

### **In the words of...**

## **Graham Jagger, Director of Corporate Development, Papworth Hospital NHS Trust**

### **What caused you to look at the issue of bullying and harassment in the Trust?**

There is a general NHS awareness of the bullying and harassment issue. We had some feedback from staff attitude survey and although we hadn't asked the question people commented that they had experienced bullying and it hadn't been addressed, or case had been reported and nothing was done. There is a wider policy in the NHS on Zero Tolerance on aggression, on protecting staff. I was interested on a personal basis in mediation. I thought it offered a particularly helpful approach to dealing with issues involving the breakdown of working relationships, which are best addressed outside formal procedures if possible. You could have good policy but need the opportunity for two parties to mediate between one another and get resolution, outside or before entering the procedure which is not dissimilar to a grievance procedure. This is better than going formal, with people taking stances, formalising things.

There is a culture change around the whole bullying and harassment issue regarding how people regard each other, and what they are prepared to tolerate. A lot of individuals who have been around for a while might not be aware of this. We thought it would be useful to have sessions to get people more aware of what construes or could be construed as harassment and the potential consequences of bullying and harassment. Also, if the Trust did nothing to safeguard individuals from harassment we could be liable for claims for constructive dismissal because failed to create an environment free from harassment.

### **Bullying and harassment study days**

We had produced a policy, I was convinced that harassment was on the agenda but was not sure that heads of department, and people with management responsibility were fully aware of the issues associated with bullying and knew what to do about it in the first instance. I wanted people to be aware of their own style, and how to act under the policy – all staff with supervisory responsibility'. A number of study days were developed and delivered by CMP for these staff, covering what is bullying, what impact does it have, what are some of the organisational causes of bullying. The study days also helped people look at their own behaviour, and develop skills to handle situations when bullying may be occurring. 'Staff

thought the study days were excellent. They were all very enthusiastic. When cases of bullying have come up they've been prompt to act. Managers are acting more speedily than they otherwise would have. They are acting quickly and appropriately, so we have rarely had to use the formal procedure, they have been resolved at low level. A group of staff from the early study days were given basic mediation training to perform a 'first line' mediation role '.

The medical staff are next. Some senior medics aren't aware what bullying and harassment is. In a theatre you've got to shout sometimes, you need to communicate clearly. Some bullying and harassment can happen without being aware of it. It is important that medical supervisory staff have the same level of awareness of others.

### Using mediation

I was fully trained as a mediator on CMP's Certificate in Mediation Skills course and have acted directly as a mediator in two cases involving senior medical staff. Formal complaints had been made regarding behaviour. Mediation was offered outside the formal grievance procedure. It was appropriately diverted from the formal process. In both cases the issue was resolved. A particular benefit in each case was for the complainant to be able to say exactly how the other person's behaviour had impacted on her. The other person was genuinely surprised. He did not intend this effect - 'everyone knows this is how I am.' We also have a panel of 'first line mediators'. They have handled two cases. I helped plan the approach, discuss the cases. They co-work.