

NHS Governance

Managers in Partnership (MiP)

1. Managers in Partnership are pleased to submit brief but member-led evidence on culture, communication and management in the NHS.
2. We represent senior managers working in Agenda for Change bands 8 and above, including executive managers, throughout Scotland.
3. Our evidence is qualitative rather than quantitative. It aims to illustrate some key current themes from feedback and reflection from members and from learning from our casework representing individual members with employment and management issues. We also regularly survey our members in NHS Scotland and will share results with the committee as reports are produced.

Culture

4. We have identified the following themes on organisational culture:
 - a. There is a widespread perception among our members that most managers will get blamed when things go wrong. It is common for grievances to be raised precipitately by staff, often without managers being aware that problems had escalated to that extent. Managers then either commission or become party to lengthy investigations, the principal aim of which often becomes finding fault with someone.
 - b. We have strong workplace governance for the NHS in the PIN Guidelines. The PIN Guideline on Bullying and Harassment has a flow chart that identifies trying to talk issues through first but managers seldom get that opportunity. In order to move away from a blame culture - and lengthy and often counter-productive formal investigations - and toward an understanding culture it would be helpful if all staff, managers included, exercised the opportunity in informal stages of process to talk issues through first and attempt to nip problems in the bud. It would also be helpful for a clear message to be sent about vexatious complaints: they should be taken seriously and where necessary disciplinary action taken.
 - c. Another widespread perception among our members is that managers are often accused of bullying and harassment when they are trying to support performance improvement of a colleague through the Capability Policy. The purpose of this policy is to help and enable staff to deliver all the aspects of their job descriptions; where there is evidence they are not doing so. Often a direct report will lodge a grievance against the manager who is trying to implement the Capability Policy. The grievance can then delay the process for anything up to 18 months while the grievance is investigated. The manager may be suspended while the investigation proceeds and

become deskilled and demoralised if the suspension goes on for any length of time. Return to work is stressful and difficult for all parties to manage as they have not been permitted to engage with colleagues, while suspended. Suspension is supposed to be a neutral act. However, it does not feel like this to the individual: a culture of gossip and blame during suspensions often springs up with consequential reputational damage and loss of trust from colleagues upon return.

- d. We have a range of HR policies but these can be circumvented if necessary. As financial pressure increasingly bites, as resources diminish, the temptation for employers to cut corners will increase.
- e. By way of example, there is evidence within one health board that targeted redundancy of employees who did not have their two years' continuous employment. These employees were terminated from a full time substantive contract and received no redundancy payment, just three months on the redeployment register. They were selected irrespective of their skill or the future business needs of the organisation. This was an abuse of the HR policy and the current administration's statement that there are no redundancies in the NHS. This example suggests otherwise.
- f. Our members perceive that they work in a blame-heavy culture in the NHS as a whole. It still permeates all levels of work as it across sector, services, divisions and teams.
- g. Our members believe that the media and Scottish and UK Governments often openly engage in blame of NHS staff and its management. This is stressful, unpleasant, and makes innovation something which is scary and where mistakes are seen as shameful and career-threatening rather than as learning opportunities to bring the service a step closer to a successful outcome.
- h. There is widespread belief that NHS will crumble without the ongoing contribution of its international staff. As one member told us: "The anti-immigrant culture in the UK at the moment is hugely embarrassing and personally hurtful. I am a non-EEA immigrant who is married to an EEA national, and we feel that the UK Government would prefer we weren't here. We receive strong internal and external messages that we should integrate rather than maintain anything from our own culture."
- i. Our members report that they are often asked to undertake HR functions for which they have not been trained, such as workplace investigations. These investigations require a lot of time and the correct governance must be used. ACAS have developed a Guide on Conducting Workplace Investigations which should be the bedrock of workplace investigations. Otherwise mistakes may be made that would be costly to both the employer and the employee subject to the investigation, e.g. through loss of employee engagement, legal challenges and unfair dismissal. We recommend that all NHS Scotland

employers should train staff in the specific requirements of a workplace investigation.

- j. Our members are senior managers who have earned their credibility and good reputations. Unacceptable behaviour is sometimes used to bring a senior manager down. Senior managers experience 'mobbing' actions that can lead them to be removed from their roles. When a group of people tell a manager negative things about him/herself it can distort reality that can lead to time off sick from work and long term mental health support. MiP have worked with the Health Service Journal to develop understanding of this specific behaviour. It would be useful to name specific bullying behaviours and have training on what they are and how best to manage these.
- k. NHS managers also experience gaslighting from their own line manager, from politicians, the media and other senior influencing groups. Gaslighting is a technique to distort the truth, to deny that something happened and overwrite a preferred version of the truth with what the gaslighter wishes to have on record. As this is also a bullying behaviour, like mobbing, it can cause ill health absence from work and a need for access to mental health support. Further training on this behaviour would be useful.
- l. Our members report they perceive widespread lack of understanding of their role and even disdain. They perceive that media and Scottish and UK Governments often openly engage in blame and lack of appreciation of NHS managers. They are referred to as 'bureaucrats' and not as they should be seen: skilled, essential managers who deliver patient centric health services. Our members are entitled to dignity in their workplace and they are the guardians of staff who report to them – clinical and administrative. Those who direct the senior managers must be more mindful of the impact their language and leadership has on how senior managers are valued across the NHS and by those who participate and interact with the NHS.
- m. Our members accept reorganisational change is a feature of managing any organisation and ensuring it remains fit for purpose. However, the 25% cut of management workforce in 2010 furthered perception that there were too many managers in the NHS and they are disposable. This was a policy announcement made without any risk assessment, without any impact assessment of the skills needed and skills lost, no workforce planning to inform where managers should be lost. There was no risk assessment on the managers left in post, the size of their jobs, the hours needed to achieve the work needing to be done. The 25% reduction in management workforce was supposedly done to protect the fundamental values of the NHS but protecting the management workforce from overwork, stress, exhaustion, blame and lack of appreciation should be a value too.

Communication

5. Members report concerns about the quality and volume of communication, particularly the culture unintentionally generated by regulators and system managers, in their day-to-day work. Several quotes from members illustrate these concerns:

“Michael Powers talked in his book ‘The Audit Society’ about the tipping point between good governance designed to secure good outcomes and the cost of that governance being greater than the improved outcomes.”

“We risk being overwhelmed with communications and email resulting in people being forced to skim read or worse, delete emails that may contain valuable information. The use of email distribution lists as a backside protector is not acceptable.”

Management

6. Our members are beginning to experience the downside of integrated multi-agency partnership working and the impact on their well-being of growing workloads and not having enough staff and resources. As two members put it:

“With the advent of multi-agency partnership working, local managers increasingly find that they are accountable to several interests at the same time. The clarity available from having one boss has been lost in some cases.”

“Many people are struggling with their workloads because of inadequate funding/staffing. We’re fire fighting almost all the time, and sometimes things just don’t get done. It’s stressful and exhausting, and it doesn’t make you feel good about yourself when you can’t carry out your work to the high quality you’d like. Many of us often have no energy for anything after work, which means watching more TV, eating less healthy meals, getting less exercise, and quality of life suffering for the jobs we love. Many daydream about leaving the NHS for a role which is less stressful and less exhausting. We stay because the work is so rewarding and so interesting. But a time will come when that won’t be enough.”

7. There are two further factors in management life that are raised frequently by our members:
 - a. As noted above, most managers have not had enough training in HR issues to support staff. They feel vulnerable as they usual proceed to a promoted post on the strength of their ability to do their current role, they would be shortlisted for any promotion for technical and specialist

knowledge and evidence, rather than on generic management skills. HR is not always part of manager training and development when in a management role.

- b. It would be helpful if politicians did not set doctors and managers up to be on opposite sides of the table in debates on ways forward for the NHS. It would also be helpful if representative organisations and employers fostered better understanding and working relationships between these occupational groups.

Conclusion

As the union for senior managers we would like to work with all stakeholders to identify key problems and work on practical solutions in NHS staff governance. The effectiveness of management, particularly line management, has a direct impact on the work and well-being of other staff and on the quality of patient care.

Our members inform our evidence.

They report that the NHS is blame orientated with a culture of formal grievances to resolve matters that should be discussed informally first. We need to develop a culture of talking about difficulties without blaming with a focus on finding a mutually agreeable solution for all.

Our members report they feel targeted by more senior managers, non executives, politicians and the media, using techniques such as 'mobbing' and 'gaslighting'. These behaviours need to be named so they can be identified and understood and effectively addressed.

Our members report that we need good governance for performance management, which is designed to enable, not punish or blame. We need create conditions where all staff are confident that staff governance is mainly designed as a support to enable them to be as safe and as successful at their work as possible.

We also need employers and other organisations to do more to train managers and make them aware of key governance and good practice, such as ACAS's guide to work place investigations. This makes the process easier to understand, not least the role of the investigator.

Finally, we would like to remind the committee of the immense impact these issues can have on people. The recent article by Roger Kline (item 8 in the further reading below) should be required reading. In her personal experience, the author has encountered more intense psychological distress among NHS senior managers, over 12 years as a national officer, than she did among her patients as a clinician of 15 years. The intense pressures that build on people working in our NHS need to be understood and managed better.

Further reading:

1. <http://www.staffgovernance.scot.nhs.uk/media/1406/preventing-and-dealing-with-bullying-and-harrassment-in-nhsscotland-pin-policy.pdf> page 9
2. <http://www.acas.org.uk/media/pdf/o/5/Conducting-workplace-investigations.pdf>
3. <https://www.hsj.co.uk/journals/2/files/2009/11/30/hsjsampleissue.pdf> pages 18 - 19
4. <https://www.theguardian.com/science/2017/mar/16/gaslighting-manipulation-reality-coping-mechanisms-trump>
5. <http://www.sehd.scot.nhs.uk/publications/Bulletin201010.pdf>
6. https://www.nuffieldtrust.org.uk/research/managing-doctors-doctors-managing?utm_medium=email&utm_campaign=Doctors%20and%20managers%20mailout&utm_content=Doctors%20and%20managers%20mailout+CID_71b51cbea1ca10960a468be631246492&utm_source=Email%20marketing%20software&utm_term=copy%20of%20the%20report%20on%20our%20website
7. <https://www.kingsfund.org.uk/sites/files/kf/employee-engagement-nhs-performance-west-dawson-leadership-review2012-paper.pdf>
8. <https://www.linkedin.com/pulse/disciplinary-procedures-death-good-nurse-roger-kline>