NHS Resolution

Being fair 2

Promoting a person-centred workplace that is compassionate, safe and fair

Advise / Resolve / Learn

Contents

Executive summary

Executive summary

Recent reports highlight the links that exist between culture, workforce and patient safety. Workforce issues of incivility, bullying and harassment are seen as being endemic, pervasive behaviours within health care.

These behaviours have a negative impact on staff recruitment, retention and overall wellbeing. Given the current workforce pressures seen across the health service, the need to continuously strive to improve culture has never been greater. Addressing and eliminating incidents of incivility, harassment and bullying, and ensuring fair processes are in place for managing concerns, should therefore be a clear priority for the NHS. The importance of this issue is supported by the publication of this document.

There are unseen financial costs associated with these workforce issues. An analysis of non-clinical work-related stress claims showed that the total costs associated with the 135 claims identified were in excess of £14 million over a ten-year period (2010–20). Across the 135 work-related stress claims reviewed, the analysis revealed the most common contributory factors as being a lack of support and poor working relationships including bullying and harassment. Overall, the majority of claims (53%) involved reports of bullying and harassment.

Our analysis aims to help highlight the connection between poor culture, staff wellbeing and safety, with a clear moral and financial incentive behind the need for improvements.

Research suggests that taking a proactive approach to ensuring the wellbeing of employees and a preventative approach to behaviours such as bullying, incivility and harassment will have the greatest impact on improving the challenges currently facing the workforce. Leading by example and setting the scene for what constitutes an open, fair and inclusive work environment will have a positive impact. There is a wealth of guidance and support available to senior leaders to drive improvements, much of which we reference throughout this report.

Organisations should regularly collect and evaluate data insights into their culture, as well as the factors that may be influencing staff wellbeing and patient safety. Data sets such as the NHS Workforce Race Equality Standard (WRES) data and NHS Workforce Disability Equality Standard (WDES) data reveal the differences in workplace experience between NHS staff who represent minority groups and those who do not. A diverse and inclusive working environment, where staff feel valued, able to speak up and psychologically safe, can have a positive impact on teamwork, culture, efficiency and output, including greater job satisfaction, improved wellbeing and higher standards of patient care.

The Just and learning culture charter that accompanied Being Fair has been updated and is located at the end of this report. The revised charter outlines the key features of a person-centred workplace that is compassionate, safe and fair. These include staff wellbeing, accountability leadership and inclusivity. The charter is based on the evidence showing the impact of the components outlined on the provision of safer patient care and a healthier workplace environment for staff. The charter, alongside this report, aims to support both patients and staff by encouraging environments within the NHS that allow for the consistent delivery of person-centred, safe and sustainable healthcare.

Section 2

Introduction

Introduction

The NHS's most valuable resource is its people. They are critical to the delivery of safe and effective patient care.

At NHS Resolution, we provide expertise to the NHS on resolving concerns and disputes fairly, sharing learning for improvement and preserving resources for patient care. Collaborating with our health care partners is essential in resolving the factors contributing to the significant workforce pressures.

Recent reports, such as Messenger[1] and the Health and Social Care Committee[2], cite workforce issues of incivility, bullying and harassment as being endemic, pervasive behaviours within health care. They report the huge negative impact such behaviours have on staff recruitment, retention and overall wellbeing. These issues are seen within our work. Ockenden[3] and Kirkup[4] both identify poor organisational culture as a key factor affecting maternity safety. Positively supporting recruitment and retention, ensuring fair processes are in place and improving patient safety must be everyone's priority.

Collaboration is key to our work in convening those who directly influence improvements in patient care, and those responsible for commissioning and providing care. Our *Being fair*[5] publication resulted from such collaboration.

It is evident from recently published reports that organisations need continued encouragement and support to understand contextual factors and improve culture. We must resolve issues of incivility, bullying and harassment, and ensure fair and consistent processes are in place for all staff. In response to this, we convened a workshop in June 2022 bringing together partners currently undertaking work aimed at tackling these issues within the health care system.

Themes that emerged from the workshop included the importance of instilling a healthy workplace culture that is psychologically safe, compassionate and meets the needs of staff. But there is a need for greater clarity on what constitutes incivility, bullying and harassment, and guidance on how to manage concerns fairly, without premature escalation to formal processes or professional regulators.

> Being fair aims to promote a just and learning culture when things go wrong in the NHS. The purpose of Being fair 2 is to encourage and support organisations to take an evidence-based, proactive approach to ensuring that the behaviours underpinning a just and learning culture are embedded and that there are processes in place to support fair resolution should an incident occur or concerns emerge.

The scale of the problem

The scale of the problem

Currently there are significant workforce shortages across the health care workforce. Commentary from the British Medical Association (BMA), Nursing and Midwifery Council (NMC) and many of the royal colleges highlights shortages of clinicians and significant issues with retention.

According to NHS England workforce data, as of 31 December 2022, there were 124,000 NHS vacancies of which 43,619 were unfilled nursing posts and 8,728 were unfilled medical posts[6]. According to the BMA, there has been a net loss of 646 individual GP's since January 2022[7].

While growing vacancy rates are partly being driven by increased demand for nurses across the NHS, analysis by the King's Fund[8] suggests that the issue is being exacerbated by an increase in the number of nurses choosing to leave the NHS.

According to the NMC, a total of 27,133 nurses, midwives and nursing associates left the UK NMC register in 2021/22[9]. Contributing factors included: high pressure environments; negative workplace culture including bullying and poor management; staffing levels; and the Covid-19 pandemic.

A GMC survey of doctors who quit working in the UK between 2004 and 2019 identified that the reasons for leaving were multi-factorial. Whilst many left because of personal reasons, others leave because of negative pressures including bullying, dissatisfaction or burnout.[10]

This recent report highlights the need in particular to:

- focus on the wellbeing and retention of staff
- reduce stress, and incidents of bullying, harassment or assaults
- work together to instill fair and learning cultures in the workplace

These issues directly impact the safety and quality of care being delivered and the health and wellbeing of the workforce.

Why this matters

In addition to the human cost, there is a compelling economic case for directly addressing the factors contributing to the workforce pressures being experienced within health care. The financial impact of the prevalence of bullying and harassment is estimated to be in excess of £2.281 billion per annum[11]. Specific factors that may contribute to this unsustainable expense include:

- sickness absence and stress absence;
- employee turnover;
- diminished productivity;
- sickness presenteeism;
- clinical and non-clinical claims; and
- industrial relations costs.

The concerns around the current workforce shortages are echoed by medical and allied health professionals across the UK.

Insights from stress related claims

Insights from stress related claims

The principle piece of statute law regulating health and safety in the workplace of every industry (Health and Safety at Work Act 1974) places a legal duty on employers in section 2(1) "to ensure as far as reasonably practicable, the health, safety and welfare at work of all their employees whilst they are at work"(12).

Employers also have a legal duty to risk assess the causes of work-related ill health, including work-related stress, and put measures in place to reduce the risks. Additionally, regulation 3 of the Management of Health and Safety at Work Regulations 1999 places a specific duty on employers to carry out suitable and sufficient risk assessments where there is a risk to the health and safety of their employees(13).

The 2022 Labour Force Survey(14) reported rates of work-related ill-health due to stress in the health sector statistically higher than that for workers across all industries. NHS Employers recognises the importance of addressing how stress can be damaging to our NHS people and organisations, so that we can best support colleagues to be happy and healthy and to offer excellent patient care(15). The NHS Staff Council Health, Safety and Wellbeing guidance on the prevention and management of stress at work(16), hosted by NHS Employers, is aimed at helping managers and employees at all levels within organisations to support colleagues experiencing stress. Additionally, the RCN 'managing stress' resources include specific information for individuals, managers and representatives to create safe and healthy workplaces(17).

As part of our commitment to supporting patient and staff safety in the NHS through learning from claims, our Safety and Learning function analysed the non-clinical negligence claims on work-related stress. While occurring in small volumes, these claims can have a significant impact on both staff and services, as well as the financial cost. As Table 1 below demonstrates, there were 135 stress-related claims with a total cost of £14.2 million (closed settled claims with damages paid including legal costs) between fiscal years 2010 and 2020.

Table 1: Value and volume of successful closed claims concerning work-related stress between 2010 and 2020

Volume of claims	Total cost	Damages paid
135	£14.2 million	£7.5 million

Insights from stress related claims (Continued)

The claims were analysed using the Health and Safety Executive (HSE) key stress factors below[16]:

- **Demands –** includes issues such as workload, work patterns and the work environment.
- **Control –** how much say the person has in the way they do their work.
- **Support –** includes the encouragement, sponsorship and resources provided by the organisation, line management and colleagues.
- **Relationships –** includes promoting positive working to avoid conflict and dealing with unacceptable behaviour.
- **Roles –** whether people understand their role within the organisation and whether the organisation ensures that the person does not have a conflicting role.
- **Change –** how organisational change (large or small) is managed and communicated in the organisation.

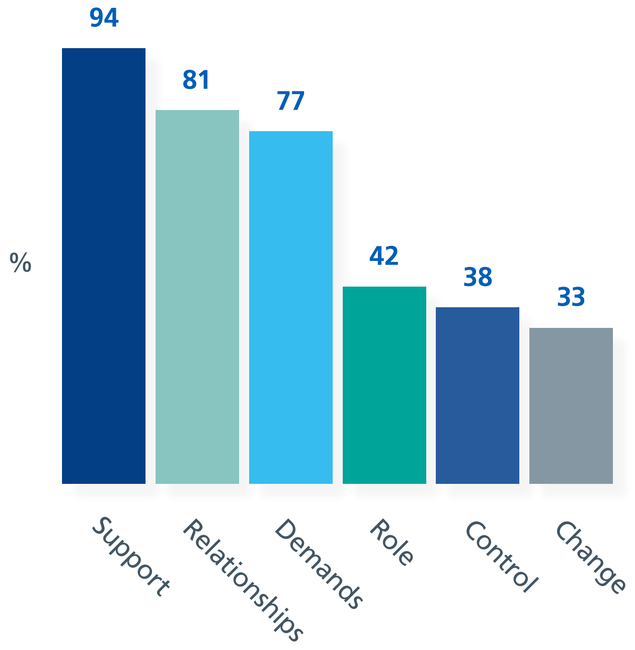
A lack of support, difficult working relationships and poor behaviours are the most frequently occurring themes in claims that concern work-related stress.

Poor 'relationships' at work were identified as a contributor of work-related stress in 81 (60%) of the overall claims, and 81% of these involved bullying and harassment. Claims concerning bullying and harassment accounted for 53% of the overall stress claims (71 claims closed with damages paid). The total cost of these claims was £6.3 million with £2.7 million being paid out in damages alone.

Table 2: Value and volume of successful closed claims concerning bullying and harassment between 2010 and 2020

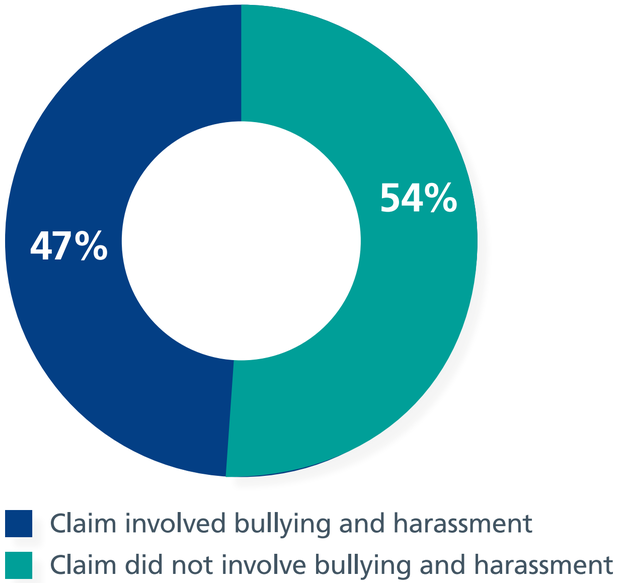
Volume of claims	Total cost	Damages paid
71	£6.3 million	£2.7 million

Figure 1: The most frequently occurring themes in claims that concern work related stress



Insights from stress related claims (Continued)

Figure 2: Percentage of claims that involved bullying and harassment



Of the 135 stress claims, 76% of the staff were female, and 43% were nurses. Our data analysis of the 71 claims that involved bullying and harassment identified that: 80% of the staff were female; 44% of the claims involved nursing staff; and 75% resulted in the staff member leaving their trust. Further analysis revealed that line managers were the perpetrators of bullying and harassment in 58% of the 71 claims.

Bullying behaviour is unacceptable. It is unprofessional and unnecessary and it affects the wellbeing of individuals and the teams within which they work[19]. The stress claims data highlights the wider importance of improving organisational culture within health care. Compassionate and respectful workplace cultures is a resource to support implementing cultural change[20] by the Social Partnership Forum. This brings together NHS Employers, NHS trade unions, Health Education England, NHS England (NHSE) and the Department of Health and Social Care, to contribute to the development and implementation of policy that impacts on the health workforce, and work in partnership to create a positive culture of civility and respect in the workplace.

Improving workplace culture

Improving workplace culture

The Messenger review[1] recognises the real difference that good leadership can make in health and social care. The health care workforce is large and diverse, which should be reflected across all levels of leadership.

Senior leadership teams and boards must lead by example on what constitutes an open, fair and inclusive culture, ensuring all staff feel heard and represented. Crucially, those in senior leadership positions have a duty to embody responsible behaviours and take ownership for the key issues their organisations face.

Teams work best when all members feel psychologically safe and have a voice[21]. In order to ensure psychological safety for all staff, leaders need to show compassionate leadership and understand the experiences and needs of their workforce. There is clear evidence that compassionate leadership results in more engaged and motivated staff with high levels of wellbeing, which in turn results in high-quality care[18].

Board members must have clear accountability and regularly review reporting on staff health, wellbeing and experience. There is mounting evidence that high workloads, long hours, understaffing and general lack of support, which cause burnout in the health care workforce, are putting patient safety at risk[19]. It is vital that senior leaders within health care are aware of their responsibilities towards addressing these challenges.

Meeting the basic needs of staff improves morale and wellbeing and can reduce incivility and bullying, highlighted by Kline[10] who cites that researchers have consistently demonstrated the connections between the general work environment and bullying/harassment, typically through established stressors such as lack of job role autonomy, poor management of change, intense workloads, excessive job demands and insufficient resources to carry out work.

The NHS Health and Wellbeing Framework[24] reiterates this, highlighting the importance of employers ensuring employees have a work/life balance and a safe, clean working environment. It includes getting the basics right, such as compassionate rostering, dedicated space for lunch/breaks and access to drinking water. These basics are vitally important and should not be underestimated. Clinicians with higher levels of wellbeing are significantly less likely to make a major medical error[25] and increased staff engagement leads to less absenteeism, decreased spend on agency staff and increased organisational efficiency and productivity[26].

The Framework clearly articulates the role of senior leaders and managers in identifying the health and wellbeing needs of the workforce and provides a diagnostic tool to support the planning, delivery and evaluation of interventions. It recommends taking a ‘data first’ approach and using multiple data sources to gain an understanding of the needs of an organisation.

Improving workplace culture (Continued)

The NHS Staff Survey Benchmark Reports provide a rich source of data and aim to support improvements to staff experience across the NHS. Metrics reported include whether staff feel knowledgeable, encouraged and supported to raise concerns and if they agree they would be treated fairly if involved in an error, near miss or incident. Being fair[5] highlighted the importance of supporting everyone to speak and to be listened to in such circumstances.

The 2020 National Guardian's Office Freedom to Speak Up survey[27] shared insights on support for and barriers to speaking up, including finding that respondents working in organisations rated by the CQC as 'outstanding' were more likely to report that significant barriers to speaking up did not exist in their organisation compared to those working in organisations rated as 'inadequate'.

The fear of being excluded, victimised, bullied or undermined as a consequence of speaking up are recognised barriers[20]. This fear is corroborated by speaking up data published in 2022 by the National Guardian's Office[21] which reports a 1.2% rise in detriment for speaking up compared to 2021. Those members of the workforce who represent minority groups such as BME staff, LGBTQ+ staff, those living with disabilities and those whose employment was of a temporary or junior nature, including trainees, volunteers and students, are more likely to face barriers to speaking up[23].

Previously, the 2020 National Guardian's Office Freedom to Speak Up survey[24] highlighted the critical role leaders have in supporting Freedom to Speak Up Guardians to fulfil their role effectively. While Freedom to Speak Up Guardians are an additional route for workers to speak up, they cannot improve the speaking up culture on their own. Organisations must take a proactive approach to foster a culture of speaking up. This includes appointing Freedom to Speak Up Guardians through fair and open competition, ensuring Freedom to Speak Up Guardians have time and resources to fulfill their roles and providing speaking up training for employees, managers and senior leaders.

The 2022 speaking up data report published by the National Guardian's Office[28] highlights that poor behaviour remains a cause for concern, with the highest proportion of cases (32.3%) involving behaviours such as bullying and harassment. This is a 2.2% rise compared to 2021. This rise suggests a need to support those working within healthcare to better understand the behaviours that constitute incivility, bullying or harassment, their drivers and take action to prevent such behaviours occurring in the first instance.

Civility Saves Lives is a self-funded, collaborative project run by healthcare professionals aiming to raise awareness of the power of civility in healthcare. Their mission is to promote civility and share the evidence base around positive and negative behaviours. The Civility Saves Lives website[16] details more about how civil working environments reduce errors, reduce stress and foster excellence.

Improving workplace culture (Continued)

Bullying exists in organisations with poor workplace climates. It is best prevented by strategies that focus proactively on ensuring worker wellbeing and fostering good relations, giving employees and managers the confidence to engage in early and informal resolution[29]. Senior managers and board members must role model acceptable behaviours and give individuals at all levels permission to call out poor behaviour. This requires providing support to develop the skills to be able to do this in a dignified and effective way.

There are a range of resources available aimed at supporting the development of civil working environments within healthcare. NHS Employers have produced a Professionalism and Cultural Transformation (PACT) Toolkit to support managers to improve professional attitudes and behaviours in the workplace and NHS England have produced a Civility and Respect Toolkit which aims to further promote cultures of civility and respect.

The NHS Workforce Race Equality Standard (WRES)[29] is a data set senior leaders should be accessing and using to inform the improvements needed within their organisations. This programme has been collecting data on race inequality since 2015, revealing the disparities that exist for Black and Minority Ethnic (BME) staff compared to their white colleagues. Each report has shown that BME staff are poorly represented at senior levels, have worse day-to-day experiences within healthcare, and have more obstacles against progressing their career.

A further data set that senior leaders should be accessing is the NHS Workforce Disability Equality Standard (WDES)[31]. This programme has been collecting data on the workplace experience of NHS Disabled staff since 2019 and reveals the disparities that exist for Disabled NHS staff compared to non-Disabled staff such as increased likelihood of experiencing bullying and harassment and poorer career prospects.

Research commissioned by the General Medical Council (GMC)[32] and the NMC[33] describe insider-outsider group dynamics and how these stem from organisational cultures.

Those perceived as being representative of 'outsider' groups are often those in minority groups when it comes to ethnicity, gender, age, sexual orientation, gender identity, nationality or religion as well as a person's type of employment.

Such perceptions can lead to increased risk of discrimination, bias, incivility, bullying and increased likelihood of entering formal disciplinary processes. Bullying and harassment at work have been shown to disproportionately affect minorities and protected groups, especially LGBT+, disabled and BME staff[29][30]. Where an individual is a member of more than one protected group, the probability of being bullied increases[34]. 'Outsiders' have poorer inductions, feedback and ongoing support, are more likely to work in isolated roles and are more vulnerable when things go wrong in cultures that focus on blame rather than learning. At the heart is poor leadership that is disengaged and remote from the experiences of staff[31]. Those organisations whose senior leaders successfully lead the Equality, Diversity and Inclusion agenda do so because they believe in diversity and prioritise improvement[35].

Improving workplace culture (Continued)

The extent to which an organisation values its BME staff is a good barometer of how well patients are likely to feel cared for [36,22]. Patients should feel represented by the staff that care for them, with staff then represented by the boards and directors that lead them. Staff of all levels and patients, across all healthcare settings, should have the ability to speak up, voice concerns, and present ideas. Closed, exclusive and unfair cultures prevent this, thereby reducing the pool from which knowledge and creative ideas can stem, and meaning decisions and policies are less likely to reflect the experiences and needs of patients and staff. In comparison, in an environment where staff feel psychologically safe and can speak up, they are more likely to be motivated, engaged and contribute to effective teamwork[21].

Data insights into organisational culture, and the factors that may be influencing staff wellbeing and patient safety, should be collected and reviewed as part of standard governance processes. Senior leaders should have oversight of this information and ensure it informs ongoing improvement initiatives. Likewise, there should be accountability at board level, to ensure that every endeavour is being made to be able to spot and respond to poor culture as early as possible, and before it negatively impacts on patient and staff safety. Implementing an organisational culture of continuous quality improvement has been identified as a common feature across successful organisations[37]. Rather than reactive investigations following a significant concern, awareness and oversight of organisation culture should be embedded into organisational policy.

In February 2022, NHS England revised its NHS Health and Wellbeing Framework and Implementation Guide[24]. This high-level culture change toolkit is aimed at health and wellbeing staff, human resources (HR) and organisational development (OD) staff, HR and OD directors, wellbeing guardians, managers and leaders and anyone with an interest in health and wellbeing.

The framework consists of four documents:

1) Strategic overview

2) Organisational diagnostic tool

3) Elements of health and wellbeing

4) Implementation guide.

Examples of what good looks like are included throughout the framework.

Fair recruitment, induction and supervision processes

Fair recruitment, induction and supervision processes

The NHS People Plan's aim is to have more people, working differently, in a compassionate and inclusive culture within the NHS[34]. Staff are the NHS's greatest asset, and the right recruitment, induction and supervision processes are vital in ensuring that recruitment and selection processes lead to a more representative workforce at all levels[35].

There is a comprehensive body of evidence from the last twenty years which demonstrates that compared to white staff, BME staff do not fare well in their employment experiences and opportunities within healthcare[36]. Organisations have a legal duty to observe the Equality Act 2010[37] and ensure that no unlawful discrimination occurs in the recruitment and selection process on the grounds of sex, race, disability, age, sexual orientation, gender reassignment, marriage and civil partnership, pregnancy and maternity and religion or belief. Equality of opportunity is an integral part of the recruitment and selection process.

The 'No More Tick Boxes report'[38] brings together a wealth of research evidence to suggest the practical steps that NHS employers can take to significantly improve staff recruitment and career progression. Drawing on a wealth of research, the report suggests using debiasing processes, inserting accountability and emphasising the role of leadership rather than taking the traditional approach of relying on policies, procedures and diversity training. Research has shown that where such approaches have been implemented in the NHS, the overall number of disciplinary cases have reduced by one third in five years and reduced the relative likelihood of BME staff entering the disciplinary process from 1.56 to 1.14 in the last five years.

The Disability Confident employer scheme[43] supports those with a disability who are seeking employment. Healthcare organisations should be accredited to use the Disability Confident Symbol in recruitment literature. Additionally, recruiting manager training must include consideration of equality and diversity in recruitment.

There has been an increasing focus on the values agenda across the NHS, in part due to the report of Mid Staffordshire NHS Foundation Trust Public Inquiry[44] which highlighted the vital role of the workforce in providing high quality and safe healthcare. In particular, the report emphasised the importance of staff values and behaviours on the quality of care and patient experience. Values based recruitment can offer a way to deliver a fair and transparent approach to recruitment and support employers to address inequalities. This requires placing an emphasis on organisational values throughout the whole recruitment process.

Fair recruitment, induction and supervision processes (Continued)

Once appointed, it is important to ensure that new employees are successfully integrated into the organisation through a well-planned induction programme. Induction need not be an elaborate exercise, but it must be thought out in advance, carried out in a timely and careful manner, and evaluated to ensure that it meets the needs of the employee. There may be a need for an enhanced, tailored induction programme to meet the needs such as for those new to the UK, employees with protected characteristics and those working in isolated roles. The benefits of a good induction programme include settled employees, a more effective response to training, and a lower staff turnover.

Regular supervision, education and training fosters a supportive environment for the healthcare workforce. Senior leaders must ensure that robust supervision; education and training strategies are in place and incorporate organisational values. Regular supervision provides the opportunity for concerns to be raised and for timely, compassionate feedback to be provided.

Examples of good practice

Recruitment

Values based recruitment | Health Education England[45]
Health Education England uses a Values Based Recruitment (VBR) approach which attracts and selects students, trainees or employees on the basis that their individual values and behaviours align with the values of the NHS Constitution. It is about enhancing existing processes to ensure that the right workforce is recruited and not only with the right skills and in the right numbers, but with the right values to support effective team working and excellent patient care and experience.

Preceptorship

Mersey Care has a bespoke trust wide preceptorship programme[46] for all newly qualified nurses and allied health professionals (AHPs). The 12 month supported learning programme provides all newly qualified nurses and AHPs with a designated preceptor, who will support their development as they enter their first year of practice as a qualified clinician. numbers, but with the right values to support effective team working and excellent patient care and experience.

#InclusiveHR Toolkit
Developed by the Healthcare People Management Association (HPMA)[47], the overarching purpose of the #InclusiveHR toolkit is to equip people and professional leaders with the knowledge and confidence to address the racial inequalities that exist across the people profession in the NHS.

Fair resolution of concerns

Fair resolution of concerns

Being fair highlighted the significant link between organisational culture and individual behaviours, emphasising how open cultures of continuous quality improvement can improve staff wellbeing and patient safety.

This is a key driver for our Compassionate Conversations programme, which aims to support honest conversations on practitioner performance. *Being fair* also highlighted the importance of ensuring good staff engagement by building strong partnerships with 'staff side' and the HR teams to develop staff diversity networks that help find alternatives to suspension and disciplinary investigation. BME staff are almost 1.2 times more likely than white staff to be subject to employer formal disciplinary processes. This has reduced year-on-year from 1.56 in 2016[37] possibly due to the requirement of managers to justify the decision to start a disciplinary investigation. BME doctors, nurses and midwives are all more likely to be reported to their professional regulator by their employer though not the public[32].

In 2021, research showed that BME doctors were almost twice as likely to be referred by employers to the GMC's fitness to practise procedures. Overseas qualified doctors are more than twice as likely to be referred by employers to the GMC's fitness to practise procedures compared to UK qualified doctors[32].

Research conducted by the NMC found that some employers refer more professionals who are Black and/or male to the NMC for a fitness to practise investigation compared to the make-up of the NMC register and the employer's own workforce[33].

NHS Resolution's Practitioner Performance Advice function provides expertise to the NHS to resolve individual practitioner performance concerns of doctors, dentists and pharmacists. Our insights work shares analysis and research which draw on our in-depth experience providing expert, impartial advice and interventions to healthcare organisations to effectively manage and resolve concerns raised about the practice of individual healthcare practitioners. By sharing these insights, we aim to support the healthcare system to better understand, manage and resolve concerns about doctors, dentists or pharmacists.

Fair resolution of concerns (Continued)

NHS Resolution's review of exclusion cases in England between 2009 and 2019 identified that doctors and dentists are significantly more likely to be excluded if they are male, aged 55-64, or identified as black or black British[45]. In 2022, NHS Resolution analysed the casework of Practitioner Performance Advice from 2017/18 to 2021/22 to understand if any trends existed in the practitioners they advised[46]. The analysis identified that practitioners from ethnic minority groups had 1.7 times the rate of cases per 1000 and were statistically significantly more likely to have a case with Practitioner Performance Advice compared with white practitioners. Practitioners who qualified outside the UK were statistically more likely to have a case than those who qualified within the UK.

In 2019, the GMC published Fair to Refer?[32]. The report resulted from independent research into why employers refer more BME and overseas doctors to the GMC and pointed to themes that have been addressed in this report:

- Lack of consistent induction, feedback, and support
- Isolated working patterns for some doctors reducing learning opportunities
- Divisive cultures with some doctors treated as 'outsiders'
- Organisational cultures leading to blame not learning when things go wrong
- Some leadership teams that are remote and inaccessible.

One of the key aims of the NHS People Plan[38] is to make the NHS the best place to work for all its workforce. Part of achieving this is a concerted effort to close the gap in the disproportionate rates of disciplinary action between BME and white staff across the healthcare system.

Being fair acknowledged that the use of an agreed tool or framework is helpful in supporting a more consistent approach towards all staff groups. NHS England[50] recommends four models of good practice:

1. **Decision tree checklist:** A tool comprising an algorithm with accompanying guidelines. This poses a series of questions to help managers decide whether formal action is essential or whether alternatives might be feasible.

2. **Post action audit:** Managers are made aware that all decisions to put staff through the formal disciplinary process will be reviewed on a quarterly basis to discern any systemic weaknesses, biases, or underlying drivers of adverse treatment of any staff group.

3. **Pre-formal action check by a director level member of staff and/or panel:** An executive board member of the organisation (or panel that includes and executive board member) review all cases and decide whether they should go to formal action.

4. **Pre-formal action check by a trained lay member:** A trained lay member reviews cases and challenges and perceived bias in the process before cases go to formal action.

Some examples of what good looks like

1. **A restorative approach:**
Mersey Care NHS Trust use a restorative approach adopted from and influenced by the work of Professor Sidney Dekker[51] including risks of hindsight bias and fair balance of justice[52]

2. **Triage system:**
Barts Health NHS Trust use a triage system to determine whether disciplinary action is necessary or appropriate and ensures the rationale for decisions made are recorded including the decision not to take disciplinary action

3. **A just culture guide:**
NHS Improvement guide[53] also acts as an aide memoire for people to assess the appropriate response when something goes wrong

4. **NHS Equality Delivery System:**
A framework[54] to help continually improve performance on equality, including introducing 'fair treatment' panels to triage disciplinary cases.

Practitioner Performance Advice's Compassionate Conversations programme aims to develop confidence and capability to have a compassionate conversation that is honest and engages with challenging subjects, particularly in relation to practitioner performance. This half-day interactive and thought-provoking programme recognises a recurrent theme, namely that there are ways of approaching performance conversations are likely to result in a more effective way forward for all, including the practitioner. This programme is being piloted in the North West with early adopters including organisations already considering compassionate responses as part of their resolution of concerns and their organisational culture. These organisations include: NHS England North West, East Lancashire Hospitals NHS Trust, Lancashire Teaching Hospitals NHS Foundation Trust, Mersey Care NHS Foundation Trust, St Helens and Knowsley Teaching Hospitals NHS Trust.

This programme complements work the GMC is doing to support doctors in tackling unprofessional behaviours which can affect patient safety and outcomes.

In April 2022, we published a suite of resources on exclusions that we created to support the Government's response[55] to the Paterson Inquiry report[56]. These are intended to help employers deal with exclusion fairly. They are posted on a dedicated Exclusions page[57] on our website and include:

- Insights from 10 years of supporting the management of exclusions in England[48]
- Exclusions flowchart to ensure compliance with good practice[58]
- Letter template
- Recording template
- Exclusions case studies[59]

Our ask of others

Our ask of others

Senior leaders of health care organisations

Review plans on providing inclusive and supportive environments, ensure they are evidence based, take a proactive approach, consider how assurance is given that improvements are made, and that best practice is disseminated.

Consider utilising and signposting practitioners to NHS Resolution to provide impartial advice, to effectively manage and resolve concerns raised about the practice of individual practitioners. This enables a fair and effective application of the healthcare organisation's own local performance management, associated procedures and good practice in relation to local case management and investigation.

Support the development of further training for designated non-executive directors who, in Maintaining High Professional Standards (MHPS), should provide an impartial route of support to practitioners at the preliminary analysis or case investigation stages.

NHS system leaders

Collaborate with NHS Resolution and other key partners to convene a cross-organisational group to help support practitioners to navigate approaches to responding to concerns, increasing transparency.

Collaborate with NHS Resolution and other key partners to develop training for cultural competence in decision making.

Professional regulators

Ensure issues of culture and inclusion are considered in conversations about fitness to practise concerns.

Use data to identify organisations with good practice and endeavour to share these examples of good practice.

What will success look like?

What will success look like?

There are positive CQC assessments in relation to safety cultures.

Performance concerns are robustly managed in a way that protects patient safety but also resists inappropriate disciplinary action that can damage the wellbeing and dignity of staff.

Improvements are seen in assessments of organisational culture e.g. WRES and WRDES data.

There is improved performance of WRES markers

Retention of staff within health care increases.

Organisations are invited to consider adopting the suggested **'Just and learning culture charter'** on the following pages and to use the invaluable resources signposted throughout this report.

Just and learning culture charter

Just and learning culture charter

Our organisation accepts the evidence that we will provide safer care and be a healthier place to work if we address all of the components of a learning organisation.

1. Accountable

Accountability is about sharing what happened, and learning and being completely responsible for making changes for the future safety of staff and patients. Our processes will be designed to support staff to help them work safely. Boards and senior managers will be accountable for ensuring action plans are implemented and their impact measured.

Our workforce will be supported to recognise behaviours that constitute bullying, harassment and incivility and will be empowered to address such behaviours when witnessed.

As a person-centred organisation, we will ensure the expected standards of behaviour are adopted. This will be supported through the development of clear, consistent guidance on the management of unacceptable behaviour. We will ensure this is disseminated and applied fairly.

We need to take the blame out of failure. This means changing the mind-set and the language associated with safety – from blame to learning. However, this does not mean an absence of accountability.

We will create a culture of learning that allows organisational and individual accountability to co-exist.

As part of our just and learning culture we will ensure that people are clear about where the line must be drawn between acceptable and unacceptable behaviour.

We will define and ensure there is an understanding as to what behaviours classify as bullying, harassment and incivility.

The vast majority of things that do not go as planned are due to unintentional acts and choices. Only a tiny minority are the result of intentional acts, or reckless or wilful behaviours. While we recognise that disciplinary action may be necessary, we will ensure suspension is rare and such concerns are escalated appropriately.

Just and learning culture charter (Continued)

2. Leadership

As leaders, we accept the evidence on what we need to do to provide person-centred, compassionate safer care.

Our leaders are responsible for ensuring they are role models, visible, engaged and able to understand rather than just imagine the work being done.

We will work towards creating a just and learning culture that recognises and rewards compassion, success and kindness.

We will design and implement a robust workforce strategy that promotes the recruitment, training and retention of our staff, ensures inclusivity and addresses the workforce challenges we experience. Our strategy will include improving the diversity of our senior management team.

We will be compassionate leaders who listen to those we lead. We will empathise with our staff and take action to support them.

Embedding inclusive leadership practices is the responsibility of all our leaders.

3. Wellbeing

The physical and mental wellbeing of our patients and our staff is of paramount concern.

We recognise the link between patient safety, staff health and wellbeing, and recognising the contribution that frontline staff can bring. We will address the health and wellbeing needs of staff to support them to provide safe, compassionate care and ensure that advice given by Occupational Health is followed in a timely manner.

As an organisation, we will emphasise the importance of staff wellbeing as a foundation for helping people to work safely.

We will consider how workforce challenges such as fatigue, workload, team relationships and communication impact on working safely. We will take action to address these challenges.

We will ensure the basic needs of staff are met and the importance of these are not underestimated, including access to hot meals, drinking water and dedicated space for breaks.

Ensure staff engagement by building strong partnership with ‘staff side’ and the HR teams.

Just and learning culture charter (Continued)

4. Compassion

All staff will be held responsible for behaving in a way that is kind and compassionate, to all patients and staff.

All staff have the right to work within an environment that is psychologically safe and compassionate.

All staff should feel empowered to speak up in the event they witness, or are subject to, uncompassionate care.

As compassionate leaders we will help everyone speak up and we will listen to them; staff, patients, relatives and the public.

Leaders should demonstrate compassionate decision making when managing dispute resolution and disciplinary processes.

5. Inclusive

We will treat everyone fairly regardless of their background and involve all, particularly: patients, their families, staff and their colleagues. We will work with colleagues to recognise the existence of 'in-groups' and the negative impact such groups have on staff wellbeing and patient safety.

We will ensure that all our staff recognise that inappropriate responses may disproportionately impact on some groups of staff, notably those from minority groups. This will be achieved by training and educating our workforce about the significance of equality and fair and open cultures in health and care.

We will recognise the current Workforce Race Equality Standards and Workforce Disability Equality Standards ensure staff with protected characteristics experience equity in the workplace.

We will raise awareness about the disproportionate impact on certain groups of staff, notably those in minority groups, and seek to redress this.

We will develop staff diversity networks that empower staff to speak up and enable them to contribute to system design within their organisation.

Just and learning culture charter (Continued)

6. Respectful

We will urgently tackle incivility and the bullying culture, and recognise the importance of role modelling and leading by example.

We recognise that good care can only be delivered if it is accompanied with compassion and kindness.

As an organisation we recognise that incivility, rudeness and bullying are damaging to both staff wellbeing and patient safety, and we will seek to address these issues. That means being respectful, civil and kind.

We recognise the importance of role models and leading by example for senior leaders at executive level.

7.Candour

We recognise that clinical incidents have a real and deep impact on people's lives. Patients (or those close to them) who have been affected have a right to explanations, to receive apologies and assurance and to seek apologies, assurances and/or financial compensation for injuries caused where appropriate.

Patients and those close to them will be listened to, understood and responded to with respect. We will always be compassionate and respond in a timely manner that is appropriate to their needs.

The duty of candour will always be effectively fulfilled. Patients and their families will be alerted in a timely manner when care is compromised.

We will strive to achieve a culture of candour throughout the organisation. Staff will be encouraged and supported to speak up through channels such as the Freedom to Speak Up Guardians.

People must be confident that their identity, or the identity of any person implicated in any report they make, will not be disclosed without their knowledge, unless this is required by law.

Those who report concerns will be notified in a timely way of the steps taken in response.

All people in contact with our organisation – employees, contractors, patients, relatives and the public – are encouraged, and sometimes even rewarded, for providing essential, safety-related information.

Just and learning culture charter (Continued)

8. Learning

We will always prioritise the continuous improvement of our response to patient safety incidents. We will ensure our systems and processes allow the identification of learning from incidents, and the translation of this learning into improved patient care.

We will always strive to understand why things don't go as planned in order to redesign systems and processes to minimise the chances of them happening again in future, and support individuals to work safely.

We will empower and support staff to speak up and report concerns, near misses and risks.

We will involve patients and staff affected in any subsequent investigations and ask them for their ideas about what could be done differently in the future.

We will learn about what works well, and why, in order to replicate and optimise these behaviours and processes.

The identification of problems will not be seen as a sign of individual or collective failure, but as a sign of readiness to learn.

9. Best practice

We will publish guidance summarising the fundamental principles of a just and learning culture which will be applied at all levels of the organisation, from the executive team to the frontline.

When a concern is raised or an investigation is required, we will have clear governance in place to ensure that the investigation reports are followed up, setting out which actions are being taken to address error-producing conditions in the future.

If a formal investigation is required, we will ask what happened and why, and what can be learnt. A decision will be reached within a locally agreed reasonable timescale.

When we investigate when things go wrong, we will try to recognise and minimise the natural biases we all have, such as hindsight, outcome and confirmative bias.

At all stages, the emphasis will be on why it happened rather than 'who did it'.

We will endeavour to develop systems that are adaptive, resilient, and that make it as easy as possible for staff to deliver safe care.

Our organisation recognises that there will be circumstances where referral to a professional regulator may be appropriate when within the thresholds set by the regulator. When that happens, it will only be done in accordance with our principles of learning and never as an additional punishment.

Where appropriate, we will use third party advice (e.g. Practitioner Performance Advice service – part of NHS Resolution).

Just and learning culture charter (Continued)

10. Evaluation

Ensuring a just and learning culture co-exists with accountability is key to the safe delivery of our services and welfare of staff. Patient safety and staff wellbeing are priority agenda items at our board and leadership meetings. All action plans, updates and progress are cascaded to all members of our workforce.

As a leadership team, and across the organisation, we will set and agree our key lines of enquiry and we will ensure examples of good practice and improvements are recognised and acknowledged.

As a leadership team we will collect, review and respond to a range of qualitative and quantitative data to ensure we have a realistic understanding of workplace challenges and good practice.

The experience of minority groups and staff with protected characteristics will remain a priority and will be reflected in the data we collect, the targets we set and our overall equality, diversity and inclusion agenda.

Continuous analysis of this data will support leadership teams to recognise the signals of poor culture early, before they impact patient safety.

We will embed a culture of continuous improvement. We will closely monitor: national and local workforce data; measures of staff wellbeing; and incident, complaint and claims data to assess the wellbeing of our staff and the safety of the services we provide.

We will contribute to local and national audits that capture workforce data which contribute to the development of realistic short- and long-term workforce plans.

References

References

1. Messenger G, Pollard L. Health and social care review: leadership for a collaborative and inclusive future, Department of Health and Social Care; 2022.
2. Health and Social Care Committee. Workforce:recruitment, training and retention in health and social care, House of Commons; 25 July 2022.
3. Ockenden D. Ockenden review: summary of findings, conclusions and essential actions, Department of Health and Social Care; 2022.
4. Kirkup B. Maternity and neonatal services in East Kent: 'Reading the signals' report, Department of Health and Social Care; 2022.
5. Chaffer D, Kline R, Woodward S. Being Fair. Supporting a just and learning culture for staff and patients following incidents in the NHS. NHS Resolution; 2019.
6. NHS Digital. NHS Vacancy Statistics, England, April 2015 - December 2022, Experimental; 2023.
7. British Medical Association. Pressures in general practice data analysis. BMA. 26 February 2023.
8. The King's Fund. The King's Fund. [Online].: NMC; 2022. Available from: https://www.kingsfund.org.uk/blog/2022/10/nhs-nursing-workforce.
9. Nursing and Midwifery Council. Leavers' survery 2022 - Why do people leave the NMC register? NMC. 2022.
10. General Medical Council. Completing the picture report. GMC. 2021.
11. Kline R, Lewis D. The price of fear: Estimating the financial cost of bullying and harassment to the NHS in England. Public money & management. 2019; 39(3): 166-177. Government H. Legislation.gov.uk. [Online]. [cited 2023 February 02]. Available from: www.legislation.gov.uk/ukpga/1974/37/section/2.
12. Government H. Legislation.gov.uk. [Online]. [cited 2023 February 02]. Available from: www.legislation.gov.uk/ukpga/1974/37/section/2.
13. HM Government. The Management of Health and Safety at Work Regulations 1999. [Online]. [cited 2023 February 02]. Available from: https://www.legislation.gov.uk/uksi/1999/3242/regulation/3/made.
14. Health and Safety Executive. LFS - Labour Force Survey - Self-reported work-related ill health and workplace injuries: Index of LFS tables. ; 2022.
15. NHS Employers. Supporting our NHS people experiencing stress. [Online].; 2022 [cited 2023 February 10]. Available from: https://www.nhsemployers.org/articles/supporting-our-nhs-people-experiencing-stress.
16. Civility Saves Lives. civilitysaveslives.com. [Online].; 2022 [cited 2022 January 5]. Available from: https://www.civilitysaveslives.com/.
17. Royal College of Nursing. Managing Stress. [Online].; 2022 [cited 2023 February 04]. Available from: https://www.rcn.org.uk/Get-Help/Managing-stress.

References (Continued)

18. Health and Safety Executive. What are the Management Standards?; 2021.

19. Alliance AB. An Alliance Against Bullying, Underming and Harassment in the NHS. [Online].; 2019 [cited 2022 December 08]. Available from: https://resolution.nhs.uk/wp-content/uploads/2020/01/BullyingA4-final-Dec-2019-002.pdf.

20. Social Partnership Forum. Compassionate and respectful workplace cultures. [Online]. [cited 2023 February 04.] Available from: www.socialpartnershipforum.org/topics/compassionate-and-respectful-workplace-cultures.

21. Edmondson A. Psychological Safety, Trust and Learning in Organisations: A Group-Level Lens. In Kramer RM, Cook KS. Trust and District in Organizations and Approaches.: The Russell Sage Foundation; 2004.

22. West M. Compassionate Leadership in Health and Social Care. 1st ed.: Swirling Leaf Press; 2021.

23. Health and Social Care Committee. Workforce burnout and resilience in the NHS and social care - Second Report of Session 2021–22. House of Commons, Health and Social Care Committee; 2021.

24. NHS England. www.england.nhs.uk/publication/nhs-health-and-wellbeing-framework/. [Online].; 2021 [cited 2022 January 5]. Available from: https://www.england.nhs.uk/publication/nhs-health-and-wellbeing-framework/.

25. West M, Coia D. Caring for Doctor Caring for Patients, General Medical Council; 2019.

26. West M, Dawson J, Admasachew L, Topakas A. NHS Staff Management Quality Results from the NHS Staff Survey, Lancaster University Management School and The Work Foundation Aston Business School; 2012.

27. National Guardian Freedom to Speak Up. National Guardian.org.uk. [Online].; 2021. Available from: https://nationalguardian.org.uk/wp-content/uploads/2021/04/ftsug_survey_report_2020.pdf.

28. The National Guardian Office. nationalguardian.org.uk. [Online].; 2022 [cited 2022 January 5]. Available from: https://nationalguardian.org.uk/learning-resources/speaking-up-data/.

29. Evesson JOSaTD. www.acas.org.uk. [Online].; 2015. Available from: https://www.acas.org.uk/seeking-better-solutions-tackling-bullying-and-ill-treatment-in-britains-workplaces.

30. NHS England. NHS Workforce Race Equality Standard (WRES) 2022 data analysis report for NHS trusts. [Online].; 2022. Available from: https://www.england.nhs.uk/publication/nhs-workforce-race-equality-standard-2022/.

31. NHS England. Workforce Disability Equality Standard. [Online].; 2022. Available from: https://www.england.nhs.uk/about/equality/equality-hub/workforce-equality-data-standards/wdes/.

References (Continued)

32. Atewologun D, Kline R, Ochieng M. Fair to refer? General Medical Council; 2019.
33. Nursing and Midwifery Council. Ambitious for change; 2020.
34. Berdahl JL, Moore C. Workplace harassment: Double jeopardy for minority women. Journal of Applied Psychology. 2006 May; 91(2): 426-436.
35. Rynes SaRB. A field survey of factors affecting the adoption and perceived success of diversity training. Personnel Psychology. 1995; 247 - 270.
36. Dawson J. Links between NHS staff experience and patient satisfaction: Analysis of surveys from 2014 and 2015. NHS England, Workforcace Equality Standard (WRES) team; 2018.
37. Chaffer D. Effective Leadership. 1st ed. London: CRC Press; 2016.
38. NHS England. We are the NHS: People Plan 2020/21 - action for us all, NHS England; 2020.
39. NHS Employers. Employment checks. Department of Health and Social Care, NHS Employers; 2022.
40. Naqvi H, Kline R. Equality Analysis on the NHS Workforce Race Equality Standard. NHS England; 2016.
41. Equality Act 2010; cited 2019 Apr 25.
42. Kline R. No More Tick Boxes: A review of the evidence on how to make recruitment and career progression fairer; 2021.
43. Department for Work and Pensions. Disability Confident employer scheme. [Online].; 2021 [cited 2023 January 12]. Available from: https://www.gov.uk/government/collections/disability-confident-campaign.
44. Francis R. Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. House of Commons; 2013.
45. Health Education England. Value Based Recruitment Framework. 2016 March.
46. Mersey Care NHS Foundation Trust. Merseycare.nhs.uk. [Online].; 2022 [cited 2022 January 5]. Available from: https://www.merseycare.nhs.uk/working-for-us/your-development.
47. Healthcare People Management Association. hpma.org.uk. [Online].; 2022 [cited 2022 January 5]. Available from: https://www.hpma.org.uk/2022/07/14/inclusivehr-toolkit-is-live/.
48. NHS Resolution. Insights from 10 years of supporting the management of exclusions in England. [Online].; 2022. Available from: https://resolution.nhs.uk/resources/insights-from-10-years-of-supporting-the-management-of-exclusions/.
49. NHS Resolution. www.resolution.nhs.uk. [Online].; 2022. Available from: https://resolution.nhs.uk/wp-content/uploads/2022/07/Practitioner-Characteristics-insights-paper.pdf.

References (Continued)

50. NHS England. www.england.nhs.uk. [Online].; 2019. Available from: https://www.england.nhs.uk/publication/a-fair-experience-for-all-closing-the-ethnicity-gap-in-rates-of-disciplinary-action-across-the-nhs-workforce/.

51. Dekker S. Just culture: Restoring Trust and Accountability in Your Organisation. 3rd ed. FL: CRC Press; 2017.

52. Dekker S, Oastes A, Rafferty J. Restorative Just Culture in Practice: Implementation and Evaluation: Routledge; 2022.

53. NHS England. Patient safety: A just culture guide. [Online].; 2018 [cited 2023 January 6]. Available from: https://www.england.nhs.uk/patient-safety/a-just-culture-guide/#about-our-guide.

54. NHS England. NHS England: Equality Delivery System 2022. [Online].; 2022 [cited 2023 January 6]. Available from: https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/.

55. Department of Health and Social Care. GOV.UK. [Online].; 2021 [cited 2023 January 12]. Available from: https://www.gov.uk/government/publications/government-response-to-the-independent-inquiry-report-into-the-issues-raised-by-former-surgeon-ian-paterson/government-response-to-the-independent-inquiry-report-into-the-issues-raised-by-former-surgeon-ian-pater.

56. House of Commons. Report of the Independent Inquiry into the Issues raised by Paterson. London:, House of Commons; 2020. Report No.: 1.

57. NHS Resolution. Resolution.nhs.uk. [Online].; 2022. Available from: https://resolution.nhs.uk/services/practitioner-performance-advice/exclusions/.

58. NHS Resolution. Resolution.nhs.uk. [Online].; 2022. Available from: https://resolution.nhs.uk/wp-content/uploads/2022/04/Exclusions-flowchart-to-ensure-compliance-with-good-practice-final.pdf.

59. NHS Resolution. Resolution.nhs.uk. [Online].; 2022. Available from: https://resolution.nhs.uk/wp-content/uploads/2022/04/Exclusion-Case-Studies-Learning-Pack.pdf.

60. National Guardian's Office. nationalguardian.org.uk/learning-resources/speaking-up-data/ftsu-index/. [Online].; 2023 [cited 2023 January 12]. Available from: https://nationalguardian.org.uk/learning-resources/speaking-up-data/ftsu-index/.

61. Kapadia D, Salway S, Booth A, Villarroel-Williams N, Becares L, Esmail A. Ethic Inequalities in Healthcare: A Rapid Evidence Review, NHS Race and Health Observatory; 2022.

62. Fox F, Stallworth L. Racial/ethnic bullying: Exploring links between bullying and racism in the US workplace. Journal of Vocational Behaviour. 2005 June; 66(3): 438-456.

63. NHS Employers. Inclusive culture: North East London NHS Foundation Trust. 2021.

References (Continued)

64. Dawson J. Links between NHS staff experience and patient satisfaction: Analysis of surveys from 2014 and 2015. NHS England, Workforce Race Equality Standard (WRES) team; 2018.

65. Dawson J, West M. Employee engagement, sickness absence and agency spend in NHS trusts. NHS England, Workforce Race Equality (WRES) team; 2017.

66. NHS England. A fair experience for all: closing the ethnicity gap in rates of disciplinary action across the NHS Workforce, The WRES Implentation Team; 2019.

67. NHS England. We are the NHS: People Plan 2020/21. NHS England; 2020.

68. Somara RKaGS. nationalguardian.org.uk. [Online].; 2021. Available from: https://nationalguardian.org.uk/wp-content/uploads/2021/09/Difference_Matters.pdf.

69. Kline RaSG. Nationalguardian.org.uk. [Online].; 2021. Available from: https://nationalguardian.org.uk/wp-content/uploads/2021/09/Difference_Matters.pdf.

70. Royal College of Midwives. www.rcm.org.uk. [Online].; 2021. Available from: https://www.rcm.org.uk/media/5649/solution_series_4_making_maternity_sevices_safer_nurturing_a_positive_culture_.pdf.

71. Government TNAoboH. Health and Safety at Work etc. Act 1974. [Online]. [cited 2023 February 02]. Available from: https://www.legislation.gov.uk/ukpga/1974/37/section/2.

72. HM Government. Legislation.gov.uk. [Online]. [cited 2023 February 02] Available from: https://www.legislation.gov.uk/ukpga/1974/37/section/2.

73. HM Government. The Management of Health and Safety at Work Regulations 1999. [Online]. [cited 2023 February 02]. Available from: https://www.legislation.gov.uk/uksi/1999/3242/regulation/3/made.

74. Employers N. Guidance on prevention and management of stress at work. [Online].; 2022. Available from: https://www.nhsemployers.org/publications/guidance-prevention-and-management-stress-work.

75. Social Partnership Forum. https://www.socialpartnershipforum.org/topics/compassionate-and-respectful-workplace-cultures. [Online].; 2022 [cited 2023 February]. Available from: https://www.socialpartnershipforum.org/topics/compassionate-and-respectful-workplace-cultures.

76. Royal College of Nursing. Managing Stress. [Online].; 2022. Available from: https://www.rcn.org.uk/Get-Help/Managing-stress.

Annex A

References

Resources to support improvement

NHS Employers Guidance on prevention and management of stress at work

Social Partnership Forum Compassionate and respectful workplace cultures

NHS Employers Professionalism and Cultural Transformation (PACT) Toolkit

Social Partnership Forum Civility and Respect Toolkit

NHS England Health and Wellbeing Framework Organisational Diagnostic Tool

NHS England Health and Wellbeing Implementation Guide

NHS Resolution Exclusions process to ensure compliance with good practice

Healthcare People Management Association #InclusiveHR Toolkit

Metrics to support reporting and evaluation of improvement

NHS Workforce Race Equality Standard Report

NHS Workforce Disability Equality Standard Report

NHS Staff Survey Benchmark Reports

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