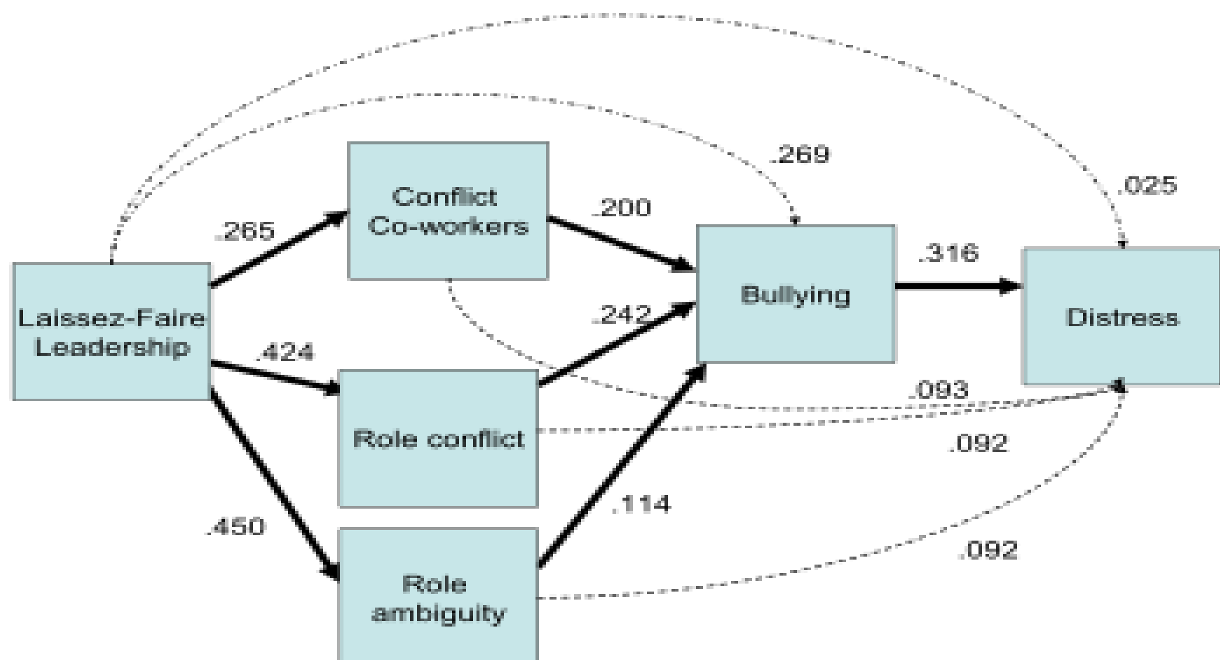
Finally, all support functions, such as HR, Occupational Health, health and well-being provision and Staff Side, should also attend mandatory training on B&H in order that they might better understand their role in preventing, supporting and helping to manage these issues at work. As noted above, this will require a mind-set change to one that recognises

tackling B&H is incumbent on all parties and that solutions are best achieved through collaborative frameworks rather than confrontational ones. This would be best achieved in small workshops and seminars designed for up to 15-20 people. Ideally each session should contain a mix of support functions so that each might better understand the other's role and their mutual interconnectivity. These sessions could operate as focus groups with a skilled facilitator/trainer.

10.3 – Management Interventions

The model shown in Figure 5 below shows the correlation between individual elements represented in the blue boxes with each other. In this study, laissez-faire leadership (or leadership that is weak or might be described as 'hands-off' or 'non-leadership') leads to co-worker conflicts, role conflicts and role ambiguity. These in turn lead to bullying and distress. The model clearly shows how these elements interlock to cause organizational and individual problems at work.

Figure 5: Relationship Between Laissez-Faire Leadership and Bullying (Skogstad et al., 2007)



Laissez-Faire leadership often appears in accounts of B&H because managers are often unwilling, unable, or are fearful to interject when they encounter conflicts at work. There is evidence of a culture in SECAMB of failing to address manager behaviour by diverting managers to special projects. This must end. If, having progressed through training and cultural sensitivities, a manager continues to demonstrate poor competence, they must not be rewarded by being side-shifted to other roles. B&H, grievances, sickness absence levels, high staff turnover rates and so forth are all indicative of failing management. Managers must be held to account when such indicators are deemed excessive. To help with this we

recommend as a starting point that all managers with responsibility for others undertake a short training course on the task of 'having difficult conversations' using skilled facilitators and its importance in tackling work conflicts such as B&H. This should be a half-day training session for every manager and could run alongside or separate to the B&H training described above.

We also recommend that all managers take a separate survey based upon the HSE's Stress management competencies. This is designed to allow managers to assess their effectiveness for preventing and reducing stress at work and to identify their own management development needs. This is a different approach to the HSE's Management Standards and is directed solely at managers. This can be administered on-line and managed internally or by an external provider. Depending upon the results, the survey may need to be run annually.

10.4 - Annual SECAMB Employee Survey

This study has produced benchmark data on the incidence of B&H behaviours and of perpetrators and possible causes. Additional data based on the HSE Management Standards have provided useful indicators of known stressors. It would seem sensible that this approach continues to monitor employee responses to them and to evaluate progress made. The survey would need to run for approximately 4-6 weeks once per year and be conducted on-line giving anonymity and confidentiality to employees. The sensitivity of the subject means an independent external party best administers this.

10.5 - Scrutiny of Existing Data and Power to Drive Change

Issues such as sickness absence data, employee turnover figures, productivity data, exit data and so on, can provide initial early warning of problems with B&H. The researchers who compiled this report did not access this data as this was beyond their remit. The senior team needs to be cognisant of these indicators and outliers. It may be that this analysis already takes place, it is what actions that derive thereafter that is critical. Hot-spot areas need to be actioned swiftly and managers in those areas afforded additional support and training, where necessary, to reduce matters to at least median levels for the Trust. This should embrace other bodies/committees responsible for well-being at work to ensure representation from appropriate support functions, including Staff Side/JPF and other employee representative groups.

We recommend the internal appointment of two individuals to drive this strategy; a Project Champion who reports at Board level and a Project Manager who documents an audit trail and keeps the project on schedule. The steering roup must meet monthly and have full and unrestricted access to the types of indicative data that might identify and explain B&H. This steering group should also evaluate existing support functions for their effectiveness in tackling B&H, including any external support providers and data from the speak-in-confidence service. It is paramount that the executive views the steering group as a force not only for legal and moral good, but also a force for action and change. As such, this body must have effective communications both internally and externally to all stakeholders. It is

possible that a Governor or Non-Executive Director could also be part of such a steering group to ensure adjunct parties are involved in the heart of these changes.

10.6 - Communication & Conflict Management Skills – A partnership model

Evidence from numerous studies on B&H and conflict at work has shown that good management communication skills and early intervention in workplace conflicts are central to minimising claims of B&H. Although a range of training related to conflict and dispute resolution is often available to managers, this needs to be evaluated and reviewed to ensure this is reaching front-line managers/supervisors and to reflect some of the core skills implicit in workplace issues around B&H. Conflict is a normal part of working life and not something that should be considered a failure. However, it is critical that there are moves to reduce the grievance culture that is crippling the working environment for everyone at SECAMB.

To achieve these ends requires true partnership working and a recognition from all sides that the needs of patients must come first. The partnership model should see trades unions and the senior leadership work together in the spirit of fairness and decent treatment. Too often B&H is seen as a bi-product of performance management. This is often a misconception. Employees expect to be managed but in a rational and fair way. Trade union representatives also recognise that managers have the right to manage and must be allowed to do so, providing this is done in transparent and fair ways.

10.7 - Manager Competencies and PDR Reviews

Our report recommends that all managers should have conflict management training, awareness of B&H, and how to manage it, built into their job descriptions and person specifications. Those newly appointed to manager grades must comply with minimum standards set down by SECAMB and acquire such competencies within 3 months of appointment.

Manager PDR's should have a section devoted to types and numbers of conflicts occurring within the manager remit and actions taken against managers with excessive evidence of conflicts occurring in their operational domains, including those not caused directly by the manager themselves. This may appear harsh, but the evidence is incontrovertible; managers are responsible either for their own behaviour or for the behaviours of those they manage.

Managers must also demonstrate that they have actively engaged in the PDR process of those they manage.

10.8 - Supporting and Developing Managers

We recommend that all managers operate their own support network. This will require formalisation and the deployment of a Project Champion at board level. This could operate as a loose network run via an internal blog system with key individuals charged with maintaining and running the network. Once again, Non-Executive Directors and Governors experienced in management could play important and supportive roles here.

Any individual tasked with operationalising the manager network would need this recorded against their workload. It is essential that managers have an opportunity to share good practice, learn from each other and be unafraid to ask for help when it is needed. A mentoring system of experienced and less experienced managers could be of significant assistance to managers. Management is not always suitable for everyone who seeks it. The 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 SECAMB.

10.9 - Supporting Colleagues

It is recommended that all employees have an opportunity to discuss and share common workplace ails at team meetings. Team meetings, partly because of the nature of shift work and dispersed teams, do not always occur in SECAMB. The leadership team/learning and development teams will need to be creative to make these work. A focus group is a useful vehicle to encourage debate and discussion. Focus groups also enable colleagues to understand the pressures faced by other employees in other parts of SECAMB and to find shared solutions. Although these can be difficult to organise because of the fragmented nature of SECAMB activity, they can prove a critical litmus test for the health and wellbeing of the organisation. These should function within the conventional team-meeting environment that all managers operate and, if difficult to manage Trust-wide, could be focussed on the hot-spot areas identified from monthly analyses. The evidence that these have taken place and the comments resulting from them should feed into any Health and Wellbeing Steering Group.

10.10 - Understanding and Tackling Discrimination & Sexual Harassment

Although discrimination was not immediately apparent, people with disabilities and long-term health conditions did cite their experiences of B&H because of their personal characteristics with such conditions. These are covered under the 2010 Equality Act. With increasing longevity to working lives and with employees presenting with more complex health and care needs, issues such as disability and chronic health conditions are likely to become important in management decision-making.

It is also critical that there is a clear and unequivocal policy on both discrimination and sexual harassment. Managers must be engaged head-on in addressing sexual harassment and behaviours that might be considered as inappropriate because of their sexual nature.

We recommend all managers undertake an training activity on discrimination and sexual harassment at work with a requirement outlined in their individual PDR. Failure to undertake and pass this training element should mean failure of their PDR. This should also be covered in refresher courses at regular intervals.

We recommend all managers should take a one-day training session on discrimination at work and sexual harassment using vignettes to assist them in understanding conscious and unconscious forms of discrimination/harassment. This is best-achieved using focus groups so that managers can understand each other’s interpretations of discrimination/harassment. This could work effectively within the proposed manager network discussed above.

10.11 - Support Systems and Policy Work

The network of support systems available to staff is critical. Central to this is policy. The researchers and authors of this report have examined policies or processes connected to B&H and found them to be short of conventional good practice. A critical review of policy and process is essential to tackle B&H effectively. This is an urgent priority.

Policy needs to make clear in its preamble what its purpose is. Clear principles need to be established about acceptable and unacceptable behaviour as ambiguity leads to problems. The policy should give examples of what it is designed to prevent, including the types of behaviours upon which this report is based. Examples of the harm that B&H can cause should be made clear. The policy should also describe procedures for those seeking assistance, including management contacts. Furthermore, policies should reflect a fundamental commitment to conflict resolution and the potential role, use and non-use of mediation at an early stage should be fully and clearly explained.

The enactment of policy is also fundamental to its effectiveness. The organisation would take considerable steps forward if it accepted that conflict was a regular feature of organisational life and prepared its managers to deal with conflict accordingly. Many managers are ill equipped to tackle conflict and see it as secondary to other responsibilities. To this end, development of competencies and skills to tackle conflict at work should embed in management job descriptions, person specifications and in training and mentoring of new managers. Support systems must evaluate their role in tackling B&H and report the evidence of their caseloads and interventions. These must be fed into the Project Champion for the steering group for Health and Wellbeing.

Finally, it is for the SECAMB leadership to address the issues of bullying at Coxheath, Tangmere and for sexual harassment in Kent.

Concluding Remarks

The researchers wish to acknowledge the assistance of HR colleagues, Robert Ivey and Hazel Brown in SECAMB who helped with access to policies/documents and in organising rooms for focus groups.

The researchers would like to thank the staff of South East Coast Ambulance NHS Foundation Trust who took the time to complete the survey and be part of interviews and focus groups for this study. Their willingness to share sometimes difficult and upsetting accounts of their experiences of bullying and harassment took a great deal of courage. Without their contributions, this report would not have been possible. The direction of travel must be for their benefit and ultimately the patients they so conscientiously serve.

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Tackling Bullying and Harassment: London Ambulance Service. NHS Employers, February, 2017.

Annex 1

Participant Information Sheet

A Study of Bullying & Harassment at SECAMB NHS Foundation Trust

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

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 a focus group. These will be conducted by a specialist researcher with experience of this type of work.

Why me?
This research is important in helping to understand why bullying and harassment should be problematic in SECAMB. Your employer has agreed to take part in this research with the aim of trying to understand and improve working conditions for all employees.

We will be talking to a cross section of employees, employee representatives, human resources staff and managers from your organization. Focus groups will last for approximately 1.5-2 hours. Everyone who takes part in a focus group is expected to abide by rules of anonymity and to keep confidential all aspects of the conversation.

Do I have to take part?
It is up to you to decide whether to take part or not. If you do, you are asked to sign the consent form that the researcher will give you on the day of the focus group and hand it back to them. They will keep one copy and you will keep your own copy. You are still free to withdraw from this study at any time and without giving a reason. A decision to withdraw at any time, or a decision not to take part, will not affect you in any way.

What will happen to me if I take part?
This research is completely confidential. Your views are important if we are to fully understand what work is like for employees in SECAMB. 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.

During the focus group, you and up to 6 or 7 other people attending will be asked what your experiences of working with other people are like in working for SECAMB. We want to know your views and experiences. The focus group will not be recorded.

What if I have any concerns?
If you want to know more about the study of the content of the focus group you can contact Prof Lewis by email at

Longbow.associates@virginmedia.com who will arrange to ring you at your convenience.

Will my taking part in this study be kept confidential?
No person taking part in the study will be named in any reports or publications and only the researchers will be aware of who the interviewees are. Before they are destroyed, audio recordings will be kept in a locked cabinet which is only accessed by the researchers. The paper record of the interview [the transcript] will not contain any information which would identify you or your employer.

What happens to the results of the research?
The data from the focus group will be used along with other data gathered from interviews with SECAMB employees and from a survey conducted across SECAMB to produce a report. This report will be used to highlight any appropriate issues that relate to bullying and harassment in SECAMB and to help the Trust address these. You will not be identified in this report.

Prof. Duncan Lewis
Lead researcher

April 2017

Annex 2

CONSENT FORM

Title of Project: Bullying and Harassment at SECAMB NHS Foundation Trust

Name of Researcher: Duncan Lewis

Please initial box

1. I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my legal rights being affected. ☐
3. I understand that if I change my mind about participating in the study once the focus group begins I will be withdrawn from the study. ☐
4. I agree to take part in the above study. ☐

____________________	________________	____________________
Name of Interviewee	Date	Signature
Duncan Lewis	________________	____________________
Researcher	Date	Signature

When completed, 1 copy for interviewee signed by both parties; 1 copy for researcher file