Behaviour charter paper supporting documentation.

1.0 Impact of poor behaviours

There is now a large body of anecdotal and empirical evidence setting out the negative impact of poor behaviours on staff, patients, and organisations where they are tolerated and normalised (Civility Saves Lives 2024). Research undertaken globally demonstrates the need for an approach that addresses the issue at an individual and system level (Aunger et. al. 2023, Churruca et. al. 2022).

1.1 Staff experience

Poor behaviours of staff, visitors and patients has been shown to impact staff engagement, perception of their workplace and the quality of their work (Riskin et. al. 2015, Civility Saves Lives 2025, Porath and Pearson 2013, Katz et. al. 2019). Poor behaviours run across a spectrum, ranging from so called "low level" rudeness and incivility to violence, aggression, and sexual assault. For the purposes of the behaviour charter, we will use poor behaviours to describe those behaviours we do not want to see within our Trust, by anyone on site and which may occur anywhere on this spectrum.

In healthcare, individuals and teams are expected to function effectively in high pressure, complex systems, and good communication is fundamental to achieve this. The normalisation of rudeness, incivility, and aggressive ways of communicating erodes trust and does not foster psychological safety. Psychological safety was first described in 1990 and expanded in 1999 by Edmundson to mean "being safe to take interpersonal risks". This safety allows individuals to thrive in their workplace, helping reduce sickness absence and

turnover, whilst simultaneously increasing productivity, efficiency, creativity, and innovation (Kline and Lewis 2019, Civility Saves Lives 2024). Staff who feel able to contribute and are fulfilled are more likely to be engaged. Workforce engagement is correlated with improved patient outcomes and experience and organisational performance (West and Dawson 2012).

1.2 Patient experience

Hospital Standardised Mortality Ratio (HSMR) is a figure that benchmarks the number of deaths in a hospital against the national average. Research has demonstrated poor behaviours increase mortality rates (HSMR) and medical errors, negatively impacting safety culture and quality of care (Lewis 2021, Rosenstein and Naylor 2012). Patient and service users exposed to poor behaviours from staff, other patients and visitors are more likely to view their care and experience negatively, with 75% viewing the organisation less favourably (Civility Saves Lives 2024, Porath and Pearson 2013). Doctors with poor attitudes and behaviours leads to higher complaints from patients (GMC 2018) whilst surgeons perceived to be rude with more complaints about their behaviour have been found to have patients with more post-operative complications (Cooper et. al. 2019). Put simply, poor behaviours negatively affect patient and staff safety and wellbeing.

> *"Worker safety and patient safety are two sides of the same coin."*
>
> *Dr Henrietta Hughes OBE, Patient Safety Commissioner. October 2024.*

1.3 Organisational impact

When staff and patient wellbeing are prioritised the benefits to the organisation is not limited to improving staff and patient experience. It can also benefit the Trust externally by having a happy, healthy workforce who positively contribute to the wider community where they live

and work. Perception of the organisation remains positive creating a reputation of a place where high quality and safe care is delivered. Aside from the moral and legal obligation to provide safe, effective working environments and care, there is a financial impact when poor behaviours are the norm. Kline and Lewis (2018) "conservatively" estimated the cost of bullying and harassment to the NHS in England was £2.28 billion annually due to higher staff turnover, increased sickness and absenteeism, reduced productivity and performance, litigation, compensation, and industrial relations costs. The NHS England (NHSE) bullying and harassment calculator (NHSE 2021) may be used to understand the significant impact on finances, suggesting focus on behaviour change programmes and cultural work is worth the investment.

2.0 Context
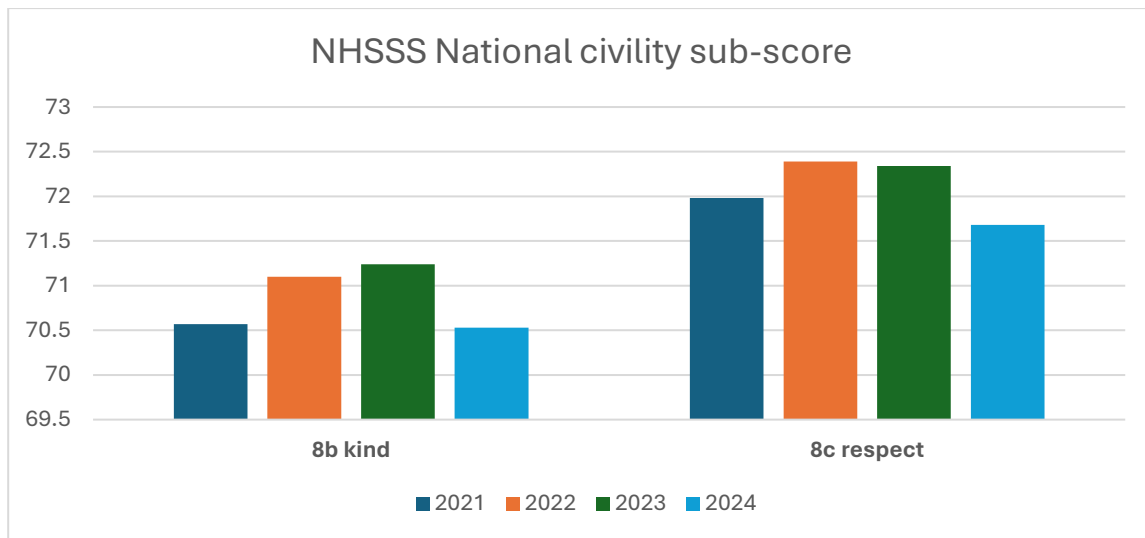
2.1 National context

1. We are Compassionate and inclusive.

2. We are recognised and rewarded.

3. We each have a voice that counts.

4. We are safe and healthy.

5. We are always learning.
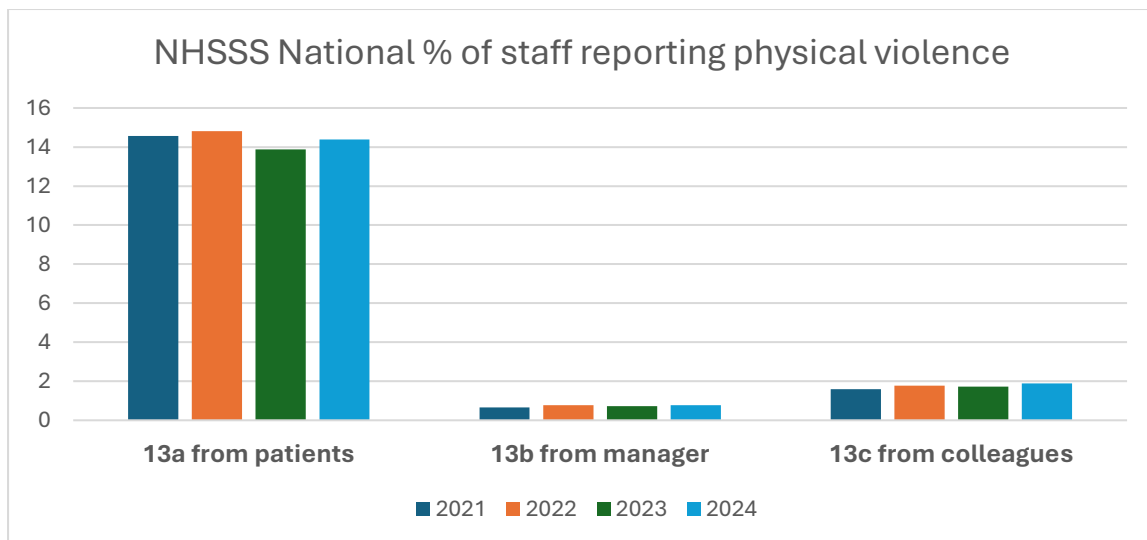
6. We work flexibly.

7. We are a team.

In July 2020 the NHS People Promise (NHSPP) articulated seven domains as a national focus for cultural work. These seven domains, seen above, are a set of statements offering a vision and aspiration for all NHS staff about how they will work and what they can expect as an employee. In 2021 NHSE created a civility toolkit aligned to the NHSPP domains 1. "We are compassionate and inclusive" and 4. "We are safe and healthy" (NHS England 2020). The development and adoption of behaviour charters within NHS Trusts and private sector organisations in the UK has become common, (see appendix 1). These behaviour charters offer an opportunity to explicitly set out expectations and consequences when behaviours do not meet agreed standards for safe and healthy workplaces.

Evidence for the need of such explicit messages comes from a variety of sources. NHSE sexual safety charter in 2023 was created due to sexual misconduct in the workplace, with the Worker Protection Act 2024 (an amendment to the Equality Act 2010) strengthening the legal rights of employees if exposed to sexual harassment. In 2024 following the racist riots NHSE created guidance for employers and advice on taking an "anti-racist" stance (NHS England 2024). However, although national messages about behavioural expectations are clear, there is evidence poor behaviours across the spectrum is worsening. The NHSSS civility sub-score q8b and q8c has decreased (see graph 1) alongside increased reporting of physical violence from patients, managers, and colleagues (see graph 2).

Graph 1

Tara Vachell   Board of Directors   7th May 2025

NHSSS National civility sub-score

Graph 2

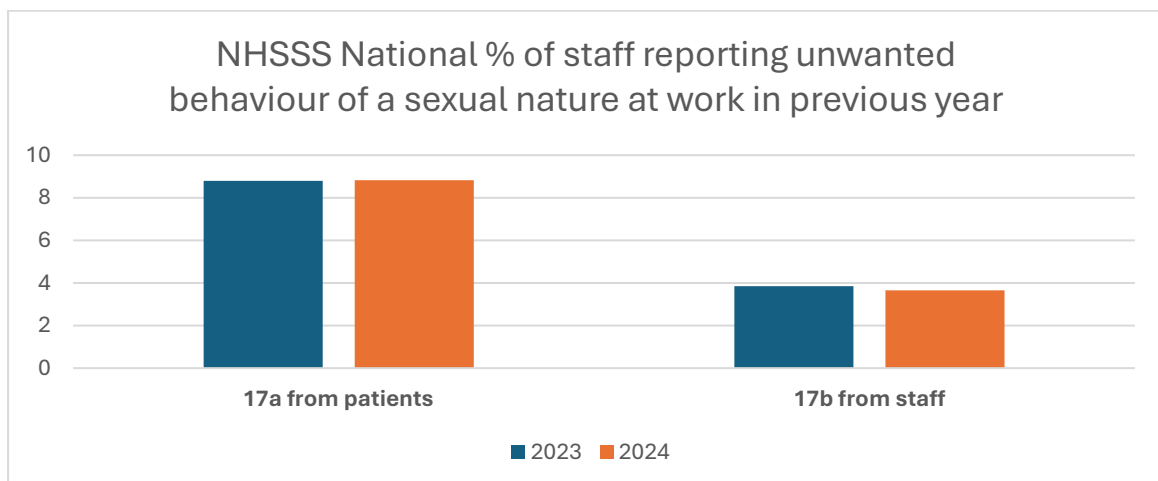**NHSSS National % of staff reporting physical violence**

Worryingly research shows those with protected characteristics are more likely to experience poor behaviours (Aunger et al 2021) and are less likely to speak up about them (Freedom to Speak Up 2024). National trends for bullying and harassment (see graph 3) and unwanted sexual behaviour (see graph 4) show a decline.
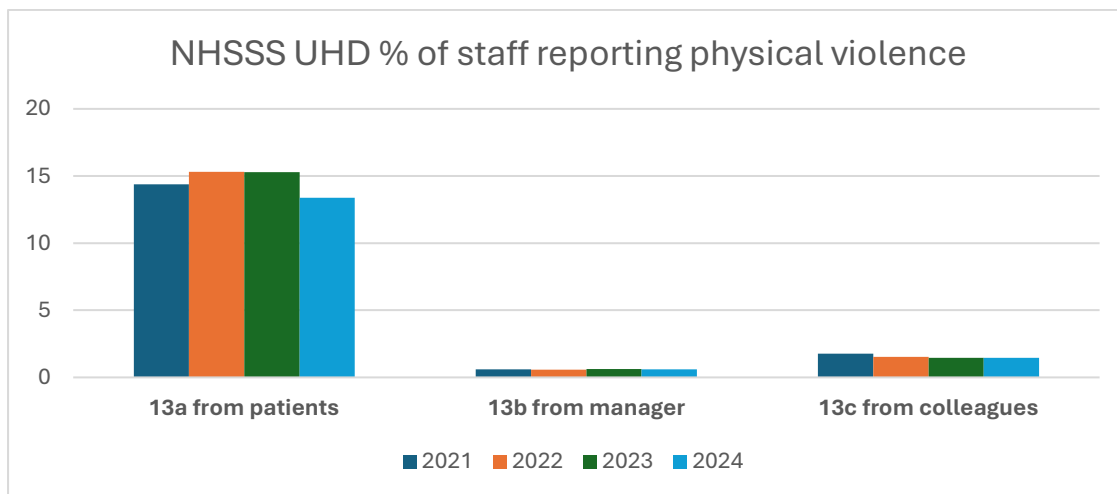
Graph 3

NHSSS National % of staff reporting one incident of bullying and harrassment in previous year

Legend: 2021, 2022, 2023, 2024

Categories: 14a from patients, 14b from manager, 14c from colleagues

Graph 4

NHSSS National % of staff reporting unwanted behaviour of a sexual nature at work in previous year

Legend: 2023, 2024

Categories: 17a from patients, 17b from staff

2.2 Local context

At UHD we have a clear set of values, however we have many messages about behavioural expectations (see appendix 2) potentially leading to confusion on how to identify and address poor behaviours. The 2024 NHSSS shows a mixed picture at UHD with reporting of physical violence from patients and managers being lower than in 2023, but static from colleagues (q13a, a13b and q13c see graph 5).

Graph 5

NHSSS UHD % of staff reporting physical violence

Whilst bullying and harassment from patients and colleagues is down from 2023, it has

increased from managers (q14a q14b q14c see graph 6).

Graph 6

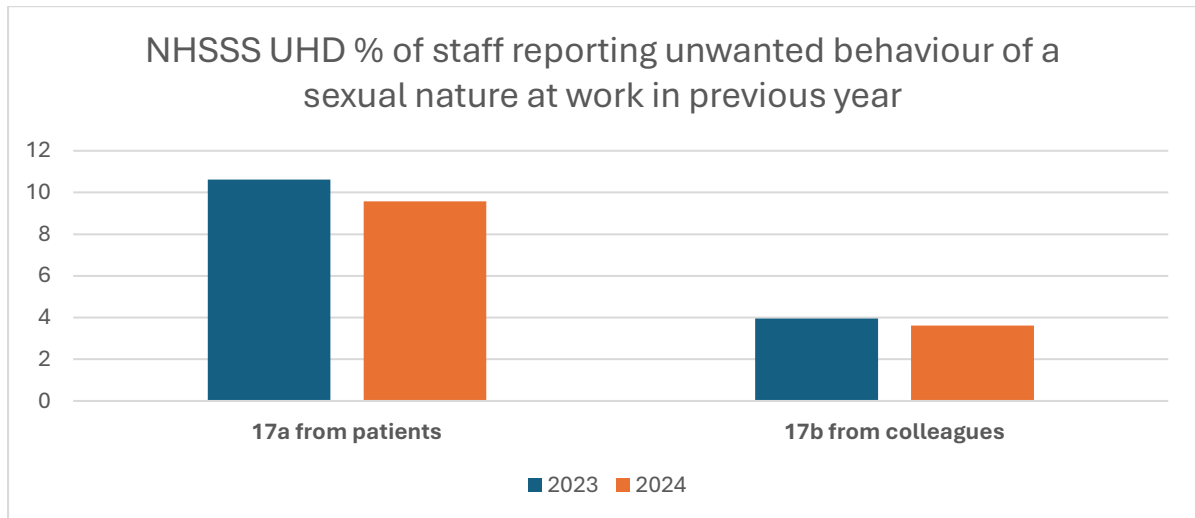NHSSS UHD % of staff reporting one incident of bullying and harassment in previous year
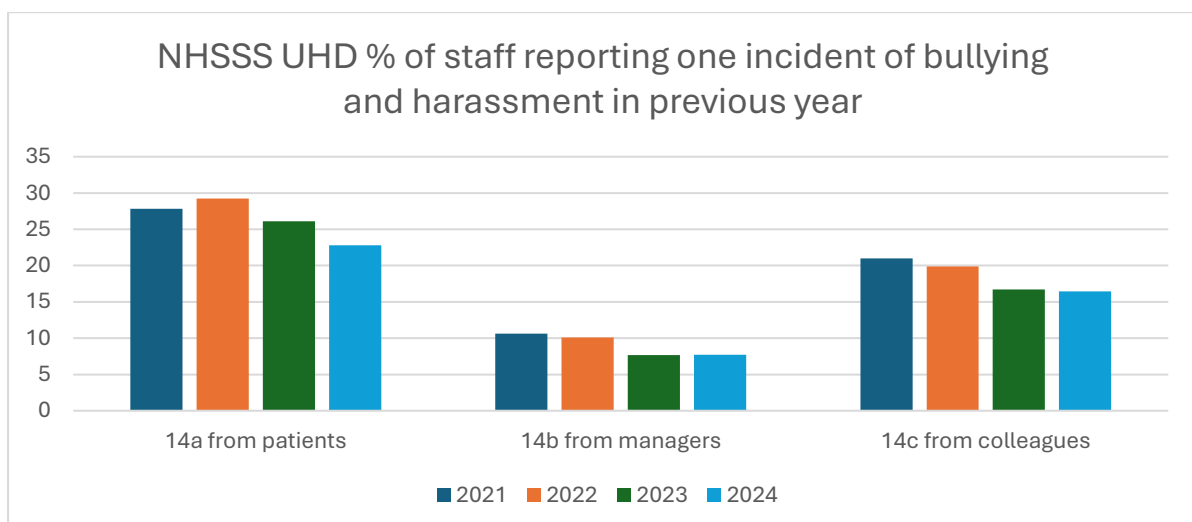
Incidents of unwanted sexual behaviours have decreased both from patients and colleagues

(q17a q17b). UHD has lower than the national figure of 3.66% (UHD 3.61%) for sexual
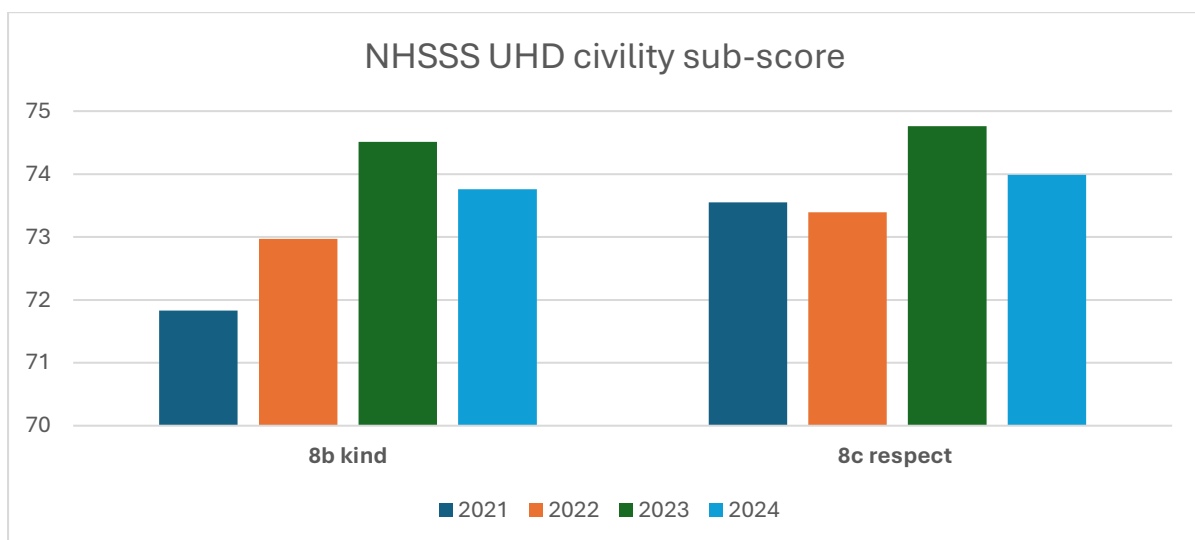
harassment from colleagues, but higher for patients at 9.58% (national 8.82%) (see graph 7).

Graph 7

Our civility sub-score q8b and q8c has declined from 2023 mirroring the national picture, (see graph 8). However, unlike the national trend which shows a decline to pre 2021 figures at UHD the civility sub-score remains above 2021 and 2022 levels.

Graph 8

Despite these green shoots and reasons to be optimistic, these data tell us not everyone working at UHD has a positive experience and variability exists across the Trust. This provides a compelling reason to provide standardisation of behavioural expectations by developing a behaviour charter and aligns to the Patient First quality improvement methodology and 5 strategic themes set out at UHD. A behaviour charter provides an opportunity to contribute to the goals set out in these 5 strategic themes.

3.0 Appendices

Appendix 1

Our Behavioural Charter

We have a **zero-tolerance** approach towards bullying, harassment, discrimination, violence or aggression **of any kind**.

If you've **experienced** or **witnessed** any of the above, **please report it** via one of the routes below.

We will **support** all colleagues to **report** bullying, harassment, discrimination, violence or aggression **of any kind**:

- Directly to your **Line Manager**.
- By calling the **HR Advice Line**: 01905 760410 or Ext. 38594.
- Using the **Datix** incident reporting system.
- Through the online **Freedom to Speak Up portal** (This includes an anonymous option). Scan this QR code with your phone to report it now:
- **Trade Union members** can contact their local **Trade Union representative**, see 'Union Reps' on the Intranet 'Quick Links'.

You can find out more on the Staff Intranet, including how we will support you as well as examples of what bullying, harassment, discrimination, violence or aggression might show up as.
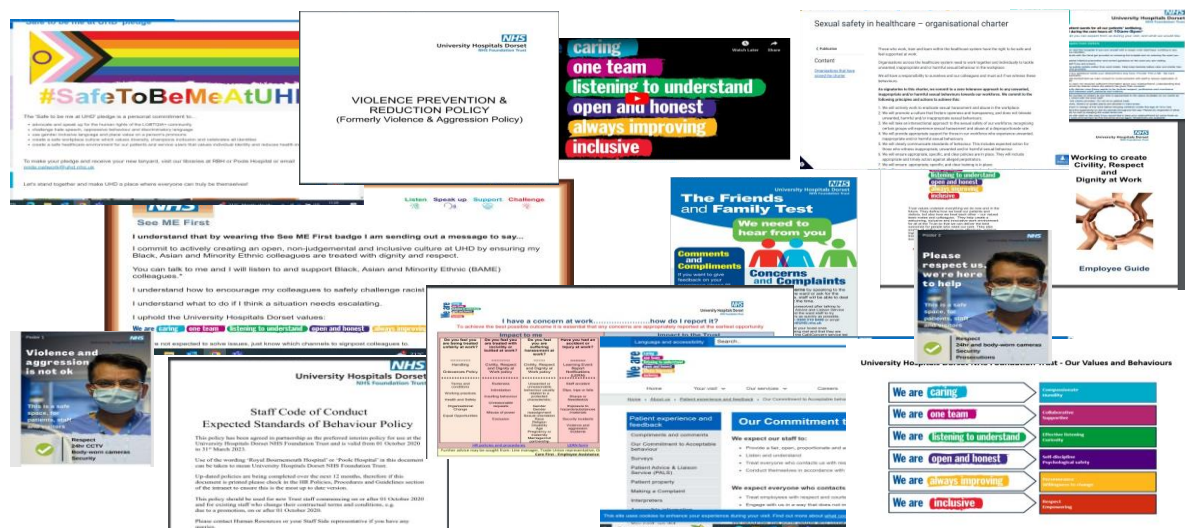
Speak up, Report it, Sort it.

<table>
<tr><td>Tara Vachell</td><td>Board of Directors</td><td>7th May 2025</td></tr>
</table>
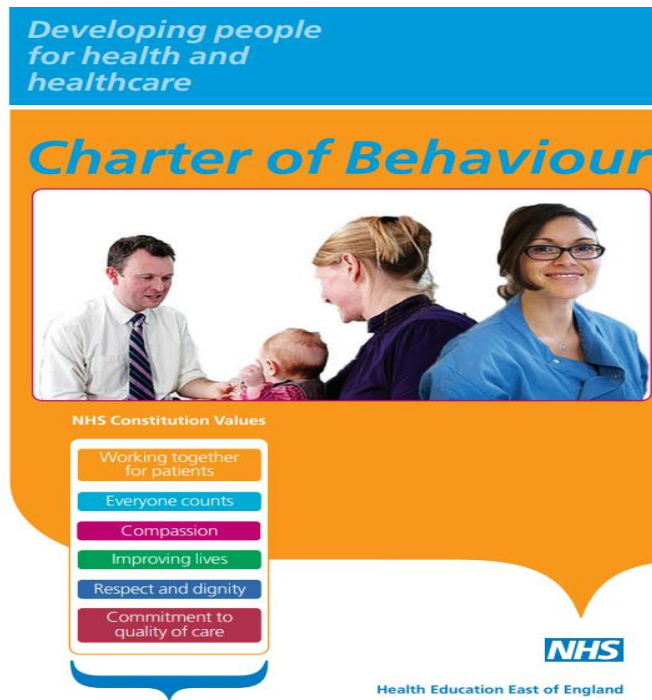
Appendix 2 Messages about behaviours at UHD

Tara Vachell   Board of Directors   7th May 2025

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