

Bullying & Harassment at South East Coast Ambulance NHS Foundation Trust: A report of key findings to staff

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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 these stories above have used the word ‘bullying’ or ‘harassment’, all are reconstructed accounts of people’s perceptions of being unfairly treated in South East Coast Ambulance NHS Foundation Trust (SECAMB) that they associate with bullying and harassment (B&H). All three stories tell of workplaces that are troubled by incivilities and pressures of one kind or another. Whether they constitute bullying is not the important question. Instead, we should concern ourselves that they typically represent a range of views from SECAMB employees who feel that their working lives are not as they should be.

This report is the key points from a four-month study into B&H at SECAMB. The report 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. The report is made up of staff survey, focus groups and over 150 hours of one-to-one interviews. The report is commissioned research led by Professor Duncan Lewis for the Human Resources Director at SECAMB.

Significant Issues

The leadership in SECAMB has frequently changed and the lack of continuity has led to a failure to tackle B&H in the recent past. This failure also extends to senior clinical/operations officers below the executive who have variously contributed to an organisational culture that has allowed B&H to flourish. The new CEO must build a senior team (at executive and below) to give confidence to patients and the workforce that B&H will be actively addressed.

The HR function must rebuild trust in all matters of B&H. HR must accept that B&H is not employees simply “jumping on the bandwagon” claiming bullying. B&H in SECAMB is a genuine and serious problem to be addressed urgently. This requires experienced and well qualified HR people at the helm to address policy and processes and to ensure these are executed fairly. HR is critical in addressing the B&H culture.

There is clear and unambiguous 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.

Similarly, there are also very serious questions of sexual harassment and sexual grooming occurring in some parts of the Kent area. Female employees appear to be the targets, including newly qualified young women. They are often extremely fearful of speaking out against such practices.

Whilst it is possible sexual harassment might not have been known to the executive because employees are fearful of speaking out against a “macho” “boys-club” culture in Kent and in other parts of SECAMB, ignorance is no defence. 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:

- Over 50% of all SECAMB employees took part in the survey and all spheres of SECAMB operations responded.
- While 55% of employees reported no exposure to bullying, 42% reported some experience during the last 12 months. These figures are comparable to 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 common in SECAMB, which might explain why B&H may be habitual, include high workloads, SECAMB procedures not being followed, employees being excessively monitored and having their opinions and views ignored. These findings indicate between 30% and 66% of respondents are exposed to ‘Unreasonable Management’ behaviours on an occasional or more regular basis. The reason we call these ‘Unreasonable Management’ is because it is managers who undertake them.

- 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 also report significantly higher levels of ‘Incivility and Disrespect’ when compared to the same 2011 study. Approximately 50% of SECAMB employees 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 employees reported regular exposure to gossip/rumours, being insulted, being excluded by others in their group and a quarter of people being teased/mockered 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 negative behaviours from colleagues.
- We asked employees a range of questions from the Health and Safety Executive (HSE) ‘Management Standards’. Positive features showed good ‘peer support’ between colleagues and an absence of ‘role conflict’ – meaning employees know what is expected of them. How much autonomy (freedom to make decisions) and control over work (the pace of work) and levels of manager support an employee has is more mixed – this is dependent upon the type of work an employee does in SECAMB and who manages them. Issues that are causes for concern because they are significant indicators of work stress are – excessive work demands, poor work relationships and ineffective management and communication of change.

Key findings from our focus groups and interviews Include:

- 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.
- Many employees are genuinely frightened about speaking out about bullying which is serious cause for concern.
- Countless 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.
- Lots of employees felt that they were not able to approach the executive directly stating - *“What are we allowed to talk to the Executive about?”* Employees would

welcome 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 and the researchers believe it is central to SECAMB's commitment to tackle B&H that the leadership makes credible efforts to re-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.

- Some staff referred to the leadership as 'militaristic' in style built on 'command and control' principles. This leadership style can be appropriate in emergency incidents, but is not conducive to an effective leadership style for SECAMB. 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*". These views provide evidence that others are observant and watching and thus the executive are always on display.
- There is a consistent view that in some parts of SECAMB operations a "*boys club*" culture exists. A frequently occurring theme was when individuals reported dissatisfaction with inappropriate behaviour, the 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.
- Diversity and Inclusion appears to be an area ripe for management focus and employee training interventions and women employees often felt there was an absence of female role models amongst the senior officers and the historical changes from a masculine workforce to a gender-balanced one was not reflected at senior levels.
- Many employees feel little point in reporting B&H issues because managers default to supporting each other rather than taking a complaint seriously and at face value. Statements such as "*not putting my head above the parapet*" were commonly used. This is a fundamental weakness that must be dealt with to effectively tackle B&H. Some employees who had voiced concerns perceived they 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.
- Many employees fear the power and control that managers have which leads many to be too scared to speak out. This is because they believe leaders and managers could/would not be challenged or questioned or, if they did, repercussions would

happen. In general, individuals fear to speak out; either to the researchers, or to their line managers or others in authority. On numerous occasions participants told us of their fears of *“speaking out”* because to do so meant they either had been, or would be *“trouble makers”*. This is typified in this statement: *“Standing up against bad behaviour puts you on a manager’s radar – excessive monitoring, more work, more pressure”*. Whilst we cannot comment on individual accounts, managers need to ensure complete transparency and fairness in processes on all employee matters.

- Lots of employees told us that they had being shouted at publicly, bellowed at, belittled in front of others, received vindictive actions if they had complained and been dismissed and ignored in front of others. These claims were so widespread that the researchers feel there must be substance to them and as such, provide clear evidence many managers and colleagues need to be challenged for their behaviours.
- Despite suggestions of improvements to PDRs, many employees complained that they were poorly practised or non-existent and little to no team meetings or one-to-ones with staff took place. Many staff felt appraisal was simply a process exercise with some claiming they had to simply fill in their form and get it signed - 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 some 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 and view this as a form of harassment.
- 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. 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”*.
- 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 by county. 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 employees and countless staff could not recount if there were common values and behaviours or, if there were, what these are. There is little point in high visibility of values and behaviours if these are not adhered to in everyday practice by leaders, managers and employees. Some staff felt the Trust's values to be disingenuous and that they are not 'lived' or demonstrated by managers at the executive and senior levels.
- Most employees believe SECAMB has a 'complaining and reporting' culture and instead of colleagues speaking to each other when conflicts had arisen, there was a tradition of formally complaining and reporting actions through grievances. We heard numerous counts where grievances, suspensions and disciplinary actions resulted in lengthy 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. These cultural norms also place significant pressures on the HR function and trade unions representatives.
- Sickness absence management leads some to feel they are being unfairly monitored. 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. However, there is some latitude a manager can take in supporting (or rejecting) an employee for learning/development opportunities and this needs to be deployed fairly and with consistency by managers.

Several recommendations are offered including:

- More prominent roles for Governors and Non-Executive Directors in tackling B&H and being a voice/listening mechanism for employees.

- Enhanced training, support and development of managers to help them tackle B&H, but also to make them more accountable.
- Establishment of a cross-sectional steering group drawn from across the workforce authorized to scrutinise data and to drive change at board level.
- Better understanding SECAMB culture with a drive to change the “macho”, “boys-club” culture in some parts of the Trust to better represent the care expectations of a contemporary NHS. Decent and compassionate behaviour to all employees, regardless of gender, race, disability must be the watchword and employees, regardless of grade who fail to meet these expectations must be held to account.
- A critical appraisal of policy and processes must be undertaken. This requires the building of 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 obvious vindictive and retribution culture that exists. Instead, ALL parties must aim to minimise disputes and create effective pathways for proper employee engagement. Grievances and investigations must become the exception rather than the norm.
- This can be only achieved by a leadership that deploys active listening and provides voice mechanisms for employees.

Conclusions

Properly addressing concerns of B&H should start in earnest. This report is the first step along that journey. By commissioning an independent review, SECAMB has begun this process. What must follow next is a series of action milestones to address the embedded nature of the problem of B&H. The impending appointment of senior directors and then any further subsequent employments must set down the cultural norms by which all employees, regardless of grade or service to the Trust, must live and abide by. Common decency is a right, not a privilege and harassment or bullying, including sexual harassment must end now.

Concluding Remarks

This short report originates from a much more detailed report submitted to the HR Director and CEO of SECAMB. This larger report should be available to any employee who wishes to read and scrutinise it. Only complete transparency will suffice in the process of accepting that much work remains to be done.

Acknowledgments

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End note:

Professor Duncan 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.