Meeting Date	17th January 208	Agenda Item	2b
Report Title	Bullying Review and Action Plan Update		
Report Author	Kay Myatt, Head of Learning & Development		
Report Sponsor	Louise Joseph, Assistant Director Workforce & OD		
Presented by	Hazel Robinson, Director of Workforce & OD		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to update and provide assurance to the Workforce & OD Committee of the continued actions in relation to address the perceived bullying and harassment within the Health Board.		
Key Issues	The results of the recent NHS Wales Staff Survey 2018 reported that 20% of respondents in ABMU had experienced harassment, bullying or abuse at work from their manager/team leader or other colleagues. This is above the NHS Wales average of 18% and a 4% increase since 2016. Alongside these statistics, there has been significant debate about bullying in ABMU and a significant number of anonymous comments on the intranet site in response to Executive Director blogs. This update follows an options paper which was presented to the Executive Team on the 28/11/2018 which highlighted the current provision available with the Health Board for staff to raise concerns (with a focus on bullying and harassment), the gaps in this provision and options for setting up a 'freedom to speak up' model and process as highlighted in the Freedom to Speak up Inquiry (Francis 2015).		

Specific Action Required *(please ✓ one only)*	Information	Discussion	Assurance	Approval
			✓	

Recommendations	Members are asked to: • **NOTE** the activities that have taken place so far in relation to addressing perceived bullying and harassment within ABMU.

BULLYING REVIEW AND ACTION PLAN UPDATE

1. INTRODUCTION

The purpose of this report is to update and provide assurance to the Workforce & OD Committee of the continued actions in relation to address the perceived bullying and harassment within the Health Board.

2. BACKGROUND

2.1 ACAS: Values and Behaviours in the Workplace- Addressing Bullying and Harassment

- Following the Staff Survey 2018 results and the feedback from staff on perceptions of bullying and harassment, the Health Board contracted up to 10 workshops with ACAS up until March 2019. These sessions are aimed at managers to address bullying and harassment.
- Designed by subject matter experts at ACAS, the sessions cover descriptions and perceptions of bullying and harassment and encourage open conversation between managers framed against local context, policy and protocols.(Appendix A contains session outline)
- These sessions were set up to accommodate up to 180 managers, based on 18 per session.
- Priority invites were sent via the service delivery units senior teams to managers in areas which reported above 20% perceived bullying and harassment in the staff survey. (Appendix B shows breakdown of areas.)
- Over 150 manager attendance nominations were received in December 2018 for the planned sessions.
- The first session took place in Morriston Hospital on the 20th December 2018. (Appendix C contains feedback/ evaluation collected by Acas from the session)

2.2 'Freedom to Speak Up'

- On the 2/11/2018 an option appraisal for a sustainable freedom to speak up model for was discussed at Executive Team.
- The Executive Team unanimously agreed that the model should be an external model which was cognisant of staff feedback, builds trust and support for staff, aids resolution and improves organisational understanding.
- Following this decision advice was secured from the procurement team around the best way to secure the required external service model.
- Procurement experts have worked with the L+OD team to develop a robust tender specification for the requirements of the external service model which takes into account a wide range of feedback from staff, the executive team and guidance from best practice in NHS England (an overview of the service specification is highlighted in Appendix D.) The open tender is set to follow a rigorous procurement timescale which means that if tender timeframes go to plan then a 1st April 2019 implementation date would be met. It is noted that due to the size of the tender, this is a very ambitious timeline. It is imperative to the success of the service model that time is spent working with the selected company to map priority relationships, set up systems as highlighted in the tender specification and advertise the service to staff.

3. GOVERNANCE AND RISK ISSUES

ACAS sessions 'Values and Behaviours in the Workplace - Addressing Bullying and Harassment':

- Focus on heat map areas identified as over 20% response rate of bullying in 2018 staff survey
- Limited number of sessions planned (due to limited budget) – risk that these will not cover all managers

Freedom to speak up:
- Timescale of procurement of the service to be ready for launch on 1st April 2019.
- Given the size of our organisation, the recommended investment is 1 dedicated full time and one part time Guardian. This would provide 24/7, 365 day cover for ABMU staff.
- Due to our current financial challenges, contracting out for a service may come under heightened scrutiny and the case for change would need careful communication and management.
- The NHS Wales Staff Survey (2018) identified bullying as an increasing problem across NHS Wales. There is a potential for a national directive, similar to that in NHS England, to be imposed on NHS Wales. ABMU may want to consider whether it waits for this instruction or leads the way in taking action. In adopting this approach ABMU could be seen to be leading the way and become an exemplar organisation, ahead of the curve.

4. RECOMMENDATION

Members are asked to:

- **NOTE** the activities that have taken place so far in relation to addressing perceived bullying and harassment within ABMU.

Governance and Assurance

Link to corporate objectives *(please ✓)*	Promoting and enabling healthier communities	Delivering excellent patient outcomes, experience and access	Demonstrating value and sustainability	Securing a fully engaged skilled workforce	Embedding effective governance and partnerships
		✓		✓	

Link to Health and Care Standards *(please ✓)*	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources
		✓					✓

Quality, Safety and Patient Experience

There is significant research which confirms that a positive staff experience in Health Care links to positive outcomes and experience for our patients. Staff being able to raise concerns in a confidential and safe way is an important part of enabling staff to feel happy and engaged in work and will help us to keep improving our services to patients and the working environment for our staff.

Financial Implications

'Freedom to speak up'
Dependant on the successful tender award.
ACAS sessions 'Values and Behaviours in the Workplace - Addressing Bullying and Harassment':
Cost of sessions agreed through Director of Workforce and OD and Director of Finance

Legal Implications (including equality and diversity assessment)

It is important to consider the internal policies and the legislation which is linked to the provision of a confidential, safe and effective pathway and process for staff to raise concerns.

Internal policies include but are not limited to –
-Grievance Policy
-Disciplinary Policy
-Dignity at Work Policy
-Raising Concerns Policy

Public Interest Disclosure Act 1998
If workers bring information about a wrongdoing to the attention of their employers or a relevant organisation, they are protected in certain circumstances under the Public Interest Disclosure Act 1998. This is commonly referred to as 'blowing the whistle'. The law that protects whistle-blowers is for the public interest - so people can speak out if they find malpractice in an organisation. Blowing the whistle is more formally known as 'making a disclosure in the public interest'.

Legal implications of not taking action to ensure that there is provision of a confidential, safe and effective pathway and process for staff to raise concerns may include:
-Tribunals
-Fines

Freedom to speak up:

When screening the proposals for equality impact it is noted that implementing any of these could have an impact (positive or negative) on those who are protected under the equality act. The widest impact could be caused by the accessibility of the service. The range of services have different levels of accessibility. Where a service is limited to one method of access (for example email or telephone) this may have an impact on different protected characteristic groups (part time staff/ those who work shifts – more likely to be women), those with accessibility needs (disability, welsh language), access to technology (age, disability.) An option which offers a range of methods of access would have a positive impact on these groups.

During the procurement process the equality policies and practices for external providers are scored by the Health Board. This will ensure that if an external provider is commissioned that they follow practices which meet the equality expectations of the Health Board.

If an internal option is selected it is recommended that those under taking the role undertake an in depth equality and diversity/ unconscious bias training programme.

Staffing Implications
Freedom to speak up: -Dependant on procurement outcome.   ACAS sessions 'Values and Behaviours in the Workplace - Addressing Bullying and Harassment':   -Administration to support the organisation and running of the sessions.   -Experienced Staff experience and OD facilitator to support any feedback from sessions.

Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)
The paper supports the Well-being of Future Generations (Wales) Act 2015 as it impacts on the long-term culture, behaviours and wellbeing of our staff. It aims to support staff, through working together to improve staff wellbeing and improve the quality of patient care and outcomes through early intervention and nipping concerns in the bud before they escalate.

Report History	
Appendices	Appendix A: ACAS Session outline Appendix B: Report Breakdown Appendix C: Feedback / Evaluation of ACAS Session Appendix D: Service Specification Overview

Appendix A: ACAS Session outline

(ACAS): Values and Behaviours in the Workplace – Addressing Bullying and Harassment, delivered by Gill Mason, ACAS Senior Advisor.

Programme Outline:

There are a number of behaviors at work which are unacceptable. In this course we looked at bullying and harassment. In this session we looked at the cause and effect, what the law says and what managers can do about it.

The objectives of this part of the workshop was to:
- Identify what constitutes bullying and harassment
- Explain the impact of inappropriate behaviours
- Explain the link between harassment and discrimination
- Explore ways of tackling unacceptable behavior

The Health Board Values were linked to an initial discussion about the working agreement for the session and the list compiled with participants reflected the behaviours described in the Values.

The contents of the training session covered three sections:
1) Unacceptable behaviors at work
   This section looked at different forms of bullying and harassment, its causes such as management styles, poorly managed change, fast changing environments, competitiveness, insecurity/fear and Culture. The effects of this, exploring the signs which could be psychological, physical, social or business means and why employers should take it seriously. The terms bullying and harassment are often used interchangeably and ACAS Helpline receives around 20,000 calls on bullying and harassment each year. Definition of harassment as defined in the Equality Act 2010 was explained along with bullying characteristics.   There was then interactive exercises with the delegates to investigate what they felt that bullying and harassment looked like, sounded like and felt like. Examples of such behaviour were given by the facilitator, and grey areas such as banter (which could often cross over into bullying and harassment and potential legal action under the Equality Act) were covered during this section. Cyberbullying and its various forms, including bullying through technology, text and offensive or threatening e-mails, social media posts and comments and what consitiutes this was also explored. Unconscious bias was defined and how this can affect behaviour subtly and unintentionally sometimes, a brainteaser exercise was carried out around this and participants discussed how it can affect our actions.

2) Legislation
   This section looked at the context of the legislation within ABMU and the presentation links to the fact that harassment may amount to discrimination under the Equality Act 2010 and outlined the characteristics that are protected from harassment (age, disability, gender reassignment, race, religion or belief, sex discrimination and sexual orientation). The facilitator outlined the fact that harassment can also amount to unfair constructive dismissal under the

Employment Rights Act 1996 as it's an offence. Protection against victimisation was also covered with the explanation that victimisation occurs when someone is treated badly because they have made a complaint or raised a grievance under the Equality Act, and that this also extends to the post-termination of the employment period.

Employer liability was explained, to advise that employers are liable for the actions of their workers unless they can show that they have taken all reasonable steps to prevent any kind of discrimination, bullying or harassment from taking place. Examples of legal claims were provided along with the circumstances of these and the findings against employers and/or guilty individuals. The health board dignity at work policy was highlighted here in terms of employers policies and procedures to demonstrate the steps taken in ABMU to prevent discrimination, bullying or harassment.

3) How to deal with behaviours
In this section the session looked at the different reasons that people may not complain about poor behaviour, these included fear that they won't be believed, shame, no confidence that it will stop, no witnesses, low confidence etc... the delegates carried out an exercise to consider what would stop someone from complaining. The barriers in dealing with bullying and harassment were explored, citing that managers don't usually like dealing with conflict for various reasons such as not being properly trained, lack of confidence, fear and instances such as where the bully is the best worker or most skilled...and further examples as provided. Tools were provided for delegates to ask themselves if they live above the line, to take personal responsibility with their actions, or below the line, finding it easier to deny, blame or excuse. The presentation covered firm but fair management rights and roles that include setting standards, identifying and dealing with issues and improving individual effectiveness. It covered the approaches available to deal with complaints including the various informal and formal approaches such as a discussion, mediation, counselling, coaching, Human Resources and Staff Wellbeing support, grievance procedure, bullying and harassment procedure, formal investigation and disciplinary procedure. The stages of opening conversations and having meetings with staff who have raised concerns were discussed in this session, relaying the importance of using a structured and empathetic approach in gathering information. The need to listen carefully to identify and fully understand the issues, what actions are required and what is needed to satisfy both staff and managers in order to resolve the situation and how to approach and support both the 'victim' an the 'bully' avoiding judgement.

At the end of the session, the facilitator outlined the services available within ABMU and contact telephone numbers for these and further support services as follows;

- Wellbeing Through Work - 0845 601 7556
- Lighten Up Programme – booking form needed
- Staff Counselling - 08456 048178
- Living Life Well Programme - 07967612246
- Wellbeing Champions – individuals across ABMU, list available
- Occupational Health –

Morriston Hospital: 01792 703610
Singleton Hospital: 01792 285223
Princess of Wales Hospital: 01656 752158
Neath Port Talbot Hospital: 01639 683197

NHS Wales Staff Survey 2018

ABMU – Bullying Questions, Breakdown Report

Question 22b: In the last 12 months have you personally experienced harassment, bullying or abuse at work from a manager / line manager / team leader or other colleagues?

National Total Percentage of respondents answering yes: **18%**

ABMU Total Percentage of respondents answering yes: **20%**

Number of ABMU Staff not responding to the question: **127**

Table 1: Breakdown by Department and % of Respondents answering yes, arranged highest to lowest

N.B. Anomalies in percentages Vs numbers responding is due to report being filtered on those responding 'yes' only and does not include those saying no or not responding, thus impacting on % responding Yes. E.g. Drugs prescribing shows as 50% due to 5 responding yes, 5 responding no and 2 gave no response. Departments with less than 11 respondents to the survey overall will have been excluded.

Department	Total Number Responding to Survey as a whole	Total Responding Yes to Q22b	Percentage responding Yes
130 p003 NPTH Outpatients	12	6	55%
130 a422 Singleton Theatres	12	6	50%
130 w005 Drugs Prescribing	12	5	50%
130 a311 West Critical Care	50	20	42%
130 w312 North - integrated community hub	19	8	42%
130 a101 POWH Anaesthetics	13	5	38%
130 p611 Singleton Domestics	19	7	37%
130 f310 NPTH Ward C	11	4	36%
130 h444 Singleton maternity	15	5	36%
Department	Total Number Responding to Survey as a whole	Total Responding Yes to Q22b	Percentage responding Yes
130 n026 POW occupational therapy	17	6	35%
130 f201 POW emergency unit	13	4	33%
130 d515 Morriston pharmacy	24	7	32%
130 d420 Singleton nuclear medicine	13	4	31%
130 h531 West child health appointment admin	13	4	31%
130 h103 Community Dental	24	7	29%
130 h446 Embryology & semenology	15	4	29%
130 6f30 Patient Experience	19	5	28%
130 a423 Morriston theatres	39	10	28%
130 c412 Morriston ECG	19	5	28%

Department	Total Number Responding to Survey as a whole	Total Responding Yes to Q22b	Percentage responding Yes
130 d501 PWH pharmacy	11	3	27%
130 e102 Morriston surgery services group support	11	3	27%
130 h542 Singleton neo-natal intensive care unit	23	6	27%
130 a418 POW theatres	24	6	26%
130 a419 NPTH theatres	28	7	26%
130 h525 School nursing	25	6	26%
130 a105 Morriston anaesthetics	21	5	25%
130 h512 Paediatrics secretaries	17	4	25%
130 n013 NPTH ward b2	12	3	25%
130 p227 POW domestics	26	6	25%
130 p229 POW porters	12	3	25%
Department	**Total Number Responding to Survey as a whole**	**Total Responding Yes to Q22b**	**Percentage responding Yes**
130 h425 Singleton obs & gynae medical specialty	17	4	24%
130 c201 POWH cardiac unit	13	3	23%
130 d612 Singleton radiology	15	3	23%
130 w310 Central - integrated community hub	13	3	23%
130 f210 Morriston emergency department - non medical	28	6	22%
130 p612 Morriston domestics	23	5	22%
130 n030 POWH physiotherapy	19	4	21%
130 g105 Morriston op appointment centre	12	2	20%
130 p600 Singleton catering	15	3	20%
130 j601 Laboratory medicine	74	14	19%

Department	Total Number Responding to Survey as a whole	Total Responding Yes to Q22b	Percentage responding Yes
130 n095 West community physiotherapy	21	4	19%
130 b320 POW y bwthyn newydd	12	2	18%
130 b322 Morriston ty olwen	18	3	18%
130 c401 POW ecg	17	3	18%
130 g206 East podiatry services	12	2	18%
130 h532 Morriston oakwood ward (green)	18	3	18%
130 n051 NPTH icf	23	4	18%
130 n092 Morriston dietetics	11	2	18%
130 6d10 IT Department	24	4	17%
130 n011 NPTH ward e	12	2	17%
130 t017 Community health team - bridgend	12	2	17%
130 w311 West - integrated community hub	13	2	17%
130 6d31 Clinical Coding	31	5	16%
Department	Total Number Responding to Survey as a whole	Total Responding Yes to Q22b	Percentage responding Yes
130 d111 Audiology	27	4	15%
130 w314 Health visiting	13	2	15%
130 6f44 Primary care & community unit management	21	3	14%
130 g204 West podiatry services	14	2	14%
130 g602 MSK physiotherapy west	21	3	14%
130 h431 NPTH birth centre	14	2	14%
130 n082 Morriston occupational therapy	28	4	14%
130 p660 Singleton porters	15	2	14%
130 6d41 ICT projects	16	2	13%
130 d616 Morriston radiology	15	2	13%
130 p439 Swansea health records	16	2	13%

Department	Total Number Responding to Survey as a whole	Total Responding Yes to Q22b	Percentage responding Yes
130 t018 Community health team - cardiff	16	2	13%
130 w315 Acute clinical response service	16	2	13%
130 6d30 Information services	17	2	12%
130 d450 Singleton radiotherapy physics	17	2	12%
130 n016 Neath locality district nursing	29	3	11%
130 p002 POWH health records	19	2	11%
130 d511 Singleton pharmacy	21	2	10%
130 h412 South Wales ivf service	11	1	10%
130 p001 NPTH/POWH health records	21	2	10%
130 c211 Morriston cardiac itu/hdu	12	1	9%
130 e401 POWH ward 7	11	1	9%
130 f315 Ward S	12	1	9%
130 h310 West flying start project	23	2	9%
Department	Total Number Responding to Survey as a whole	Total Responding Yes to Q22b	Percentage responding Yes
130 h603 Bridgend sexual health service	11	1	9%
130 j301 Cellular pathology	11	1	9%
130 n032 NPTH physiotherapy	12	1	9%
130 n054 Wellbeing through Work project	11	1	9%
130 p217 NPTH housekeeping	11	1	9%
130 6c01 Morriston & Singleton HR	13	1	8%
130 n056 Flying start - Neath	13	1	8%
130 n097 Swansea physiotherapy	38	3	8%
130 r147 Neath community EMI	12	1	8%
130 r268 Forensic cardigan ward	13	1	8%
130 7003 Estates development	14	1	7%
130 r005 Mental health administration	15	1	7%

130 u384 Comm resp copd delivery plan	14	1	7%
130 k513 Morriston head & neck outpatients	17	1	6%
130 n101 Speech therapy adults	17	1	6%
130 6e10 Core finance	70	2	3%
130 n033 Speech therapy paediatrics	37	1	3%

Appendix C: Feedback / Evaluation of ACAS Session

The following feedback was given to the facilitator upon completion of the session when asked:

How could it be improved?

More opportunity to discuss real life examples.
Video of good/bad behaviours.
Wider scope of employee-manager (not sure what was meant by this feedback).
More on difficult conversations and mediation.
There were three comments about more time however there was a senior manager in this group who asked lots of questions which may not happen in future sessions. It is always difficult to know how much interaction will take place.

Most useful part?

All of it.
Effectively managing bullying.
Defining bullying and harassment made me more aware, very informative.
The content was spot on and covered what we needed.
General discussion and working examples.
Useful discussions and varied departments.
Open discussions amongst delegates and provider.
Open discussions within a framework.
Discussions. Tools for challenging behaviours. I have come away with lots of good ideas to take back to the department. Knowledge of the area of bullying and harassment and difficult conversations.

Appendix D- Service Specification Overview

The Provider will need:

- to provide resources, promotional material and support in communicating the launch of the service to staff across all sites within the Health Board;
- to offer a confidential service;
- provide a 24/7, 365 days of year service;
- to provide an individualised, non-judgemental, professional one – to – one initial assessment by telephone;
- where required provide follow up conversations by both telephone and face to face;
- to gain an understanding of the Health Board and its processes, policies, services and structures;
- to not replace existing processes, but provide staff with an additional option;
- to not intervene where existing investigations, formal policies or processes are being implemented;
- to enable individuals to freely talk about their concerns and help them to understand their situation more clearly;
- to help individuals experiencing difficulties to find their own way towards a resolution;
- support the resolution of concerns relating to bullying and harassment, disrespect and inactivity, poor working practices and staff and patient safety;
- develop processes which Protects the Health Board and its reputation as well as individuals;
- to work closely with senior decision makers in the organisation to ensure patient/staff safety concerns requiring action are resolved within agreed timescales (highlighted in project plan)
- to respond to all concerns and categories of concerns raised within 3 working days
- develop and adhere to a clear escalation protocol / RAG system
- to provide comprehensive anonymised reports on all activity and contacts that are cumulative to support and detect trends
- to attend board meetings to report trends and concerns arising on a quarterly basis