



HILLCROFT HOUSE UK LTD

Corporate Communication, Coaching & Mediation

Bullying and Harassment in the NHS

As identified in the NHS Health & Well-being Review led by
Dr Steven Boorman

A Solution to Overcome the Challenge

An Interim Report Written for NHS Managers

March 2010



III

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I.0 Executive Summary



1.0 Executive Summary

This interim report has been written as a practical response to the costly bullying and harassment challenges which exist among NHS staff and are currently being experienced across all regions.

The evidence for bullying and harassment is highlighted in the *NHS Health and Well-being Review* led by Dr Steven Boorman, (November 2009) and produced after Dame Carol Black's report *Working for a healthier tomorrow* (March 2008).

The important factual highlights from the NHS Health and Well-being report are:

**10 million working days are lost each year
owing to sickness absence alone**

**The annual direct cost of absence is some
£1.7 billion a year**

Source: Health and Well-being Review – Interim Report

**Reducing annual levels of sickness across the
NHS by a third could create a cost saving of up to
£555 million pounds a year**

Source: Health and Well-being Review – Interim Report

This interim report is based on a pilot project that focuses on one particular aspect of the NHS Health and Well-being Review (section 3.17), in that there is a perception from staff that Bullying and Harassment does exist and this has a direct impact on levels of sickness and absence.

Pilot Project – Phase One

By considering the findings and recommendations from the Health and Well-being review, Hillcroft House UK Limited has launched a pilot project which explores a national solution to overcome the problem of Bullying and Harassment in the workplace.

“Long standing unresolved issues of bullying and conflict have now been effectively mediated and the team are now functioning again”

“Within two months a dysfunctional team, suffering from conflict, moved from an average score of -2 to a score of 6 in their perception of what amounted to effective communication within the team”

Veronica Goddard, Associate Director, Specialist Services, NHS Sheffield
(see case studies – section 3.1)

Achieving cost savings by reducing the problem of Bullying & Harassment

The hospitals which have accepted this challenge have already achieved positive improvements in both behavioural and performance outcomes (see case studies in section 3.1).

However, it is important to note that to make these improvements fully effective, all staff involved must assume complete responsibility for their own personal actions and behaviour.

As part of this pilot project, the improvements are being measured on a regular basis to ensure that:

1. The cost savings as identified by Dr Steven Boorman in the Health & Well-being Review 2009 are maximised to their highest potential
2. There is a return on investment covering both people and financial key performance indicators (KPI's)
3. The key learning strategies that have already achieved success for individual hospitals are shared generally as best practice

The key benefits that have been realised during this pilot project are:

• **Adapted behaviours that have minimised the perception of bullying and harassment**

• **Reduced conflict and stress levels**

• **Improved business results, staff performance and planning**

• **Enhanced internal communication and engagement processes**

• **Improved responsibility and ownership for individual actions and behaviours**

• **Improved working relationships and teamwork**

Phase Two

Based upon the initial findings of phase one it appears that by understanding and adapting behaviour, it is possible to reduce the problem of bullying and harassment in the workplace. It is believed that as more evidence is gathered during phase two of this project, there will be conclusive evidence to further support these findings

The longer term impact of maintaining these behavioural changes will have a direct link in:

- **Reducing stress and sickness levels amongst staff**

- **Achieving bottom line cost savings**

- **Enhancing patient care**

**If you are interested in your hospital being involved
in phase two of this project or would just like to know more,
please contact Hillcroft House UK Limited
on freephone 0800 014 1837**

2.0 Background



2.0 Background

This report has been produced in response to publication of the following:

Date	Name	Author	Comment
November 2009	Final report NHS Health and Well-being Review	Led by Dr Steven Boorman	This review was asked for by the Department of Health, as part of their response to Dame Carol Black's report
August 2009	Interim report titled NHS Health and Well-being Review	Led by Dr Steven Boorman	
2008	National NHS staff survey 2008: summary of key findings	Healthcare Commission	Sixth annual national survey of NHS staff, in which almost 290,000 staff were asked for their views on working in the NHS
March 2008	Final report titled Working for a healthier tomorrow	Dame Carol Black	Presented to Secretary of State for Health and Secretary of State for Work and Pensions

The key findings of the NHS Health and Well-being Review are:

- **Current levels of sickness absence mean that 10.3 million working days are lost in the NHS in England each year**
- **This is equivalent to 45,000 whole-time equivalent (WTE) staff or some 4.5% of the current workforce**
- **The annual direct cost of absence is some £1.7 billion a year**

The Health and Well-being Review suggests that if the NHS could reduce current rates of sickness absence by a third it would mean:

- **3.4 million additional available working days a year for NHS staff**
- **Equivalent to an extra 14,900 whole-time equivalent staff**
- **With an estimated annual direct cost saving of £555 million**

In writing *'Bullying and Harassment in the Workplace, A Solution to Overcome the Challenge'*, Hillcroft House has focused on a particular section of the Health and Well-being Review of August 2009.

In section 3.17, it shows that bullying and harassment were major causes of stress at work and contributed towards the extremely high levels of sickness and absence in the NHS.

In particular, it shows that there is a perception from staff that Bullying and Harassment by managers and colleagues does exist. More importantly, it is clear that many incidents go unreported as staff do not appear to have the confidence that their employer will take the appropriate action to deal with such incidents.

“.....less than 50% agreed or strongly agreed that their Trust (employer) took effective action where staff were bullied, harassed or abused by other members of staff”

NHS Health and Well-being Review, section 3.17, page 36
Source: National NHS staff survey 2007. London: Commission for Healthcare Audit and Inspection, 2008

Based upon the findings from the case studies, this pilot project shows the positive results that can be achieved when people:

- **Increase their self-awareness and understand the costly impact their behaviour can have on others**
- **Take responsibility and ownership for their own actions and behaviour**
- **Are given the appropriate support and coaching to modify long standing behaviours constructively**
- **Are given effective and efficient processes to ensure business results are delivered**

The improvement of internal relationships makes for a strong probability of contributing towards the

£555 million cost saving

as suggested in the *Health and Well-being Review*

3.0 Research Findings



3.0 Research Findings

A total of seven managers within three hospitals are involved in this pilot project.

Case Study	Organisation	Name	Role
1	Sheffield PCT Provider Services	Veronica Goddard	Associate Director of Service Transformation
2	BMI Three Shires Hospital	Sarah Palios	Executive Director (February 2003-June 2009)
3	Milton Keynes Hospital NHS Foundation Trust	Su Jerome	Divisional Manager Core Clinical Services
4	Milton Keynes Hospital NHS Foundation Trust	Busola Ade-ojo	Deputy Chief Pharmacist/ Clinical Services Manager
5	Sheffield PCT Provider Services	Chris Stocks	Head of Human Resources
6	Sheffield PCT Provider Services	Alison Hales	Principal Education, Training & Development Manager
7	BMI Three Shires Hospital	Jenny Masson	Director of Nursing

In the majority of the case studies, the common challenges were:

- **Dysfunctional teams**
- **Conflict within the department**
- **Stressed staff**
- **Low performance and low achievement of objectives**

After receiving training and on-going coaching, all case study results showed improvements against the initial challenges that were identified.

3.1 Case Study Evidence - Organisations

All financial cost savings have been omitted to retain confidentiality where applicable



Case Study I

Veronica Goddard

Associate Director of Service Transformation
Sheffield PCT Provider Services

How would you describe your initial challenges?

- I had identified I had a dysfunctional management team which was impacting on the service generally
- Lack of progress / delivery
- Weakened service
- Perception of bullying
- Stressed staff
- Perceived as a difficult service to take on - poor reputation

What specific skills or knowledge gaps did you identify before commissioning Hillcroft House?

- Managing conflict
- Ineffective mediation from previous external company
- Needing to be clear that staff would have confidence in the mediation process
- A clear focus on tangible outcomes
- A business focused mediation approach

What specific differences or improvements has the training, coaching /mentoring had on your team, your managers and the department so far?

- Experienced significant improvements within the team
- In two months have moved from an average score of -2 to a score of 6 with regards to the effectiveness of communication in the team
- Long standing unresolved issues of bullying and conflict have now been effectively mediated and the team are now functioning again
- The outcome is a stronger senior management team, changed perception of bullying, improved communication, enhanced meetings, confidence, trust and respect
- Positive behavioural change has taken place
- A lot less time spent managing conflict and inefficiencies
- Taken off my 'worry list'

What were the personal benefits to you?

- Providing positive and supportive advice to help manage conflict and team challenges effectively
- Felt supported and understood with regards to my business challenges – urgency to deliver tangible results
- Found the training interesting, useful and useable – more practical and easier to apply than Myers Briggs (A psychometric tool based on Carl Jung's Theory)

"Has left me feeling I want to know more"



Case Study 2

Sarah Palios

Executive Director (February 2003 to June 2009)
BMI Three Shires Hospital

How would you describe your initial challenges?

- Improve profitability of unit quickly
- Improve/repair relationship with business partners
- Align senior management team to meet corporate objectives (during a time of significant organisational change)
- Recruit and embed new members of senior management team

What specific skills or knowledge gaps did you identify before commissioning Hillcroft House?

- Self awareness (of members of team and self) to understand how conflict can arise and how to avoid/resolve it during change process
- As newly promoted, required techniques to communicate effectively with members of the board
- Confidence and knowledge to implement change quickly and effectively

What specific differences or improvements has the training, coaching / mentoring had on your team, your managers and the department so far?

- Profitability improved significantly as at March 09
- Margin improved over prior year
- Net profit improved over prior year
- Relationships (with business partners) improved so that significant additional investment now approved (by Board)
- Organisational re-structure implemented - Approx 40% of workforce affected
- Several stages over a period of approx 12 months
- DISC helped in planning process, understanding why certain behaviours emerged, permitting a rational and calming approach to those behaviours, avoiding escalation into outright conflict during change process
- Efficiency gains implemented as at March 09
- Labour cost per unit less than prior year
- Operating expenses per unit less than prior year

What were the personal benefits to you?

- Ability to rationalise others and own reactions / behaviours constructively - reduces angst!
- Confidence in proposing successful solutions in conflict situations
- Ability to better determine outcomes (reduces chances of unpleasant surprises!)

Understanding that behaviours are predictable when you have an understanding of DISC



Case Study 3

Su Jerome

Divisional Manager Core Clinical Services
Milton Keynes Hospital NHS Foundation Trust

How would you describe your initial challenges?

- Dysfunctional management team
- Perception of aggressive communication and management style resulting in issues of conflict
- Long standing conflict
- Ineffective communication
- Targets not being met
- Unproductive meetings
- A department perceived as offering a poor service to the internal customers

What specific skills or knowledge gaps did you identify before commissioning Hillcroft House?

- Poor leadership and motivational skills within the management team
- Over analysis on detail that does not deliver the required results
- Lack of understanding to appreciate the financial demands of a modern hospital
- A business focused coaching approach
- Lack of skills, knowledge and confidence to manage conflict and poor performance
- A high number of team members had low self awareness

What specific differences or improvements has the training, coaching / mentoring had on your team, your managers and the department so far?

- Reduced perception of aggressive communication and management style resulting in less conflict
- Improved behaviours during this project
- Increased leadership of department
- Effective coaching process that is producing results
- A focused structure using KPI's to achieve results
- Effectively facilitated meetings
- Strategic and cohesive team meetings
- Increased staff engagement
- Enhanced communication processes

What were the personal benefits to you?

- A tried and tested approach that I am now cascading to my other departments
- An understanding and appreciation of which managers have the ability to progress
- Providing sound advice on managing a dysfunctional and under-performing team
- Less time spent chasing results
- Less stress



Case Study 4

Busola Ade-ojo

Deputy Chief Pharmacist/Clinical Services Manager
Milton Keynes Hospital NHS Foundation Trust

How would you describe your initial challenges?

- Perception of aggressive communication and management style resulting in issues of conflict
- Staff not meeting deadlines or completing tasks
- Staff not taking responsibility for own actions and behaviour
- Poor teamwork / team spirit / silo mentality
- Blame culture - lack of trust
- Poor communication
- Resistance to change
- Poor ownership around decision making
- Ineffective practices and processes

What specific skills or knowledge gaps did you identify before commissioning Hillcroft House?

- Dealing with difficult or non co-operative staff
- Dealing with demanding and negative culture
- Listening and delegating skills
- How to manage being constantly questioned and challenged about everything
- Dealing with lack of decision making

What specific differences or improvements has the training, coaching / mentoring had on your team, your managers and the department so far?

- Reduced perception of aggressive communication and management style resulting in less conflict
- Adapting to different behaviours
- Improving working relationship with direct line manager
- Managing difficult staff and their deadlines
- Phrasing words differently
- Using different styles to communicate with different staff and understanding their perceptions
- Making staff aware of their effects on service both professionally and personally
- Improved listening skills
- Improved delegation skills – stopped finishing other people jobs
- Better management of staff that have little understanding of responsibilities or team work
- Learnt to have a balanced pace

What were the personal benefits to you?

- Increased confidence in managing difficult people situations, poor performance and conflict
- Less time spent chasing work
- Less stress, as team are starting to take responsibility
- Helped me to adapt my own behaviour to minimise any adverse impact on others
- Have learnt new processes and procedures to manage workload effectively



Case Study 5

Chris Stocks

Head of Human Resources
Sheffield Primary Care Trust

How would you describe your initial challenges?

- Dysfunctional team
- Long standing conflict between several team members – strong team members with different styles
- Impact of behavioural issues on the rest of the team
- No ownership of problems
- Lack of self-awareness
- No responsibility for the impact of own behaviour on others
- Own agendas

What specific skills or knowledge gaps did you identify before commissioning Hillcroft House?

- External perspective on how to effectively manage the situation – neutral/ impartial view
- Skilled facilitation
- Conflict management

The Hillcroft e-newsletter's gave plenty of evidence to show a return on investment

What specific differences or improvements has the training, coaching / mentoring had on your team, your managers and the department so far?

- Brought a much needed focus to a long standing conflict issue
- Provided a platform to manage poor performance / unacceptable behaviour
- Change is now happening
- Enhanced leadership
- Ownership and commitment of the issues
- More confidence in managing conflict
- Team feel more supported
- Improved levels of self-awareness – gave personal strength to certain individuals
- Improved working relationships
- Changed the way the team communicate
- Team more visible

What were the personal benefits to you?

- Understand and know the potential that DISC has
- Understand my own strengths and limitations
- Increased self esteem
- More confidence in own knowledge
- Used DISC concepts during a major change project to enhance communication and engagement – 1300 staff, 48 road shows
- Improved visibility of my team
- Improved connectivity with our audience
- Enhanced confidence overall



Case Study 6

Alison Hales

Principal Education, Training & Development Manager
Sheffield Primary Care Trust

How would you describe your initial challenges?

- Dysfunctional team
- Poor team behaviours and a perception of bullying
- Poor communication
- Objectives not being met
- Lack of progress
- Lack of confidence
- Lack of change to meet organisational requirements
- Staff wanting to leave

What specific skills or knowledge gaps did you identify before commissioning Hillcroft House?

- Managing conflict, poor attitudes and unacceptable behaviour
- Unclear communication and lack of customer focus
- Lack of team support
- Lack of self awareness
- A high resistance to feedback

What specific differences or improvements has the training, coaching / mentoring had on your team, your managers and the department so far?

- Improved self-awareness for most team members
- Enhanced training and development delivery recognising that each profile needs a different type of support
- Helped us focus on the 'How' for a practical and realistic application
- Helped to reduce conflict and misunderstandings within the team
- Increased team effectiveness for most of the team
- Given us a lot more validity in our feedback
- Improved customer focus

What were the personal benefits to you?

- Improved understanding of why people react in certain ways when given instructions
- Understand my own strengths and limitations and how to adapt to the needs of others
- Understand how beneficial DISC could be if leaders and senior managers understood it – enhance influencing power from the top
- More aware of other peoples' sensitivities
- Coaching support was extremely helpful in providing support in managing difficult situations, people, crisis management, self-esteem, confidence, how to write effective emails to suit the needs of the audience and helped bring things into a clear focus



Case Study 7

Jenny Masson

Director of Nursing
BMI Three Shires Hospital

How would you describe your initial challenges?

- Ineffective teamwork
- Resistance to changes/coping with constant change / culture
- Unwilling to take responsibility or ownership for actions
- Perceived poor communication
- Lack of trust in some departments
- A number of newly appointed Heads of Department

What specific skills or knowledge gaps did you identify before commissioning Hillcroft House?

- Constant negativity and resistant to change
- Number of changes all coming at the same time
- Number of new inexperienced Heads of Department and understanding of their roles and responsibilities

What specific differences or improvements has the training, coaching / mentoring had on your team, your managers and the department so far?

- Staff are more aware professionally, personally and of service/business needs
- Greater understanding of colleagues behaviour and how to adapt to a variety of behaviours
- To a greater extent there is more of a team approach
- Some staff are more aware of how their attitude impacts others/ more tolerance
- Improved working relationships with line manager
- Increased awareness of email communication in particular tone

What were the personal benefits to you?

- Increased awareness of other peoples' communication skills and why they present in the way they do
- Increased awareness in dealing with conflict and poor performance
- Improved knowledge of processes and systems to address managerial difficulties
- Confirmation that I have and use skills to resolve situations that arise

3.2 Case Study Evidence: Coaching Session



Jonathan Dawson
Consultant Cancer Surgeon

Jonathan specialises in breast and abdominal surgery and works in both the public and private health sectors.

In 2009 Jonathan underwent one-to-one coaching sessions to cover the DISC concept and its practical application.

“Reduced my stress levels”

“Enabled me to clear away the clutter to become more effective and efficient in completing the critical tasks and deadlines continually forced upon me”

“Prevented me from taking things personally in discussions with colleagues and I was far more effective and found decision making easier”

The full interview with Jonathan can be read at
<http://www.hillcrofthouse.co.uk/systemfiles/newsletter.asp?id=15>

3.3 Tools and Techniques

Application – The Tools and Techniques for the Pilot Project

Although there are a number of different tools available on the market, the DISC tool was chosen for this specific project as it appears to be the simplest and easiest tool for people to understand and apply effectively in the workplace (see appendix i).

To achieve the results of the case studies shown in section 3.1, specific coaching techniques were used to embed the DISC tool in order to develop practical and realistic solutions.

A range of additional techniques and processes were also provided in order to maximise the return on investment.

These solutions were specifically tailored to bridge gaps identified during the diagnostic phase of each project's initial stage.

Although some of Hillcroft House's clients were already aware of the DISC tool, the real benefits of its practical application became apparent during the rollout of the pilot project.

After absorbing the Hillcroft House training and coaching processes, individuals were able to:

Increase their levels of self-awareness and thus understand the impact of their behaviour on others

Recognise and work effectively with the communication preferences and needs of others

Adapt their own behaviour to achieve mutually positive results

With a consistent approach to applying these new techniques the case study evidence suggests there have been significant improvements in:

- **Adapted behaviours that have minimised the perception of bullying and harassment**

- **Reduced conflict and stress levels**

- **Improved business results, staff performance and planning**

- **Enhanced internal communication and engagement processes**

- **Improved responsibility and ownership for individual actions and behaviours**

- **Improved working relationships and teamwork leading to non-confrontational ways of working**

How the different DISC Profiles Perceive Bullying

There are approximately 6.5 billion people on the planet and DISC theory, in clear-cut terms, tells us we are a blend of four different behavioural styles:

1 Dominance (D)

2 Influence (I)

3 Steadiness (S)

4 Conscientiousness (C)

(see appendix i for explanations of each type)

For a given situation, these four types have different behaviours, expectations perceptions, reactions, fears and feelings.

Knowing, understanding and adapting to these different elements within a given profile can have a positive impact on improving working relationships.

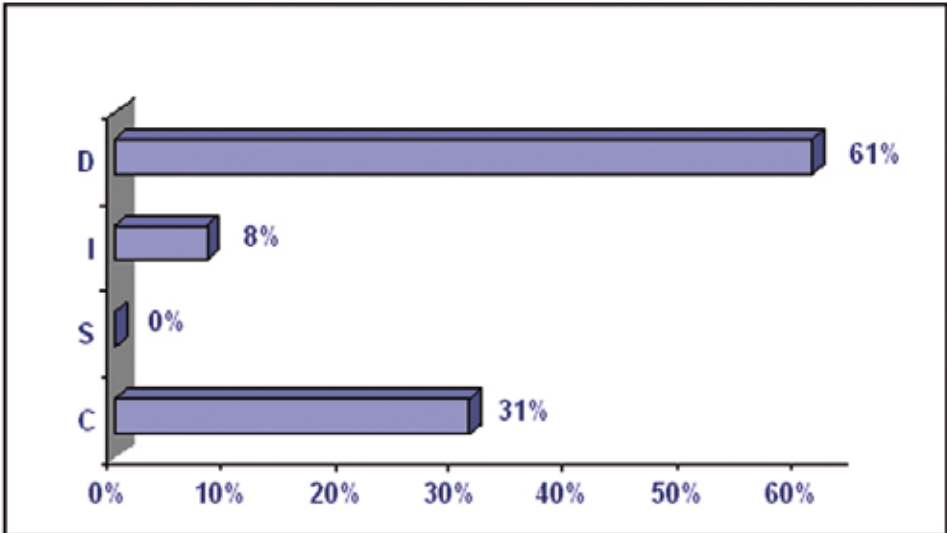
The pilot project indicates a practical longer term benefit in reducing sickness and absence levels and improving, performance and behaviour.

A key finding from the Hillcroft research showed how different people, based upon their profiles, perceived bullying and harassment in the workplace

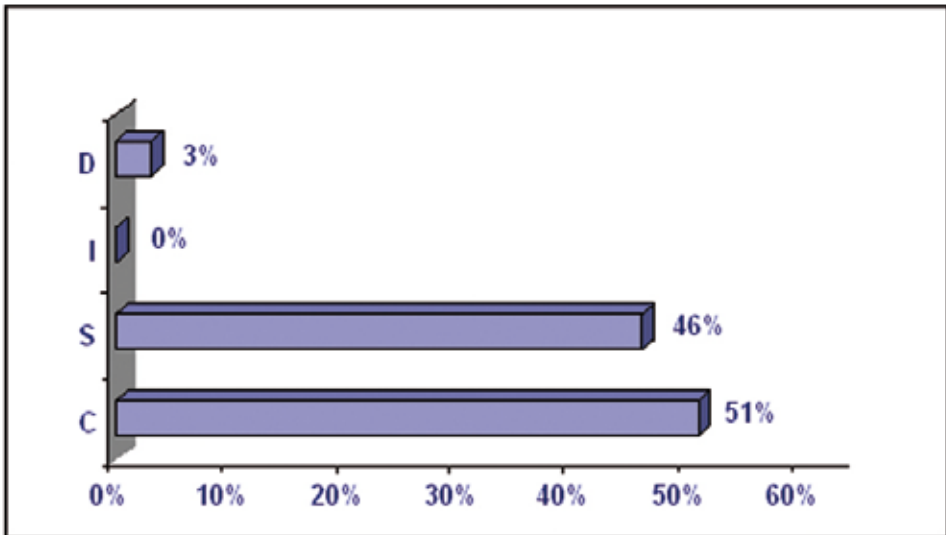
3.4 Profiling Results

To ensure confidentiality, the graphs below are based on average results from NHS manager and staff profile data.

NHS Managers - Typical DISC Profile



NHS Staff - Typical DISC Profile



Note: Typical DISC profiles based upon wider work in the health sector

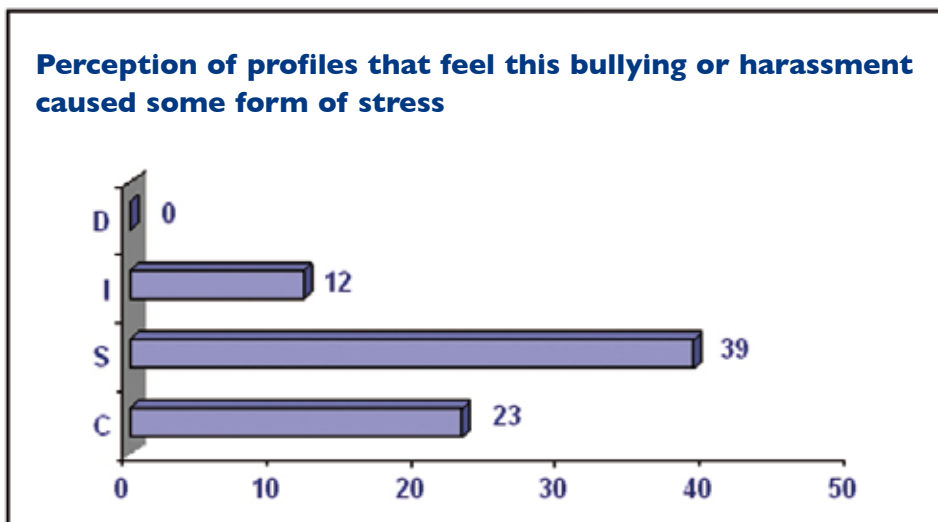
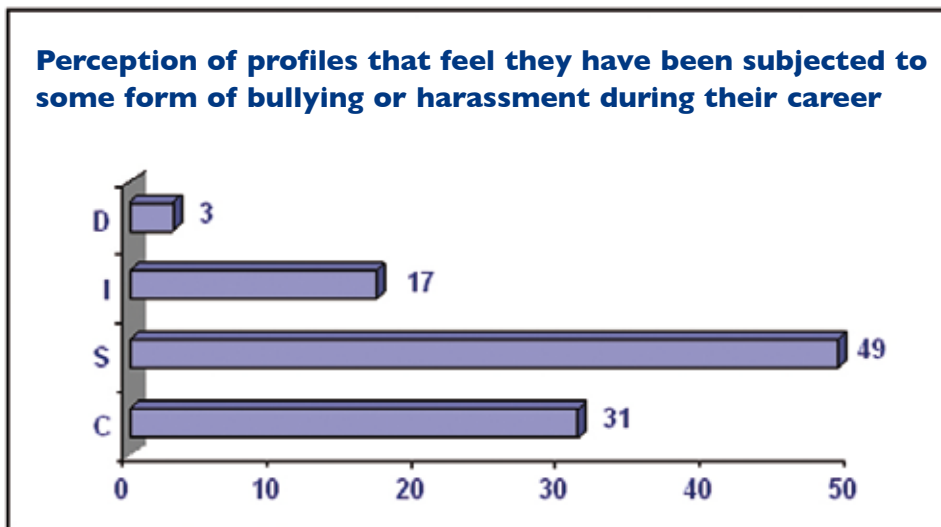
Observations

The results indicate that the NHS management population may tend to have a higher proportion of 'D' (Dominance) in their profile compared with the staff population who tend to have a higher proportion of 'S' (Steadiness) and/or 'C' (Conscientiousness) within their profile.

(see appendix i for DISC explanations)

Hillcroft House has been involved in other related work with both public and private sector organisations and has found a distinct correlation between the perception of bullying and harassment by the different DISC profiles.

The graphs below are based on data obtained during the last three years.



Summary

Hillcroft House have demonstrated that the 'D' and 'I' profiles perceive themselves as being less bullied than the 'S' and 'C' profiles owing to the comparisons below:

D & I	S & C
<ul style="list-style-type: none"> • The 'D' trait tends to communicate in a fast, task focused and to the point manner • Make quick decisions without all the data present and are good at thinking on the spot • Prefer top line data, information and evidence when making decisions • Enjoy challenging ideas and don't view this as conflict. Are confident to say what they are thinking or feeling • Take in information and process it at a faster pace than the 'S' & 'C' traits • Like to know the 'what' and 'when' for a new idea and then will go off and take their own approach • Enjoy communicating to a larger audience. Feel comfortable with most forms of communication if relevant and practical • The 'D' trait needs to spend longer understanding the 'what & when' before they feel comfortable to start a piece of work • The I trait needs to understand 'who' will be involved before they fully buy-in to the idea 	<ul style="list-style-type: none"> • The 'S' & 'C' traits tend to communicate in a slow, thorough, planned manner • Need more reflection time before making decisions and may feel panicked if asked to make snap decisions • Prefer more detailed data, information and evidence before feeling comfortable to make decisions • Will try to avoid conflict, so they tend to be more agreeable at the expense of their own needs or ideas. Do not always feel comfortable challenging others if they do not agree • Take in information and process it at a slower pace than the 'D' & 'I' traits • Need to feel engaged and involved and understand 'how' and 'why' something needs to change or they could appear to become resistant • Feel more comfortable on a 1:1 discussion basis than in a group situation • The 'S' trait needs to spend longer on understanding the 'how' or the process before they feel comfortable to start a piece of work • The 'C' trait needs to understand the 'why' or the purpose of the objective before they buy-in to the idea

	D	I	S	C
Pace	Fast	Fast	Slow	Slow
Focus	Task	People	People	Task
Information Needs	Top-line	Top-line	Detailed	Detailed
Decision Making	Quick/not all data needed	Quick/not all data needed	Reflective/need plenty of detail	Reflective/need historic data, plenty of detail
Communication Preference	Business focused, short & face to face	Personable, long & face to face	Personable, step-by-step & 1:1	Business focused, long & written
Social Interaction	Outgoing	Outgoing	Reserved	Reserved
Style	Tell	Enthusiastic	Collaborative	Factual
What they Ask?	Need to know what and when	Need to know who is affected and involved	Need to know how the change will happen	Need to know why the change is happening
Fears	Loss of power and control	Loss of status	Loss of stability and security	Loss of compliance, quality and order
Reactions to Conflict	Challenge it	Manage it diplomatically	Avoid it	Avoid it
Initial Response to Change	Initiate it and see it as an opportunity	Talk about it, act as a change agent, promote and sponsor it	Worried, feel vulnerable and concerned	Need a business justification, like a planned approach, need to see the benefits
Typical Response if not Engaged	Ignore it	Sell the bad points and bring down the team morale	Resist it and become stubborn	Resist it and become inflexible
Providing Feedback	Give feedback freely and factually	Give feedback diplomatically and empathetically	Do not feel totally comfortable giving feedback	Do not feel totally comfortable giving feedback

It is therefore proposed that the perceived bullying could be a result of unwitting profile differences and lack of understanding as opposed to deliberate premeditated intentions

However, once a person knows what their own DISC tendencies are, these should not be made an excuse for riding roughshod over another colleague simply because that colleague possesses completely opposite characteristics

Instead there is an opportunity to use the knowledge of DISC to effectively defuse conflict and therefore accelerate towards the achievement of organisational goals

It is also worth noting that according to section 3.3 of the NHS Health and Well-being Review, the NHS with an average of 10.7 days sickness absence, is well above the public sector as a whole (9.7 days), let alone the private sector (6.4 days).

4.0 Conclusions



4.0 Conclusions

The evidence shows that the typical management and frontline staff DISC profiles have opposite behavioural patterns to each other. In relationship terms, this will inevitably mean that both parties may feel either frustrated or in some form of conflict with each other throughout their working day.

Understanding the strengths and limitations of the differing profiles increases self-awareness and the awareness of other's preferences and needs. This information has been found to be a fundamental enabler to reduce frustration, conflict and the perception of bullying and harassment within teams.

It is very easy to judge another person's actions and behaviour on the basis of our own preferences and behavioural style. Doing this can easily result in the wrong conclusions and lead to inevitable conflict and stress with the resulting high costs incurred by sickness and absence.

It is necessary to increase our level of understanding to explain why people behave and act in the way they do. Having this valuable information is critical if there is to be a reduction in the high costs associated with bullying and harassment as identified in the *NHS Health and Well-being Review*.

Having this valuable information is critical if there is to be a reduction in the high costs associated with bullying and harassment as identified in the *NHS Health and Well-being Review*

It is evident from the pilot work already completed that increasing the levels of self-awareness and providing specific coaching support to bridge development gaps can and has already had a positive impact on:

- **Adapted behaviours that have minimised the perception of bullying and harassment**

- **Reduced conflict and stress levels**

- **Improved business results, staff performance and planning**

- **Enhanced internal communication and engagement processes**

- **Improved responsibility and ownership for individual actions and behaviours**

- **Improved working relationships and teamwork**

**These outcomes will help to contribute towards
the £555 million cost savings as
highlighted in the NHS Health & Well-being Report**

Based on this project and previous client projects, Hillcroft House has also identified the following additional benefits:

- **Fewer grievance cases going to an Industrial Tribunal**
- **Enhanced staff engagement**
- **Increased staff motivation**
- **Reduced staff turnover**
- **Improved team morale**
- **Increased confidence levels and self-esteem**
- **Less time spent on unproductive conversations**
- **Reduced need for staff mediation**

**All these added benefits have a
direct link to reduced
sickness, stress and conflict in the workplace**

Identifying the financial key performance indicators such as sickness, turnover and cases going to tribunal, for example, makes it easier to measure the return on investment and help towards the £555 million cost savings.

Critical Success Factors

Based on evidence, the following list explains the critical success factors that are necessary in order to maximise the return on training and development costs:

- **Sponsorship and ownership of the training & coaching in-house (solely or jointly)**
- **Don't expect people to change overnight, culture change takes a long time**
- **Increase staff engagement and communication**
- **Integrate with current processes, KPI's and procedures**
- **Once the process is embedded, hold individuals accountable through the internal performance review process**
- **Understand that everyone has different needs**
- **Encourage willingness of staff to want to improve and develop**
- **No 'blame culture' when things don't happen straight away**

If this work is shared with a wider NHS audience, the evidence shows a strong probability that managers and staff could work collaboratively within and across departments to increase the likelihood of contributing to the £555 million cost savings

5.0 Next Step - Phase Two



5.0 Next Step - Phase Two

This work is currently being rolled out to other departments, within the NHS hospitals in phase one of the project, to realise these benefits across a wider audience.

Hospitals currently involved in phase one will receive coaching support, where appropriate, to help maintain momentum and maximise performance improvements.

Over the coming year Hillcroft House would like to invite other hospitals that are experiencing similar challenges, to be involved in phase two of this project, so that they too can realise some of the benefits already achieved in the phase one case studies.

As more data is gathered, a second report will be published to show the results of this ongoing work.

If you are interested in your hospital being involved in phase two of this project or would just like to know more, please contact Hillcroft House UK Limited on freephone 0800 014 1837

Appendix i: What is DISC?

The DISC theory suggests that we are all made up of 4 particular behavioural styles:

Dominance – Influence – Steadiness – Conscientiousness

The table below shows the difference strengths and limitations for the pure DISC styles.

Although we are a combination of the four pure DISC styles, the intensity of these individual behavioural styles differs from person to person.

Dominance (D) 'Just Do It'		Influence (I) 'It's not what you know, it's who you know'	
Strengths	Limitations	Strengths	Limitations
<ul style="list-style-type: none"> - Driving - Direct - Assertive - Questioning - Entrepreneurs - Results focused - Problem solving - Decision making - Takes action - Inquisitive - Competitive 	<ul style="list-style-type: none"> - Critical - Not team player - Blunt / harsh - Interrupts - Intimidating - Lacks empathy - Tell style - Not recognising others effort - Restless - Loud 	<ul style="list-style-type: none"> - Influential - Positive - Inspirational - Talkative - Friendly - Creative - Enthusiastic - Optimistic - Involving others - Charming - New ideas 	<ul style="list-style-type: none"> - Oversells - Lacks detail - Too trusting - Easily distracted - Unrealistic - Not always focused on the goal - Impulsive - Poor time management - Needs teamwork - Can take things personally
Steadiness (S) 'I'll be There'		Conscientiousness (C) 'Do it Right the First Time'	
Strengths	Limitations	Strengths	Limitations
<ul style="list-style-type: none"> - Systematic - Good Listener - Persistent - Kind - Supportive - Empathetic - Patience - Collaborative - Stable - Tactful - Friendly 	<ul style="list-style-type: none"> - Adjusting to change - Hold grudges - Lacks drive - Not meeting deadlines - Struggles saying no - Not assertive - Difficulties dealing with conflict - Wants to involve everyone - Can takes things personally 	<ul style="list-style-type: none"> - Compliant - Perfectionist - Accurate - Logical - Detailed - Thorough - Research focused - Analysis - Systematic - Cautious - Spots errors 	<ul style="list-style-type: none"> - Over-reliant on rules - Defensive when challenged - Cold / aloof - Too detailed - Inflexible - Lacks empathy - Factual - Pedantic - Nit-picking - Pessimistic

For a person to understand their own individual strengths and limitations, DISC is a simple and valuable tool that:

- Only takes ten to fifteen minutes to complete on-line
- Requires trained facilitation to interpret and apply in the workplace

Extensive research has also been carried out using DISC over the past 30+ years and Hillcroft House has direct access to this data.

Appendix ii: List of other publications used to complete this report

Evidence from other published reports used as the basis for the completion of this report

The full ***Working for a healthier tomorrow*** by Dame Carol Black can be read in full by accessing this link

<http://www.workingforhealth.gov.uk/documents/working-for-a-healthier-tomorrow-tagged.pdf>

The full ***The National NHS Annual Staff Survey 2008*** can be read in full by accessing this link

http://www.cqc.org.uk/_db/_documents/NHSStaffSurvey_Nat_briefing_final_200904233323.pdf

The interim ***NHS Health and Well-being Review*** (August 2009) lead by Dr Steven Boorman can be read in full by accessing this link

<http://www.nhshealthandwellbeing.org/pdfs/NHS%20HWPB%20Review%20Interim%20Report%20190809.pdf>

The full ***NHS Health and Well-being Review*** (November 2009) lead by Dr Steven Boorman can be read in full by accessing this link

<http://www.nhshealthandwellbeing.org/pdfs/NHS%20Staff%20H&WB%20Review%20Final%20Report%20VFinal%2020-11-09.pdf>

III



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