INVESTIGATION IN TO MANAGEMENT CULTURE IN NHS LOTHIAN

David J Bowles & Associates Ltd
May 2012

CONTENTS

1 INTRODUCTION

1.1 General background

Following press reports and subsequent questions in the Scottish Parliament about patients from NHS Lothian waiting lists being offered treatment in England, it was further claimed that steps were being taken to circumvent guidance on patient waiting times. Such circumvention presented a false picture of NHS Lothian's performance against the 18 week waiting time targets, one of the most important and high profile of the HEAT targets.

Initially the Chief Executive established the Waiting Time Management Group chaired by David Farquharson, the Medical Director, which reported on 12 November 2011.

Given continuing concerns the Chair, in consultation with Chairs of NHS Lothian Committees and Non-Executive Directors, commissioned PricewaterhouseCoopers (PWC) to carry out a review of waiting time management. The commission was subsequently transferred to the Scottish Government and the PWC report was issued on 19 March 2012.

The report identified that offering patients treatment in England with unrealistic treatment dates was only one example of the problematic issues within the NHS Lothian's waiting times management. Not only did their report identify significant shortcomings in the process of waiting time management it also identified significant concerns about organisational culture. Those concerns included allegations of a 'don't minute' or record culture which had prevented full details of waiting time issues progressing up through NHS Lothian's governance framework.

It also identified allegedly unacceptable pressures being placed on staff which led to finding tactical paper adjustment solutions to waiting lists rather than addressing the root causes. It also alleged that there was a 'no bad news' culture around waiting time issues and that a number of staff and trade union representatives had made references to inappropriate and oppressive management styles.

The issues were sufficiently significant that the PWC report contained a separate section on culture and governance which is shown as Annex A.

1.2 Instruction for a further investigation

As a result of the findings within the PWC report, the Deputy First Minister and Cabinet Secretary for Health and Well-Being and Cities Strategy, Nicola Sturgeon MSP, met with the Chair of NHS Lothian, Dr Charles Winstanley on 21 March 2012. The Cabinet Secretary made it clear that the alleged bad practices were completely unacceptable and had no place in any part of the NHS. The Cabinet Secretary required the Chair of the Board to commission an investigation into '*why such a culture exists in NHS Lothian what the reasons for it are and what needs to be done about it'*. The Cabinet Secretary also indicated that it was clear that this review must include scrutiny of the behaviours of senior management and imposed a reporting deadline of 30 April 2012.

In response the Chair set up a Steering Group to oversee this review.

The membership of the Steering Group is:

Name	Role and Remit
Charles J Winstanley	Chair of NHS Lothian Board
Lyn Turner	Unite Regional Officer-Partnership Lead
Robin Burley	Non-Executive Director NHS Lothian
Robert Y Anderson	Non-Executive Director NHS Lothian

We have been retained as independent advisers to the Steering Group to produce an Independent Report to investigate and respond to the Cabinet Secretary's concerns.

We were given a slightly wider brief including:

- Leading the analysis of existing data; this will include recent findings from Investors in People (IiP), an analysis of the NHS Lothian results from the previous NHSS Staff Survey, an assessment of recent NHS Lothian Dignity at Work cases and any other identified data sources;
- Leading and reporting on a desk based benchmarking of the characteristics of management cultures in six top performing UK organizations, including health organisations. This will be compared with the characteristics of NHS Lothian;
- Assessing the current policies on Dignity at Work, including their adequacy, distribution, and management/staff awareness;

PWC were retained to carry out a specific assignment of interviewing members of the Executive Management Team (EMT) and we have discussed their report with them and shared our emerging findings.

We have sought to develop a rigorous approach within the challenging timescale set by the Cabinet Secretary Given the consistency of views expressed, particularly by staff in one-to-one interviews, we consider that the findings and conclusions within this report are sound.

This review is separate from the Critical Incident Investigation currently underway into the alleged waiting list manipulation.

From the outset it was determined that any information which emerged during this review, which may raise concerns about the capability or conduct of any employee, would be reported immediately and directly to the Chair of the Board, to be addressed via the appropriate employment policies and processes.

The Steering Group has met on three occasions and we have shared our emerging findings with them. Particularly we have discussed the recommendations and proposed actions with the Steering Group to help formulate and shape future action plans which will respond to the organisational challenges we have identified. We are grateful for their input and advice, nevertheless the recommendations remain ours.

1.3 Purpose of the report

Consequent upon the Cabinet Secretary's instruction to the Chair of NHS Lothian, the purpose of this report is to support and form part of the Chair's advice to Cabinet Secretary.

1.4 Acknowledgements

We would like to record our thanks to staff within NHS Lothian who have participated both in one-to-one interviews and Focus Groups and also staff who provided insight and assistance as technical leads. We appreciate that they were given extremely short notice of meetings and appreciate the dedication and commitment they have shown to ensuring that they could contribute towards a fair, balanced and reasonable review. Their frank, open and honest contributions have significantly assisted the review.

Our thanks also go to the staff who provided project support to the review team and the staff who assisted them including those who prepared some of the data analysis included in this report.

2 EXECUTIVE SUMMARY

2.1 Background

Following an allegation of manipulation of waiting list data, PWC were commissioned to carry out a review at NHS Lothian. Their review raised concerns about aspects of the organisational culture, with allegations of the suppression of information and an oppressive management style.

As a consequence of their report the Chair of NHS Lothian was instructed, by the Cabinet Secretary, to carry out a review into *why such a culture exists in NHS Lothian what the reasons for it are and what needs to be done about it'*

The review has of necessity being conducted to a very tight timescale. Nevertheless from a range of sources, including one-to-one interviews, a clear pattern has emerged.

2.2 Findings on culture

It is important that individuals are held to account for their performance; however the style and nature of this within NHS Lothian has

- been at the expense of developing strong team working
- allegedly breached the Board's Dignity at Work Policy
- as a consequence created a blame culture

Taken together they have combined to create an organisational culture where

- bad news is not passed up the line
- a gloss is put on reports
- staff are told to 'just fix it' without support

The organisational problems have been exacerbated as

- the culture has lasted for some time
- some staff allegedly emulated inappropriate management styles
- staff have not used the Board's whistle-blowing and other procedures to raise concerns, apparently for a number of reasons including a lack of confidence in their application at senior level and concerns about reprisals

The review has concluded that it is difficult to see how such a culture was consistent with delivering the benefits of single system working.

2.3 Areas of impact

Many managers have worked well shielding their staff and other parts of the organisation have been largely untouched by the inappropriate management style. Those parts of the Board least likely to have been significantly affected by the culture include clinical areas and CHP's.

2.3 Recommendations

Our recommendations have been designed to ensure that the organisation is better placed to overcome these difficulties and is able to respond to and deliver the challenges it has in providing patient care.

We recommend:

- that the change programme should be overseen by a Steering Group, reporting to the Board, which should work in a manner which engages with staff
- any change programme should be implemented in a way that delivers sustainable change whilst also recognising that the Board has, in common with all other NHS Boards, considerable challenges against which it needs to deliver

a) Change of leadership style

From the discussions with a wide range of staff, including Directors, it is clear that there is widespread recognition of the need for a change in leadership style.

- the Board should complete its own reassessment of the way it works
- there should be an intensive programme of support and development to help embed a new leadership style signed off by the Board
- a formalised 360° appraisal system should be implemented initially for the Chief Executive and EMT
- steps should be taken to make Members of the Board and senior management more visible to staff across the organisation
- EMT and other appropriate meetings should help develop a culture which focuses on strategic transformation
- individual Non-Executive Directors or Executive Directors should become organisational champions for key initiatives which impact on culture, such as staff engagement
- the change to a more collegiate style of working should not be at the expense of a strong system of holding individuals to account
- in line with good governance there should be a mechanism for regularly assessing the effectiveness of Board and EMT meetings

b) Values culture and organisational development

- A programme should be developed to create ownership of avowed values and behaviours to replace the currently discredited values
- These values should be embedded into the organisation through training and induction programmes
- senior and middle managers need to be clear about the distinction between bullying and firm management and assisted with training on how to handle this in the workplace
- the Board should develop an open learning organisation rather than one based on blame

c) Re-establishing trust and confidence

- there should be a fundamental reappraisal of the staff survey and its purpose but in a way which engages with staff
- whilst maintaining its compliance with the PIN Policy the Board's Dignity at Work policy should be reviewed and become the Zero Tolerance of Bullying and Harassment policy
- the confidential contact scheme and whistleblowing policy should be substantially redrawn and include an external helpline
- confidential interviews should be held with the same managers in 6 to 9 months time to provide independent feedback on progress and the result published
- a form of exit interviews should be re-established

d) Performance management, targets and accountability

- there should be a review of the alignment of authority and accountability throughout the organisation
- Executive Directors should be exemplars of a new style of working supporting subordinate staff and coaching and mentoring when necessary
- there should be a fundamental review of the performance management arrangements
- a more strategic one system approach should be taken to managing the 2 key access targets

e) Embedding policies

- consideration should be given to simplifying and streamlining HR policies
- a new set of organisational health indicators should be developed
- given the investment in new HR systems in Scotland consideration should be given to facilitating benchmarking initially in Scotland
- discussions should be held between the Board and IIP to assess progress on the themes and issues highlighted in its summary report to assist the change programme and facilitate re-accreditation

f) Risk and reputation

- consideration should be given to establishing a corporate monitoring team to assist in ensuring continuing organisational health
- the Board should clearly define its expectations of its Directors with regard to organisational culture
- during the current refreshment of the HR and OD strategy staff engagement should be at the centre
- the Interim Chief Executive, as a matter of urgency, should review guidelines and parameters within which staff are working in UHD during the recovery phase and beyond
- any review of the engagement strategy should also focus on doctors

g) Mapping the future

- the Board should either continue with and embed its 'top 25' aspiration or replace it

The report should not be seen as a condemnation of management or managers generally; it is clear to us and borne out by the IIP reports that many staff have huge pride in working for NHS Lothian, with excellent relationships within teams and many exceptionally good leaders. Most have been unaffected by or shielded their staff from the issues identified in this review.

NHS Lothian has a challenging agenda and it is essential that the Board has a leadership team which can help it change the culture of the organisation, respond to increasing service and financial pressures and develop a workforce that feels fully engaged.

Ultimately NHS Lothian has to focus on patients and their needs. It will be better able to do so with an engaged and highly motivated workforce, appropriately led.

3 CULTURE AND ANY INAPPROPRIATE MANAGEMENT STYLES

3.1 Definition of culture

The Cabinet Secretary refers specifically to the culture of NHS Lothian and, in the context of this review, the need to identify where any unacceptable culture exists, the reasons for it and what needs to be done about it.

The Corporate Institute of Personnel and Development describes organisational culture as:

.... a system of shared values and beliefs about what is important, what behaviours are important and about feelings and relationships internally and externally. Values and cultures need to be unique to the organisation, widely shared and reflected in daily practice and relevant to the company purpose and strategy..... it is important for organisations to create the kind of environment or culture where positive managerial behaviours of listening, coaching, guiding, involving and problem solving are actively encouraged and reinforced.....

3.2 NHS Lothian's stated values

"The Lothian Way" has been developed within NHS Lothian as a set of emergent values and associated behaviours identified as vital elements of the culture that NHS Lothian wants to build. Patients are first and foremost in this set of values however staff motivation and organisational reputation are central too. They are as follows:

Person Centred

- Putting people at the heart of everything we do.
- Being sensitive to individuals' needs and providing the right service at the right time in the right place.

Partnership

- Working in partnership with staff, patients, the public and other agencies to provide the best possible service.
- Being inclusive, involving patients and local people in decisions of their own healthcare.

Integrity

- Respecting people as individuals and treating them with courtesy and dignity.
- Communicating openly and honestly: with each other and the public.

Accountability

- Doing what we say we'll do.
- Taking responsibility as an individual and organisation for our actions and decisions.

Innovation

- Taking changing needs into consideration and developing a culture of continuous improvement to deliver a service that exceeds expectations.
- Leading by example, setting high standards in our work and empowering

others to do the same.

Organisational culture can be split into three levels that are inextricably linked:

- Underlying assumptions: beliefs, perceptions, thoughts and feelings that are rarely articulated and largely taken for granted, symbolic
- Espoused values: goals, mission, philosophy
- Symptoms: visible day to day structures and processes

Complex organisations have many sub-cultures, depending on a range of factors such as geography, sector, values and mission. In the NHS there will be very different cultures particularly in relation to healthcare professionals who have their own ethical standards and codes with which they need to comply. Nevertheless there will be an over-arching culture which is predominantly created and shaped by the Chief Executive and the senior leadership team, in this case the Executive Management Team (EMT).

3.3 The role of leaders in setting or undermining avowed cultures

Leaders of organisations have a pivotal role in setting the tone and style of the over-arching organisational culture. From EMT downward through the management hierarchy, employees look to their managers to role model the espoused values of the organisation, and to guide them on the path to understanding and interpreting the culture so that they do things in the right way.

In any organisation where the behaviours and leadership styles of any of the leadership team are at odds with the avowed values of the organisation, it can cause a cultural disconnect, with layers of disaffection, poor engagement patterns and inappropriate behaviour throughout the workforce. The old adage... 'Don't do what I do, do what I say'... if in evidence and repeated throughout the management hierarchy can cause personal and organisational tension in terms of lost output, poor morale, stress, sickness absence and retention issues.

3.4 Current concerns about culture and style

The background to this review is the allegation that NHS Lothian has developed an inappropriate management style which is oppressive and lacking in transparency and a culture which is affecting the performance of the organisation. This alleged culture has allegedly resulted in the suppression of information and a breakdown of the governance arrangements around waiting list management.

3.5 Differing styles

The over-arching management style in an organisation is predicated on the prevailing culture. Leaders however should encourage a range of styles to be most effective and should deploy them when appropriate to changing circumstances. There are many different management styles ranging from permissive to autocratic and will in some part depend on an individual's innate characteristic way of managing direct reports and making decisions. As a complex organisation therefore, NHS Lothian should encourage their management teams to be flexible in their management styles in order to respond to different challenges and disciplines.

Holding managers to account is a requirement and a management style that can be described as forthright, demanding and challenging can be entirely appropriate in the right circumstances. It is when the over-arching management style tips over and more negative behaviours are exhibited such as being dictatorial, rigid and dismissive that the culture of the organisation can be detrimentally affected. Having a challenging style in itself is not necessarily inappropriate but it can be if it is conveyed in an autocratic manner.

3.6 Inappropriate styles

The Dignity at Work Policy (DAW) (supplemented by the Confidential Contacts Scheme), the Whistle Blowing Policy and the Equal Opportunities Policy (EO) are three key policies within NHS Lothian.

The DAW policy quotes the Manufacturing, Science and Finance Union (now UNITE) definition of bullying as:

"*persistent, offensive, abusive, intimidating, malicious or insulting behaviour, abuse of power or unfair penal sanctions, which makes the recipient feel upset, threatened, humiliated or vulnerable, which undermines their self-confidence and which may cause them to suffer stress*." The DAW policy also confirms *"It is the impact on the individual and not the intention of the perpetrator which determines whether bullying has occurred".*

The Partnership Information Network Policy issued in May 2011 on Preventing and Dealing with Bullying and Harassment in the NHS in Scotland draws a distinction between firm management and bullying. We refer to this document later in our report.

There are many different types and dynamics related to the bullying phenomena. These include:

- Pressure bullying
- Corporate bullying
- Organisational bullying
- Institutional bullying
- Secondary bullying
- Residual bullying
- "Mobbing"; gang/ group bullying
- Vicarious bullying

Where the bully is in a position of power, others in the direct report groupings may start to react to the bullying culture by imitating or joining in on the behaviour. This can lead to institutional bullying when it becomes entrenched and accepted as part of the workplace culture. In some cases if the primary bully leaves the organisation and the institution does not invest in radical change one of the other "bullies" may step in (residual bullying). Others join the "gang" because they fear if they do not participate they will be the next victim.

The cost to an organisation from the impact of bullying on individuals and on the "organisational health" of an organisation can be excessive. Workplace bullying can be linked to physical, psychological, organisational and social costs. Stress and anxiety, staff absence levels,

co- workers witnessing the bullying incidents can experience secondary stress, recruitment and retention levels and overall dips in performance.

Given the above and the findings in this report, staff will need to see demonstrable changes in the organisation's approach to tackling inappropriate behaviour. Refreshing of the culture and the values as already proposed within the wider HR and Organisational Strategy of NHS Lothian will be a key factor in moving the organisation forward. We describe this approach in the recommendations.

4 NATIONAL POLICY CONTEXT WITH REGARD TO STAFF

4.1 National Framework

The principal aims of the NHS in Scotland are to

- improve health and well-being and
- deliver high quality care to those with ill health

For many years at a national level there has been a high commitment towards effective engagement and working with staff, who are seen to be key to the delivery of these main policy objectives.

Guiding principles are established in the NHS Scotland Staff Governance Standard. It sets out:

- the strategic framework surrounding staff governance
- the definition of staff governance and the specific elements which make up the staff governance standard
- how the Standard fits with other arrangements for measuring performance across the NHS in Scotland
- the roles and responsibilities of all who are involved

The NHS Reform (Scotland) Act 2004 requires NHS Scotland employers to deliver the key strategic agenda of ensuring fair and effective management of staff.

4.2 Implications for NHS Lothian

NHS Lothian as an employer is thus bound by this national framework.

In conducting our review of the culture of NHS Lothian we have used the Standard itself and others produced as part of the overall Staff Governance Standard as a benchmark for assessing NHS Lothian culture.

The standard requires that all Boards must demonstrate that staff are:

- well informed
- appropriately trained
- involved in decisions which affect them
- treated fairly and consistently
- provided with an improved and safe working environment

At a national level there is a consistency of approach as the above five standards form the criteria and key components of the national Staff Survey.

Each Board is required to assess its arrangements against the Staff Governance Standard by use of a Self Assessment Audit Tool and through participation in the national Staff Survey at regular intervals.

This national commitment to effective joint working with staff is delivered in part through strong local partnership arrangements and NHS Lothian has established the NHS Lothian Partnership Forum along with six other Partnership Fora. NHS Lothian has, as required under the Standard, a Staff Governance Committee.

4.3 Prevention of Bullying and Harassment

In May 2011, the Cabinet Secretary launched the Preventing and Dealing with Bullying and Harassment in NHS Scotland Partnership Information Network (PIN) Policy.

In the PIN document it is made clear that Boards should strive towards being exemplar employers and that Staff Governance (ensuring a fair and effective management of staff), which was enshrined in legislation, enjoyed equal status to the other pillars of clinical and financial governance.

The PIN document provides very explicit guidance on the definition of bullying and harassment. This has been used throughout our review within NHS Lothian to assess the culture of the organisation. The document also identifies and defines the characteristics of sexual, racial, disability, age, sexual orientation and religious harassment.

Particularly relevant in the context of this review is that whilst the policy document recognises the need for fair and firm management it draws a very clear distinction between that and bullying. An extract of the document, shown at Annex B clarifies the difference between the two and has guided our discussion with staff and our analysis.

5 REVIEW METHODOLOGY

5.1 Overall Approach

The approach we have adopted is:

- Review existing sources of data which may assist in assessing culture
- Review existing policies and broadly assess the degree to which they would support an appropriate culture
- Structured interviews shared between ourselves and PWC interviewing EMT, a range of managers, senior doctors and nurse managers
- Focus Groups to engage more widely with staff

The selection of staff for interview and for invitation to the Focus Groups has been carried out independently of NHS Lothian. Lyn Turner, a member of the Steering Group, has led this process and we have sought to take a reasonable spread of staff in both the one-to-one interviews and the Focus Groups. We have refined the spread to help ensure that where issues have been apparent they can be explored in a little more depth.

We have also provided for unsolicited comments and observations and these were collated in a standard way.

5.2 Existing data sources

We have carried out a limited review of:

- **The recent reports from Investors in People (IIP)**. NHS Lothian is one of the largest organisations to have received full accreditation by IIP to the 'Standard' level.

- **NHS Scotland Staff Survey**. This was carried out in 2010 and provides a basis for an analysis of and comparison with the other Boards in Scotland.

- **Staff data.** A wide range of staff data is available which can give a feel for the health of an organisation**.**

5.3 Review of existing policies

NHS Lothian has a number of policies relevant to its organisational culture. We have been provided with copies of the following in order to carry out a high level assessment:

- Dignity at Work
- Freedom of Speech Policy
- Grievance Policy and Procedure
- Management of Employee Capability
- Dealing Positively with Stress
- Equal Opportunities Policy
- Confidential Contact Protocol
- Personal Development Planning and Review

- Disciplinary Procedure

5.4 Structured interviews

Both our review and PWC's have adopted a structured interview approach for one-to-one interviews with staff throughout the organisation.

PWC have interviewed EMT and the Corporate Services Manager and sought to explore the overall culture, the role of the EMT and the role of senior management and the wider organisation. We have built upon that and developed questions appropriate to the levels of management seeking to ascertain both the managers, clinicians and others own experiences and their perceptions of the wider organisation.

These interviews have been used to ascertain the degree to which the Board's employment policies referred to above are fully understood and owned within the organisation

The one-to-one interviews specifically included:

- EMT
- senior management
- senior clinicians
- staff representatives from a wide range of unions including the BMA and RCN to talk about both their experiences as an employee where appropriate but also to represent the views of their members where possible

In total 69 staff attended one-to-one interviews with either with us or PWC.

5.6 Focus Groups

To make effective use of time and taking into account the size of the workforce, we have held a number of Focus Groups with a total of 56 staff in order to obtain a wider view in the limited timescale. In these Focus Groups we have sought to do four things. The first is to get a broad assessment from staff of the degree to which they are aware of the policy documents referred to above and where to access them; second, their views of the leadership style; third their views of and confidence in the Staff Survey. Finally we have used the opportunity for staff to provide confidential feedback on their more direct experiences of NHS Lothian's culture by way of an anonymous questionnaire.

Both the review team and the Chair have received a number of unsolicited requests to take part in the review. We are conscious that the sampling techniques referred to above should not be skewed by ad hoc requests. Nevertheless we have sought to collate this ad hoc feedback in a consistent manner and whilst not relying on it for the purpose of this report, we have nevertheless reflected upon the comments made to us.

6 BENCHMARKING AND ANALYSIS OF EXISTING DATA SOURCES

6.1 Review of Staff Survey and other staff data

We have reviewed the results of the Staff Survey and other relevant data such as that relating to sickness absence. The results of that analysis do not show anything untoward, with NHS Lothian generally performing better than other Boards; the data is summarised in Annex C.

6.2 IIP Scotland assessment

The IIP Scotland assessment process requires significant dialogue directly with staff and managers. As a result of that dialogue an extensive analysis is produced to assess each service area against the IIP assessment criteria. We have been informed that around 1200 staff were seen, some more than once and many in one-to-one discussions and that there were around 3000 hours of interviews. Initially 19 of the 24 areas passed their assessment first time. The remaining 5 have now passed and so NHS Lothian is one of the largest organisations to have achieved accreditation at the Standard level.

Key components of the assessment include people strategy, leadership and management strategy, learning and development and involvement and empowerment.

Each of the 24 areas has been the subject of a report. These reports are particularly interesting because they give an independent assessment by IIP Scotland of the degree to which NHS Lothian complies with the IIP assessment criteria. Inevitably the reports will reflect tensions in the workplace evident at the time, be that a local issue such as concerns about rotas or more general issues such as workload pressures against an uncertain economic background.

The reports contain direct comments from staff, often obtained by the independent IIP assessor from one-to-one interviews or from small groups. A high level review of these documents show them to be predominantly positive:

> *They encourage you to think of your learning needs*
> *I have got a very supportive manager*
> *If there are any changes we are told at team brief – We are able to put forward ideas*
> *We work together*
> *She keeps us informed and listens to what we say*
> *I enjoy working here it is a positive unit we always get a thank you*
> *The service plan was developed in partnership with staff*

In the context of recent events and this review some of the other comments and observations in the IIP reports are revealing. In November 2010 the assessment report for General Medicine included the following comments:

> *a number of negative examples were outlined in relation to the behaviours and attitudes displayed by some senior managers which does not reflect the values (of NHS Lothian). The concern that targets particularly the very visible 4 hour target drives behaviours that do not reflect the values and can at times conflict with them. These were mainly descriptions of senior manager behaviour by frontline staff and included shouting in a*

directive style just get it done and pressure to move patients on that is not always perceived as in the best interest of their treatment. Many were quick to say that they do not want to see a return to when patients were on trolleys in corridors for hours…

….people want a style of leadership which manages targets while demonstrating the values by supporting decisions that are made to go past 4 and 12 hour targets

In the Women and Children's report produced at around the same time:

some senior managers bully us with constant targets targets targets shouting and relentless pressure.

In the November 2011 report on General Surgery:

We have to fail targets which we hate before we get any more resources.

We talk about the targets as the tail wagging the dog and failure is not an option

If we are about to breach we have to cancel in patient scans in favour of outpatients in patients are usually more urgent but the target gets priority every time

These comments need to be put in context. The reports are overwhelmingly positive about the relationships at a local level between staff and their managers. It may be telling however that the negative comments come from parts of NHS Lothian with a responsibility for the two most high profile access targets.

The overall IIP assessment report produced in April 2011 also commented upon the leadership style. The assessment team stated that they had:

identified some exemplary examples of leadership and management in various parts of the organisation. From our discussions with managers and people we have determined a contrasting approach to leadership styles. On the one hand we have found examples of transforming leaders who: inspire, are people driven and develop individuals. On the other hand we have found transacting managers who: focus on control, provide instructions and are systems/ task driven.

We also received consistent feedback that the general leadership and management style was perceived to be based significantly on the hierarchy and power and was often described as 'command and control'. Some people used words including 'bullying', 'blame culture' and 'fear' when we discussed management style in the organisation.

There is an almost total concentration on targets and the tasks required to achieve them with less emphasis on people management and the softer skills which develop and engaged workforce. We found little evidence of 'people KPI's on any of the scorecards in the organisation with the exception of attendance metrics. This emphasis on targets and a predominantly autocratic leadership style is perceived in many areas to start at the top of the organisation. A frequent view expressed was that the top managers were

the least likely to adhere to the values and that their style of management was copied down through the management structure.

From what we have been told in our interviews with staff there appears to be an urgent need to evaluate the leadership and management style within NHS Lothian and to learn from the good practice which does exist'

The more recent IIP assessment for General Medicine has been far more positive.

At the NHS Lothian Partnership Forum on to 8 November 2011, IIP Scotland advised that it was important to review and evaluate leadership and management development processes to ensure on going motivation of staff. They also commented that it had been noticeable that in some areas the use of targets had resulted in negative reaction and demotivation and that this was to some extent reflected in the areas which had required re-assessment.

6.3 Compliance with national policies

Within the time available for the conduct of this review, whilst establishing that there appears to be broad compliance with the Committees structures required under the national arrangements, we have not be able to assess the degree to which NHS Lothian has fully complied with all of its requirements under the Staff Governance Standard and particularly whether such arrangements are effective.

We have not been able to examine in depth for example, the agendas or minutes of the Staff Governance Committee or the results of the use of the Self Assessment Audit Tool in order to provide additional levels of assurance, concerning compliance with these important national safeguards.

However it is clear that at a policy level NHS Lothian has sought to comply with the national requirements and particularly has developed its own DAW policies and other policies dealing with issues such as whistleblowing.

6.4 Wider Benchmarking and other data sources

Our extended brief requires us to look at wider data sources and wider benchmarking. The results are in Annex C.

7 FINDINGS

7.1 General context

This review needs to be seen in the context of extremely challenging times for NHS Lothian. It is under significant pressure to deliver faster access to services for its patients whilst at the same time facing a challenging financial environment. Inevitably this will have an impact on staff perceptions and motivation. There will be a need for strong and decisive officer leadership.

In the one-to-one discussions and Focus Groups we found a highly dedicated and committed workforce with huge loyalty to the NHS and NHS Lothian. As described in the IIP Scotland reports there are many areas of excellence and good relationships between staff and their managers. There is generally a strong and positive working relationship within work groups and a high commitment and professionalism through the nursing, medical management and support staff lines. That is not to say that there are not individual issues of concern or aspects of management at a local level that may warrant attention.

Within this generally positive picture of the organisation there remains the issue highlighted within the IIP Scotland report, concerning leadership style set out in 6.2. and the issues raised in the PWC report.

7.2 Cultural Descriptors

NHS Lothian is not one culture but a series of cultures and sub-cultures. This depends on the service or team an employee is working in, whether this is in a nursing or medical field and the location, the discipline, and the particular director or line manager. However NHS Lothian does have a dominant culture which influences from the top of the organisation and which in itself is made up of many facets. The descriptions below, of necessity given the brief, highlight the negative aspects of that over-arching culture on the organisation. These impacts have been derived in large part from discussions with a wide range of staff.

Some characteristics of the culture, taken in isolation, are open to positive interpretation. For example there is a strong culture of holding managers to account. However the overall weight of evidence which emerged together with the description of individual styles and of alleged behaviour creates an extremely disturbing picture of the culture of some parts of NHS Lothian such that, the key objective of holding people to account is delivered in a way that is highly questionable.

Our analysis, based upon the information obtained in one-to-one interviews and through the Focus Groups has also been informed by the PWC's report of their interviews of members of EMT.

We set out our findings in three stages

- The overarching management style and culture which will, as set out in paragraph 3.3, reflect that leaders of organisations have a pivotal role to play in setting the tone and style of the organisation.

- The underlying cultural assumptions – the 'unwritten rules' of the organisation which will reflect the realities of the workplace experience and may vary from the avowed values of the organisation.
- The symptoms and implications of the overarching management style and unwritten rules. At one level it may reflect 'what we do to survive or thrive' at another it could have a profound effect upon the organisation and its ability to perform effectively.

7.3 The overarching management style and culture

- **Holding people to account**

There is a strong sense of seeking to hold people to account. This comes through in the descriptions of various types of meetings. This is also evident from the PWC interviews with EMT. From our interviews with managers, we have been told of an over concern with detail, that in their opinion, could result in not fully addressing the substance in the report under discussion. From PWC interviews some EMT members were reported as being uncomfortable with the level of questioning and they refer to some meetings as being a highly challenging environment. From the interviews we held, there was a strong sense that the present system of accountability, sometimes giving people objectives and accountability without authority, along with concern about high levels of detail, often resulted in a paralysis and over analysis and at times slow decision taking. The PWC interviews refer to a style which can stifle debate or the ability to find solutions as a team, with some EMT members reporting that it lessened the likelihood of a culture of open sharing debate.

Organisations need to strike a balance between holding individuals to account, firm management, and developing an engaging and inclusive way of problem solving. NHS Lothian as described to us is at the extreme end of holding people account to the degree that the appropriate managers are often not involved in open discussions. Their views seem not be have been sought on key issues due to an alleged autocratic management style.

- **Leadership style**

From 57 one-to-one interviews and 5 Focus Groups comprising another 56 staff from a cross section of roles and disciplines, a number of instances of bullying, intimidation and inappropriate behaviours were alleged, both first and second hand. This depicts an organisation where being bullied, whilst not representing the daily experiences of the majority of staff, is common at certain levels. The corollary is that staff feel intimidated and anecdotes of bullying behaviour are common, with the Lothian Way often being referred to as "the bullying way". This has pervaded the culture of the organisation so that staff feel under-valued and they have little faith that the organisation will handle them in a fair manner, should they need to raise an issue about bullying by a senior manager.

We concur with IIP, in that we found many excellent managers and management styles. However it is our reasonable opinion that a consistent pattern has emerged whereby the weight of evidence presented to us in one-to-one interviews suggests a wholly inappropriate style of management in some parts of NHS Lothian. Such alleged styles as described to us and the number of alleged incidents of which we have been made aware could be described

as creating an undermining, intimidating, demeaning, threatening and hostile working environment for some staff.

This culture and alleged behaviour has been described by a significant number of interviewees as constituting bullying at NHS Lothian.

Our review indicates that the impact of such alleged behaviour on staff is both overt and covert. It is overt in the sense that the alleged behaviour has been personally witnessed or experienced. It is covert in that the fear of being a recipient of such alleged behaviour may have significantly impaired some employees' ability to fully function in their roles.

Some of the comments made in interview echoed the comments in IIP reports and the oppressive style referred to in the PWC report. Typical comments made included:

- *"A macho culture that has lasted for some time"* (this has been reported from a number of sources)
- *"Shocking.... an atmosphere of fear"*
- *"There is a blame culture, particularly for senior managers and I see it cascade and leak out to the lower graded staff"*

Typical of the alleged statements made to staff include the following:

- *"If you don't reach your targets you can collect your P45"* (almost a standard phrase reported from a number of interviewees)
- *"Some people will be parted from their livelihood"* (almost a standard phrase reported from a number of interviewees)
- "*those of you with mortgages and career aspirations had better be afraid*"

We should make it clear that such expressions are not generally representative of the conduct of senior managers; indeed the reverse, from interviews they deplore such conduct and seek to protect their staff from it.

There are many other examples that were given to us during the review, however we are reticent about including these because the context and circumstances may result in them being attributable and breach the assurance we gave to the contributors of anonymity.

It is interesting to test the comments above from the one-to-one interviews with the views of the Focus Groups. When the Focus Groups were asked about the top 10 behaviours that would describe the Leadership Team, which is very much about their perception of the environment within which they work. Out of a possible maximum score of 56 for each behaviour the top 6 and the bottom 6 behaviours were as set out below:

Top 6	**Score**	**Bottom 6**	**Score**
Demanding	46	Liberating	0
Controlling	36	Open minded	1

Challenging	30	Role models	2
Strategic	30	Inspirational	2
Disconnected	29	Acting with integrity	2
Dictatorial	22	Transparent	2

- **Blame culture**

Given the alleged style of some management behaviours it is not surprising that managers consistently described a "blame culture" within parts of NHS Lothian. Whilst the organisation may celebrate success on big initiatives, this more positive culture is not transferred to the day to day working environment, and if it is, it is down to local management. In fact the reverse applies. This strong sense of a" blame culture" is such that many managers retain e-mails specifically with the objective of protecting themselves.

In the PWC interviews with EMT there is an acknowledgement of the need for change with a desire to see a culture which is more clearly supportive and engaging.

7.4 Underlying Cultural Assumptions (The Unwritten Rules)

Many organisations have unwritten rules which describe 'the way we do things around here'**.** In NHS Lothian the following have been described consistently to us in one-to-one interviews:

- **Suppression of bad news – do not write it down**

A generally consistent pattern emerged of a reluctance to pass bad news too far up the management chain. Whilst individual groups may work in an open, supportive and transparent way and share problems with their immediate managers there were concerns about passing bad news higher up the management chain. Many managers told us of a culture where it was not deemed acceptable to put problems in writing to more senior management.

This correlates with the PWC interviews with EMT and the need for a culture 'where it is the right thing to report bad news at the soonest opportunity'. It also correlates with the PWC report on waiting times management.

- **Gloss**

A consistent message in our one-to-one interviews with managers was that there was a high degree of concern about ensuring an appropriate and positive 'spin' within reports, particularly to senior management, EMT or the Board, underplaying any particular difficulties. Whilst all organisations need to manage their reputation and NHS Lothian is no different in that, the sense from the interviews and Focus Group discussions was that at times, creating the right image or gloss was just as, if not more important than, seeking to obtain a full understanding of some of the substantive issues or risks within the matter being addressed.

There were specific concerns about language, for example it was not appropriate at some levels of the organisation to write about 'staffing shortages'; instead rather more oblique language is used, in this case 'staffing issues'.

- **You are on your own – 'Just fix It'**

All organisations have to devolve power and responsibility to function effectively. NHS Lothian has in place standing financial instructions and schemes of delegation to define authority levels. This establishes essential governance safeguards within which managers should operate.

However it is difficult to hold a manager to account for a particular goal, target or objective if s/he does not have control over the appropriate people and resources to deliver those objectives. This is particularly relevant in a highly complex organisation like the NHS where there is a high degree of co-dependency not only within the NHS but also with other key partners such as social care. Holding people to account needs to reflect these complex arrangements and needs to reflect that from time to time managers will need extensive senior management support, and the authority that comes from that senior management position, to improve performance or meet personal goals targets and objectives.

A very consistent pattern emerged that these complexities do not appear to be recognised by some. This can be best illustrated by one particular comment which succinctly summarised the views of the majority of managers we spoke to. That comment was "*just go away and fix it and open brackets I'm not going to help you*....." We were told repeatedly that in relation to the number of breaches of waiting times targets *"zero is the right answer"* again in the context of little or no support. These comments correlate with the PWC report.

7.5 Symptoms of the Over-Arching Culture

The alleged leadership style,along with the unwritten rules have implications for the organisation and its staff. Some of the implications will be at the level of moderating personal conducts (what we do to survive) and others will have more direct implications on services and governance. Below we set out those implications, as were explained to us in interview and those which could be reasonably adduced.

- **Managing the target**

The introduction of access targets in the NHS has the opportunity to transform the patient experience. The overriding policy objective is to deliver fast access to safe care. The success of that is assessed by measuring performance against targets. The focus should be on managing patients through pathways such that, when care is actually needed in an acute setting, there is fast access. The success of the outcome of the systems and pathways can be measured against the target.

The focus in NHS Lothian has been to seek to manage the target not the system. The PWC report alludes to this but it also emerged as a very strong theme in our one-to-one interviews. There have been a significant number of Lean reviews but usually limited in scope.

The approach to accountability and lack of a more collegiate style referred to above results in a tactical response by managers almost tinkering with a few parts of the system to achieve quick wins. They describe a culture where it is difficult to facilitate discussions on the broader, more strategic issues which need to be tackled if the access targets are to be achieved. There is increasing recognition of this however and we understand that more strategic approaches are being developed.

- **Learned behaviours**

We came across numerous examples where managers praised their immediate line manager and the way that s/he shielded them from what they perceived to be the worst aspect of the alleged conduct and behaviours. These managers were clear that the culture had lasted so long and become so pervasive that in some parts of the organisation such conduct was perceived as normal and acceptable and something to emulate.

These learned alleged behaviours are extremely worrying. The culture of denial or conspiracy of silence is so pervasive that some staff have assumed that the alleged behaviour is normal and it is accepted.

We must make it clear however that the overwhelming majority found such alleged conduct totally unacceptable. They had developed ways of avoiding being subjected to such negative attention.

- **Inability to challenge or apparent acceptance and tolerance of the behaviours**

Throughout the review we have encountered a fairly consistent theme from all parts of the workforce and at all levels of either an inability to challenge inappropriate behaviour or an apparent acceptance or "developed" tolerance of these behaviours. When questioned about this the responses have tended to fall into three categories: that there was no point taking any action because no one would listen; that there was fear of reprisal and losing their job and that the situation would only get worse; that they had seen how negatively others were treated when they tried to tackle the behaviour so it was best to keep their heads down.

This is one of the most difficult areas to tackle as it indicates that individuals across the organisation have altered their innate behaviour in response to a more powerful and dominant culture that has instilled a certain amount of apprehension or fear. In other words the consequences of taking action outweighed the discomfort of not tackling the issue. Many people described feelings of guilt in not tackling behaviour which they found demeaning and unacceptable.

In the staff Focus Groups there was relatively high awareness of the existence of the DAW policies and where they were located. There were three issues which emerged. The first was that staff had not heard of the Confidential Contacts Protocol (29% compared with 87% who had heard of the DAW policy). The second was that more junior staff were less likely to have heard of the policies or know where to find them. Finally they expressed similar views about the reluctance of using the DAW policy when a more senior manager

was involved. From a range of discussions knowledge of the whistle-blowing policy was less embedded as a route to address issues.

Notwithstanding this there is a reasonably high degree of confidence in resolving issues of inappropriate behaviour in the workplace between peers when the processes are used, particularly the facilitated sessions. However this cannot be said in terms of raising concerns about managers and particularly senior managers. From discussions with staff the following would appear to be factors in this:

- If there are sometimes high levels of stress in the workplace the inappropriate actions of individual managers are regarded as symptomatic of that stress. There is a reluctance to lodge a formal complaint against the manager concerned in recognition that the conduct and behaviour may in some cases be uncharacteristic and would add to their stress.

- There is little confidence that the DAW policy will result in any meaningful change for the individual being bullied.

- Concerns were expressed that raising a grievance against a senior manager could damage the complainant's career. In some circumstances we were told that people had moved to different parts of the organisation or left.

- Staff were also concerned that if they raised concerns there would be retribution. This can most starkly be illustrated by a comment from a member of staff who witnessed a senior manager allegedly berate and undermine an individual in front of subordinates in a public place. They were told not to complain if they 'wished to have a job'. Unfortunately fear of reprisal was a strong theme in both the interviews and Focus Groups.

Given the evidence so far and the pervasiveness of the alleged inappropriate behaviour in some parts of the organisation it is regrettable but also understandable that there has been so little challenge to the inappropriate behaviour when it has taken place. When bullying has become so pervasive and to some degree institutionalised, it is difficult to challenge the dominant culture as a single individual.

This lack of recognition, including at a senior level, has been demoralising at lower levels. A comment which summed up the attitudes of many managers was "*we know the way they behaved was wrong but it was just easier to shut up and get on with it*".

- **Difficulty in achieving timely responses or the benefits of single system working**

We have spoken to a significant number of managers who have attended meetings the descriptions of which are consistent and describe a high degree of tension in the room waiting to see who will get "a good kicking" with others with their "heads down looking at their feet". They have described either receiving or witnessing conduct and behaviours which they perceive as belittling and demeaning. There is widespread organisational

knowledge of these alleged dynamics in some meetings and it was frequently referred to by managers who have never attended these meetings.

Such a culture will result in delays in a whole organisation response as it requires strong leadership from the top. There is a very strong perception by those managers with responsibility for delivering the two key access targets that such a position has not yet been reached. Indeed they have little confidence in the internally generated recovery plans in place delivering the step change in performance required.

A number of managers alleged that there was some suppression of information to Non-Executive Directors which again would make members of the Board unsighted as problems emerge.

A comment from one manager summarised much of what we were told "*if we had been able to handle bad news in a better and more constructive way we could have sorted the problems out by now".*

This culture if unchallenged could frustrate the ability of the organisation to meet other key targets such as financial targets. If there is a no bad news culture and a just fix it culture with a denial by senior managers of the scale of any financial problems, by the time that recognition is achieved, it could well be too late for those problems to be resolved.

It is difficult to see how both the focus of debate and the tone of some meetings, the no bad news culture and silo working is conducive to effective team working or will ensure the delivery of the benefits which should flow from single system working.

It is clear from the PWC interviews that the EMT wish to adopt a new style of leadership which embraces more effective team working, engenders a culture of genuine and open debate on strategic issues and involves the broader management cadre in creating positive and innovative solutions to problem solving.

- **Cynicism**

The Lothian Way referred to in paragraph 3.2 describes conducts and behaviours which one would wish to see demonstrated and lived across the organisation as a whole. However, if staff observe that a senior manager does not display those values and attitudes, it completely undermines the corporate initiative. There appears to be fairly wide parlance that the "Lothian Way is the bullying way".

Furthermore the stated objective of being one of the top 25 healthcare organisations in the world is also undermined. There are many areas where staff and clinicians believe they are already providing leading edge and world-class services, however their daily experiences means they have great difficulty in recognising that the organisation is acting and behaving in a manner consistent with the pursuit of a top 25 objective.

Cynicism is also apparent with regard to the Staff Survey. There were concerns about confidentiality and that there was limited feedback that was of value to teams.

Cynicism and a workforce which is not engaged, as we set out in 6.3, can have implications for services and patients.

- **Talent management**

A number of staff made it clear to us that they would not wish to seek promotion into a post which would bring them into closer contact with the senior echelons of the organisation.

It has been alleged that a number of people have left the organisation because they were not prepared to tolerate the management culture and in some cases because of the harassment and bullying they perceived they had received.

- **Motivation, health and well-being of staff**

The perception of lack of support and recognition of the scale of the problem, from some senior managers, frustrates staff because they believe that the organisation working effectively together would deliver a better outcome. A typical comment was *"you work hard and you still get caned".* This will be even more acute where staff are under pressure and/or if there is stress in the workplace.

It is inevitable that organisations will be under significant pressure given the economic outlook and the need, notwithstanding that, to continue to deliver vital public services. However our sense from discussions and interviews with staff of the pressures and the culture of the organisation go well beyond that. It is clear that it is not just the lack of support from some of their senior managers but that the attitudes displayed add significantly to their stress. Given the size of the organisation, it is inevitable that some managers will have neither the skill nor the competence to fulfil the role that is demanded of them. However those we spoke to had limited confidence in the use of proper processes for managing competency at more senior levels.

- **Safety**

A fundamental overriding principle of any NHS organisation must be the delivery of safe care. For that to be safeguarded any organisation needs a set of values to which all can subscribe; clearly in clinical roles there are codes of ethics and a regulatory framework including bodies such as the GMC.

However notwithstanding, there have been some notorious incidences elsewhere in the NHS in England such as Mid-Staffordshire. In that instance organisational culture allegedly contributed towards high mortality rates.

It is not within our remit to look at safety nor would we consider it within our sphere of expertise. We have been told that there is a considerable focus on safety but we have also been told that the current focus on targets has from time to time allegedly led to decisions which, whilst not compromising safety, may nevertheless have not added to the quality of the patient experience.

There were a small number of service issued raised by doctors in the context of a culture which could not or would not address the issues they had raised. We have been made aware of the Clinical Advisory Board at the Royal Infirmary Edinburgh and that may be part of a pattern for greater engagement with clinicians. We will seek to make management aware of the issues raised with us in a manner which does not breach confidentiality.

7.6 Differential impact

Given the size and complexity of NHS Lothian the overarching culture will have a different impact upon different parts of the organisation.

As a generalisation from our interviews, the most disturbing aspects of the culture above would be less likely to be evident at its extremes in a number of areas including CHP's and in clinical areas up through medical and nurse management. They would tend to be more prevalent in managerial areas especially adversely affecting senior management. The robustness of senior and middle managers in protecting staff from such a culture is a significant mitigating factor.

Nevertheless the overarching culture would set the context and tone within which much of the organisation works.

We were made aware by some doctors about their experiences and of particular issues of concern to them. They also made allegations about their treatment by clinical colleagues or managers. There did seem to be some reluctance in some areas to challenge consultants. These issues whilst regrettable are rather more likely to be symptomatic of the NHS as a whole rather than as a result of the overarching culture in NHS Lothian; nevertheless they are issue which need to be taken into account.

8. CONCLUSIONS AND RECOMMENDATIONS

8.1 Emerging identification of the problems

The review team have looked at a broad cross section of workforce and management information. It is our view however that this data alone would not have revealed emerging issues to NHS Lothian. For potential problems to be "red- flagged" in the future, this would require triangulation with other quantitative and qualitative data.

The Staff Survey for example, although based upon a low participation rate, would not be an immediate cause for concern if viewed in isolation but may pose questions for further analysis if triangulated with other data sources. Full accreditation by IIP Scotland would also have indicated a positive view of the organisation.

It would therefore have been difficult for NHS Lothian to have diagnosed the problems we have identified by the use of management and workforce data alone.

Furthermore and more significantly the alleged inappropriate behaviours have endured and gone unchallenged or become accepted. There has allegedly been a culture of suppression of bad news with suggestions that some information should not be shared with Non-Executive Directors. In this environment whilst there may have been 'noise in the system' with staff "failing" to speak out or using the whistle blowing procedures, it would be difficult for the Board to be fully aware of the problems.

It is telling that the weight of evidence relating to the negative cultural aspects have only emerged in any significant way as a result of the in depth confidential interviews with staff.

They first started to emerge in the IIP Scotland summary report which comments adversely on the leadership style. However leadership style is just one part of a much broader assessment carried out by IIP and from their analysis the leadership styles in many parts of the organisation by local management are praised. Nevertheless the concerns were raised. These concerns were then in part corroborated as a result of the PWC report, the findings of which were informed by confidential discussions with staff often with their Trade Union representatives. Finally issues have been more fully identified as a result of this more intensive, focussed review.

8.2. Background to recommendations

NHS Lothian must maintain service delivery throughout this period of transition therefore the recommendations outlined below need to be marshalled within a coherent plan that prioritises the most important issues but does not overload and destabilise the organisation with excessive initiatives. Achieving this balance whilst addressing the key transitional recommendations and the resources required, will be one of the first tasks of a proposed Steering Group.

We have not in the time available been able to assess what current initiatives or projects may be underway to address some of the weaknesses we describe. We are also aware of the recent review of the HR and OD strategy, IIP action plans and a number of other significant and important initiatives including reviewing the scope of management development training and redefining values, which may go some way toward tacking the issues we describe. It will be

important that this pre-existing activity is co-ordinated with any actions following from this review. We therefore strongly advise that the recommendations should be discussed with EMT and Partnership leads, not only to refine them in the light of other initiatives and projects which may be on-going, but also as a precursor to getting wider organisational buy in.

We must emphasise that these conclusions and recommendations are framed against the background of a time-limited review. There has been no full and proper formal investigation of allegations which may have been made and the report should be read in that context. However there has been an extremely strong correlation between the views expressed by managers and staff throughout NHS Lothian both in our one-to-one interviews and from the Focus Groups about the culture generally.

8.3. Recommendations

It is important that NHS Lothian maintains the focus on its core purposes of providing healthcare throughout its communities and encourages and promotes healthy lifestyles. However organisational culture can have an impact upon those key priorities and the recommendations below are designed to help build a stronger organisation with those patient and community focussed purposes in mind.

We **RECOMMEND** that the change programme we set out below should be overseen by a Steering Group reporting directly to the Board and should be chaired by the Chair of the Board and comprise a number of Non-Executive Directors, Partnership leads and senior managers including the Chief Executive.

The recommendations below are not definitive. There may be different ways of achieving the underlying objective however that should be a matter for the Steering Group. We would **RECOMMEND** that the Steering Group works with all key stakeholders including senior managers, Partnership leads and others to refine the recommendations and the programme of change. The more broadly the Steering Group can create both recognition of the issues and ownership of the solutions, throughout the organisation, the more successful the change programme will become.

Once the work programme is agreed the Steering Group should continue to work in a manner which engages with staff and should consider having some sort of sounding board for staff, perhaps through existing Partnership Fora.

More specifically NHS Lothian should consider the following:

a) Change of leadership style

The leadership style of the organisation can only change from the top by a clear statement of intent from the Board and the commitment of senior staff.

This review has been very targeted and focused on one particular aspect of governance in the executive sphere of the organisation. The Board through its Chair and Non-Executive Directors has been examining the performance information the Board requires and particularly discussing strengthening how the Board functions. Given a proposed renewed

focus and leadership style as proposed in this report such a review of the Board is timely. We **RECOMMEND** that in the light of a proposed realignment of the way senior managers operate, as suggested below, the Board completes its own reassessment in order to align the way it operates with the way it expects senior managers to operate and vice versa. This should be co-ordinated with the Board signing off the new style and the purpose of EMT referred to below.

In the diagnostic phase of our review there have been generally very positive reports about the leadership style of senior staff including members of EMT. Many staff commented that their senior managers or Directors shielded them from the worst aspects of the organisational culture. However the style of strongly holding to account may not have helped build a 'team' at EMT or elsewhere and may not have supported strong collegiate working. To address this we **RECOMMEND** that there should be a programme of intensive support and development to help embed a new leadership style. The role of EMT and other key groups should be clearly defined and signed off by the Board as part of the Board's own review of the way it operates.

We **RECOMMEND** that the Board adopt a more formalised approach to 360° appraisal initially commencing with the Chief Executive and members of the EMT. However given the culture, it is not recommended that this is a first priority as much confidence and trust will need to be established first.

We **RECOMMEND** that there should be visible organisational signs that demonstrate that NHS Lothian is determined to change. This could include relocating some of the top team and more visibility of members of the Board and senior management across the organisation including group sessions with senior managers and staff to redevelop and refresh the culture of the organisation.

We **RECOMMEND** that the meeting culture at EMT and other appropriate groups should be refocused into a strategic, transformational and creative culture, allowing time for reflection and in-depth debate with colleagues from other disciplines and from other levels in the organisation. Managers should look forward to the opportunity of presenting papers to groups such as EMT as the platform for debate where decisions are properly discussed, owned and the corporate responsibility going forward is that of the EMT, whilst still seeking strong but appropriate individual accountability for performance.

We **RECOMMEND** that Non- Executive Directors and Executive Directors should become organisational champions of key issues which affect culture for example, Staff Engagement, Values and Culture, Equalities & Diversity and Zero Tolerance of Bullying & Harassment. This could be linked to the developing HR & OD Strategy.

Given the tough challenges faced by the organisation we **RECOMMEND** that regardless of a move to a more collegiate style this should not be at the expense of a strong system of holding people to account in a measured and balanced way.

Finally it is increasingly acknowledged that for reasons of good governance all boards should periodically review their effectiveness. We **RECOMMEND** that as part of moving forward there is a structured approach to examining the effectiveness of the Board and EMT

meetings. There is substantial external guidance on the assessment of Board effectiveness which could form the basis of this assessment. We suggest that as part of the re-building process this should be carried out immediately, perhaps initially externally facilitated, to get ownership of the changes required and then repeated at regular intervals.

b) Values, Culture and Organisational Development

Given the widespread cynicism surrounding the Lothian Way, NHS Lothian needs to articulate the culture it aspires to in the future and its underlying values. We **RECOMMEND** that a programme be developed in such a way as to create ownership across the organisation of the avowed values and behaviours. This needs to be aligned with the existing OD strategy currently underway. These positive values and behaviours should be simply described and defined along with those values and behaviours which the organisation does not want to see exhibited. This programme must address the reported "blame culture" that exists in NHS Lothian and focus instead on it becoming a learning organisation. The recent IIP accreditation will assist with this process.

In all organisations the dominant culture inevitably rests with the Chief Executive and senior staff. Other senior and middle managers have a specific role to play in developing a more engaging and inclusive culture in NHS Lothian. The review team has heard of the success of the top manager's programme and how through the refreshed HR and OD strategy it is to be extended. It is **RECOMMENDED** that the new culture and the values be embedded into these programmes, induction arrangements and in-house training, along with being a key part of the competency framework, so providing a platform to ensure consistency of approach across the organisation.

As a result of working in the culture described to us, some managers may have lost a sense of appropriate and inappropriate management styles. As part of the change programme we **RECOMMEND** that senior and middle managers and staff be provided with training and development to clearly distinguish the difference between bullying and firm management and how to handle this in the workplace.

The "blame culture" as reported to us can sometimes result in an environment where incidents are suppressed and there is a lack of openness. The Board needs to consider how it can refocus and build an open learning organisation. We **RECOMMEND** that there is a change in the approach to managing investigations such that staff have confidence that there will be an emphasis on organisational learning from mistakes, whilst recognising there may be issues of staff conduct or competence to be addressed. Consideration should be given to wider initiatives that can build an open learning organisation to overcome the "blame culture".

c) Re-establishing trust and confidence

Our brief is about culture. There will be wider issues of trust and credibility with patients and external stakeholders which no doubt will be a matter for the Board. Our consideration is rebuilding trust internally.

NHS Lothian must re-engage with its workforce. We **RECOMMEND** that there should be a fundamental reappraisal of the Staff Survey and its purpose which currently has a poor reputation and participation rate. This should be developed in such a way that it creates a sense that there can be a real change for the staff in the issues that they highlight. The deal must be 'you participate and we will listen and act'.

We **RECOMMEND** reviewing and renaming the Dignity at Work Policy, The Zero Tolerance of Bullying and Harassment Policy and the Board should consider an explicit policy statement at the Board about a zero tolerance.

We **RECOMMEND** that the confidential contact scheme and the Whistle Blowing policy should be realigned and the term Whistle-blowing should be used. It is entirely right that NHS Lothian should encourage staff to seek to resolve issues within the organisation prior to using external means. However more robust arrangements should be established with an independent confidential phone line for an employee to seek support and advice, in the first instance within the organisation but failing that through a form of confidential reporting. Any reassessment of the scheme should be guided by the BSI Code of Practice.

In terms of evaluation and measuring the changes that have taken place, we **RECOMMEND** that confidential interviews should be held with the same group of staff in 6-9 months time to give independent feedback on the progress and success of the change programme and the results published.

We also **RECOMMEND** consideration should be given to re-establishing either a robust system of exit interviews or some other form of feedback to assist as a diagnostic tool as an early warning system to identify potential problem areas. This data should form a key part of discussion with Partnership leads and managers.

d) Performance management, targets and accountability

We **RECOMMEND** that senior management review the alignment of authority and accountability throughout the organisation and ensure that the establishment of goals targets and objectives cascade in a way that is perceived to be equitable and reflect the power and authority of different levels of management. In this review strong and clear accountability must still exist whilst also recognise co-dependencies. Within these arrangements there is a need for more senior management to recognise that managers may need their support to achieve objectives, either in terms of the use of their authority at one level through to development of their coaching and mentoring skill to assist the manager at another. We **RECOMMEND** that Executive Directors be exemplars of this style of management.

The issues in the PWC report demonstrate a breakdown of the performance management regime in NHS Lothian. We have not looked at these arrangements in detail but would **RECOMMEND** that alongside some of the actions we propose above there is a more fundamental reassessment of the performance management arrangements.

We heard repeatedly from staff that all they were doing was 'managing the target' with an emphasis on quick fixes and frustration that more radical changes were difficult to get on

the agenda. The obsessive focus on two particular measures has meant that the organisation has lost sight of the underlying policy objective behind the initiative. Patients are entitled to prompt care and treatment and there is wide acceptance by the staff we spoke to in NHS Lothian of this fact; however sustainable achievement needs to be through managing a system and pathways which provide swift access to safe care when needed. We **RECOMMEND** a more strategic and 'one system' approach and help ensure that the need for difficult and complex decisions are highlighted and are taken.

e) Embedding Processes and Policies

There has been some criticism from staff about the number of Human Resources policies which seem unduly complex and in some cases repetitive. We **RECOMMEND** consideration should be given to simplifying and streamlining some of these policies to make them easily accessible and more user-friendly. Consideration should be given to having a summary at the front of each policy. A staff working group could be established to input into this process.

Changing the "organisational mythology" related to using these policies must also be addressed so that staff feel confident in taking forward a case of bullying or whistle-blowing in the future without concerns about reprisal. We **RECOMMEND** that once the policies are streamlined a programme of refresher training/ staff briefings takes place along with communication to the wider workforce on these issues.

At the beginning of this section we referred to the fact that an analysis of the management and workforce data in isolation would not have alerted NHS Lothian to emerging problems. We **RECOMMEND** that the management and workforce data is triangulated with organisational health indicators, and when re-launched, the Staff Survey results for teams and departments. We understand that there is national investment in an NHS Scotland wide HR system and we **RECOMMEND** that consideration be given to ensuring that this can start to facilitate more informative benchmarking initially in Scotland.

Given the comments in the overall IIP report referred to in 6.2 we **RECOMMEND** that the Board holds discussions with IIP to assess progress on the issues and themes raised to assist the change programme and the process of re-accreditation.

f) Risk and Reputation.

Again it is not our role to comment upon broader risks and reputation but rather to focus upon issues relevant to the matters identified in this report.

To future risk-proof this happening again, given the pressures that NHS Lothian can expect in the future, we **RECOMMEND** that the Board should consider a Corporate Monitoring Team comprising the Chief Executive, HR and OD Director and a Partnership lead to look at potential organisational "red flags". The intelligence gathering for this group would need to be considered carefully. However issues such as corporate risk, reputation and potential legal issues would be a possible starting point.

We **RECOMMEND** that the Board clearly defines its expectations of all Directors, but with particular regard to the HR and OD Director, in challenging negative behavioural issues where these exist at the top of the organisation. There should be an explicit obligation upon the HR Director to consult with the Chair of the Board if such issues become apparent and so avoid the risk of such issues arising and remaining unchallenged.

The HR Director is the guardian of the employment and health and safety policies of the organisation and it must be accepted by senior staff that sometimes the HR Director's role is to appropriately challenge behaviours for the ultimate good and reputation of the organisation. This with other steps above will help build organisational confidence.

In paragraph 6.5 we identify that engaged staff can be advocates for the organisation and as such help with the external reputation of the Board. Given the pervasive nature of the culture and the fact that for many years in certain parts of the organisation managers and staff have worked under the premise of "doing as they were told", changing this mind-set will take further work. We **RECOMMEND** that in the refreshment of the HR and OD strategy engaging staff should sit at the centre. Attempting to move from the status quo to an enabling and empowering culture where staff will be expected to be accountable and to make decisions without reprisal will require briefings and intervention to articulate the way forward for staff. In other words what the organisation now expects of the staff and how they will be supported to achieve this.

It is evident that UHD is under significant pressure. It is right that patients should have fast access to care and that managers should be held to account. We are conscious that remorseless 'just fix it' culture can at its worst result in lapses of judgement with consequences for patients. We **RECOMMEND** that the Interim Chief Executive, as a matter of urgency and in the interests of patients, takes stock of the issues we raise above on managing the target and with clinical colleagues risk assesses the current services and ensures that there are clear expectations, guidelines and parameters within which all staff are working during the recovery phase and going forward. .

A risk for all NHS organisations is a cultural disconnect between the organisation and clinicians. Whilst there appear to be strong relationships between Associate Medical Directors and Managers it may be that the overarching culture described in this report has some impact on the timely resolution of service issues. We **RECOMMEND** that the engagement strategy referred to above must also reassess current strategies for engagement with doctors and between doctors and improve them if necessary.

g) Mapping the future

Lothian NHS is one of the biggest providers of health care in Scotland with teaching hospitals and centres of excellence and it is appropriate that the organisation should stretch and aspire to be amongst the top 25 health care providers in the world. However this should not be at the detriment of getting the basics right and creating a culture where staff thrive. An engaged workforce will ultimately provide better care and support to patients.

From our diagnostic phase, staff want to be aspirational and have pride in who they work for. Whilst they had heard of "the top 25" they were sometimes disparaging about this initiative and they were unclear what this aspiration meant, the steps needed to achieve this status, what their role would be in the process and what NHS Lothian would look like when the organisation had achieved this. Some however contrasted this with aspiration with the current financial climate.

The review team are unclear whether the "top 25" initiative has been properly embedded or whether it is the most appropriate "aspirational tool" for NHS Lothian. In addition because of the cultural issues the brand of the "top 25" may now have been tarnished with the wider workforce. It may be that another expression of this aspirational goal is more appropriate for NHS Lothian and this should be a discussion for the Board and the Steering Group.

We **RECOMMEND** that the Board should review its commitment to the top 25 and how that is expressed or whether to replace it. If it is decided to continue with the "top 25" programme it is clear that an assessment needs to be undertaken. This would include mapping the journey of achieving the "top 25" status, auditing the current gaps in NHS Lothian against the map, the steps needed to address these gaps and explaining to staff at all levels what this means for them and the part they can play in the process.

8.4 Concluding comments

Due to the terms of reference for this report, we have undoubtedly focussed on the more negative cultural aspects within NHS Lothian. However, many parts of the organisation will have been largely untouched by the issues described in this report.

This report should not be seen as a condemnation of management or managers generally. It is clear to us, and borne out by the IIP reports, that for many staff there is huge pride in working for NHS Lothian. There are examples of excellent relationships within teams with many exceptionally good leaders and managers at all levels of the organisation who have been unaffected by the issues we have identified in this review. There are also many senior managers who have developed coping strategies and shielded their staff from the worst aspects of the conducts and behaviours we have described. This should give significant confidence in the strength and willingness of the organisation to change as it moves forward.

From discussions with staff it is evident that in the light of the very tight financial position, NHS Lothian faces some big strategic challenges which will impact directly on how the Board meets the needs of its communities. For these to be tackled the Board needs to be assured that it has an executive officer culture which encourages effective input and advice from a broad range of sources including clinicians and managers. It requires a culture which ensures that there has been no suppression of information and that those with appropriate knowledge and skills and experience can and do contribute towards resolving such challenges.

A more open learning culture with an engaged workforce will help the Board articulate the issues that it faces in a clear and consistent manner, with all key internal stakeholders on board. It is only with such a culture that NHS Lothian will be able to engage effectively with external stakeholders and build the trust and confidence required to take decisions necessary to move healthcare forward. The recommendations above should build upon the many strengths

the review team observed in the organisation, demonstrated by the managers and staff that we interviewed, so that NHS Lothian is able to create a transformational learning culture for the future to support patient care.

Annex A

EXTRACT FROM REPORT BY PWC INTO REVIEW INTO WAITING TIMES

4. Culture and Governance

As outlined above, we conducted interviews with a wide range of staff and management involved in the waiting times process. These interviews were anonymous, and all comments were non-attributable. These interviews enabled us to form a view around the working practices and culture within NHS Lothian, around the waiting times process.
In this section of the report, we set out our understanding of the position.

Unacceptable Pressure

It was apparent from interviews that certain staff involved in the waiting times management process were under unacceptable pressure to find "tactical" or paper adjustment solutions to waiting list issues.
This unacceptable pressure also manifested itself in a culture of "no bad news" around waiting times issues. Many staff interviewed stated that management were not receptive to hearing about waiting times issues, and as a result, they were encouraged to resolve any such issues through adjusting waiting times themselves, rather than improving the patient journey.
The findings in Section 3 of this report "Reporting" together with staff interviews support a view, that certain Service Managers seemingly "managed away" potential breachers in the last few days of each month.

Accountability and Governance

As also outlined above in Section 3 of this report "Reporting", our review of the outputs (minutes and actions) from the Waiting Time Management Team meetings highlighted a lack of clear debate and agreed action around waiting times issues before August 2011.
Staff interviewed also spoke of a "no-minute" culture, which indicates that problematic issues were discussed, but were not then recorded or passed up the management hierarchy either for information, or to be discussed or resolved openly. This, either by intention or design, has also led to a lack of accountability and restrictions on effective governance around waiting times.

Committed Staff

Our interviews with staff and management, and our wider work, revealed a high level of commitment amongst NHS Lothian staff around achieving waiting times targets. This commitment should also be considered against the challenging circumstances and questionable management styles under which they performed their roles.
It should also be highlighted that a number of staff interviewed also expressed concern at the culture within NHS Lothian, particularly with regards to waiting time management. This was particularly applicable to the use of periods of unavailability.

However, certain staff also noted a recent improvement, primarily due to a restructuring and resultant changes in senior and executive management and the change in policy of reducing the use of periods of unavailability.

Key Messages – Culture and Governance **Key Messages – Culture and Governance**

Staff involved in the waiting times management process, were under unacceptable pressure to find "tactical" or paper adjustment solutions to waiting list issues.

This unacceptable pressure also manifested itself in a culture of strongly discouraging the reporting of bad news, "no bad news", around waiting times issues – and an encouragement to resolve such issues through the adjustment of waiting times results, rather than resolving delays in the patient journey.

Although staff interviewed were very concerned about culture and working practices, certain staff were also keen to stress that a recent improvement had taken place; primarily due to a restructuring and resultant changes in senior management and the change in management expectation and policy with regards to the use of periods of unavailability.

Annex B

EXTRACTS FROM PIN POLICY ON PREVENTING AND DEALING WITH BULLYING AND HARASSMENT IN NHS SCOTLAND

Appropriate Behaviour v Inappropriate Behaviour

Because of differences in perception, it is not always easy to differentiate between firm, fair management and bullying and harassment. So here are a few comparisons to help you discern between the two:

Appropriate Behaviour	Inappropriate Behaviour
Consistent	Inconsistent
Shares information	Withholds selectively
Fair	Has favourites
Truthful	Distorts, fabricates
Delegates	Abdicates
Builds team spirit	Creates fear, divides
Leads by example	Sets a poor example
Listens	Snaps
Admits mistakes	Blames others
Challenges constructively	Avoids conflict

It is accepted that these descriptions represent extremes of behaviour, although in practice things may not be so clear and individuals may display characteristics which fall somewhere in the middle.

Examples of bullying/harassing behaviour include:

- Spreading malicious rumours, or insulting someone by word or behaviour (particularly on the grounds of age, race, sex, disability, sexual orientation and religion or belief);
- Copying memos that are critical about someone to others who do not need to know;
- Ridiculing or demeaning someone - picking on them or setting them up to fail;
- Exclusion or victimisation;
- Unfair treatment;
- Overbearing supervision or other misuse of power or position;
- Unwelcome sexual advances - touching, standing too close, the display of offensive materials, asking for sexual favours, making decisions on the basis of sexual advances being accepted or rejected;
- Making threats or comments about job security without foundation;
- Deliberately undermining a competent worker by overloading and constant criticism;
- Preventing individuals progressing by intentionally blocking promotion or training opportunities

Annex C

ANALYSIS OF EXISTING DATA SOURCES AND BENCHMARKING

The Staff Survey should give a feel for the overall culture of NHS Lothian. However the participation rate was low at only 19% which is a negative indicator in itself. There is no formal ranking or benchmarking of the results in Scotland but there is access to comparative data. We looked at a number of questions which were more likely to be indicators of culture. These were:

Question1. I am kept informed about what is happening in my Board

Question 2: My line manager communicates effectively with me

Question 4: I am clear what my duties and responsibilities are.

Question 7: KSF development review, performance appraisal PDP Plan meeting or equivalent in last 12 months

Question 7.2: Did you agree a PDP or equivalent?

Question 12: I am confident my ideas or suggestions would be listened to

Question 18: During the past 12 months I have experienced discrimination

Question 21: I believe it is safe to speak up and challenge the way things are done if I have concerns about quality, negligence or wrongdoing by staff

Question 27: During the past 12 months, have you experienced bullying or harassment at work?

The chart below gives a simple analysis of how NHS Lothian compares with other relevant Health Boards in relation to these questions.

This shows that in comparison, NHS Lothian performs relatively well with performance well toward the top of the table.

NHS Scotland 2010 Staff Survey - Summary

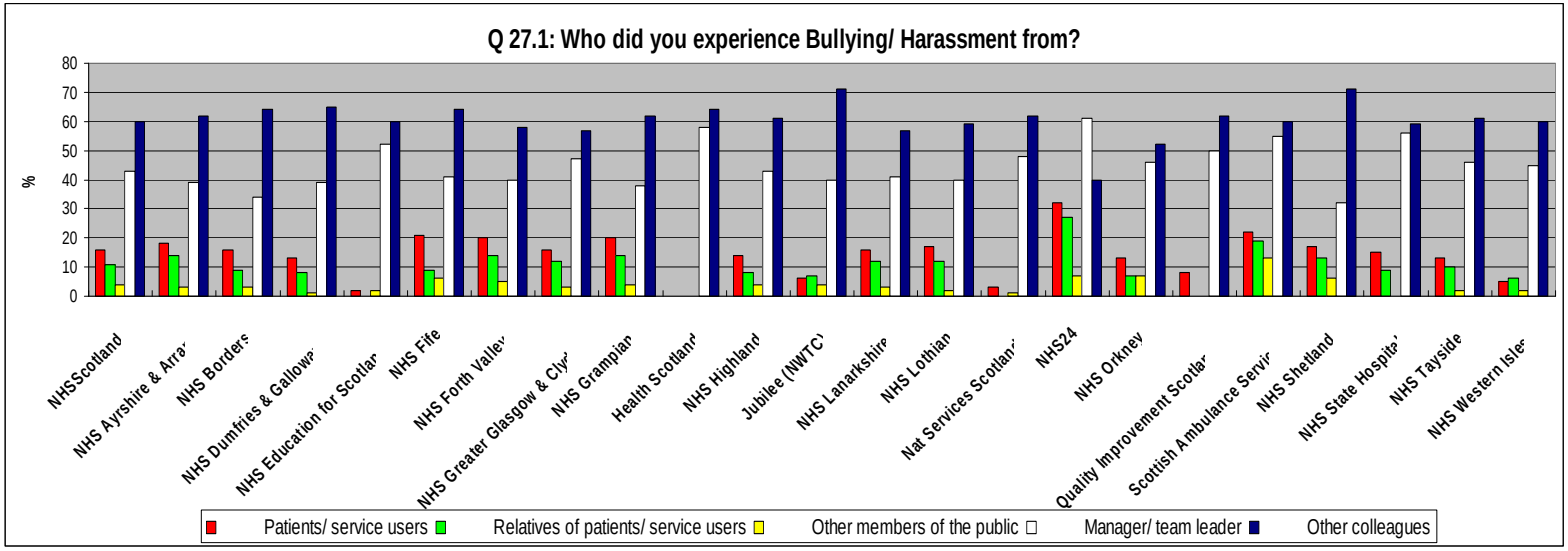
2010 Survey Section	Well Informed			Appropriately Trained		Involved with Decisions	Treated Fairly and Consistently	Improved and Safe Working Environment	
Questions (NHS Scotland 2010)	Question 1 Ranking	Question 2 Ranking	Question 4 Ranking	Question 7 Ranking	Question 7.2 Ranking	Question 12 Ranking	Question 18 Ranking	Question 21 Ranking	Question 27 Ranking
NHS Lothian	9=	8=	3=	8	3=	4	3=	5=	6=
NHSScotland	12=	12	12=	12	10=	13=	11=	11=	11=
NHS Lanarkshire	5=	6	3=	6	3=	9=	3=	9=	4=
NHS Greater Glasgow and Clyde	19	13=	12=	14	7	20	16=	20	14=
NHS Grampian	12=	13=	8=	16=	19	21	11=	18=	14=
NHS Tayside	12=	13=	19=	10	17	17	20=	15=	19
NHS Highland	20=	21	14=	15	10=	13=	20=	11=	20
NHS Ayrshire and Arran	4	8=	8=	9	5=	12	9=	11=	6=
NHS Fife	20=	13=	14=	19	8=	6=	7=	7	6=
NHS Borders	17=	8=	3=	16=	13=	5	3=	11=	11=
NHS Forth Valley	12=	22	14=	21	8=	18	9=	18=	16=
NHS Dumfries and Galloway	12=	13=	3=	13	18	6=	7=	5=	11=
NHS Western Isles	9=	11	8=	20	22	13=	16=	15=	16=
NHS Shetland	9=	5	8=	16=	20	1	16=	15=	21
NHS Orkney	23	13=	23	11	13=	22	16=	21	6=

Ranking Key	1 to 8
	9 to 16
	17-23

There is a specific follow up question to question 27 on bullying.

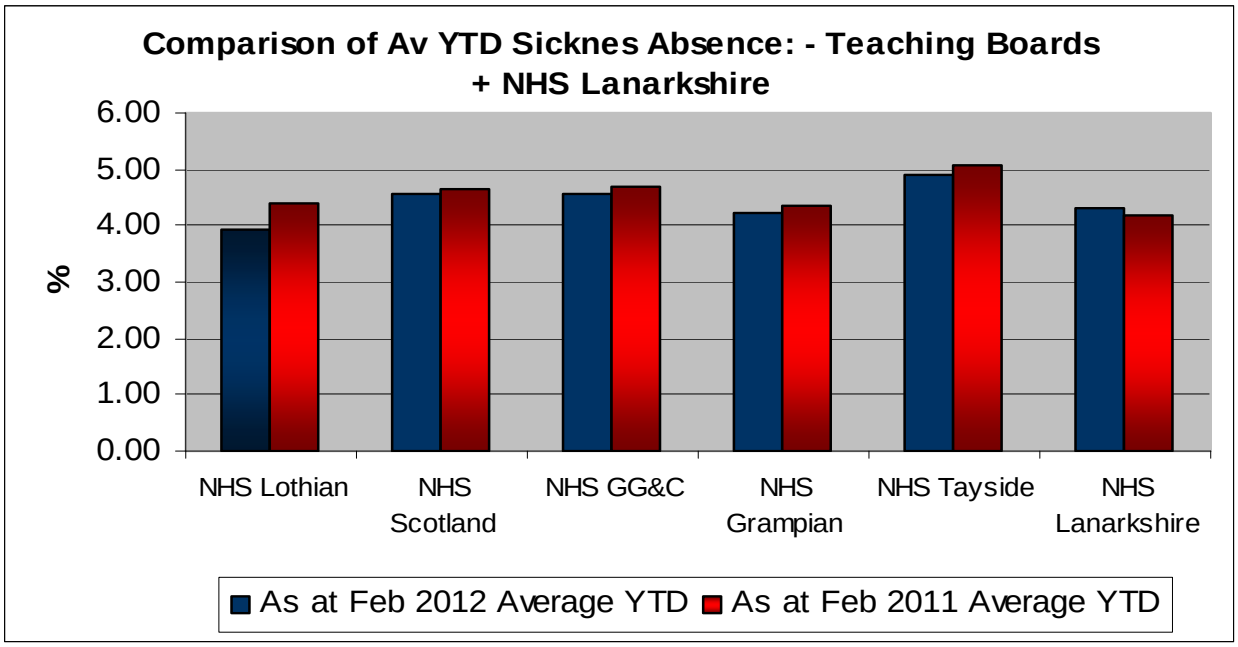
Question 27.1 seeks to identify the source of bullying including if it is by a manager or team leader. The analysis shown on the following page would again suggest that NHS Lothian is not in any sense an outlier, indeed the reported rate of bullying by managers or team leaders is lower than the average.

Question 27.1: When you have experienced Bullying/ Harassment, who was it from?



Comparison of Absence Data across NHS Boards in Scotland (SWISS Data)

The charts below compare sickness absence levels across different NHS Boards in Scotland.



SWISS Data	Av YTD as at Feb '12	Av YTD as at Feb '11
NHS Lothian	**3.95**	**4.40**
NHS Scotland	**4.54**	**4.64**
NHS GG&C	4.56	4.69
NHS Grampian	4.22	4.33
NHS Tayside	4.88	5.09
NHS Lanarkshire	4.30	4.18

Again this data would suggest that NHS Lothian is not out of line with other Boards, indeed the reverse.

We have examined the grievance data in some detail along with information on stress, overtime and turnover rates. In relation to grievances whilst there are a number of cases of allegations of bullying in the workplace by managers they are overwhelmingly allegations against first line managers and whilst if proven are regrettable they are not suggestive of an oppressive or bullying culture.

However such data can be difficult to assess. Where the reported rate is low it could be a sign of a lack of confidence in the grievance procedures and concern about victimisation but it could just as easily be an indicator of low levels of bullying.

We have examined some comparable data for indicators of culture from Association of UK University Hospitals, a grouping of some of the leading Foundation Trusts in England, which presents Staff Survey results in a form of ranking. There are difficulties in making direct comparisons due to slightly differently worded questions and the different mix of the workforce.. The most telling difference is that the leading Trusts have much higher participation rates but on issues such as bullying the comparisons are unremarkable.

In a report commissioned by the UK government "Engaging for Success: Enhancing Performance Through Employee Engagement", the case is made about the importance of high employee engagement, that it can be measured, and furthermore, high employee engagement correlates with good performance. There is evidence that improving engagement levels in an organisation will improve innovation and performance.

The Institute of Employment Studies puts this succinctly:

….. "an engaged employee experiences a blend of job satisfaction, organisational commitment, job involvement and feelings of empowerment. It is a concept that is greater than the sum of its parts"…..

Some of the KPI's on engagement are as follows:

- Engaged employees in the UK take an average of 2.69 sick days per year compared to the disengaged who take 6.19.
- Seventy percent of engaged employees indicate they have a good understanding of how to meet customer needs, only 17% of disengaged employees say the same.
- Engaged employees are 87% less likely to leave the organisation than the disengaged. The cost of high turnover amongst disengaged employees is significant: some estimates put the cost of replacing each employee at equal to annual salary.
- Engaged employees are advocates for their organisation – 67% as opposed to 3% for the disengaged.
- 54% of the actively disengaged say work is having a negative effect on their physical health compared to 12% who are engaged.

From the report poor leadership leads to poor management practice where managers fail to engage with their staff. Poor people management skills are behind most low levels of engagement.

……."people join organisations... but they leave their managers"…..

Of even more importance to a health service provider is the linkage with patient care. This next quotation comes from Best Companies research:

...."the way employers treat employees has a direct effect on how employees treat customers"....

The enablers to improve engagement include:

- Leadership which ensures a strong, transparent and explicit organisational culture which gives employees a line of sight between their job and the vision and aims of the organisation

- Engaging managers who offer clarity, appreciation and who treat people as individuals

- Employees feeling they have a voice and are listened to

- A belief amongst employees that the organisation lives its values, that the espoused behavioural norms are adhered to and this results in trust and integrity.

To conclude, Professor Beverley Alamo-Metcalfe from Leeds University carried out a three year longitudinal study of 46 mental health teams working in the NHS. This study indicated that a culture of engagement predicted performance and was more important than other variables including competence:

...." We were able to provide evidence that engaging leadership does, in fact, predict productivity. We also found that this style of leadership increases employees' motivation, job satisfaction and commitment, while reducing job-stress. Leadership skills alone do not have such a transformational effect"....

In our review we have observed that although staff and managers are by and large committed to their team the broader engagement with NHS Lothian as an organisation needs further work. The participation rates on the Staff Survey indicate a low engagement rating. Ensuring that developing positive engagement activity is a key strand of the updated HR & OD Strategy, linking this with pan Scotland and best organisations benchmarking will begin to measure improvements in staff engagement. Linked with the picture emerging over time from Organisational Health Indicators will assist NHS Lothian in taking an organisational temperature both corporately and in departments.