**London Ambulance Service
Bullying and Harassment Review**

Report prepared by Alison Twist

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Executive Summary

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This report charts the findings of an independent review into bullying and harassment in London Ambulance Service (LAS). This review was undertaken by Alison Twist (AT) from Andrea Adams Consultancy in October and November 2014. The impetus for the review was the rise in reported incidents of bullying and harassment in the most recent LAS results from the NHS Staff survey.

The review sought to involve as many employees as possible to try and get beneath the figures that the NHS survey revealed. The NHS Staff Survey seeks views on a wide variety of topics of which bullying and harassment is just a small part. As a responsible organisation LAS took action on the feedback that its employees were giving to find out if there were issues and the scope and scale of those issues. This would then lead to informed action planning.

The overall findings of this review are documented in the following pages. The report is less than 20 pages and to really understand the issues facing the LAS then the report should be read in full.

The review sought to seek feedback from employees in a number of ways. These were:

- 279 staff completed an online survey, open to all staff for a period of 6 weeks to ensure everyone had a voice and an opportunity to feedback into the organisation.
- 31 staff attended focus groups in various locations with incentives for those on rest days to participate.
- 14 staff attending the focus groups completed a further questionnaire to obtain additional hard data.
- 17 staff responded to a personal invitation from the consultant to feedback on a one to one basis via phone.

In total, 327 employees participated under absolute assurances of confidentiality. The feedback has been consistent with only a small number of positive comments made about the organisation's stance on bullying and harassment the rest was critical.

68% of 327 staff surveyed said that they had been bullied and harassed in the workplace. This is higher than in other NHS organisations that we have worked with in recent times although we can not offer an ambulance service to ambulance service comparator based on the data we currently hold.

The consistency of the feedback was very clear. The main findings of the report, based on the feedback of the 327 staff who took part in the review, are as follows:

- There is evidence of bullying taking place in the LAS.
- The current organisational response to bullying and harassment is poor.
- The prevailing culture is one which tolerates bullying and harassment.
- Evidence suggests that bullying and harassment is prevalent across the whole organisation including EMT and SMT. In the online survey there were reported

incidents at other levels of management and bullying behaviour between colleagues. The feedback in the Focus Groups was exclusively related to EMT and SMT. Individuals reported that they have suffered severe bullying behaviour and that their health and welfare has been compromised.

- There is a blame culture and one which is overly focused on time targets rather than patient care and employee well-being.
- Management capability in terms of people management is poor generally.
- Allegations of bullying and harassment have not been effectively investigated or dealt with via appropriate sanction.
- The preferred and endorsed management style is 'command and control', and does not treat its intelligent, skilled workforce with the respect it deserves.
- Systems and processes are rigidly enforced with no room for discretion based on individual circumstances.
- Resourcing failures have put excessive pressure on the remaining resources, which contributes to people's sense of being bullied.
- Good people managers are not valued in the same way as those who get results – in whatever manner they are achieved. Positive people management is not seen as the way to get results.
- Bullies are perceived to have been rewarded with promotion.
- Until now EMT/SMT have not addressed the issue of bullying and harassment and have ignored the organisational memory.

The recommendations are fully documented in section 6 but include:

- Awareness training for all management roles (including SMT/EMT) and associated 360 degree feedback.
- The creation of an organisational Dignity at Work strategy or similar where not already in place together with the introduction of champions at EMT/ SMT level.
- Training for all managers on early intervention and prevention techniques, together with clarity regarding their responsibilities for addressing bullying and harassment in the workplace.
- Training for Internal Investigating Officers who will investigate complaints of bullying and harassment.
- Creation of a Harassment Advisory Service.
- Relaunch of the Bullying and Harassment Policy
- Resurveying employees in 6 months time to monitor progress.

Alison Twist
Director
30.11.14

1. Introduction and Background

1.1 London Ambulance Service (LAS) commissioned Andrea Adams Consultancy (AAC) to undertake a review into reports of workplace bullying and harassment in the service. Bill O Neill (Assistant Director, Organisational Development) approached AAC in July 2014 following a reported increase in the perceptions of bullying and harassment in the Service's results in the annual NHS staff survey. The staff survey only asks two or three questions on bullying and harassment as the scope of the standard NHS staff survey is much wider. The organisation had reports of increases in perceptions of bullying and harassment but needed to get underneath the headline data in order to assess the scope and the scale of the problem, if indeed there was one. Andrea Adams Consultancy are specialists in this area and a proposal was submitted suggesting how additional data could be collected to inform any future action the organisation might wish to take.

1.2 AAC and their nominated consultant, Director Alison Twist, commenced planning in earnest with the organisation to start the research into the prevalence of workplace bullying and harassment within LAS. This work commenced in October 2014 and concluded at the end of November 2014. The remit was:-

- To determine the extent to which the NHS Staff Survey results around Bullying and Harassment in the Workplace within the LAS were supported by direct feedback from staff.
- To make recommendations on how the LAS might begin to address any issues that were identified.

The report

1.3 This report is divided into several sections charting both the process and the outputs from each of the interventions used to gather information from LAS employees. Then follows a section which summarises all the information and presents recommendations for the organisation.

1.4 Confidentiality was assured to all participants and therefore in compiling this report the consultant is mindful to protect that confidentiality and to ensure no participant can be identified through name or incident description. In presenting information then, the aim is to present themes and patterns that emerged from staff feedback upon which the organisation can take action. The absence of specifics should not dilute the importance and urgency of taking action on the findings of this report.

2. Process and Methodology

2.1 AAC proposed several ways in which to understand whether bullying and harassment was a genuine issue for the LAS or whether these were just perceptions. Either way, those perceptions existed according to the staff survey and therefore needed to be

explored under the organisation's duty of care. Confidentiality was assured to all participants in all of the interventions noted below. It should be noted that participants came from all levels in the organisation including management.

The online survey

2.2 AAC provided an online survey link to their standard bullying and harassment questionnaire which goes into more detail than the NHS staff survey questions. This online survey went 'live' on the 1st October 2014 and was closed on the 14th November 2014 some 2 weeks after the proposed end date as there was a rally of responses as other interventions progressed. The use of the online survey was to ensure a) that everyone had an opportunity to have a voice in the review and b) to generate hard data around perceptions of bullying and harassment in the LAS. 279 employees responded to the online survey.

Focus Groups

2.3 In addition to the online survey employees were randomly selected and invited to attend focus groups. The aim was to invite 10% of the workforce to come to talk about their experiences in relation to workplace bullying and harassment but actual take up proved much lower than this. As well as specifically inviting individuals, one session on each day was designated a 'drop in session' for anyone who wanted to participate. Whilst the attendance was lower than planned the quality and consistency of the discussions was very good providing some clear patterns and themes of experiences of the service, the prevailing culture and the prevalence of workplace bullying and harassment. Individuals were encouraged to attend by offering 4 hours overtime as an incentive to attend if they were not on shift. Those on shift could attend subject of course to operational demands. Focus groups were undertaken at several LAS sites including Croydon, Brent, Central London (London Bridge), Ilford and Barnehurst. There was a great deal done to encourage attendance but ultimately only 31 employees attended. Feedback suggested this was due to several reasons. Firstly, individual employees were fearful of being identified from their contributions despite assurances of confidentiality and feared reprisal. Secondly, many LAS staff live outside of London so to come in, for a 1.5 hour focus group even if 4 hour overtime payment was to be made would mean giving up a large proportion of their rest days in order to travel in to the focus group venues. A third reported influencing factor for non-attendance was disbelief that anything would change as a consequence. As a result of the above fewer focus groups ran on each day but each took longer than the planned 1.5 hours.

2.4 The Focus Groups were due to start on the 15th October 2014 however this was delayed until Monday 20th as week commencing 13th October 2014 coincided with strike action across the NHS.

2.5 After the focus groups participants were provided with questionnaire, distinct from that which was available online, and asked to return it to AT directly. 14 employees returned their questionnaires.

Off line personal conversation with the consultant

2.6 In order to try and encourage others to come forward the consultant's details were circulated with an open invitation for employees to contact AT if they wished to talk to her directly. 17 employees approached AT with the average conversation taking between 1 hour and 2 hours. Again, absolute confidentiality was assured.

3. Key findings Online Survey

3.1 The online survey ran between 1st October 2014 and 14th November 2014. Participants were asked to focus their responses on their experience in the LAS only and using a reference period of the last 5 years. The key findings of the 279 responses are as follows:

3.2 Question 3 asked 'Have you ever been Bullied and Harassed in the workplace'. 68% of respondents to this question answered yes, they had experienced it. This percentage is drawn from 189 respondents out of 279. 4 participants said that they didn't know if they had been bullied or harassed.

3.3 Question 4 asked who was the bully or harasser. 191 responses were gathered to this question which allowed multiple selections. 41% said their line manager had bullied or harassed them. 52% said a Senior Manager who is not their line manager. A further 42% said that a colleague had bullied them and 3% said that they had been bullied by someone that they managed.

3.4 Question 5 again allowed multiple answers. 192 responses were gathered to this question which asked what type of bullying or harassment they had experienced.

- 66% said that they had experienced verbal abuse (called names, threatened, made to feel bad).
- 5% said that they had experienced physical bullying (being punched, pushed or other physical aggressive contact).
- 43% they had experienced social bullying (being left out, isolated, ignored).
- 6% said that they had experienced sexual harassment (unwanted sexual advances, harassment and innuendo).
- 18% said that they had experienced Cyber Bullying (Misuse of the internet, social media, email, texts etc).
- 32% said that the bullying took other forms.

Other behaviours recorded in narrative responses include overbearing supervision, misuse of power as a Senior Manager, passive aggressive behaviours, false allegations being made against me, undermining behaviour, threats of disciplinary action, sexism, racism, managerial/ corporate bullying, micromanagement, unrealistic targets.

3.5 Question 6 asked how long the bullying or harassment had gone on for. Of the 190 respondents to this question 24% reported many years, 22 % a year or more and 32% said a few months.

3.6 Q7 asked how this affected your well-being at work/ productivity. Listed below are some of the narrative responses.

- *'Demotivated, angry.'*
- *'It makes me feel that it is pointless trying to work hard and do my best.'*
- *'Stopped me from enjoying my job so much.'*
- *'Breeds negativity, mistrust and low morale.'*
- *'Fear of further physical threats, loss of confidence.'*
- *'I left the station as a result.'*
- *'Increased stress.'*
- *'Caused me to take time off work.'*
- *'Very badly, work suffered, became stressed, depressed and dreaded going.'*
- *'It causes me stress, pressure and loss of self-esteem and confidence.'*
- *I feel drained and at times angry and tearful.'*
- *'I now hate the service I work for and can't wait to leave.'*
- *'Made me mistrustful of Senior Managers.'*
- *'Feel very disappointed overall and am considering leaving.'*
- *'I want to leave the LAS.'*

3.7 Q8 asked did the bullying affect your family life or close relationships. Of the 190 responses 61% (115) said yes. The narrative reports reveal break ups, moods, taking the problem home and it affecting partners and children.

3.8 Q10 asked did you or are you about to take any form of action. 111 out of 191 said no which reflects 58% who will take other action rather than follow a formal resolution. This reinforces feedback from those taking part that many of them have no faith in the grievance process which has come out elsewhere in the research.

3.9 Q12 asked about the eventual outcome with 119 of 165 respondents saying 'other'. (72%) This should be of concern as when reading the narrative responses it suggests that there has been no resolution , that the organisation has not addressed it, ignored it, that they are considering leaving or that the perpetrator has now left or been moved.

3.10 Q13 asked have you ever witnessed someone in your workplace being bullied or harassed. 179 respondents of 276 said yes – 65%.

3.11 Q14 asked what they did when they witnessed the behaviour. Only 21% approached their Line Manager, a Trade Union official, HR or another colleague.

3.12 (Q15) The most prevalent bullying behaviours witnessed were 79% witnessing verbal abuse, name calling, threats and made to feel bad. The next highest witnessed behaviour was 36% reporting they had witnessed social exclusion, being ignored or isolated.

3.13 Q16 asked if workplace bullying and harassment is dealt with adequately in your organisation. 79% of the 261 respondents to this question said no. Narrative comments explaining their responses included:

- *'Part of the organisations long standing culture.'*
- *'Because it's ignored.'*
- *'There is institutional bullying.'*
- *'Should be confronted immediately not days or weeks later.'*
- *'Because when it involves a manager nothing is done.'*
- *'It has become a way of LAS. People are too scared to make a complaint.'*
- *'It's the predominant culture.'*
- *'Some of the most unpleasant bullying managers have seen rapid promotion within the organisation over the last 5-10 years… bullying gets you recognised and gets you career progression.'*
- *'It comes from the very top down. They don't care. It's all about their reputation.'*
- *'It's systemic. They hold their staff in absolute contempt.'*
- *'Too many managers are ineffective at investigating and taking action.'*
- *'If you are mates with the managers, you are let off and it's swept under the carpet.'*

4. Key findings Focus Groups

4.1 31 employees attended the focus groups. Listed below are the themes emerging from those sessions:

Culture of fear

4.2 One of the first themes that emerged was that there is a culture within the organisation that makes employees fearful of putting their 'head above the parapet'. On many occasions employees shared stories of 'speaking out' or appropriately challenging decisions from Senior Management and then there had been a consequence to speaking openly and honestly. By Senior Management individuals meant EMT and SMT. It appears that speaking out is perceived as 'career limiting' and incidents were described where individuals reported experiencing direct, vindictive behaviour or were then overlooked for promotion because they had 'dared' to challenge the decisions from the top team. Many individuals said that they had they had tried to input on key decisions and had not felt listened to. '*Senior people are not listening*'. '*They don't understand the issues on the ground – they just dictate.*'

Where are the issues?

4.3   It was reported, without exception, that the issues are not with junior management levels such as Duty Station Officers (DSO's)in Operations, nor largely with the middle management levels such as Ambulance Operations Managers (AOM's) within Operations but at Executive and Senior managerial levels in the organisation. (EMT and SMT) It was described that the new top team had largely ignored the organisational memory. That they had 'shut themselves off' from those who had worked for the service for decades and approached their tenure from the perspective of needing to 'fix something' that didn't need fixing. 95% of the issues were reported to be in the Operations area. There is also a perception that the top team are they themselves fearful of reporting bad news to the very top of the organisation so there is a culture of only reporting good news, hiding information which may reflect badly on them personally. Some sound bites which were reported of the behaviours of the top team included *'I'm the Director of X and you will listen to me'*. *'When I call a meeting you will attend' 'If you are not on my train get off'*, '*I want that crew on the road NOW' 'if I want an opinion from you I'll give it you first.' 'All I need is for people to do what I tell you'*, with words being used frequently to describe the behaviour such as 'balling out' and 'lambasted'. The Executive team are seen as tolerating a bullying culture where it is perceived that it is 'do as I say' or face my wrath.' There were many stories of where individuals had tried to explain why X Y Z had not happened and there were direct repercussions which, if these occurred, are suggestive of a misuse of power which is a fundamental bullying behaviour. Also reported was a lack of apology. So where things had gone wrong at Senior Level no one steps forward to take ownership and responsibility. Most often it is reported as being just swept away – hushed up- ignored. The CEO is perceived as remote in comparison to her predecessor who took time to visit all the stations at least once a year. *'The recent strike action in October was not just about pay. It was more 75-80% about Ann and the Senior Management Team.' 'There is no confidence in the top team'.' 'Members of staff have left because of the direct behaviour of the top team.'* The feedback quoted above comes from the Focus Groups where examples were exclusively related to SMT/ EMT.

Managing Attendance (MAP process)

4.4   Individuals spoke extensively about the MAP process. This again appears, in the way that it is reportedly applied, to be a system which has at its core a belief that everyone in the service will abuse the sick pay system. Whilst it is completely understood that there needs to be management of attendance, it is perceived that there is no room for any discretion applied to take account of individual circumstances for absence. Managers spoke of being fearful of using their discretion and said that they have been challenged when they have tried to use it as it is seen as 'failure' on their part. There is an over emphasis on data. Even the number of times managers have called staff whilst absent is recorded and is reported as being 'poured over' by those at a very Senior Level who then want chapter and verse as to why the process has not been applied to the letter. It is understood that the policy does allow for discretion in its application but this can only happen when there is a culture of individual managers feeling empowered being trusted to exercise that discretion and this is not perceived as being the case

currently. There can be many reasons for absence and yet a 'one size fits all' approach is reportedly being applied due to the 'stick' being used by Senior Managers. Employees gave many examples of where they had come into work to avoid being put on a MAP when they just were not fit enough. This clearly puts them, their colleagues and patients at risk. The Managing Attendance process is perceived as being a) managed too simplistically b) being managed at the wrong levels by the Senior Team who should more properly be focusing on long term planning, strategy and sustainability of the service rather than getting involved in minutiae. Individuals said that the MAP system does not encourage them to return to work because if you have hit a 'trigger', then you may as well stay off rather than rush back in because the focus is on the number of incidents of sickness. Managers also reported that there was a 'name and shame' list circulated so those managers who had applied discretion and deviated from the policy were publically 'shamed' in front of their colleagues so it is easier and safer for managers to follow the policy to the letter (which is not always in the best interests of employees or the organisation who risk failing in their duty of care in certain cases.) *'The MAP process has become a stick to beat people with.'*

Target Culture/ Blame Culture

4.5   Following on from the above, this focus on the minutiae is even more obvious in terms of the 'target driven' culture with blame reportedly being applied when targets are not achieved. DSO's and AOM's report feeling that they have had their discretion taken away due to the 'big brother culture' and feel that in the spirit of self-preservation they must 'toe the line' rather than do what, in their professional opinion, is best for the individual and the team. When asked if this was a 'command and control culture' one participant said *'it's command but not much control.'* Other comments included *'There is ripple blindness.' 'Knee jerk reaction.' 'Micromanagement.' 'There is too much time spent reporting and a focus on what hasn't gone right*.' '*We used to be a learning organisation and learnt by our mistakes because we openly reported them.* Many employees said that the targets had always been there to some degree but it is the over monitoring which has changed. '*We are being encouraged to do more assessments and where possible leave people at home but we are reticent to do that based on the way LAS deal with mistakes.' 'It's management through fear.' 'There are veiled threats.'* 'Advice given to someone who was seeking support with a bullying manager from another manager was '*grow a pair and get on with it*'.

Ineffective grievance procedure/ investigation process

4.6 It is recognised that when allegations are raised of bullying and harassment it is imperative that the organisation responds swiftly with robust investigation in order to discharge its duty of care. Not acting, or acting in an inappropriate way, potentially raises the risk of the organisation being negligent in its duty of care. There were multiple stories of how grievances have been mishandled. Individuals report having no faith in the grievance process. If they raise a grievance it is perceived that in most cases there is no sanction for the perpetrator and in some cases they are promoted. Of those interviewed only one person felt that the organisation had responded appropriately in

one case of bullying. Employees reported where serious bullying had gone on, no sanction was applied and years down the line the same individuals were still behaving in the same way. If there is no sanction, then the organisation is perceived to condone the behaviour. According to the feedback when grievances are raised against senior individuals, it is the complainant who tends to be moved out of their substantive role which immediately creates the impression that if you complain, you suffer a consequence, a detriment, not the alleged perpetrator. Investigation reports are often inadequate and reflect investigators who largely do not know how to investigate complaints of bullying and harassment. Of course there are exceptions but that is the overriding assessment. Investigators then make recommendations which rarely seem to involve invoking the disciplinary procedure even if evidence has been found of bullying behaviour. The default position appears to be mediation or management training. Investigators making decisions allows subjective assessments to come into what should be a completely objective process and further deals with complaints in isolation when the organisation should be looking at the whole picture and whether this is a first incident or one of several. This information may affect the sanction applied. One investigator confided in a complainant that they had found evidence of bullying behaviour but could not put this in their report as the person they were investigating was their own boss and they were fearful of documenting this conclusion. Investigating Officers need to be impartial and objective and reach findings based on balance of probability evidence. Investigators should not be making recommendations in any event. They should be reaching findings of either upheld or not upheld. If the former, then the disciplinary process should be invoked and it is then for the organisation and its nominated disciplinary chair and panel to decide upon the appropriate sanction up to and including dismissal. Some of the cases reported during the course of this research should, if accounts are accurate, have resulted in dismissal but yet the perpetrators remain employed and their behaviour has continued years down the line. There is perceived to be a closing of ranks around those typically demonstrating bullying behaviours, serial offenders because of who they are or who hey know and often bullying behaviours are excused as 'strong management'. There are ways and means to manage employees even in a pressurised environment and the reported style is not strong management, it is bullying. When inappropriate behaviour takes place there must be a consequence otherwise the inappropriate behaviour continues and escalates because it has been endorsed. The bullying that has been described in the many examples I have heard over the past weeks is serious bullying. Investigations are also taking too long. Examples were given of complainants being moved out of substantive roles, alleged perpetrators receiving no consequence to their behaviour, disciplinary procedures not being invoked where bullying behaviour had been found and investigations taking over a year to complete.

Misuse of the disciplinary procedures

4.7 Equally, there were reports of where Senior Managers had invoked disciplinary action against individuals inappropriately and often for very small matters which a conversation could have resolved. Some of the incidents reported seemed to indicate that Senior Managers were out to entrap them, catch them out and then throw the book at them if their face doesn't fit. Another misuse of power – a bullying behaviour.

Threats - restructure

4.8   Another element raised multiple times was the way threats are being applied by Senior Managers on the back of the forthcoming restructure. In the recent strike in October 2014 a clear message was sent out to the more junior managers that it would not be in their interests to strike. Some said that they were expressly told that they were expected into work. It was also reported that many managers did not attend the focus groups due to not wanting to be seen to be sticking their head above the parapet at this time with their job roles on the line. Also reported was that during the consultation process not one question was answered. Another Senior Manager reportedly cut short a consultation saying he had a 'more important meeting to go to' which was perceived as highly insensitive when you are dealing with employees livelihoods and careers.

Management Capability

4.9   With such focus on meeting time targets it seems those managers who are valued in the organisation are those who meet those targets – i.e. get results however they are achieved. Those managers who work hard to motivate and engage others and are regarded by their teams as good people mangers do not seem to staff to be valued to the same degree. Whilst a generalisation, and of course there are exceptions, there appears to be a lack of capability in managing people issues across the organisation. Too much depends on the '*pips*' on the shoulder, pulling rank – '*just do it'*.

4.10 Specific examples were given of certain managers who demonstrated bullying behaviour. '*This manager regularly has members of the team in tears, both male and female. They are rude and abrupt. No one speaks in team meetings. One of the team has been off with long term stress because of their behaviour.*' 'There *are high levels of attrition in this team due to their behaviour. The Director was aware but didn't deal with it.'*

4.11 '*Another manager has a huge ego. They demanded a particular approach for a specific public facing event. He generally i*gnores me. Looks me up and down. Calls me by another name even though he knows what my name is.'*

4.12 A number of people raised issues with the Training School managers who seemed to try and '*break*' people rather than support. Their approach has been described as inflexible and there has been reported different treatment of trainees regarding assessments.

Lack of breaks, no opportunity to decompress after incidents

4.13 Due to the lack of resources, there is increased pressure on remaining staff. Many described not being able to get to the toilet during shifts, not being able to have downtime to get something to drink and eat. These are fundamental duties of care that an employee should expect under their contracts of employment. Of course, flexibility is required particularly due to the lack of full resourcing however this flexibility only seems to be one way – from the employee's side - continually responding to the

organisations onerous demands which have come to be expected. Many also shared examples of some truly harrowing events that they had attended and rather than having an opportunity to decompress after such an incident they were straight back out on the next call. This potentially carries a risk to the organisation if something were to happen to the next patient or the employee where that decompression time was not available and where negative consequences may arise as a result of crews still processing a human reaction to a significant event. Opportunities to get back to the station are rare these days due to the resourcing issues and yet, where these opportunities arise, they are viewed as 'non-productive' time rather than valuable team time. This all gives the sense of a depersonalised service. It does appear from the feedback that the current system does not encourage employees to take breaks either as there are financial incentives to not taking a break and an opportunity to get off work on time.

Attempts at engagement not working

4.14 It was widely reported that various attempts by the Senior Team to engage employees are not working. The organisation's Facebook pages are seen as something of a failure. No one wants to post for fears of being seen as a troublemaker. '*Employees don't believe that anything will change as a result of these initiatives*.' Only feedback which is positively viewed by the top team is taken seriously. Any mildly, negative comments, appropriate challenges are quickly silenced or responded to dismissively. This signals massive distrust between the general body of staff and the Executive Team which was a consistent theme. There was a much quoted trend within the service of 'not listening' and as an example it was suggested that Senior Managers had been advised that the new rotas would not work and yet all rationale for stating this was ignored and the new rotas were implemented anyway. It was also suggested the new rotas would not be introduced until there was full staffing but it was rushed through despite the vacancy factor. Conferences do not generate the questions they used to as people perceive there will be repercussions for asking questions which are frowned on by the top team. This signals fractured relationships between the Executive / Senior Management Team and the remaining employees. This trust has to be rebuilt quickly.

Paying lip service to the organisations values

4.15 It is simple to write a set of values, but harder to actually live them. Employees now view the values with cynicism and perceive they are expected to abide by those values but others at more senior levels are not. '*The values that the organisation is supposed to work to are meaningless.*' '*We don't act the way we should if we were following the values.*'

Initiatives that are designed to empower have been sabotaged

4.16 Historical initiatives such as 'Listening into Action' and 'New Ways of Working' were mentioned frequently. Both were designed to empower and engage with staff. 'New Ways of Working' essentially empowered local stations to take local decisions which lifted morale and performance targets improved. It is alleged that one particular

Director effectively sabotaged the initiative. '*New ways of working meant that Chase Farm and Barnehurst had never seemed so together. Within a couple of weeks New Ways of Working was no more and it was just left to fade away. No explanation.*'

The role of the Team Leader

4.17 The role of the Team Leader it was suggested needs to be seen as supernumerary. Several Team Leaders talked about the challenge of doing everything they should be doing in terms of people management yet being used for a % of their time as road crew.

5. Off line personal contact

5.1 The opportunity for individuals to contact the consultant directly was communicated during the focus groups. This was in response to the low attendance. Colleagues who then attended passed this invitation to others and 17 individuals contacted AT to share their own personal experiences. As mentioned at the beginning of this report absolute confidentiality was assured and individual experiences won't be specifically mentioned to protect their identity. Of the 17 direct callers the average time for the call was between 1-2 hours. Several actually broke down in tears as a result of recalling their experiences. Many reported depression, stress or other physical or mental impact as a result of the behaviour they had experienced in the workplace. Many names which had been mentioned in the focus groups were repeated again, highlighting that the organisation has several alleged perpetrators it has failed to deal with robustly enough. Of course I only heard one side of the story however the frequency of the same names occurring and the patterns of behaviour reported indicate that these were genuine cases of bullying and harassing behaviour which were serious and significant and as a result these names have been passed confidentially to Bill O' Neill, Assistant Director of OD.

6. Overall Summary

6.1 There was overwhelming consistency in the feedback received from the 279 individuals who completed the online survey, the 31 who attended the focus groups and the 17 who personally contacted the consultant. Of the 327 participants in this review the overwhelming consensus was that LAS is not dealing with bullying and harassment when it arises. This is extremely concerning on both an individual and organisational basis.

6.2 The 327 employees who took the time to provide their feedback are ones who still feel that their input will count, that it was worth giving their opinion when invited. It could be argued that those who didn't participate are more disengaged and disenchanted than those who did.

6.3 As a specialist consultancy, our assessment based on the review undertaken in October and November 2014 is that there is a bullying and harassing culture which is embedded in LAS.

6.4 Individuals who participated spoke of fear of reprisal if they were identified. There were direct examples given by multiple parties of where there had been deliberate vindictive behaviour and negative consequence for challenging the status quo. Speaking out is seen as career limiting and if you are identified as a 'troublemaker' then your career progression is halted.

6.5 The top team are tolerating a bullying and harassing culture, whether knowingly or unknowingly. The way in which the top team, EMT/SMT are managing the organisation cascades down to other levels and their behaviours are emulated by more junior managers who either a) feel they have to behave this way in order to get on or b) have no option as they themselves are being bullied into following a certain approach with no discretion. Those who participated in the Focus Group review said it was EMT/ SMT who were the problem, not the DSO's or AOM's. The online survey revealed more widespread bullying.

6.6 The top team have shut themselves away and stopped listening to the employees, many of whom have been with the service for decades. There is a perceived arrogance that only those at EMT/ SMT level have the solutions.

6.7 The preferred and rewarded management style is one of command and control, directive management, 'do as I say'. There is a perceived general lack of capability in terms of people management. EMT/ SMT are inappropriately engaged in micromanagement in a data rich organisation. EMT/ SMT are not focusing on the strategic direction of the organisation. The prevailing culture is one which mistrusts all employees rather than trusting everyone as a first principle and then dealing with those who abuse that trust. Employees are not treated as adults or trusted.

6.8 There are a large number of vacancies which has put pressure on the remaining resources. However, the bullying culture is perceived by some of the staff surveyed as driving more resources away.

6.9 The Managing Attendance Procedure is being used inappropriately and managed at the wrong levels. Some members of EMT/SMT were reported to be naming and shaming junior managers who apply the discretion that exists in the policy and getting involved in monitoring. This blame culture encourages individuals to follow systems and processes rigidly even if they are not appropriate for a given situation. Too scared to exercise discretion.

6.10 Allegations of bullying and harassment are not dealt with appropriately in general. Managers are not nipping bullying and harassing behaviours in the bud. When formal complaints do arise they are not always investigated robustly. Investigators are making recommendations which almost always do not involve invoking the disciplinary procedure for upheld complaints. Serious bullying and harassment behaviour is ignored,

tolerated, rewarded on occasions and without sanctions for this behaviour it will continue. The organisational response to bullying and harassment is lacking and needs to be more robust. The irony is that the 'book is thrown' at employees for the most minor of misdemeanours and yet such insidious behaviour as bullying and harassment is ignored. Employees have lost faith in the grievance process.

6.11 There is a high use of threats for not doing what you are told. Threats of losing your job, speaking against the corporate machine.

6.12 There is still a perception that it is not what you know but 'who' you know that grants you career progression. The forthcoming restructure is being seen as a means by which to clear out those are more forthright and open with their views.

6.13 LAS need to engage with its staff in a meaningful way. The Senior Team need to be more visible, open, live the organisational values and listen to the organisational memory which it has excluded. The top team need to take ownership when things go wrong, and apologise, say sorry. The organisation needs to become a learning organisation again and to do that, it needs to move away from the blame culture and encourage openness and honesty

7. Recommendations

7.1 The organisation needs to communicate what the overall findings are of this review and what it intends to do about them. The LAS has reached out to its employees and asked for their involvement. There is already a great deal of cynicism as to whether anything will come of this review. The organisational response to the review will be very important in reacting positively and perhaps in a way that individuals do not expect. There should be clear communication that bullying and harassment will not be tolerated and any bullying and harassing behaviour will be dealt with robustly

7.2 There needs to be a programme of awareness training on bullying and harassment for the EMT/SMT. Any change in approach requires commitment from the top and not only then do we recommend awareness training on a collective basis but also suggest that individuals should invite their teams to complete a 360 degree feedback inviting them to comment on their people management skills which directly relate to Dignity at Work and prevention of Bullying and Harassment.. This will be a powerful message especially if it is communicated face to face and with the premise that EMT/SMT want to change.

7.3 The Trust needs to create an organisational strategy which focuses on Dignity at Work and creates actions from this review. At EMT/SMT level there should be assigned Dignity at Work champions who will oversee progress against objectives.

7.4 All management grades need to be trained to recognise bullying and harassment and understand full their role in early intervention/ prevention.

7.5 EMT/SMT should lead their teams in reviewing their areas and creating specific action plans as to how they will address bullying and harassment/ Dignity at Work in their areas. This will require EMT/SMT to be visible and to build relationships with their wider teams.

7.6 Consider the creation of a Harassment Adviser service or equivalent. This service would provide individuals who feel they are being bullied with somewhere to go to for specialist advice and be signposted to their options under the policy. This should be distinct from Unions/ HR. Specialist Advisers to be trained and assessed.

7.7 It is essential that specialist investigators are trained to investigate allegations of bullying and harassment. It is recommended that the organisation invest in training and accrediting internal investigators. Meanwhile, consider outsourcing to specialist external investigators if allegations of bullying and harassment seem severe as an interim measure.

7.8 The AAC bullying and harassment survey should be re-run in 6 months time to chart progress since this review.

7.9 Progress against EMT/SMT action plans and the organisational strategy for Dignity at Work should be on monthly meetings agendas to keep momentum going. Dignity at Work should be high on the organisational priorities. Progress should be reported to employees.

7.10 Positive behaviour should also be rewarded. It is recommended that the organisation looks to design and implement a reward system which promotes positive Dignity at Work behaviours.

7.11 There must be absolute commitment to deal with bullies in the organisation through the disciplinary process whatever their level in the organisation. Complaints of bullying and harassment should be monitored if they are not already.