THE CHRISTIE NHS FOUNDATION TRUST CULTURAL AUDIT

Commissioned by:

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globis
MEDIATION GROUP

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1.   INTRODUCTION

The Christie NHS Foundation Trust instructed Globis Mediation Group to undertake an audit of cultural practices within the Trust to gain a deeper understanding of the existing culture and staff experience.

The 2022 CQC report had highlighted the need for improvement in some areas by awarding an overall rating of 'good'. In the previous CQC inspection which took place in 2018, the Trust retained its rating of 'outstanding'. This change in rating prompted the Trust to commission this audit with the purpose of conducting a robust piece of work to identify what is working well within the Trust and highlight specific areas where improvements can be made.

This external audit provides an overview of current customs, practices, and behaviours and recommendations based on the findings that will direct the action plan for the way forward. It will also demonstrate and give assurance to all concerned that the Trust is being proactive and acknowledging the issues that have been raised.

2.   METHODOLOGY

In the qualitative stage of the audit, we conducted 16 focus groups and 107 interviews with either individuals, pairs or small teams. We spoke to 198 staff from a cross section of departments and roles. We also distributed a survey to all staff and received 1,171 responses, around 1,000 of which were from participants who did not participate in the qualitative stage of the project. Some staff chose not to disclose certain demographic details on the survey, but among those who did there was a good spread of roles, bands, departments, length of service, gender and age.

The content of this report is based on four elements of knowledge:

1. What participants told us: The focus groups and individual interviews were semi-structured: we asked a small number of questions and rather invited participants to talk to us about their experiences.

2. What we deduced from what we were told: this is based on our extensive experience working as organisational and business psychologists in healthcare to understand more about what the teller of the story said. We use this as part of the psychology of evidence to determine the subtleties and undercurrents that support and/or enhance the similarities or differences in the stories told. This involves analysing and disentangling the relationship between the components in the system. This includes personality, roles, teams, coalitions, the relationship to work and to the Trust in the wider context. We also consider the 'backstory', attempting to understand the associated triggers that have contributed to the emergence of the problem. This process allows us to move toward the third strand of our work which pieces everything together, assimilates our understanding and helps to focus on the way ahead.

3. What we assessed based on our understanding: in this third aspect, we pull everything together underpinned by expert knowledge, experience and understanding. This leads to the ability to form a diagnosis which leads to the suggested next steps and options for the organisation to consider.

4. The data from the survey: Due to rounding of % some results may not total to 100%.

We attend to the reported culture and climate of the Trust and how this affects the interpersonal dynamics and effectiveness of those working within it. Culture refers to the set of shared, implicit beliefs within an organisation that determine how its members perceive, think, and react. In other words, it is the unwritten code that dictates 'it's the way we do things around here'. "Every interaction in an organisation both reveals and shapes its culture," (Eckert et al. 2017). Examples of these interactions include staff communication; their approach to decision-making; responsiveness to feedback and challenges; the way in which they escalate concerns and the way in which they manage themselves as a group.

Additionally, psychological safety plays a crucial role in how staff feel about their work environment. If they feel "confident about speaking out about errors, problems, and uncertainties without fear of negative repercussions, they are more likely to feel empowered and supported to develop and implement ideas for new and improved ways of delivering services "(West et al. 2017). Overall, it is the lived experience of the team members - their perceptions, feelings, and emotions - which impact on how they experience their work.

Thematic analysis underpinned by axial coding was used to identify, analyse and report patterns (themes) within the data, helping to interpret various aspects of the research topic (Boyatzis, 1998). This method is appropriate for various research interests and theoretical perspectives because it can be applied to diverse research questions, such as studying individual experiences. Additionally, it enables the analysis of different types of data, including interviews and observations. Lastly, it can be applied to data sets of any size or scale.

3. SUMMARY AND CONCLUSION

During this cultural audit we encountered many colleagues at all levels and across divisions who are extremely passionate about the work carried out at The Christie and are keen to enhance and improve aspects of working life at the Trust, to uphold its excellent reputation and improve the experience of its staff. There is a huge desire to provide exceptional patient care and to encourage improvements to working practices.

Those who took part seemed to generally appreciate the opportunity to discuss what could be working better, and even colleagues who were about to leave their post in the Trust wanted to give us their input to make life better for their colleagues, patients and for the wider team.

There are some teams and some working relationships within the Trust where there is a strong sense of team collaboration and support. However, across the sites we encountered frustration around workload, communication, variable managerial styles, certain working practices, behaviour toward colleagues, inconsistent teamwork, and resources. This is clearly impacting upon the way some colleagues feel about their roles, as well as their overall wellbeing and levels of stress.

It seems that at times the positive elements described by most staff, such as a welcoming environment, 'family' feel, and excellent reputation may have in themselves led to a culture that has at times had difficulty in dealing with conflict, promoting transparency, acknowledging mistakes, and embracing change. In addition, for some, the success of The Christie has led to expansions in the service that have not been met sufficiently by changes to infrastructure, systems, processes and resources.

When we asked people to summarise at the end of their interviews what would make them feel that improvement had taken place, they usually referred to enhanced communication between roles and the wider team, stronger support and leadership from managers, and sometimes improvements to an element of their working practice, such as workload, clearer policies, processes or resources.

It is our view that despite some generic NHS challenges, there is opportunity to improve the experience of those working in the Trust by acknowledging the need for change, encouraging and rewarding genuinely open communication, reviewing some processes, looking outward and providing clear direction and expectations in terms of values, behaviour and culture.

This report outlines the key themes that we encountered throughout our fieldwork. We have included verbatim quotes to highlight the depth of feeling and to describe individual perceptions and experiences. We have not attributed these quotes to roles or departments and at times have amended them to ensure anonymity. As these represent colleagues' views and perceptions rather than established facts we have not triangulated them against other evidence.

Where reference is made to 'managers', unless indicated otherwise, this usually refers to any staff who are in a line management or leadership position in the Trust, regardless of role and background.

4.   RECOMMENDATIONS

RECOMMENDATION: 1

Establish a mechanism for staff to gain a greater understanding of job descriptions, different roles, departmental structures and decision-making processes and ensure that communication channels are clear.

KEY ACTION

It is not clear whether all employees have an up to date and agreed job description that describes the role and tasks required of them.

Provide easily accessible information at induction and beyond (perhaps on HIVE) that staff can use as a resource to find information on different roles, structures, processes, and guidelines.

EVIDENCE

There is a general feeling that the induction process could be improved by ensuring those new to the Trust, or new to a role, have ample opportunity to understand better how they fit in to the wider team, what the expectations are from them and what they should expect in terms of behaviour and values.

Some staff we spoke to describe a strong sense of hierarchy in their departments that they feel often results in a lack of communication from, to and with senior managers. When asked at which level people feel there is a gap in communication or a block in progressing an issue, participants often mention that they are not sure of the structure of the wider team, who the decision-makers are, which meetings happen when, and what the channels of communication should be.

There was also a feeling that there was ambiguity on role responsibilities and lack of structure in some departments.

KEY OUTCOME

Enhanced clarity of roles, sense of belonging to the wider team, and consistency for new starters and all staff.

RECOMMENDATION: 2

Provide safe spaces and access to emotional support for all staff.

KEY ACTION

Provide all staff with details of how they can access emotional support and if there are spaces (small room, pod) that are/could be made available for them to use for this. We understand that this is something that is already being considered.

EVIDENCE

When staff find aspects of their working life stressful or upsetting not all feel they have someone to talk to at work, or anywhere they can go to have private conversations or time alone.

KEY OUTCOME

Improved staff wellbeing. Fewer absences. Improved retention.

RECOMMENDATION: 3

Support managers throughout the Trust to perform their role to the highest standard.

KEY ACTION

Provide a document to all staff that sets out the Trust's requirements and expectations of every manager in The Christie – in particular values, competencies and behaviour, accompanied by a statement that outlines how fundamental this is to the highest level of Trust management and its commitment to ensure these requirements are met by all.

Identify where managers need further support and include information on specific support available to existing managers and those seeking managerial positions, such as mentoring, line management training, shadowing etc.

EVIDENCE

There are inconsistencies between managers, in terms of management styles, skills, support and experience. These variables can at times result in leaders who are unsure how best to manage their direct or indirect reports, who at times feel lacking in experience and skills, and who do not always know where to go for advice or to seek further development.

- During our interviews we observed attributes related to low trust environments, particularly in relation to raising concerns, discussing mistakes, asking questions, and making suggestions for improvement.

- Some of those we interviewed told us that they or their colleagues were reluctant to come forward to speak to us for fear of how it may impact upon their career or opportunities going forward. There were also comments made on the survey relating to concerns about whether the process was confidential.

KEY OUTCOME

More skilled managers with better support. More effective leadership for those they manage. Consistency of good practice across the wider organisation. Improved staff wellbeing with fewer absences, better teamwork and positive impact on retention.

RECOMMENDATION: 4

Review procedures that relate to PDRs and access to training and development opportunities.

KEY ACTION

Support managers and individuals by ensuring that criteria are clear, and support/alternatives are offered if workplace or other demands prevent staff from accessing activities that will enable them to develop.

Ensure that effective PDR process and review is part of the expectations of a line manager and that individual responsibilities are also clear.

EVIDENCE

There are inconsistencies and some frustrations among those who feel they have not been able to benefit from training and development opportunities, and this can have an impact on job satisfaction, wellbeing and staff retention.

KEY OUTCOME

Clarity on access to training and development opportunities and the role of managers and other staff in the PDR process. Positive impact on satisfaction and retention.

RECOMMENDATION: 5

Review the Freedom to Speak Up process and the options and support available to staff who raise concerns and those dealing with the process.

KEY ACTION

Ensure staff are aware of the importance to the Trust of this process and of upholding confidentiality. Incorporate timescales and feedback into the process and ensure staff have the option to confirm whether they are satisfied with the outcome. Provide thorough training and support to managers, including their responsibilities and how to handle difficult conversations.

EVIDENCE

Staff do not always feel safe to raise concerns. Managers are not always equipped to deal with the process. Other teams who support the process sometimes need more clarity, time or resources to make sure that outcomes are effective and satisfactory to all.

KEY OUTCOME

Better resolution of issues. Fewer escalations. Happier teams, improved satisfaction and retention. Better patient and staff safety.

RECOMMENDATION: 6

Implement activities to encourage all colleagues to reflect upon their behaviour and improve the level of kindness, civility and respect in the workplace.

KEY ACTION

Ensure that every member of staff is in possession of, and trained in, the Trust's Values and Behaviours, as well as the support that is available if they are unsure of any aspect of these, or they witness others behaving in a way that does not align with these expectations.

Continue work around embedding these Values and Behaviours in policies and procedures.

Consider providing a training workshop on civility in the workplace.

EVIDENCE

Some staff had claimed they had tried to address unkind or disrespectful behaviour with no perceived change. Some had felt unable to challenge due to the person displaying the behaviour being more senior to them or being 'close to' or friendly with their line manager or other close colleagues.

KEY OUTCOME

Colleagues will feel compelled to treat each other with civility and respect. Team relationships will be improved, and fewer incidents will require escalation. There will be a heightened sense of action as any difficult situations are dealt with in a timely manner by those involved.

It is important to note that training alone will not completely eradicate unkind or disrespectful behaviour, but it can significantly contribute to creating a more peaceful and respectful working environment.

RECOMMENDATION: 7

Equip all staff with the skills to better manage difficult conversations and deal with challenging behaviour.

KEY ACTION

Deliver difficult conversations training to managers and make this available to all staff who require this, to help them challenge unkind and disrespectful behaviour.

Consider the use of psychometric profiling tools such as Lumina Spark to help teams work more successfully together.

EVIDENCE

For some participants, the experience in their team is having a severely negative effect on their wellbeing. This is usually due to low levels of trust on their part and a lack of psychological safety, sometimes based on previous experiences of raising issues that they feel were not dealt with well or had a detrimental impact on their working life.

Managers may not all feel equipped to deal with challenging behaviour and do not always feel supported in doing so.

KEY OUTCOME

All staff are clear on what is expected of them and others and feel more confident about challenging behaviour that does not align with the Trust's expectations.

RECOMMENDATION: 8

Exit interviews to be carried out for all leavers and the data analysed.

KEY ACTION

Analyse exit interviews to diagnose where emerging problems exist and areas of improvement.

EVIDENCE

Suggestions that there is a high turnover of staff with no attempt to understand why.

KEY OUTCOME

Will show professional curiosity and good leadership and The Christie will start to build a picture of when and why things start to become unattractive and employees want to leave.

RECOMMENDATION: 9

Produce transparent and consistent recruitment and selection criteria for every role and development opportunity to reduce perceptions of 'cronyism' or favouritism.

KEY ACTION

Review and implement guidelines for job descriptions, person specifications, advertising and assessment processes, to ensure that they do not favour certain staff unnecessarily.

EVIDENCE

Some colleagues felt that the availability of roles was not always transparent, and that in the past roles have been offered without a robust and open advertisement and recruitment procedure taking place.

Staff referred to roles being 'created' and offered to 'friends' of those involved in the recruitment process. Several participants mentioned the phrase 'if your face fits' as a perceived requirement to progress in some roles/departments.

The recruitment process is sometimes delayed due to the availability of HR resources to support managers.

KEY OUTCOME

Colleagues will feel reassured about fairness and equality of access to career development opportunities and managers will feel better supported. Consistency will be improved.

RECOMMENDATION: 10

Continue and enhance activities that promote equal treatment of staff regardless of race, religion or any other characteristic.

KEY ACTION

Promote EDI training for managers and individuals and enable more opportunities for staff to take part in related initiatives, meetings and networks.

EVIDENCE

Some staff agree that there is more work to be done to ensure that the Trust is seen as genuinely inclusive in terms of access and opportunity for all. This includes career opportunities, access to training, prayer facilities and behaviour towards staff from other staff and patients.

KEY OUTCOME

Staff will have better understanding of EDI matters. Managers can identify inappropriate behaviours and values and act decisively to tackle them. Staff will feel better unified, understood and supported.

RECOMMENDATION: 11

All leaders should communicate and behave in a way that makes it clear bullying/racist behaviour in the workplace is unacceptable. A transparent and robust grievance process should be well documented and easily accessible.

KEY ACTION

Recognise the Freedom to Speak Up process is not sufficiently trusted by everyone or that people are reluctant to raise concerns.

Ensure there is a clear approach to responding to inappropriate behaviour that everyone trusts, understands and acts upon. All staff should know how to raise a concern, including against another member of staff or managers. This information should be included in the induction package with clear instructions and staff regularly reminded.

EVIDENCE

Suggestions that concerns or allegations of bullying or inappropriate behaviour are not always taken seriously or acted upon.

KEY OUTCOME

Having a clear, fair and transparent complaints procedure will instil confidence within staff members that they are able to speak up without prejudice.

RECOMMENDATION: 12

Create more opportunities for staff to shadow, mentor, learn from and meet with those from other teams and in other roles, to improve understanding, share best practice and encourage learning.

KEY ACTION

Review best practice from current networking opportunities and previous (pre-pandemic) activities and consider how these could be replicated in various departments going forward.

EVIDENCE

There is a need for better understanding between non-clinical and clinical staff, and the impact of decision making on service provision and patient care.

Some staff felt that there were not enough opportunities to meet with members of other teams on a formal or informal basis and that more interaction would be useful.

KEY OUTCOME

Increased sense of belonging to the wider team. Better understanding of each other's roles and how to provide and receive more support. Greater knowledge, and opportunity to learn from others' experiences, roles etc. More opportunities to share best practice.

RECOMMENDATION: 13

Senior managers to acknowledge the importance of listening and learning to make improvements, and display behaviour that reassures staff of their commitment to improvement.

KEY ACTION

Executive team to communicate action plans to all staff that address areas for improvement identified here and elsewhere.

EVIDENCE

Staff care very much about the Trust and its work and are keen to see that senior managers are committed to improvements that have a positive impact on the culture for all staff and patients.

KEY OUTCOME

Staff feel listened to, heard, and reassured as to the way forward.

RECOMMENDATION: 14

Review and prioritise 'quick fixes' in terms of equipment, repairs and space to work/conduct meetings/meet as a team etc.

KEY ACTION

Identify any spaces that could be used (even on a bookable basis) by staff who do not have space to work, treat patients, or meet with patients or teams. Communicate an action plan for repairs, maintenance, improvements.

EVIDENCE

We interviewed colleagues for whom lack of working space in particular is presenting significant challenges and impacting upon their ability to perform their role to the highest level, the extent to which they feel valued, and in some cases their perception of patient and staff safety.   Over a quarter of survey participants disagreed that they have the space, resources and equipment to fulfil their role successfully.

KEY OUTCOME

Efficiency improvements, staff feel more valued, better patient experience in some areas.

RECOMMENDATION: 15

Issue clear policies on remote working.

KEY ACTION

Provide all staff and managers in relevant roles with clear guidance on remote and flexible working and consider what needs to change to ensure the successful implementation of associated polices, in relation to service provision, patient care and staff development and wellbeing.

EVIDENCE

There appear to be inconsistencies in implementation, and some areas of the Trust where the impact of remote and flexible working has not been fully considered or catered for.

KEY OUTCOME

Improved team working, staff wellbeing, efficiencies in service provision and use of space.

RECOMMENDATION: 16

Comprehensive policy development across the whole organisation, rather than decisions being made at managers discretion. Policies should be tailored to the specific needs of The Christie and regularly updated as needed.

KEY ACTION

Establish open lines of communication to disseminate policies effectively. Provide clear explanations and guidelines to all employees, ensuring they understand the policies and their importance. Where necessary appoint a policy lead.

For areas such as cytotoxic drugs, regular training and education can also help ensure staff are knowledgeable about the correct protocols and guidelines.

Establish a system for tracking and reporting policy compliance. Monitor and document any instances of non-compliance, addressing them promptly and consistently.

EVIDENCE

Several instances where staff members have felt that inconsistent policies and procedures have disadvantaged them and stressed the desire for a common set of guidelines/policies thereby reducing the chances of bias, favouritism, ambiguity or conflicting approaches in decision making.

KEY OUTCOME

Well-defined policies help align the actions and behaviours of individuals and teams with The Christie's vision, mission, and values. They promote a shared understanding of expectations, encouraging a cohesive safe culture, promote effective governance, risk management and collaboration.

Globis Mediation Group can provide assistance with training and psychometric profiling tools, if external support is helpful.

5.   FINDINGS

OVERALL EXPERIENCE

Most colleagues we interviewed described their pride in the fact that they work at the Trust, due to the high standard of patient care and the nature of the Trust's reputation, especially locally but also nationally and internationally.

> *"When you tell people you work at The Christie they think it's fantastic! Most people know of somebody who has been treated here and it is seen as the centre of excellence."*
>
> *"I am so proud to be a part of the amazing work that we do for patients here."*
>
> *"There is something so special about The Christie. It's just golden and that's why people who work here care so much about the place."*
>
> *"I hope to develop my career at The Christie. It's the best place I've ever worked at and it's so special."*

We encountered many positive descriptions of the extent to which the Trust is seen as patient centred, welcoming and caring, providing a strong sense of belonging for many colleagues.

> *"You constantly see staff approaching people in corridors to check if they are ok and if they need directions or any help."*
>
> *"The sense of belonging and job satisfaction at The Christie are invaluable. I feel valued and I can express my opinion freely."*
>
> *"I really enjoy working at The Christie. My colleagues and staff are professional and dedicated and I find there is a culture of encouragement and care that is unique in this current time. Despite current staffing levels the patients are really well cared for and that is a credit to the hard work encountered at all levels."*
>
> *"The Christie is a great place to work where everyone is focused on a common goal - doing the best for our patients. This gives me enormous job satisfaction although by its nature the work is demanding and can be stressful."*

Many staff who are patient facing stated that they find the patients to be a key source of inspiration and motivation.

> *"I love the patients we treat. Sometimes when you are having a bad day it's the patients that lift you up and make you feel like it's all worthwhile."*

> *"I love working at The Christie, I find working with cancer patients really rewarding."*

> *"I've never had any issues or any concerns, throughout all my years of work. And I feel quite honoured that I've been there as long as I have. It's just a really feel-good sort of place to be. It's very different from your district, general hospitals, in terms that we are a tertiary centre, but I think it is the patients and the staff that make it the place that it is - definitely the patients make the difference."*

Those who feel most positive about their working lives at The Christie also refer to having a good manager and supportive team. Indeed, we found this support, along with finding their work rewarding and having a reasonable work-life balance, to be the vital elements that prompt colleagues to report an affirmative overall experience.

> *"I have a very supportive manager and team and I am proud to work at The Christie."*

> *"Generally, a very positive place to work with a great team."*

> *"I feel completely supported and trusted to undertake my role effectively."*

> *"I have worked at the Trust for over 15 years and really enjoy my job. There are days which are challenging but I have always felt supported."*

> *"Very well supported by my immediate line management."*

> *"Happy and proud to be working at The Christie! Feel respected and autonomous in managing my job and roles."*

> *"I love my job and coming to work, I am lucky enough to work with a great team and have a great work life balance as currently work from home part of the week."*

> *"The Christie has been a great place to work - I have been through some difficult personal issues which the team have been amazing with. They are accommodating and understanding, complete opposite experience to other Trusts in Manchester."*

> *"I really enjoy my job and feel very well supported and work in a great team."*

> *"The team I work with now has been very welcoming and have made me feel appreciated. Everyone is happy to help each other."*

> *"I enjoy working within my immediate clinical research team. I am supported by band 7 nurses and an excellent team leader."*

> *"I work part time and enjoy the flexibility that the role offers."*

> *"I have a high level of job satisfaction in my current job, enjoy the clinical autonomy, high patient contact level and team support."*

However, even for many of those who are most positive, there are elements of their working life that can be very challenging, and areas that they feel could be improved in order to make their working lives more manageable, improve their wellbeing and ensure excellent performance. These will be explored further later in this report.

> *"After more than 15 years in post, I remain as motivated and committed as ever. My immediate clinical line management is excellent, supported by an outstanding service manager. However, the job has unquestionably become more difficult due to increased patient numbers, patient expectations and complexity of consultations and it is now much harder to keep on top of it all while maintaining wellbeing than it was in the past."*
>
> *"I love working with such amazing colleagues, who go above and beyond to deliver great care to our patients! However, the administration load has been extremely high recently and that has an impact on the job satisfaction."*
>
> *"I have a supportive manager who encourages me to be independent but offers me support. I have a strong supportive team and am proud of the teams I manage. However, there are certain aspects of my job I feel unequipped to deal with, which causes stress. This includes dealing with HR investigations which have been serious in nature. I have no legal or HR background which makes me feel I am not equipped to make decisions on people's lives and wellbeing."*
>
> *"The job satisfaction comes from doing a role I enjoy, from supporting patients and families. The support from colleagues is invaluable. Lifelong friendships have been made with colleagues in the past and so peer support cannot be underestimated. Managers are too busy these days, with too large a role themselves to really know their staff and their roles. Although I am happy in my work, I would not like to be starting my career again as I think the pressures on young people are too great and there is the lack of support from people with experience, particularly on the wards."*
>
> *"My patients and my immediate colleagues are the reason I come to work every day. It is a safe environment and I'm confident I'm offering a good/excellent standard of cancer care. However, more and more is expected of me without the resources to support this additional workload."*
>
> *"I am satisfied with my current role. In my previous role, I was very stressed and there was no support from managers."*

Many of the participants who describe a less positive overall experience feel that their individual and team success and their job satisfaction is being hindered by heavy workloads, insufficient resources, a lack of clarity in some procedures, and inconsistent support from senior staff and managers.

A psychological model, developed by Deci and Ryan (2000) outlines the needs underpinning the wellbeing and motivation of staff and describes three core needs people have for work. Firstly, the need for belonging, conferred by being a valued member of the team and organisation. Secondly, the need for competence or effectiveness (this is to do with people growing and developing their skills in response to the challenges they face at work). Finally, there is the need for autonomy and control in the workplace, where people can control their working environment and ensure that the work they are doing is consistent with their values and professional integrity.

Evidence suggests that if any of these three workplace needs is not met, it will have a damaging impact on health, wellbeing, and motivation at work. Organisations should strive to make sure all three needs are being met in the workplace.

In this audit, where we encountered staff who reported lower job satisfaction, we discovered gaps in at least one of the areas of need described above, resulting for some in a diminished sense of wellbeing and motivation. While this report presents survey findings that are often positive for a majority, it is important to note that we came across many staff who were extremely unhappy, concerned, stressed, and unsure where to find support. Most participants who took part in the qualitative stage spoke to us because they felt that changes are required, and they are hoping to see improvements as a result of this cultural audit.

There is clearly inconsistency in terms of experience and therefore views towards the culture at The Christie and we have distilled the feedback we received into several key themes that form the basis of this report.

KEY THEMES

1.   TEAMWORK – WITHIN AND ACROSS TEAMS

Most survey participants (83%) describe a strong sense of teamwork among their close colleagues. This allows them to provide and receive support even when they find their workload challenging, or aspects of their management, working practices or other circumstances less than ideal.

Q7: Other members of my team support me and help me perform my role succesfully
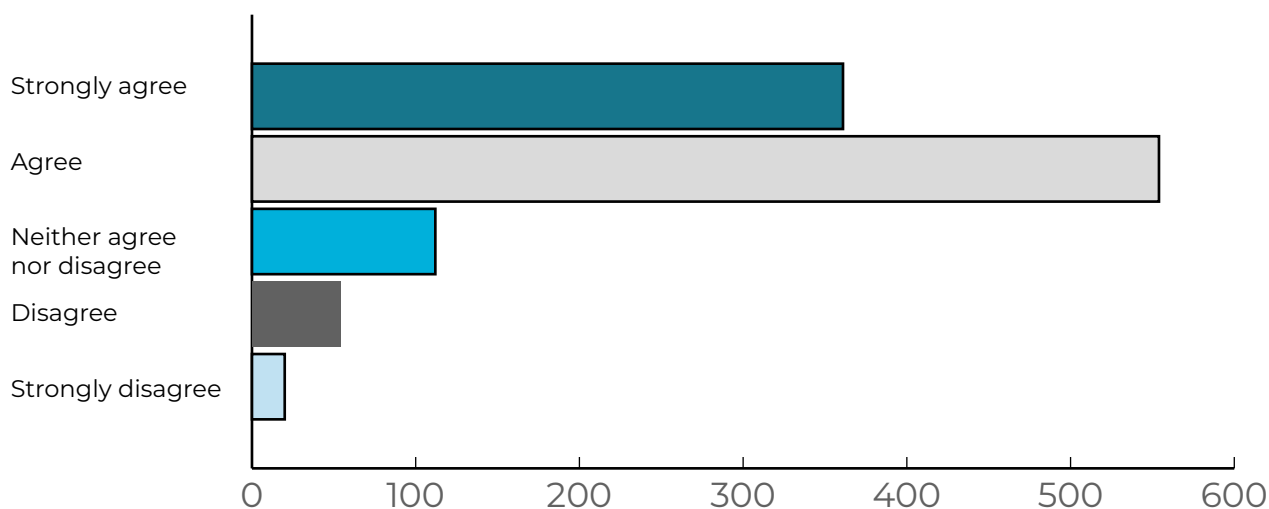
ANSWER CHOICES	RESPONSES %	RESPONSES NUMBER
Strongly agree	32.79%	361
Agree	50.32%	554
Neither agree nor disagree	10.17%	112
Disagree	4.90%	54
Strongly disagree	1.82%	20
Total answered		1,101
Skipped answer		70

> *"I am one of the lucky ones that actually loves my job and coming to work, mostly because of the amazing people within the team."*
>
> *"I have a wonderful team who I work with and are extremely supportive."*
>
> *"I find the team I work within to be incredibly supportive and encouraging. I feel this has allowed me to flourish in my role and has increased my confidence and self-belief."*

> *"I have a very supportive group of people around me who have respected me and acknowledged all the work I have put in. I feel like I have got back from them exactly what I've put in and for that I am grateful."*

Unfortunately, there are some colleagues who are extremely unhappy within their teams, due to perceptions and experiences of discrimination, bullying or lack of understanding from their immediate team and/or line managers. Some colleagues described experiences such as: micro-aggressions felt to be linked to race, gender or other characteristics; perceptions of favouritism or 'cliques' within teams; disagreements about elements of working practices causing rifts. Some of these staff report having taken absences in the past due to stress and some are looking for other roles so that they can move away from their current team.

We will look further into some of these issues later in this document, but it is important to report that, for some members of staff, the experience in their team is having a severely negative effect on their wellbeing and they often do not feel able to discuss these issues elsewhere in the Trust. This is usually due to low levels of trust on their part and a lack of psychological safety, sometimes as a result of previous experiences of raising issues that they feel were not dealt with well or had a detrimental impact on their working life.

> *"I have never had this before in any role but the team I am working with now are making my life hell. I can't leave because I have to support my family, but I now cry all the time and I just don't know what to do. There is nobody I can talk to about it without making the situation worse for me."*
>
> *"If you want the definition of loneliness at work, it's me."*

We also spoke to some staff who do not have a defined team due to the nature of their role, and as such can feel isolated and unsure where to turn for support.

> *"You ask about teams and people working together, this doesn't acknowledge that some staff might straddle two areas such as myself."*
>
> *"I have a line manager in theory who isn't anything to do with my role and doesn't really know what I do. I don't really work with anyone else, so if I am being overwhelmed with work there isn't anyone to talk to about it."*

When asked about their experience with the wider team and particularly with senior members of their department, around 60% of survey participants felt that they were respected by more senior members of their department.

Q12: I feel respected by more senior members of my department
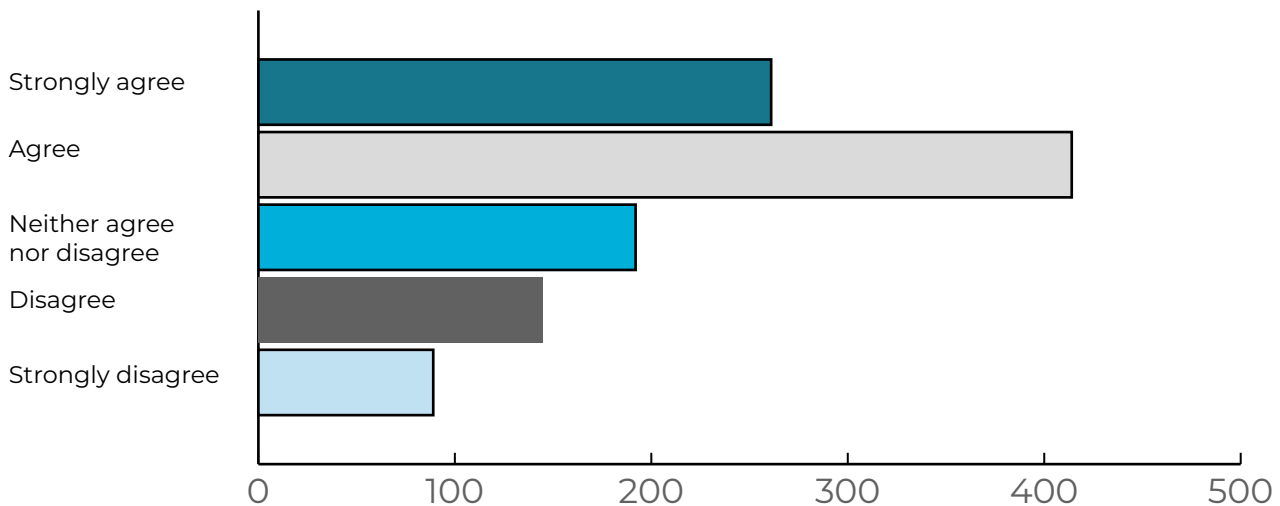
ANSWER CHOICES	RESPONSES %	RESPONSES NUMBER
Strongly agree	23.71%	261
Agree	37.60%	414
Neither agree nor disagree	17.44%	192
Disagree	13.17%	145
Strongly disagree	8.08%	89
Total answered		1,101
Skipped answer		70

However, over 20% of those who completed the survey and many of those who participated in the qualitative work felt less positive about the respect and support from elsewhere in their departments, particularly from more senior colleagues.

This can lead to a sense of feeling undervalued by the wider department and can lower morale. It can also cause frustration when decisions that impact their role are made by more senior managers with whom they do not have any interaction and who they may perceive as having limited understanding of their roles and how decisions may impact their working lives and patient care.

"My immediate line manager is lovely, approachable and willing to listen. The manager of my line manager is not and I would not feel comfortable approaching this person if I had an issue."

"I am happy with my current manager and matron but feel the staff higher up in my department are less approachable and do not appreciate the work we do."

"Although I feel supported by my immediate line manager, the introduction of the new management stream at The Christie has, in my opinion, made things a lot worse than they already were. We have far too many managers all wanting a say on how we do our jobs. This is very frustrating when managers do not know our role and make decisions that heavily impact our job (and patient care) negatively and do not listen or act on any feedback given."

"My direct line manager actively encourages me in my PDR and on other occasions to develop my career should I wish to. I do not at all feel supported by those in more senior levels (bands 7, 8+). Often, we would not know who these members of staff are if they walked past us in the corridor. They are invisible to staff at lower bands."

Some staff we spoke to describe a strong sense of hierarchy in their departments that they feel often results in a lack of communication from, to and with senior managers. When asked at which level people feel there is a gap in communication or a block in progressing an issue, participants often mention that they are not sure of the structure of the wider team, who the decision-makers are, which meetings happen when, and what the channels of communication should be.

It is acknowledged that everybody is busy and that not all staff need to be party to every decision-making process, but the lack of communication often leads to a sense that their questions, suggestions, requests and concerns are being ignored by those higher up in their departments and divisions.

"I get the impression that things are discussed in meetings that our managers are not invited to, and decisions are made that nobody feeds back down, so we don't know what is happening."

"We ask what is happening about something, or we raise a concern, and we get told it has been mentioned to more senior managers, but then we never get to hear anything back. It's like they don't care, and we don't matter."

"I feel it is very structured and management heavy in some departments. As a team leader I do not have much autonomy or ability to shape the service/grow as a leader. Decisions I do make too often get over-ruled by someone senior even if not directly related to my role. Feedback comes via my line manager, and I pass this feedback on to the team, leaving me feeling undervalued and undermined."

"Feedback is patchy and sometimes out of date by the time it reaches my level. It's difficult to keep up to date with senior management decisions. There is an 'open forum', but ward staff find it difficult to attend as they would either be doing so on their day off (unpaid) or be attending in work time, which isn't possible, as many days they don't even get a second 30 min break, let alone leave the ward for a meeting."

"Very stressful role, demoralised in my work despite trying my absolute best for the patients, staff I manage and the service. Poor/ad-hoc communication from the senior management teams:(divisional and departments) and no clear prioritisation or strategies to deal with workforce and treatment capacity."

"Constant frustration with silo working, increased workloads, lack of prioritisation. Escalation and approaches to leadership just result in forwarding of emails, transferring of tasks, little added value or cohesion from leadership. I don't know who the executives are and what their role is."

Meetings have become information giving, and whilst this is important, there is little opportunity and time for discussion/challenge. There is a lack of transparency in decision-making at local level."

"My immediate colleagues and I work great together, however this is not recognised or acknowledged by my immediate line manager or senior management."

It seems that, at least in some departments and divisions, there is opportunity for more transparency and clarity in terms of departmental structure, decision-making forums etc, and potentially more effort to ensure information that affects people's working lives is disseminated through more formal channels. This could help address perceptions we sometimes heard that processes have not been robust, colleagues' concerns have not been considered, or that nothing is being done about a particular issue.

Clearly, there are many colleagues who feel valued by senior managers in their department or division, and those we interviewed who are close to the senior executive team felt that it was made clear to them how much their work is valued by those in senior management. Around 40% of survey participants agreed that the work of their team is acknowledged by the wider Trust.

Q15: My team and I are acknowledged for our contribution to the work of the Trust
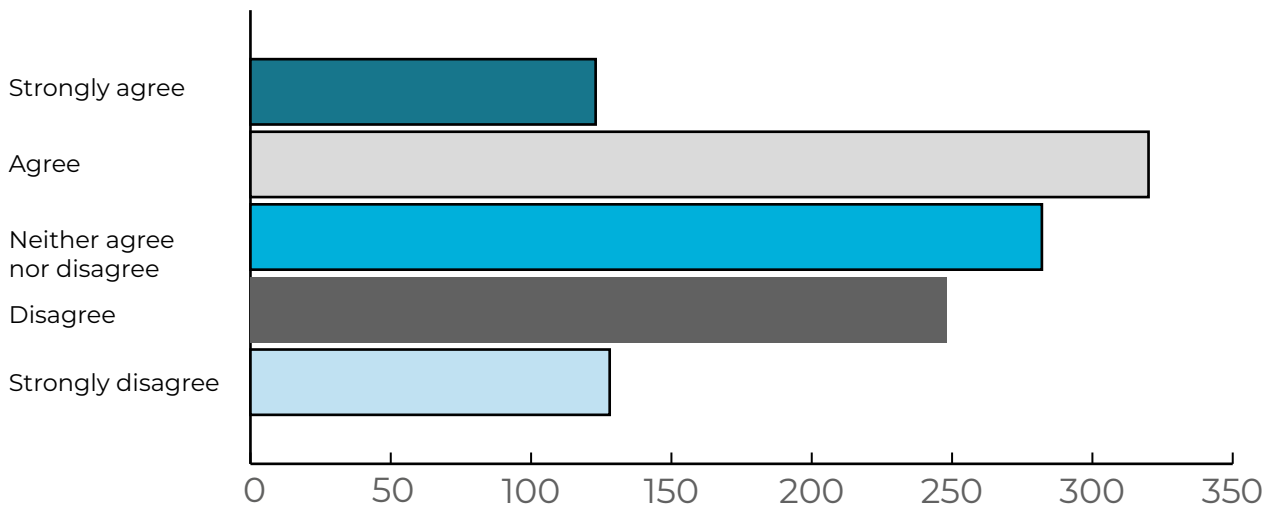
ANSWER CHOICES	RESPONSES %	RESPONSES NUMBER
Strongly agree	11.17%	123
Agree	29.06%	320
Neither agree nor disagree	25.61%	282
Disagree	22.52%	248
Strongly disagree	11.63%	128
Total answered		1,101
Skipped answer		70

"Yes, I feel valued. I have always felt that I can approach anyone in my department or even any of the exec team and that I would be treated with respect."

"I do feel like part of The Christie family, so in that way I am made to feel valued."

"Yes I particularly feel acknowledged by the patients and also some of the senior managers."

However, around a third of survey participants do not feel that their work is acknowledged or valued by the wider Trust. This is usually due to:

- Decisions being made about their team (working practices, location, working hours, equipment etc) without being consulted.

- Limited integration between teams and/or sites.

- Perceptions that their concerns and questions are ignored by those who are able to influence decisions.

- Perceived lack of visibility of managers outside of their direct team.

- Issues with training, equipment, facilities or inadequate working space that are not felt to be acknowledged or addressed.

Some of those we interviewed feel that teams and individuals who are involved in the higher profile work of The Christie and areas that can attract funding or generate income, are sometimes valued and acknowledged more readily than those who are involved in day-to-day service provision and/or support functions. Some staff working at other sites, feel they are not considered as much as those who are based at the main Withington site and some non-clinical or non-medical staff feel that their contribution is less likely to be acknowledged and valued by the wider Trust.

These perceptions are based on various factors that are discussed more widely in further sections, such as:

- Views of budgets and opportunities available for staff, equipment, training, office space, career and personal development, etc.

- Visibility of and communication with senior managers.

- Acknowledgements from senior managers.

"I am very happy with my immediate bosses but feel that our department might be neglected by those higher up. Unfortunately, other departments and staff members within the hospital don't always seem to value what we do."

"The acknowledgement we receive comes from our immediate managers but sometimes it feels like a bit of an afterthought. Acknowledgment from the wider Trust does not happen."

"I don't always feel supported by senior management, and I have rarely in more than 15 years seen any acknowledgement of our department's contribution to the working of the Trust. As a department we are understaffed and under-resourced. As a result, we are constantly under pressure to do more with fewer resources."

"I think as a department we are disjointed at the moment. We don't have a connection with other teams and I think my team in particular is invisible to the rest of the Trust. We don't feel valued."

"I feel valued for the work that I do by my direct line manager. From more senior managers, I feel that there is no acknowledgement that there is a very unfair distribution of responsibility and workload across my level within the organisation, and I feel very undervalued for the work that we do as a team every day."

"Support and encouragement from immediate managers is excellent, but I doubt if many senior staff from the main site are aware of the work I do. I certainly only recognise a handful of senior staff and have talked to fewer than that. I know the senior staff from my area report to meetings and include work we do, but I have never had acknowledgement from senior staff about some of the award-winning work we have done."

"Within my immediate team and manager, I am very supported and feel I can raise issues, concerns and ideas. However, within the wider Trust I feel our roles are not appreciated or supported by senior managers. The Trust is very heavily nurse focused and AHPs do not get the same support."

"The Trust do not value what we do. We never hear from them apart from an email at Christmas to say, 'Well done'. It feels more like a mandatory email than a genuine one."

2. CROSS-TEAM WORKING

It was usually agreed that cross-team working happens well when necessary to ensure patient care and this is especially noted in relation to MDT meetings for example. When cross-team working does not go so well this seems to be due to a lack of communication and a lack of understanding of how different roles and their actions impact upon each other. While it is acknowledged that nobody is deliberately impeding anyone else's ability to get their job done, there is still a lot of frustration when people are unsure who or how to ask people from other teams for assistance, or they do not get a response when trying to get cooperation from someone outside their team.

Q11: Everyone in different roles and departments pulls together as a team to ensure high quality patient care
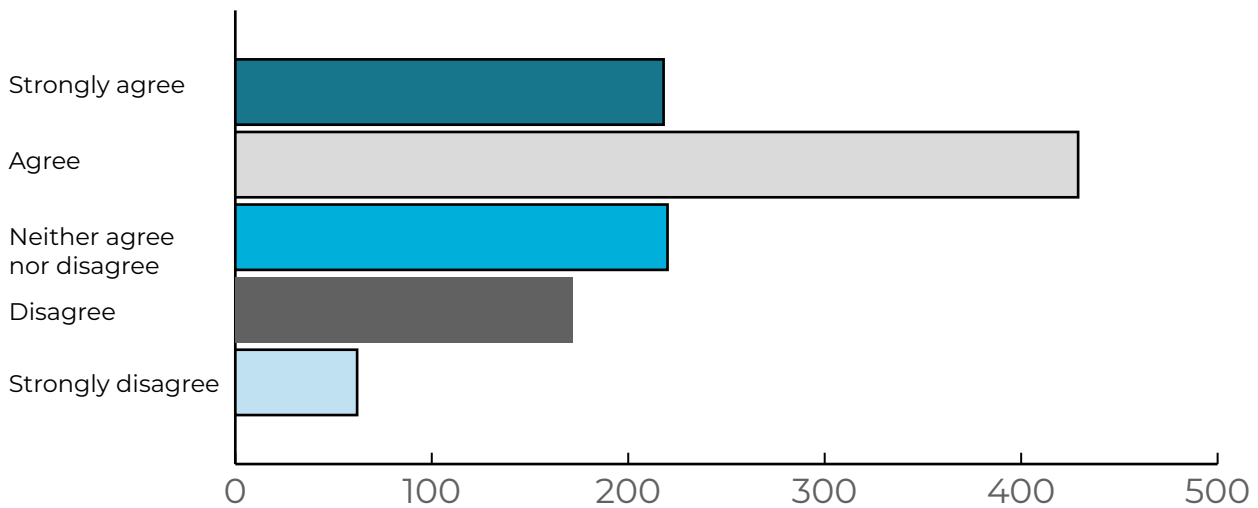
ANSWER CHOICES	RESPONSES %	RESPONSES NUMBER
Strongly agree	19.80%	218
Agree	38.96%	429
Neither agree nor disagree	19.98%	220
Disagree	15.62%	172
Strongly disagree	5.63%	62
Total answered		1,101
Skipped answer		70

> *"I feel supported by my colleagues at the treatment level and feel like the MDT work collaboratively very well given the limitations of resources/equipment/space, to provide the best care possible to patients."*

"At my level there is little communication between teams except to hand over patient care. This means we are a bit competitive and don't really have an appreciation for what each other's teams actually do. Any tasks are expected to have been done/to be done by the 'other' team. I feel like some other teams are quick to send a Datix report about perceived issues but not quick to discuss them with management or ward staff, or address things at the time they happen."

"I don't feel like all departments do pull together to make improvements all the time. There are still areas where there are silos or people working to their own agenda."

Many of those we interviewed felt that there were not enough opportunities to meet with members of other teams on a formal or informal basis and that more interaction would be useful. The perceived benefits of this are as follows:

·   Increased sense of belonging to the wider team.

·   Better understanding of each other's roles and how to provide and receive more support.

·   Greater knowledge, and opportunity to learn from others' experiences, roles etc.

·   Less 'reinventing the wheel' – chance to share best practice etc.

·   Getting to know people on a social level and forming better relationships.

Some referred to events which had happened in the past, such as lunchtime learning sessions or social activities. Some colleagues felt that it would be very useful if people were given opportunities to explain their role to others, or if those in similar roles across different teams could have a chance to get together.

For example, some colleagues mentioned a recent event for admin and clerical staff where colleagues talked about their personal development stories etc. While it was acknowledged that time to take part in activities is very limited there was a general sense that more opportunities to shadow/learn from/ share experiences and knowledge with others in the Trust would be widely welcomed. This is reflected in the responses to the quantitative survey, where around 45% of participants disagreed that there were enough opportunities to meet those from other teams and understand more about what they do.

Q19: There are enough opportunities to meet those from other teams and understand more about what they do
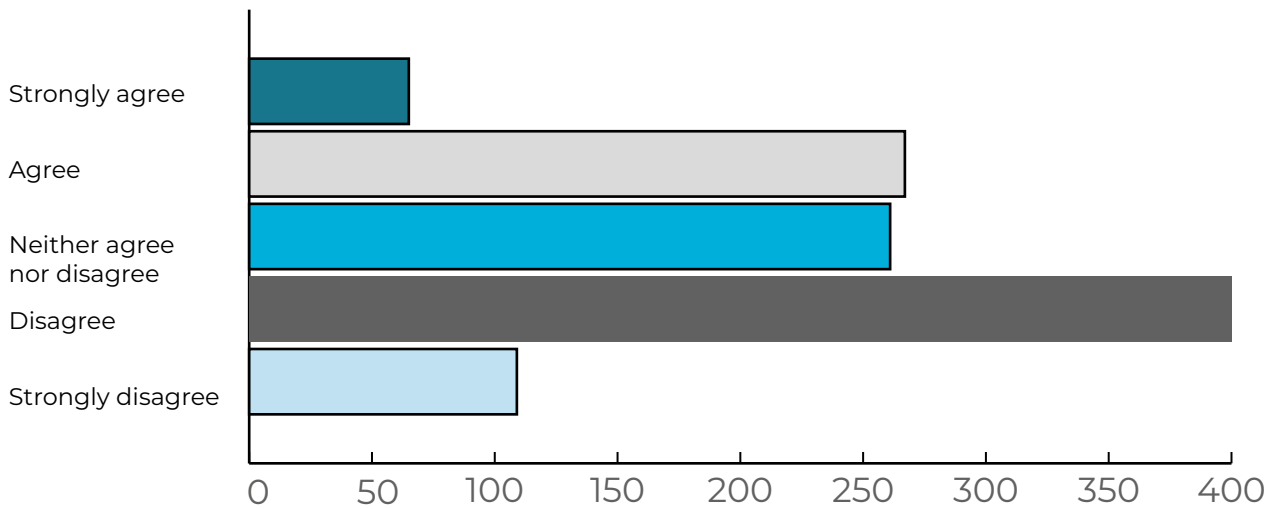
ANSWER CHOICES	RESPONSES %	RESPONSES NUMBER
Strongly agree	5.90%	65
Agree	24.23%	267
Neither agree nor disagree	23.68%	261
Disagree	36.30%	400
Strongly disagree	9.89%	109
Total answered		1,102
Skipped answer		70

"Due to high workload in all teams, you can get a bit blinkered only in your team. We do have contact with other teams, but it would be good to work deeper with others to learn from other team-working too."

"We don't meet any other teams to talk or get to know them. The Christie used to feel like a 'family' and everyone knew each other and now nobody knows who is who and it's more of a business."

*"Since the pandemic, there has been much more disconnect between both services and colleagues within the wider Trust. It is harder to meet others and to form working relationships - WFH and Teams meetings put the emphasis on the work content at a cost to human interaction. There is much more of an email culture within the wider Trust and it is usual not to receive an acknowledgement or reply."*

3.   WORK-RELATED STRESS

While it is accepted that increasingly pressurised workloads are common in the NHS, many of the colleagues we encountered are extremely stressed and finding it almost impossible to cope. Some feel unable to raise these concerns due to a perception that they will be seen as 'causing trouble' or complaining and that they would just be causing a problem for those in management positions.

Just under 40% of survey participants and many of those we interviewed agreed that the stress from their job affects their personal relationships. While sometimes this stress is related to workplace relationships or management support, there is usually a workload element to the levels of stress that were reported to us.

Q3: The stress from my job affects my relationships with my friends or family
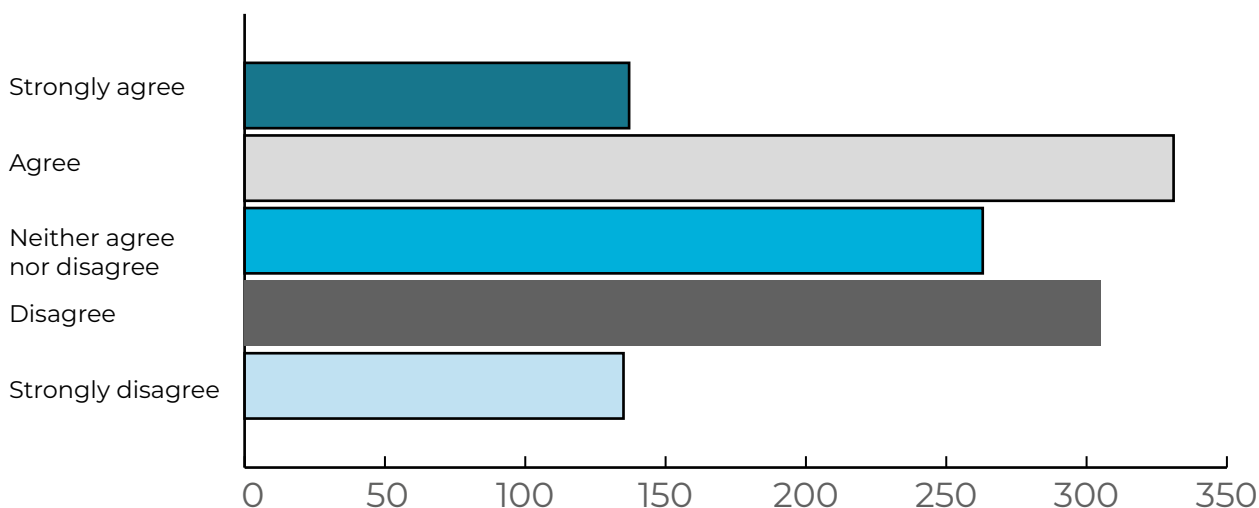
ANSWER CHOICES	RESPONSES %	RESPONSES NUMBER
Strongly agree	11.70%	137
Agree	28.27%	331
Neither agree nor disagree	22.46%	263
Disagree	26.05%	305
Strongly disagree	11.53%	135
Total answered		1,171
Skipped answer		0

While it is acknowledged that some of the issues described are perceived to be generic across NHS Trusts, there are clearly areas in the Trust where stress levels are heavily affecting staff wellbeing and morale, as well as staff turnover.

Many staff talked about their departments running on 'goodwill', with staff working beyond their hours and performing duties outside their remit to ensure that the department functions as well as possible and any negative impact on patient care is minimised. This leads to resentment at times, especially when there is a sense that this additional commitment has become expected by managers.

> *"I strongly agree that my job affects my familial relationships as I come into every shift with anxiety. I worry about the levels of staffing and will we be left with enough numbers to do the job safely. I go home worrying about the things I have not managed to do because of staffing and things I might have missed because we are so stretched."*

> *"We are very stretched as a team and unable to offer a satisfactory level of support to patients. We are unable to meet other requirements due to our workload and capacity. We have no one to cover us when we are on leave/sick etc. so the pressure of needing to work late/complete tasks at home has an effect on personal relationships and time with family."*

> *"I do not find my actual job stressful but having very few staff and being pushed to do more and more, this is stressful. Deadlines are put on us and we than get numerous e-mails as reminders and asked why haven't you done this? Meanwhile trying to get answers from others can take forever as they are 'working from home'."*

> *"The patient care is exceptional within the Trust and in my clinical area. However, the hours required to perform my role effectively are far more than my contracted hours."*

> *"Celebrating staff working 'above and beyond' is a great idea, but sometimes it feels like staff are encouraged to work themselves to the bone."*

The stress levels described are compounded when staff feel that managers are either not acknowledging the situation, or nothing is being done to address the issues. This means that rather than hoping for improvements they are often expecting the situation to stay the same or get worse. There is a perception among some staff that the Trust is pursuing and accepting higher patient numbers and increased workstreams at the expense of staff wellbeing, and this is having an impact on views of the culture at the Trust.

> *"My clinical area runs on a lot of goodwill from staff; often staying late or missing lunch as the department is busy and they feel guilty to leave. Management is aware of this but do not seem to care that the workload is too much to complete within the shift, and instead blame individual's time management."*

"My workload is overwhelming and relentless. I have escalated on numerous occasions my workload issues, but nothing is ever done, and no practical solutions offered - no-one listens."

"Job satisfaction would be greater if the workload was more manageable. When we raise the issue of excessive workload and the impact it has on us we are told there is no additional resource - it does not make people feel valued or listened to."

"Senior managers sometimes ask us for feedback but then never seem to act on it and seem to increase our workload when we are already understaffed and struggling."

"They don't care that staff are being burned out due to being over-worked. This then results in inadequate patient care, poor staff morale and ultimately worse staffing, because either people are having to take days off work due to becoming ill from workload or just even quitting. Anytime staff mention this to management it is just dismissed."

Staff in various departments reported an increase in workload and patient numbers with the same or fewer resources to fulfil requirements. While it is acknowledged that some of this is due to the impact of the pandemic (the acuity of cases due to delays, more patients needing to be seen whose treatment could not be started earlier etc), some staff also talked about new treatments and initiatives being embarked upon without adequate resourcing or communication. This is discussed in more detail later in the report.

"The stress from our job has increased significantly in the last five years I have worked here, with absolutely no change in support or morale boosting. Things keep being blamed on the pandemic, however by now we should have adapted to the new way of working/patient workload/increase in capacity."

"Of course, we need to be offering new treatments and we need to be at the forefront of cancer care, but at what cost to staff?"

"Factors relating to staff shortages amidst rising patient numbers is the main factor - people don't have enough time to do what they need to do."

"We are dramatically understaffed to the point where we are having to cancel patients. I think we are working well as a team but are receiving a lot of pressure to keep up a full workload when it's just not possible anymore. We are all stressed and constantly worried about making mistakes. Personally, I am stressed and exhausted. I am dreading coming to work, coming in exhausted, going home and getting straight in bed. This is obviously affecting my life at home and causing more stress in relationships with family as I feel I can't be there for them."

"I think this is this is the main pressure the department is under, just to deal with increasing demand with pretty much the same resources we can offer in terms of number of beds, number of staff, etc."

As most staff are highly committed to excellent patient care, they often feel that they have no choice but to try and deal with the additional workload, due to perceptions that there is insufficient budget to fill staffing gaps or a lack of appropriately qualified applicants.

"My role far exceeds my job description. I am looking to reduce my hours but do not feel my workload would change as there is no one to pick up this work, so I am reluctant to ask for reduced hours currently. The Trust has now realised there will be a crisis and are actively recruiting which is good, but if they had been more open to listening 5-6 years ago, I feel this crisis could have been avoided."

"The main problem is there are not enough trained and experienced people to do the role. Therefore, we are pressurised to work more and more unsocial hours as the patient load increases. This results in people either leaving and making the situation worse, or applying to go part-time, again making the situation worse. Headcount is meaningless if staff turnover is very high. Yes, you can run the department like this if you want, but you have to understand what are the consequences? Look at the staff turnover figures and start asking why."

We spoke to some staff who had at times taken time off work due to stress, or had colleagues who had done so, and it was felt that the support provided was variable. We heard some positive experiences of interactions with the occupational health team and ongoing support from managers, and other examples where the recommended approach to their return to work had not been followed and had at times led to further stress, reduced trust, lowered morale, additional absences, and even resignations. Staff were unsure of the extent to which prolonged absences due to stress and ill-health are monitored centrally and felt that more could be done to review these cases and explore how to provide better support for those involved.

A couple of participants who are experiencing, or had experienced, work-related stress referred to their own previous suicidal thoughts. We checked that they had support outside of work but feel it is important to mention in this document.

"There was a programme for me to be supported, but this just didn't happen because of workload, and nobody in a management position has checked to see how I am coping."

"Incredibly stressful job. I don't feel it's properly acknowledged and understood by senior members of the team. Huge impact on my health the last 6-12 months."

"When we did raise our concerns about how stressful the workload is for our team the feedback that was passed on to us from more senior managers was that staff needed to be more resilient."

"More and more people off with job induced stress, due to historically poor management. I am so tired and just so worn down by the volume of work."

We spoke to staff who reported that their workload is affecting their ability to improve and develop not only their own situation but that of their department, division, and the wider Trust. They describe not being able to take advantage of opportunities to get involved in activities such as training and development, mentoring, research, new initiatives, process reviews, external events and awards, resulting again in lowered morale and limited progress, improvement, and innovation.

"My job requires members of the department to work on projects with a supervisor, but this is almost impossible as staffing is so poor, and morale is so low that people don't have time to spend on the projects. This is hampering improvements within the department and means the pressures and the environment get even worse."

"Workload is phenomenal, there is a lack of support and awareness of the work demands. There is an expectation of working beyond the paid hours. Job satisfaction is slowly being eroded. I feel that I am doing my very best and working to a high standard of practice, alongside colleagues in all departments who are all doing the same, but there are inadequate resources, insufficient staff numbers compared to the workload involved (and with multiple vacancies), poor IT system integration, internal systems and processes that need updating but no-one has the time or capacity to do the work necessary. It's exhausting."

4. VARYING MANAGEMENT STYLE AND SUPPORT FOR MANAGERS

As mentioned above and confirmed by our experience of this type of work, a good relationship with their line manager, and a clear sense of leadership and support are some of the strongest contributing factors to a positive working experience. This can have a huge impact on individual and team wellbeing and excellent performance. It becomes increasingly important when workloads are high and work-related stress is part of everyday life.

We came across many happy staff who attributed their positive experience and views of life at The Christie mainly to a supportive line manager and team, and around two thirds of those who responded to the survey agreed that they have a supportive line manager who gives them useful feedback and helpful guidance.

Q14: My line manager gives me useful feedback and helpful guidance
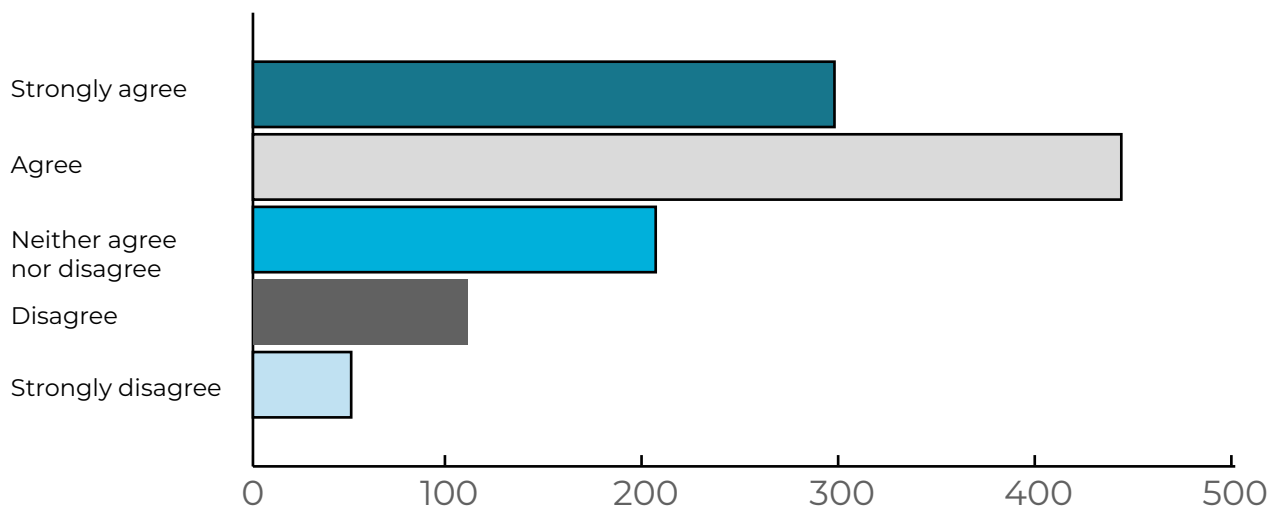
ANSWER CHOICES	RESPONSES %	RESPONSES NUMBER
Strongly agree	26.86%	296
Agree	40.11%	442
Neither agree nor disagree	18.60%	205
Disagree	9.89%	109
Strongly disagree	4.54%	50
Total answered		1,102
Skipped answer		70

"I work within a good supportive team within my division. I know the difference as I previously worked under a toxic chaotic ill-managed department within the Trust."

"Our managers support us, trust us, praise us, and help is available at all times."

> *"I am exceptionally well supported in my role by my team and line manager. When newly qualified, I was given supernumerary status at first to enable me to learn all aspects of the role under close supervision."*

However, it appears that there are inconsistencies between those in leadership positions, in terms of management styles, skills, support and experience. These variables can at times result in leaders who are unsure how best to manage their direct or indirect reports, who at times feel lacking in experience and skills, and who do not always know where to go for advice or to seek further development.

Some of those who had been promoted to a higher band described how they did not feel there had been adequate focus during the recruitment and induction process on their ability to manage others.

> *"I feel like once you are in a leadership position there is no structured support for it. Particularly at the beginning you need a lot of checking up meetings, mentoring – it doesn't exist."*

> *"The amount of stress is pretty high, and what I think is difficult for people who want to do any kind of leadership is there is not enough support in terms of mentoring and coaching people who undertake leadership roles. This is something that started happening recently, which is a good sign, but in my first two years I was on my own basically and didn't have a lot of support from more experienced colleagues or exec teams or anybody. So that was it and I had no idea how to do it."*

Some colleagues who have been managed by people who are inexperienced managers feel this has had a negative experience on their wellbeing, their performance, and their own development. These experiences often contribute to perceptions that, in the absence at times of transparency and clarity around staffing plans, vacancies and recruitment procedures (discussed elsewhere in this report), people have been promoted for reasons other than their assessed competency to take on a management role.

> *"I think that sometimes people have been promoted because they are friendly with other managers or their face fits, and these are not always people who have the relevant skills to manage others."*

> *"I was told when I first started that you will only progress if 'your face fits'. I have since found out how true that is."*

Where they are encountered, examples of management practices that were reported to us as unhelpful and having a negative effect on individuals and teams are as follows:

- Insufficient training and induction, due to either no manager in post, 'absent' or non-visible manager, manager who is not familiar with the individual's role, or manager too busy to help the new staff member to fit into their role and team.

  "When I arrived in post my line manager was on leave and I was just left to get on with it. Even when I didn't really know what I was doing. When they came back from leave they didn't even ask how I was getting on and if I needed anything."

- Lack of support with managing and prioritising workloads, often perceived as due to uncertainty how to do this, a lack of understanding of the role and challenges faced by those that they manage, or simply an inability to offer solutions due to circumstances and lack of support from above.

  "The workload is nowhere near manageable and our line manager isn't from the same background, so doesn't understand and can't help. We don't really see them to be honest."

  "I do not feel able to raise concerns at work regarding my line manager and lack of support I receive. My line manager gives no support on wider issues that my team and I raise constantly. Politics between senior team members creates such tension and lack of clarity around priorities and there is so much work that it can never be achieved that it is hard to find job satisfaction."

- Limited ability to deal with team staffing and resource issues: often due to uncertainty about when to raise concerns, how to be heard by senior managers (sometimes following on from negative experiences of this), understanding requirements from/for HR, and not knowing what and how to feed back to the team (especially when what is being communicated is likely to be seen as 'bad news').

  "Supportive divisions such as HR are essential in enabling us to do our clinical work, but it feels like they are so short staffed that it takes so long to do certain things we need. If they don't work effeciently, we can't either."

- Micro-managing and controlling behaviour, leading to demoralised staff and additional, potentially unnecessary workload for managers.

  "Generally, the managers are good but there is one micro-manager. I should point out that I'm sure it's not done in a malicious way, I feel like it's more of a lack of soft skills. This can lead to some frustration at times as well as some misunderstandings."

- Behaving in a controlling or bullying manner, often perceived as due to managerial inexperience or lack of skills, personality not suited to managing others, or own stress levels.

  "I have recently had a manager who effectively bullied me and made my working days very difficult. Thankfully they have now left, and I am hopeful that it will start to improve. However, when I escalated the bullying it was never dealt with at the time."

- Inability and/or unwillingness to deal with conflicts between staff, or to challenge unacceptable behaviour, due to uncertainty about guidelines, concerns about difficult conversations, limited support from other managers and/or other departments, such as HR (perceived as due to the pressure of workload in those departments). This issue is discussed further later in the report.

- Listening to, encouraging development of, and working more closely with colleagues that they already have a good relationship with, rather than working with all to create an inclusive workplace.

  "Culture has changed recently, as the managerial team feels like a friendly group among themselves, so staff don't feel confident raising issues and when issues are raised it feels like they are being discussed among the managers. This obviously makes me think not to raise issues again."

- Lack of prioritisation of staff wellbeing, training, and development due to own workload.

- Maintaining low visibility to staff due to own workload, possibly concerns about how to deal with questions and concerns raised, and potentially a lack of understanding as to the impact of visibility on staff morale.

  "When I think back to the times when I worked on the wards, the ward manager would muck-in and help with looking after the patients. The modern matrons would come on the wards, they would get involved, they've got a vast amount of experience. That doesn't seem to happen now. I see a lot of very junior staff that feel very, very unsupported."

  "Some managers will certainly address issues appropriately and can be relied upon to do so, but this is possibly not universal. Some managers do make an effort to be visible and do actively listen, but again this is not universal. Some can be quite defensive when challenged (frequently observed to be stress-related when dealing with difficult subjects)."

  "I walk past my manager's office every day and they hardly ever speak to me."

- Limited encouragement of ideas and suggestions, possibly due to uncertainty about how and whether these can be implemented and how they will be received by those in more senior positions.

- An unwillingness to take responsibility for their part in mistakes being made and to discuss how best to improve for the future.

We spoke to many staff who described very good relationships with their immediate line managers, but who witnessed some of the management issues described above from more senior managers in their department. Some staff are under the impression that their own managers were not receiving adequate support from the levels above them.

> *"I feel very supported by my immediate team and band 7s. However, I do not feel they are supported by senior managers within my department."*

> *"I am confident and competent in my role. My manager has never had any issues with me, or my performance and I'm continuously praised by other members of staff and my patients as to how well I do. However, the management team will take any opportunity to scrutinise anything that happens, whether it be with my team or on a shift I'm on, or a specific situation."*

There is also a sense in some departments that decision-making is not being adequately devolved from a senior departmental/divisional level, meaning that potential improvements to working practices were rarely implemented in a timely manner, or not made at all. Perceptions are that those making the decisions are too far removed from those whose roles are impacted by those decisions. This frustration is sometimes shared by those in management or team leader roles, who feel that they are not able to make improvements and changes that would help their team and department.

> *"Whilst I may feel comfortable raising issues, and I feel I am listened to within my own department, I infrequently see action being taken. There is a sense that issues get escalated higher and higher, without my immediate managers having the autonomy to make these decisions within my own department. As a result, the feedback is usually, "I've escalated it" and as a result the response is extremely diluted or delayed by the time I receive a response."*

> *"I have worked in a few teams within the Trust. Although I do not feel I am micromanaged to the full extent, I do think that there is a lot of senior involvement to make minor changes which I feel as a band 7, I should be able to make."*

> *"As a result of the stream working there has been a decline overall in staff morale, and as a manager I have become aware of this more so since the restructure. I feel that I have been negatively challenged or criticised for suggestions that I have offered. I can at times feel like I am forced to make a decision that I don't agree with just so there can be a "resolution."*

Q18: Mistakes are seen as learning opportunities rather than a reason to blame or punish people
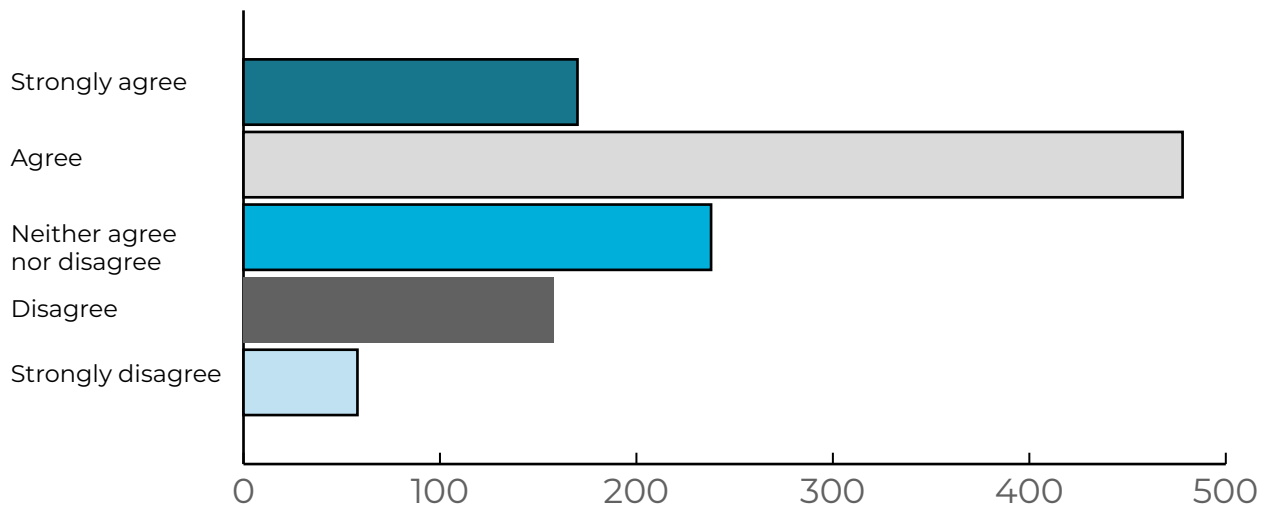
ANSWER CHOICES	RESPONSES %	RESPONSES NUMBER
Strongly agree	15.43%	170
Agree	43.38%	478
Neither agree nor disagree	21.60%	238
Disagree	14.34%	158
Strongly disagree	5.26%	58
Total answered		1,102
Skipped answer		70

While most survey participants agree that mistakes are seen as learning opportunities, almost one in five disagree that this is the case and there are some concerns around how effectively the DATIX system is used and monitored.

"I think we have got better at reducing the blame culture and discussing why things have happened."

"I am not put into positions where I can grow, often because I'm not allowed to make mistakes or trusted to ask questions if I'm unsure."

"I feel that when mistakes occur there is often an overreaction, and the whole team's practise is then unfairly scrutinised. Coming from another Trust I was impressed at the level of support and the maintenance of standards. However, at times I feel that I am not trusted, despite in my opinion not doing anything to cast doubts over my ability."

"When mistakes occur, it depends which area of the department you work in as to how it is dealt with. Within my own team I feel that my line managers/senior manager deal with the situation fairly, but I have witnessed other line managers/senior management be confrontational and accusatory."

"I feel like some managers try and cover up mistakes instead of learning from them."

"The DATIX reporting system has not seemed robust for many years. Reporting incidences of a similar nature can be sent to different 'handlers' and this has not been reassuring that they are being collated together and lessons are being learnt. There has been no training in recent years on reporting incidences and how to handle/respond to incidences."

"I feel that often we are told to put in a DATIX, or people decide to do this when actually it would be best to have a discussion about what can be learned to improve things for the future."

Q5: I am trusted to perform my role without constant supervision or 'micro-managing'
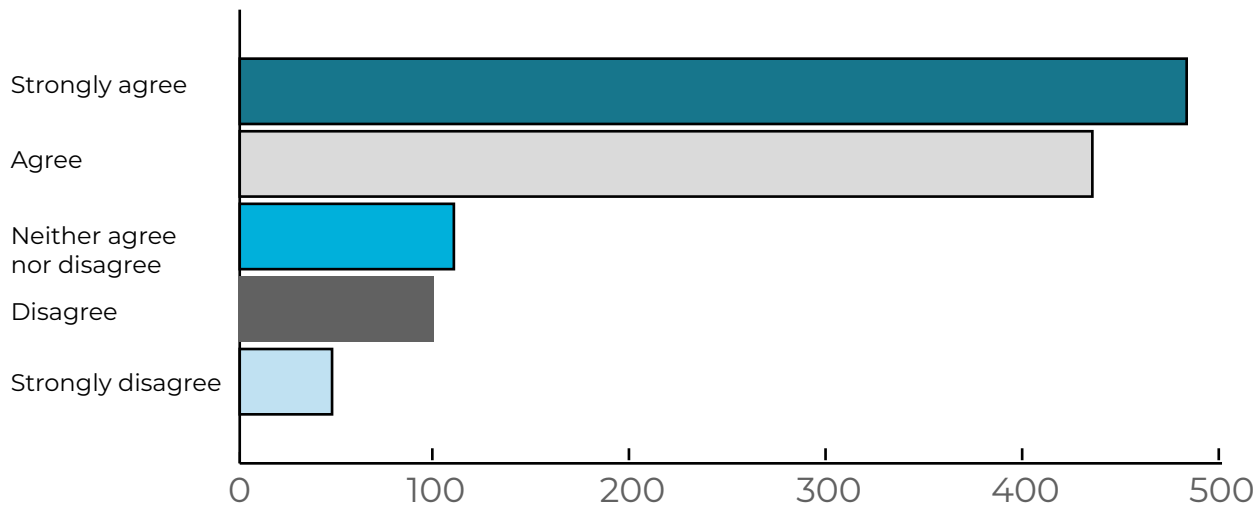
ANSWER CHOICES	RESPONSES %	RESPONSES NUMBER
Strongly agree	41.16%	482
Agree	37.06%	434
Neither agree nor disagree	9.31%	109
Disagree	8.45%	99
Strongly disagree	4.01%	47
Total answered		1,171
Skipped answer		0

Most survey participants feel that they are left to perform their duties without being overly supervised or micro-managed. Those who do not share this experience report feeling under-valued and not trusted.

"If it is a complex or non-routine task they often don't provide the support you need, but then they will try to micro-manage basic/routine tasks that don't need their input. I often feel undermined and not valued in my role. I have extensive experience and training, but this appears to not be of interest to managers who prefer to impose their views/actions without discussion or consultation with those of us who have more experience than them."

"I have a manager whose behaviour is controlling and disrespectful. My role and position are undermined regularly. As the manager is unwilling to buy in resources, the staff do instead. The atmosphere at work depends on what mood they arrive in."

"Constantly micro-managed, left to feel useless and worthless."

"Based on my experience and observations, there is a culture of bullying and micro-management and people are afraid to speak out."

"As a senior member of staff, I do not have much autonomy or ability to shape the service/grow as a leader. Decisions I do make too often get over-ruled by someone more senior, even if not directly related to my role. I then am more hesitant to make decisions in future making me a weak leader in my team's eyes. I am looking for a job due mainly to this micromanagement and ineffective management."

"The working environment in our team is terrible and is due to the attitude of the manager and deputy: constant micromanaging as well as not listening to concerns about not working at safe numbers and putting the waiting list above staff health. We have many people off sick constantly."

Q9: I am encouraged to put forward ideas and suggestions for improvement to develop shared solutions
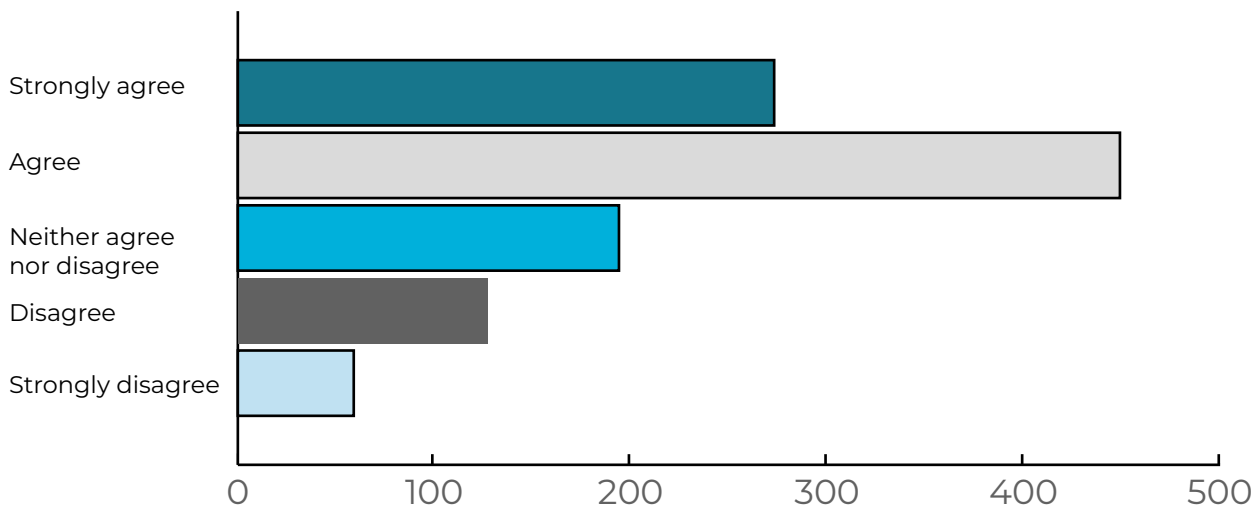
ANSWER CHOICES	RESPONSES %	RESPONSES NUMBER
Strongly agree	24.77%	273
Agree	40.74%	449
Neither agree nor disagree	17.60%	194
Disagree	11.52%	127
Strongly disagree	5.35%	59
Total answered		1,102
Skipped answer		70

Almost two thirds of survey participants agree that they are encouraged to put forward ideas and suggestions. Those who do not agree, either feel that managers do not ask for ideas, do not listen, or listen and then do not act on making changes.

> *"I have a great manager and a brilliant team. We all bounce off each other for ideas and tasks to make our jobs easier."*
>
> *"I feel confident in my role which allows me to make informed decisions. I'm happy and confident to approach my line manager or senior manager in the department."*
>
> *"It has been unclear for many years how to raise suggestions and change aspects of practise within the organisation. As an example - at one of my appraisals I was advised to concentrate on just doing my job and it was not my concern to how things could be arranged differently for the benefit of patients."*
>
> *"I enjoy my job overall and feel well supported by my peers and line manager. I sometimes struggle to manage my large portfolio in terms of time management, but I am able to verbalise this in regular 1:1s and formulate additional support/action plans to address this."*
>
> *"I and my immediate colleagues have raised concerns and provided potential solutions to the many issues we have raised. However, despite 18 months of this, no progress has been made or our contributions recognised."*

The experience or an unwillingness on the part of managers to listen and act on potential improvements contributes to the impression held by some participants in our audit that The Christie tends to be averse to change and the development of new ideas, and therefore lacking some of the attributes of a learning organisation. These attributes are seen by many staff at all levels, especially senior clinical staff, and those involved in various types of research, to be vital to The Christie's ability to maintain and improve its status at the forefront of cancer care, nationally and internationally.

Some staff clearly feel that managers are not performing effectively, and that they are not benefitting from good leadership, role modelling or support when they are facing significant challenges in terms of the workload and nature of the work they do. This situation inevitably leads to questioning and criticism around the recruitment and training processes for managers and at times some negative views about the number of managers.

There is a perception that the leadership element of roles is often overlooked when recruiting, and that some roles may require re-structuring, with the leadership and management elements either having equal importance when recruiting or being separated.

> *"Not everyone is good at people management, regardless of how many courses you go on - we need roles and spaces that suit people's strengths, interests, and purpose."*

5.   ACCESS TO TRAINING AND DEVELOPMENT OPPORTUNITIES

Many participants reported very positive views and experiences of the training and development opportunities available at The Christie, both internally and externally. This has ranged from training to help them move up to the next banding (particularly for clinical staff), to additional qualifications such as degrees, leadership skills etc. For some this is a key contributory element to their job satisfaction, as well as the excellent reputation of the Trust. Many have been able to take advantage of training and development opportunities that have made a significant difference to their career.

Q28: I have access to learning opportunities/training that will help in my job or personal development
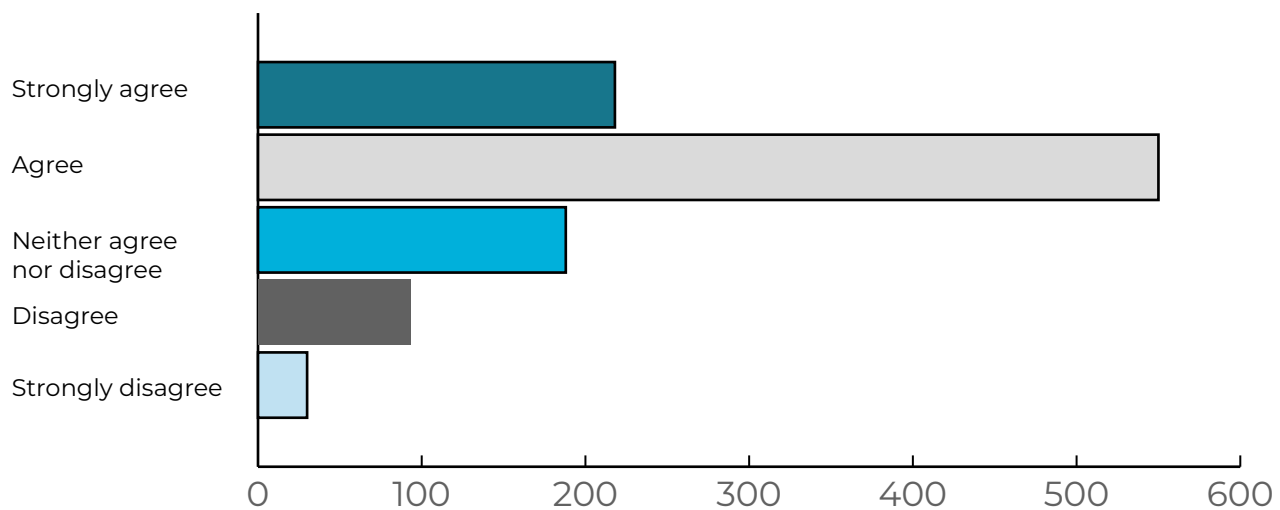
ANSWER CHOICES	RESPONSES %	RESPONSES NUMBER
Strongly agree	20.20%	218
Agree	50.97%	550
Neither agree nor disagree	17.42%	188
Disagree	8.62%	93
Strongly disagree	2.78%	30
Total answered		1,079
Skipped answer		93

> *"I have had many opportunities to develop myself and others at The Christie. More so than any other Trust in which I've worked. These have included external courses, internal courses, and shadowing opportunities."*
>
> *"Through a number of nursing roles and promotions I have been supported every step of the way. The support to take on academic courses has been more than adequate and the time to study equally so."*
>
> *"I have been supported in my development enormously. I have recently been funded to undertake a university course by the Trust."*
>
> *"I have been offered leadership courses but unfortunately at the time it was not right for me, but I could always go back to this. My manager encourages courses and training."*
>
> *"The Trust strongly supports training opportunities."*

However, there are clearly some perceived inconsistencies and some frustration among those who feel they have not been able to benefit from training and development opportunities, due to some of the reasons outlined below:

- Workloads and staffing gaps meaning that time is not available to undergo essential or development-related training.

- Managers not supporting an individual's request for development opportunities (either due to team workload, perceptions that the training is unnecessary, concerns about treating staff differently from others, or other reasons).

- Being told that there is no budget to fund the required training and/or development activity.

- A perceived lack of willingness from managers to recognise the skills of the individual and/or encourage them to develop within their role.

- Being unsure who/where to go to for support.

"Learning opportunities are limited due to the need for all staff to be clinical at all times. Being able to go to training (even mandatory training) feels like you are leaving your colleagues in a bad situation. It feels like there is no training or learning time built into any job plans."

"Although there are CPD opportunities available it feels like there is little time to do them and this doesn't seem to be encouraged. Blocked out time for CPD once a month would be beneficial, even if just for a couple of hours."

"Frontline clinical services are run so 'lean' it is often difficult to get agreement to be released to attend training or to gain funding to access it. This results in an increased risk of stagnation of clinical skills and some frontline staff using annual leave and personal money to fund training that they feel would be particularly important to their professional development or quality of care they provide."

"Opportunities to upskill are deferred as we are too short-staffed to spend time away from our work for learning opportunities."

"Currently finding it difficult to access training to comply with my revalidation due to staffing levels and funding."

"There is training available but no time to attend it due to chronic under staffing and high staff turnover."

"Learning opportunities and training are/is available, but there isn't sufficient capacity to do them without severely affecting other aspects of my job and impacting on colleagues who have to carry an extra burden whenever someone is out of service delivery because they are training."

Some felt able to have control over their own personal development but not all feel this is the case due to their need to have managerial and senior support and the extent to which this varies.

Q29: My manager encourages me to take advantage of personal development and training opportunities
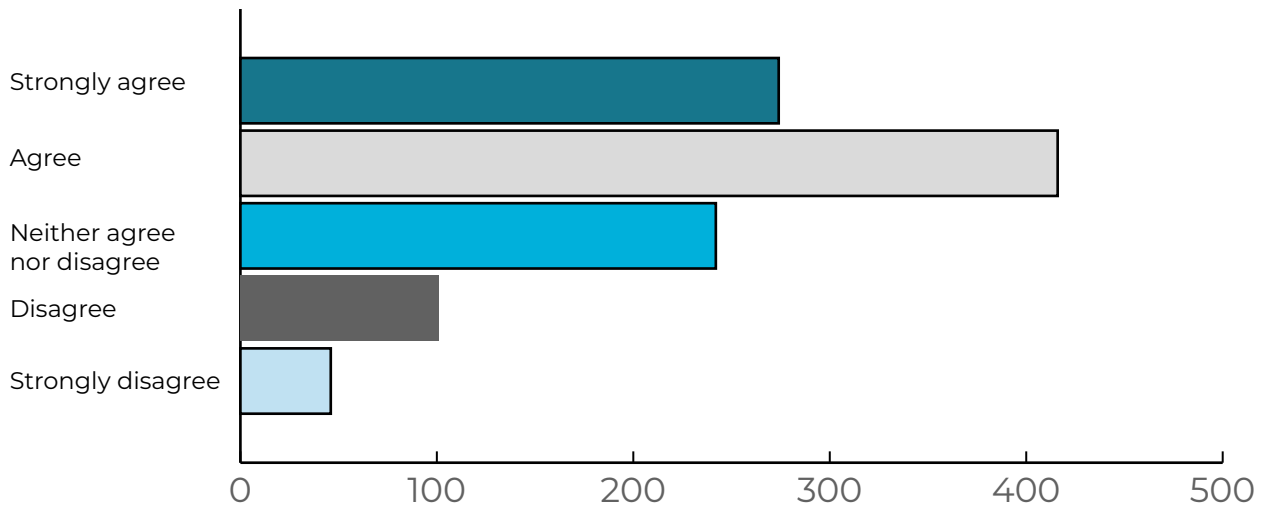
ANSWER CHOICES	RESPONSES %	RESPONSES NUMBER
Strongly agree	25.39%	274
Agree	38.55%	416
Neither agree nor disagree	22.43%	242
Disagree	9.36%	101
Strongly disagree	4.26%	46
Total answered		1,079
Skipped answer		93

"I have been afforded excellent opportunities whilst working at The Christie however I do believe that opportunities are also driven by an individual's drive to develop. I haven't sat and waited for them to come to me, I have been active in progressing my career."

"I am proactive with personal development/courses etc and seek out ones that are free etc. If I weren't proactive then development isn't really discussed, and 1:1's are often about day to day work/escalations rather than about me."

*"I have mainly developed under my own steam and funding."*

"My current line manager has been proactive with learning opportunities and has referred me to a course, but has only been my line manager for a few weeks. The last 18 months I have had no opportunities offered by three other managers."

"Lots of pressure from HR to complete mandatory training, but management does not make time for staff to complete it."

While the majority agree that there are opportunities to develop their career within the Trust, those who do not tend to give reasons related to the following:

- A lack or perceived lack of opportunities that are relevant to their existing role or banding.

- Very few vacancies at the level that they are aspiring to (inevitable 'dead man's shoes').

- No time put aside in job plans and no personal time to commit to the work that would be required for them to prepare for the next step.

Q26: There are opportunities for me to develop my career in the Trust if I want to do so
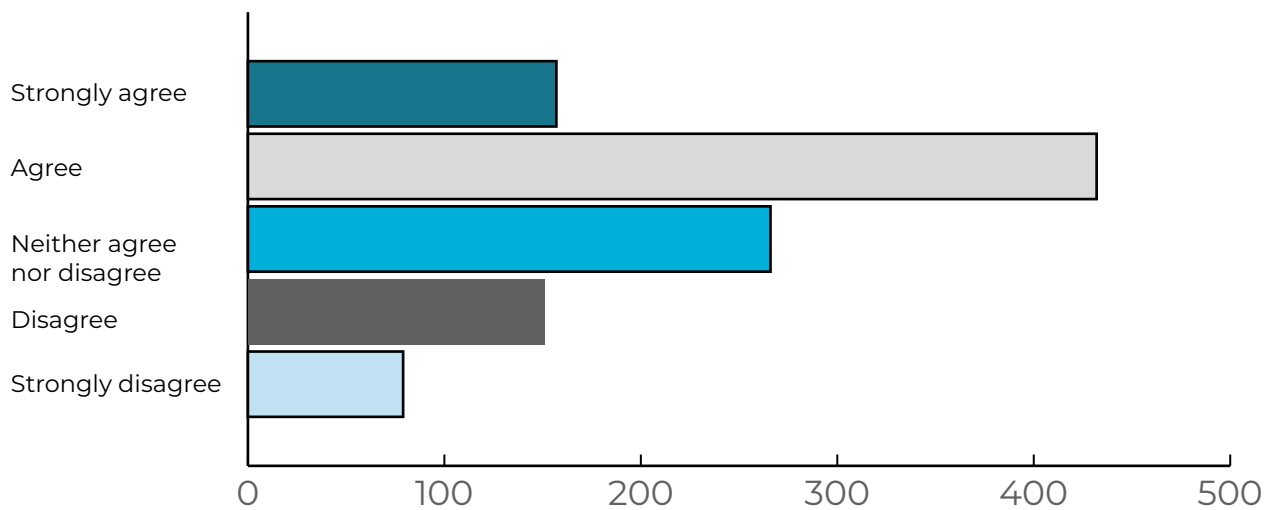
ANSWER CHOICES	RESPONSES %	RESPONSES NUMBER
Strongly agree	14.47%	157
Agree	39.82%	432
Neither agree nor disagree	24.52%	266
Disagree	13.92%	151
Strongly disagree	7.28%	79
Total answered		1,085
Skipped answer		87

"I have had several individuals detail their career progression opportunities through the organisation and have been encouraged to think of myself doing so."

"The School of Oncology offers fantastic opportunities for career development. Most of these are either free or funding is available."

"There is a limit to the Trust's investment in AHPs and roles to develop into/aspire to. Often roles that would be suitable for AHPs are listed only for nursing colleagues, but there should also be a focus on clinical excellence/experience as a way to develop and progress."

"I would be looking at the next level but there is no career progression plan or time to attend extra learning that could make the difference. The PDR process does not encourage anything; it's a once yearly formal chat."

"There aren't any opportunities for me to progress from my role to the next band up. The job description has the word 'nurse' in the job title and specifies that you must be a nurse in order to apply, despite the role not requiring clinical skills. I would have to look elsewhere in the Trust or externally to progress."

"All of the additional career opportunities inevitably require my out of hours' time. The clinical work consumes every working minute and more. It is relentless and utterly exhausting. The job planning appears to vary significantly across the various departments."

"As a highly experienced clinical nurse it would appear the only way I can get a higher grade is to move into a purely management role. I love my clinical role, reviewing patients and being on the frontline for patient care."

"There are no opportunities for clinical nurses beyond 8A, resulting in droves of senior and experienced staff leaving."

Q31: People working at a more senior level than me support me in my career development and progression
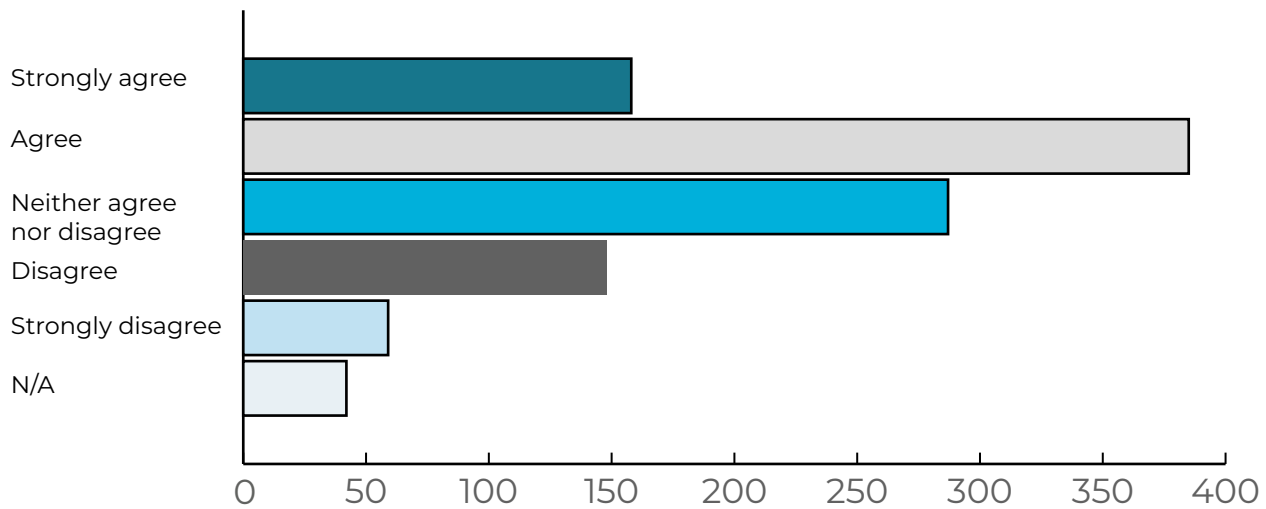
ANSWER CHOICES	RESPONSES %	RESPONSES NUMBER
Strongly agree	14.64%	158
Agree	35.68%	385
Neither agree nor disagree	26.60%	287
Disagree	13.72%	148
Strongly disagree	5.47%	59
N/A	3.89%	42
Total answered		1,079
Skipped answer		93

While half agree with the statement, almost 20% of survey participants disagree that they are supported in their career progression by their senior colleagues.

"In our area there is very little appreciation of career development and study leave is often problematic to obtain. When it is obtained, you are made to feel like you are not present enough or not a 'team player', through the taking of annual and study leave. There is very little formal teaching, and the job is mainly service provision. The culture from members of the consultant body needs to change."

"I have got to my current role through my own work and not because of support from managers. Whilst they were not obstructive, they did not have the time/energy to support my career path. I am not blaming them on a personal basis - their work pressures need to be recognised."

Some of those who had been able to take advantage of training and other development felt somewhat frustrated in the perceived lack of opportunity to use these skills within the Trust, due to the workload, structure, job specifications, or lack of management support.

> *"I did a management course yet could not put it into practice as when applying for internal jobs it was not recognised."*

> *"With better support I would be able to achieve The Christie values of 'we care, discover and most importantly teach'. I have had the privilege of the best opportunities in my area and I want to share my knowledge to enable my colleagues to achieve more for our patients, but I often need to fill gaps on the clinical rota."*

> *"I am supported to attend more formal career development opportunities like conferences or courses, but this doesn't translate to opportunities at work or being listened to when it is a topic I have expertise on, even when that expertise is derived from formal learning."*

Some participants feel that more opportunities to mix with/shadow/learn about other teams and individuals who work elsewhere in the Trust, as suggested earlier in this report, could help colleagues to understand more clearly where and how they may be able to progress within the Trust, especially where the paths to progression and development are less obvious.

> *"I think it would be good to hear more about what goes on in other divisions during the A&C forum so I can think about transferrable skills and whether I could progress in a role in another division (or maybe in the same division into roles I hadn't considered or known about)."*

Q22: I feel all people are treated equally in relation to career development and learning opportunities
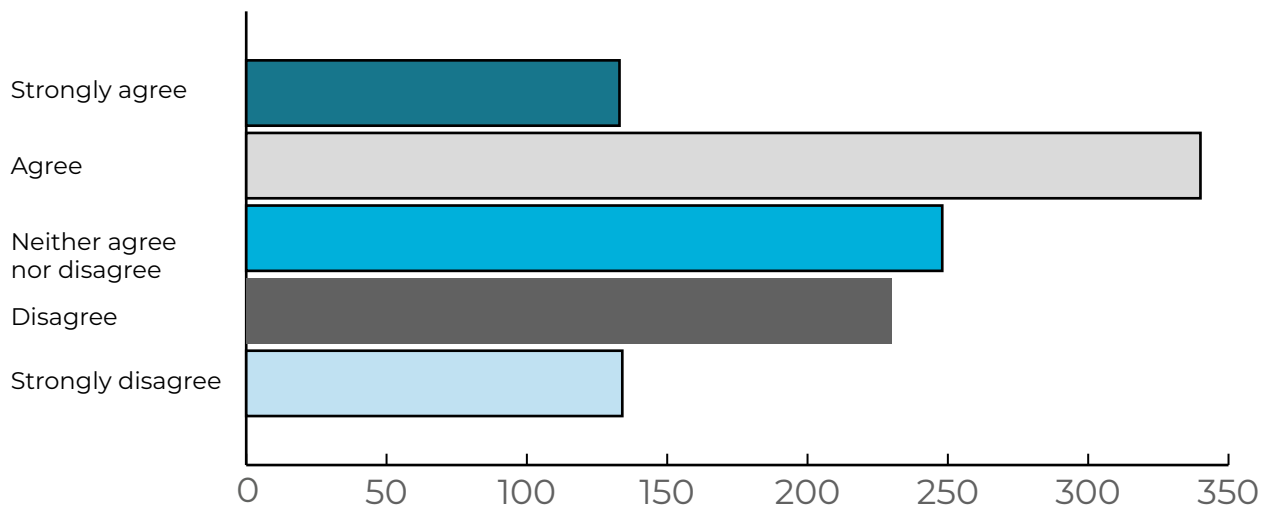
ANSWER CHOICES	RESPONSES %	RESPONSES NUMBER
Strongly agree	12.26%	133
Agree	31.34%	340
Neither agree nor disagree	22.86%	248
Disagree	21.20%	230
Strongly disagree	12.35%	134
Total answered		1,085
Skipped answer		87

Around a third of participants in the survey disagreed that people are treated equally in relation to training and career development opportunities. For some this is down to managerial support and preferences, meaning that some colleagues are encouraged more than others, but for some participants this is linked to certain roles having clearer progression paths, and colleagues in some teams being given more time and funding to access opportunities due to the nature of their role.

For example, AHPs talked about development opportunities and roles often being advertised for nursing roles only, and some frontline staff talked about not having access to training due to the need for them to fill staffing gaps. They sometimes feel that other staff are more likely to have the time to take advantage of training and development opportunities, whereas non-clinical staff talk about there being fewer options for them to pursue. Some in lower bands feel they are not considered suitable for career development, whereas others talked proudly of how they had progressed within the Trust.

"I started at a much lower band and I have had opportunity to develop and am now four bands higher than where I started."

"If you are below band 5, I feel management do not consider you to have a brain and that there is no point in pursuing career development for 'lesser' banded people."

"Most training that I see advertised on the HIVE is for clinical staff or managers over a certain banding. There are rarely any apprenticeships advertised on HIVE/ jobs page even though they're subsidised/free from government, yet there are always senior/management vacancies advertised. So, it feels there is no opportunity to move up."

"Career aspirations are very limited for AHPs. Several colleagues have taken on advanced clinician roles recently and have been expected to do the role in addition to their current roles, leading to massive levels of stress and work dissatisfaction. People in other areas of the Trust doing these roles are given much more support and time."

"Clinical training opportunities are always more greatly available. There is less access to non-clinical training. It isn't that I wouldn't be encouraged to do training but that it either isn't relevant to my role or my career progression at my stage of career isn't prioritised."

"Regrettably, rotational staff are often overlooked, with little consideration given to their aspirations or contributions. This apparent favouritism hampers morale, creates divisions within the team.

"Jobs/training seems to be given out on a who knows who basis rather than who is deserving of it."

"Because I work as bank staff even though I do regular hours I do not get the same opportunities as someone who does the same role as a substantive post."

"Sometimes this isn't so blatant in terms of directly discriminating - it is about looking round and seeing the opportunities that are made available to other colleagues, and career nudges that are given to those who are favoured."

"Band 4 is the only pay band (other than band 8a) that takes three years to get to the next pay point. For all others under 8a it's two years, this is not equal and fair."

"AHPs are not treated the same in the Trust. This is particularly true around trainee ACPs trying to get training in the Trust but nurses appear to be the priority. The Trust is very nurse focused as the leads are nurses and there is no AHP represenation at board level."

> *"Having AHPs in more senior positions is needed for The Christie to be truly operationally efficient."*

> *"I feel there are more learning opportunities for clinical staff members than other professional backgrounds. For instance, in our team, funding doesn't appear so forthcoming as it does for those wishing to undertake medical related education and training."*

> *"Opportunities given to clinical staff don't seem to be given to clerical and admin staff, i.e., time off work to do things, certain courses, grants and funding."*

Some participants in the survey mentioned that they are simply unaware of how to access training and development opportunities. Others claimed that their PDR process was not satisfactory and that discussions around the PDR were not progressed from one year to the next, with the response being that there is no budget or that the issue is 'being looked into' with no timescale provided.

It was suggested that access to a career coach or other similar resource outside of their direct line management would benefit individuals and the organisation: resulting in more motivated staff, higher retention within the Trust and better use of the funding that is provided for training and career development.

> *"I do think that many people don't know where to start exploring career journeys. A shift in focus to developing skills, competency and leadership and having more coaching styled conversations between leaders and others is needed for individuals to explore what their purpose is rather than expecting this to be sorted out for them by someone else."*

> *"I would like more open opportunities or a person to go to, to discuss career opportunities which are not as well-defined outside of the clinical career pathway."*

> *"I don't know how to find out about the possibility of training or how to develop my career."*

> *"Not everyone is aware of the development opportunities relevant to their position. Other people doing the same job are doing different things to the job description."*

> *"When I seek it, help is there, but not made explicit who could help and no active support for people across the board to develop."*

Sometimes linked to the above points, we spoke to many colleagues who felt that the availability of roles was not always transparent, and there is a widespread perception that in the past roles have been offered without a robust and open advertisement and recruitment procedure taking place.

Staff referred to roles being 'created' and offered to 'friends' of those involved in the recruitment process. Several participants mentioned the phrase 'if your face fits' as a perceived requirement to progress in some roles/departments.

This is linked to the concept of homophily and how it is common for individuals who share similarities to be attracted to each other and form subgroups. Sometimes however, these subgroups can become further bonded and develop into cliques. Cliques form when certain social networking structures confer favoured status upon specific groups, whilst excluding others. When this favouritism is based on factors other than performance and instead on a reciprocal exchange of favours, negative dynamics can arise that may impact the whole organisational culture. Colleagues who are not part of this 'inner circle' may feel emotional responses that can affect their job outcomes, attitudes, and behaviour (Turhan, 2014).

We also heard that people had often not received any satisfactory feedback when they had been unsuccessful in their application for a role. In addition, those managers trying to recruit for positions in their team stated that it was not always easy to find the guidance, support and time they required to ensure they conduct a fair and robust process.

20% of survey participants claimed that they have been overlooked for promotion or career development opportunities.

Q30: I have been overlooked for promotion or other career development opportunities in the Trust
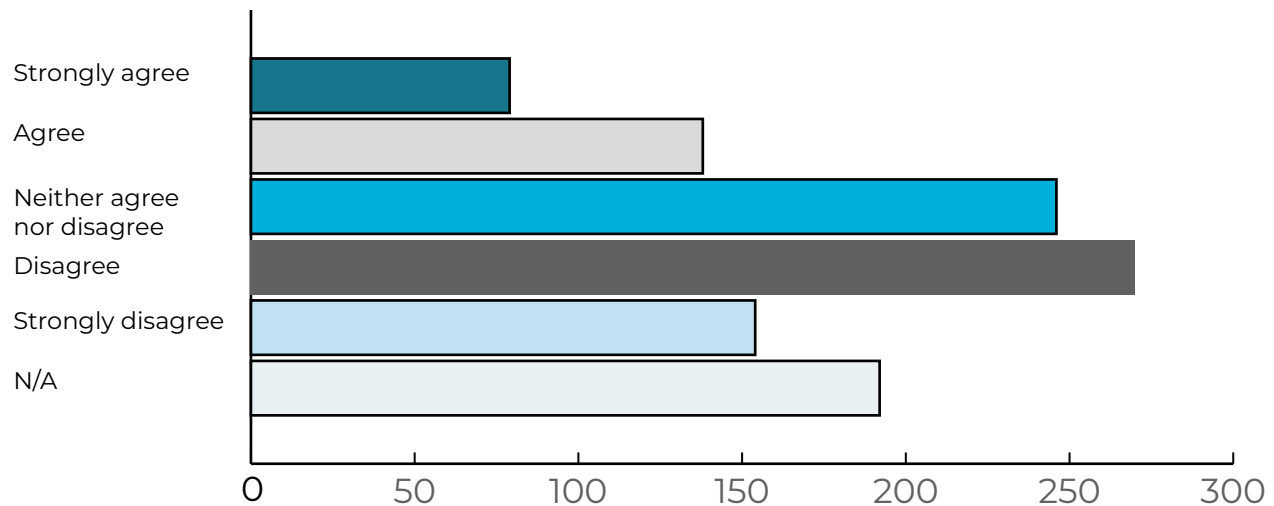
ANSWER CHOICES	RESPONSES %	RESPONSES NUMBER
Strongly agree	7.32%	79
Agree	12.79%	138
Neither agree nor disagree	22.80%	246
Disagree	25.02%	270
Strongly disagree	14.27%	154
N/A	17.79%	192
Total answered		1,079
Skipped answer		93

"There is clear cronyism at a senior manager level with cliques. There is a lack of visibility and transparency regarding career developments. Loyal and dedicated staff are leaving which is very sad to watch."

"It seems that senior jobs are created for those who are friendly with existing seniors, whereas on a ward level it is difficult to get funding for new staff, e.g., healthcare assistants."

"Very happy and well supported in this role. However, in my previous role I was thinking of applying for a role, but before I had I was advised that someone else would be getting the job via pre applications / interviews."

"There are very few positions that become available at certain levels at The Christie, and I do feel as though that the majority of time these positions are advertised with a candidate in mind."

"Recruitment is a real problem - so many times there are instances of staff getting promotions without standard processes and procedures. Small groups of senior staff agree to posts of seniority and give to their friends."

"I have been overlooked for a job progression in my previous department on the inpatient wards, which I felt was due to personal friendship groups and favouritism. I feel more supported in my current area."

"I and a colleague were looked over for promotion in favour of an outsider without the right experience, which resulted in us then having to teach them."

The perception that a recruitment process has not been robust and the lack of feedback when applications are unsuccessful can lead to staff feeling undervalued and demoralised and can impact on retention.

"Being overlooked made me lose faith in the team I was in and subsequently I started looking for other roles in and outside of the Trust and eventually was able to make a positive move to a new team."

"I just don't bother applying now, because I'm clearly not seen as someone whose face fits, so I know I will have to look elsewhere."

"I am repeatedly told I am not a 'people manager' which means I am unable to progress to the next level as my seniors clearly would not support me to do this.

We spoke to staff from various departments who claimed that the recruitment process could be very slow due to availability of HR resources, delays in advertising posts and in arranging interviews and associated processes. This means that gaps were often left unfilled for several months. This situation can have a wide impact on the remainder of the team who are under pressure to achieve the workload with fewer resources and sometimes left for some time with no leadership or direct line manager.

It was felt that recruitment procedures could be 'tightened up' throughout the Trust.

"I think HR are short-staffed and can't always support recruitment in a timely manner, so things take longer than they should, and perhaps shortcuts are taken."

"We need a lot of support from HR with recruitment and some of the processes aren't very clear, so things take time and gaps are left for too long, or we lose people because we can't get things sorted quickly enough."

6.   LOW TRUST – INCLUDING PSYCHOLOGICAL SAFETY, AND EXPERIENCES OF SPEAKING OUT

Trust lies at the heart of a functioning cohesive team. In the context of building or re-building a team, trust represents the confidence amongst team members that colleagues' intentions are good, and there is no reason to be protective or careful around the group. Rebuilding trust can be difficult and takes much time to achieve.

In Steven Covey's book 'The Speed of Trust' (2007) he describes a helpful model to help us understand more about trust. First, he breaks trust into two components. One is competence and the other is character. The suggestion is that when there is an absence of trust it will be because of a deficit with one or both elements. Secondly, he refers to a trust tax and trust dividend.

A trust tax represents the behaviours that are associated with low trust (tax) environments.

For example, you are likely to see;

- dysfunctional relationships
- defensive behaviour
- mistakes remembered and used as weapons
- hidden agendas
- grievances
- political camps

in high trust (dividend) environments, you are likely to see;

- polite cordial relationships
- a focus on working together
- mistakes seen as learning opportunities
- few office politics
- good levels of engagement, confidence and loyalty
- completely open and transparent relationships

During our interviews we observed attributes related to low trust environments, particularly in relation to raising concerns, discussing mistakes, asking questions, and making suggestions for improvement. While most participants in the survey reported positive experiences here, there is a strong minority of these, and a high proportion of those who took part in the qualitative interviews and focus groups, who have some concerns around the issue of trust and confidentiality.

Some of those we interviewed told us that they or their colleagues were reluctant to come forward to speak to us for fear of how it may impact upon their career or opportunities going forward. There were also comments made on the survey relating to concerns about whether the process was confidential.

"I hope this is confidential, as my managers would not be happy if they thought I had told the truth here about what is happening."

While over 60% of survey participants agreed that they can raise concerns without being made to feel that they are wrong to do so, 20% disagree. This is usually due to a sense that they will be seen as a troublemaker, or that they will be penalised in some way for raising concerns.

There are also perceptions that concerns raised in a confidential manner may not remain confidential. It was suggested that the external status and reputation of The Christie, and the sense of 'family' makes it difficult for concerns to be expressed, acknowledged and dealt with in an open manner.

Q8: If I have concerns at work I can raise these without being made to feel I am wrong to do so
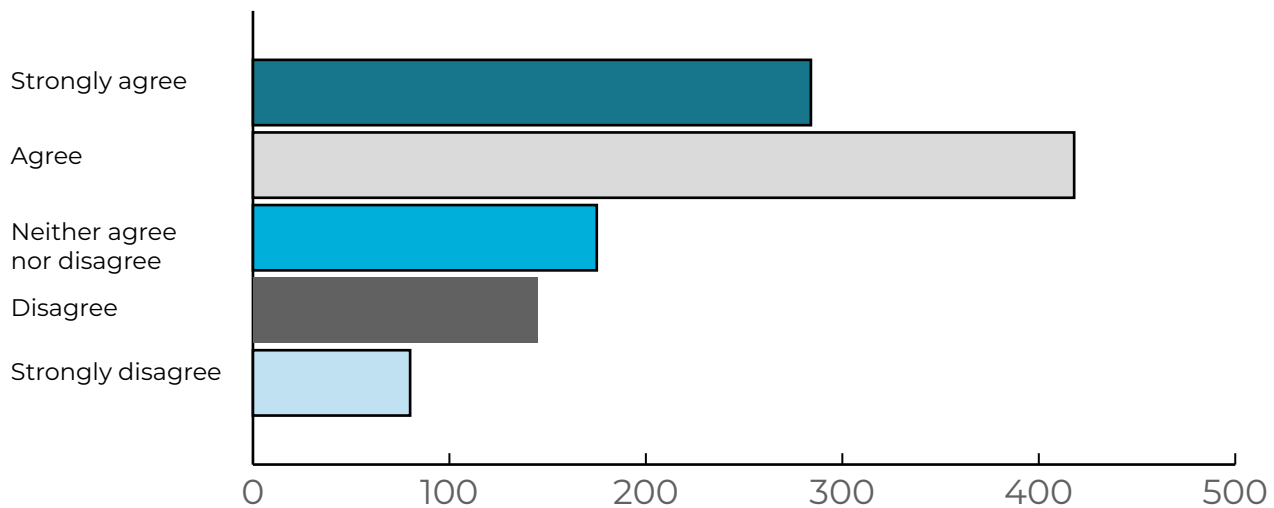
ANSWER CHOICES	RESPONSES %	RESPONSES NUMBER
Strongly agree	25.77%	284
Agree	37.93%	418
Neither agree nor disagree	15.88%	175
Disagree	13.16%	145
Strongly disagree	7.26%	80
Total answered		1,102
Skipped answer		70

"I think one of the problems is that everyone is so 'nice', and nobody wants to accept that things are wrong, or to upset anyone. So, if you have a genuine concern, you feel like you are doing the wrong thing by speaking up."

> *"People feel like they can't speak to senior management about issues without it being gossiped about. Very rarely are personal issues kept confidential."*

> *"I am happy in my role, but still feel hugely let down by failures in Christie management. I would never speak up again and would encourage others not to. It is just not worth the stress and risk to your job."*

> *"People are scared to speak up. If you do you are shut down very quickly."*

> *"There is a significant staff safety concern and I don't know if it's ever been raised beyond the department, but most staff really felt pressurised just to carry on. It's almost like "what are you complaining about, just crack on" but surely we should be pushing for better protection."*

> *"I have felt pressured into altering or removing issues around risk rather than these issues being fully attended to."*

## 7.   EMBRACING TRUST VALUES, INCLUDING UNKIND AND DISRESPECTFUL BEHAVIOUR

In the process of our audit, we were made aware of some extensive work that has recently gone into reviewing, identifying and defining the Values of the Trust, and we are aware of ongoing projects and initiatives to ensure that these underpin all aspects of The Christie's work and are internalised by all staff.

Our experience has shown us that this type of process takes time and we spoke to staff who welcome this work and feel that it is extremely important that efforts to incorporate the values are seen to come from senior managers so that these values become part of 'the way things are done here'.

> *"I feel there are the Trust values but there is no support from the Trust about implementing these values. When people don't behave according to the values, it is dismissed as 'oh that's just how they are'. It only takes one person like this to sour the team."*

Many of those we interviewed and around half of those who completed the survey claimed to have experienced unkind or disrespectful behaviour.

Q13: I have witnessed or experienced behaviour at work that is unkind or disrespectful in the last year
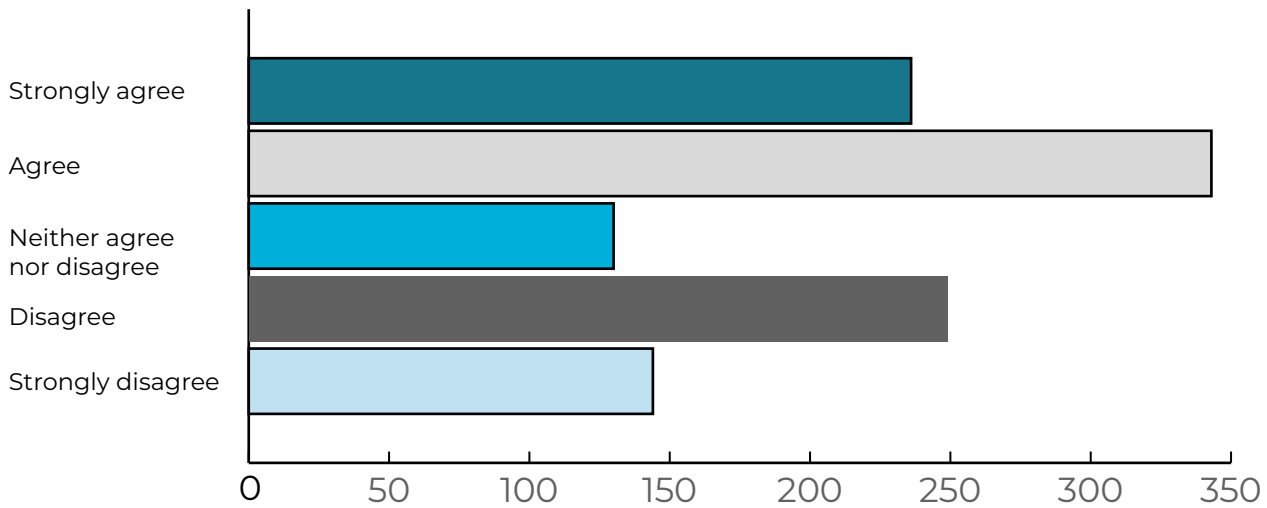
ANSWER CHOICES	RESPONSES %	RESPONSES NUMBER
Strongly agree	21.42%	236
Agree	31.13%	343
Neither agree nor disagree	11.80%	130
Disagree	22.60%	249
Strongly disagree	13.07%	144
Total answered		1,102
Skipped answer		70

"I witness bitching, passive aggressive bullying, and raised voices/shouting towards myself and other colleagues on nearly a daily basis, usually from higher ranking members of the team."

"I have had an instance where I have been bullied at work by staff. However, I haven't had the confidence to speak up. I have had staff make me feel less skilled. I do not work in a healthy work environment which makes my day-to-day job quite sad."

"Colleagues have been shouted at in front of patients by management, and I have been shouted at in front of colleagues. Managers are regularly unkind and disrespectful."

"I have witnessed unkind/disrespectful management behaviour, mainly targeted at less experienced members of staff, which often appears to be an attempt to cover up shortcomings of management. I have the skills to tackle this but have to consider the risk/benefit in placing myself in the 'firing line'."

While some staff had managed to address this behaviour themselves and most feel that they would be able to do this if it occurs, others claimed they had tried to do so with no perceived change in behaviour. Some staff who found themselves in this situation had felt unable to challenge due to the person displaying the behaviour being more senior to them or being 'close to' or friendly with their line manager or other close colleagues.

Q16: If somebody behaves with unkindness or disrespect I feel I have the skills to challenge this
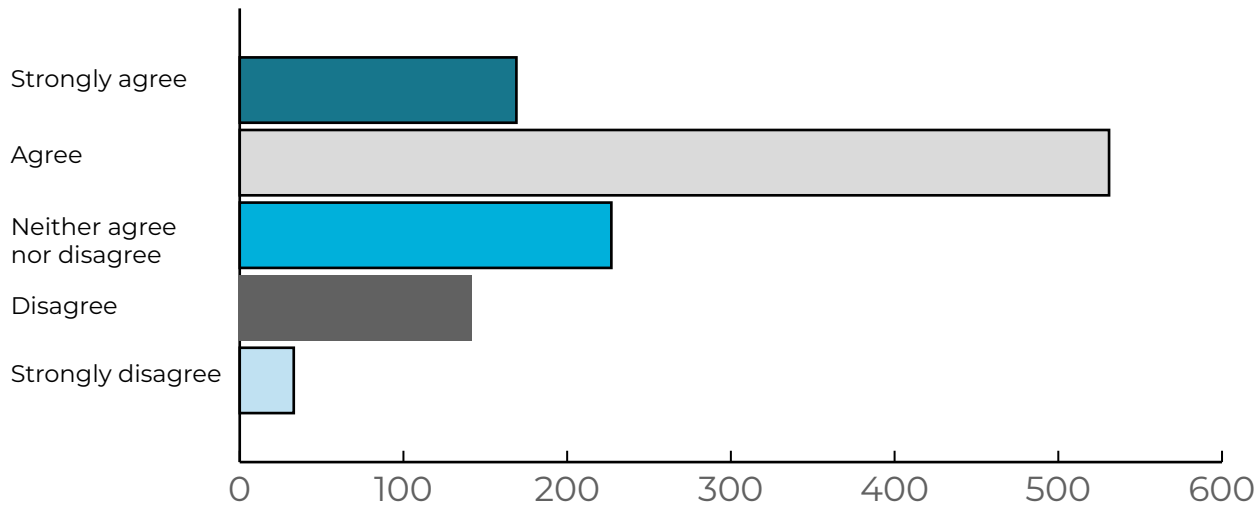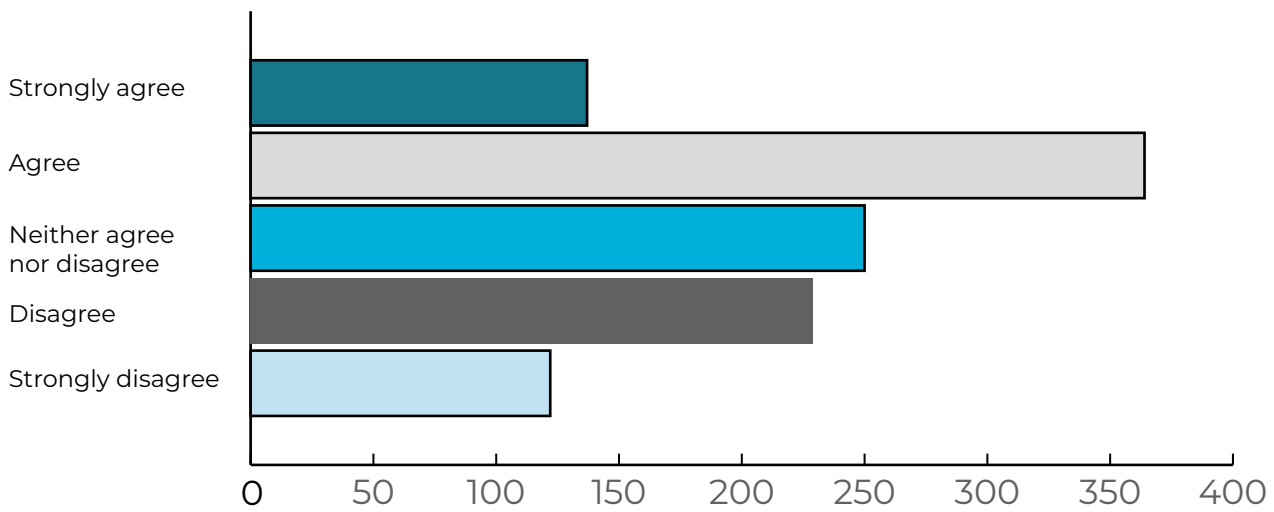

ANSWER CHOICES	RESPONSES %	RESPONSES NUMBER
Strongly agree	15.34%	169
Agree	48.19%	531
Neither agree nor disagree	20.60%	227
Disagree	12.89%	142
Strongly disagree	2.99%	33
Total answered		1,102
Skipped answer		70

Regardless of whether staff feel they have the skills to challenge unkind or disrespectful behaviour some are unwilling to do this due to a perceived lack of psychological safety, as described above. Staff have been concerned that they would be seen as troublemakers; that speaking out would affect their chances of promotion/other development opportunities, or their relationship with others in the department; or that they would be 'penalised' in some other way.

While some staff trust managers to deal with these issues if made aware, for some there is a lack of trust that concerns they raise about other staff would be treated as confidential or dealt with appropriately. Some colleagues claimed that they had raised issues in the past and then discovered that this had been discussed in an inappropriate way by their managers or other staff. Some claimed that this had led to negative repercussions for them.

Q17: If unkind or disrespectful behaviour has to be referred to a manager I trust managers to deal with it effectively

ANSWER CHOICES	RESPONSES %	RESPONSES NUMBER
Strongly agree	12.43%	137
Agree	33.03%	364
Neither agree nor disagree	22.69%	250
Disagree	20.78%	229
Strongly disagree	11.07%	122
Total answered		1,102
Skipped answer		70

Those who have reported the behaviour of other staff to managers do not always feel that this had been addressed effectively. They claimed that the behaviour of the person had not changed, or that either they had been moved away from working with the person, or the person behaving inappropriately had been moved, rather than the behaviour being challenged, or clearly stated as unacceptable.

We spoke to staff who had lodged formal complaints and received limited feedback as to the progress of their complaint. It is understood that there is an element of confidentiality required to protect all parties, but for some individuals and small teams whose working lives had been adversely affected by such incidents, the lack of feedback had made them feel less valued, demoralised and sometimes unwilling to stay in post. In addition, there were claims that nobody had checked on their wellbeing during and after such incidents.

It is perceived that there may be several reasons for this:

- Managers are unsure how to deal with issues and concerned about upsetting other members of staff or breaking confidentiality.

- Aside from raising the issue with managers, the guidance for addressing this type of situation tends to involve speaking to the person directly or raising a formal complaint or grievance – both of which are seen as causing a great deal of stress for all concerned with no guarantee of a successful outcome.

- The HR department is perceived as very busy and potentially understaffed and therefore not always able to give managers the support they need.

- There is a lot of nervousness around the possibility of legal action, reputational damage etc. meaning that sometimes inaction is seen as the safest path.

"As a team we encounter difficult behaviour from an individual. This has been raised many times and has never been properly addressed. It creates a patient safety issue as they don't listen and are not a team player. My guess is that if you are a junior member of staff misbehaving then this will be dealt with accordingly. It appears to be much more difficult to address if it is a senior member of the organisation."

"I was told to be wary of a senior staff member as they are "known to be difficult" and a number of other people admitted to having "run ins" with them. If someone is "known to be difficult" then that is not acceptable. The staff member needs to be better supported and helped to improve their behaviour."

"I was told this would be dealt with but following the discussion I have no confidence in this being the case. Concerns feel 'swept under the rug', and excuses made for certain senior members of the team."

"I feel any unkind behaviour that is challenged is more likely to cause further problems rather than resolutions."

"Bullying takes place and as I have mentioned before in the past the management team have not wanted to deal with it for fear of upsetting the bully."

"I now have a new direct manager who I feel is making an effort to try and support me. However, the previous manager did not support or deal with any reports of discriminating or bullying behaviour and I became very isolated."

"Members of other teams are consistently rude to mine. When we raise it with managers they say "that's how it's always been" - this is just enforcing bullying."

> *"In my opinion, some managers like to let their staff know that they have "power" over them and that they can say no to any request. In my experience working at The Christie, if the managers in a department are aggressive bullies, then this attitude filters down to the staff they manage."*
>
> *"Senior managers in my department are actively part of a bullying culture, they are not approachable, I would not feel comfortable going to them for emotional support, I feel like they try and cover up mistakes instead of learning from them."*
>
> *"When concerns were raised about members of staff bullying others, these concerns were dismissed at first and ultimately the consultant body was investigated. I have no trust in my managers looking out for me as a professional; rather I feel that if I were to raise any concerns I would be investigated and blamed."*

Staff welcomed the concept of the Freedom to Speak Up process and some reported very positive experiences of the support they had received, regardless of whether they had had a satisfactory resolution. The drawbacks of this process are perceived to be linked to some of the concerns raised above, in that there are still concerns about how confidential the process will be and whether an effective resolution can be achieved.

Staff explain that the Freedom to Speak Up process feels primarily designed to signpost people to resolution pathways that they feel unable to take advantage of for various reasons, such as meeting with the person directly, speaking to another manager, or raising a formal complaint or grievance.

> *"I was told to sit in the room with the person and have a meeting with them about their behaviour. How was I expected to do this when I had been so badly affected by the way they were treating me that I was in tears all the time?"*
>
> *"I have experienced negative behaviour from a manager and followed the positive working relationships policy. When that person failed to engage with me when I approached them, I then approached their line manager who did not challenge this repeated behaviour which also happened with a number of other people. This individual has now been promoted."*
>
> *"I have brought up such issues to various people (freedom to speak up advisor, occupational health, HR, the person themselves) and didn't feel I received support, I was made to feel I was the problem."*

"I do not feel able to speak freely or go to management in the department as confidentiality is not something that is respected. When members of the team have been to management regarding bullying behaviour from certain team members, management have told the reporting members that they need to go easier on the bullying members of the team, with no consequences to the bullying team member."

"I'm sure senior management listen, and are approachable, but it doesn't seem to make change happen."

"As a Trust we promote the values of respect in the workplace, but when staff are disrespectful there are no consequences. This results in staff members losing faith in the system. We need to enforce the policies strongly and to stop making excuses for staff misbehaving, so people can feel like they work in a safe space."

Staff who decide to speak up often feel very vulnerable and sometimes only speak up when they have been, or felt, unable to resolve a problem themselves and the behaviour has caused them significant stress or impacted upon their wellbeing or ability to function at work. They do not usually want to cause problems or make things difficult for their colleagues or managers.

There is a desire from all staff to feel reassured that they will be listened to and treated with respect and confidentiality during the process of dealing with challenging behaviour. We encountered staff who have spoken out in the past and claimed they would not do so again. This inevitably can result in certain types of behaviour being effectively 'enabled' and does not lead to cultural improvement or improved psychological safety.

There is clear opportunity to further promote the Trust values to all staff and emphasise the responsibility on all staff to always uphold the values and to empower them to challenge when this does not happen.

8.   STAFF WELLBEING AND EMOTIONAL SUPPORT

Some staff told us that they feel that because they are not suffering in the same way as many of the patients at The Christie, they should not be expressing their concerns about their own wellbeing. Some feel guilty about raising issues that affect their working and home lives and some feel that they are discouraged from doing so.

However, we encountered many staff who were extremely distressed about aspects of their working life and claimed that there was nobody in the workplace that they could talk to about their situation, either because they had tried before with no outcome, or they were concerned about repercussions, or they did not feel they would be believed or supported by anyone who could make a difference to their situation.

Q10: I get emotional support when needed from at least one other person at work
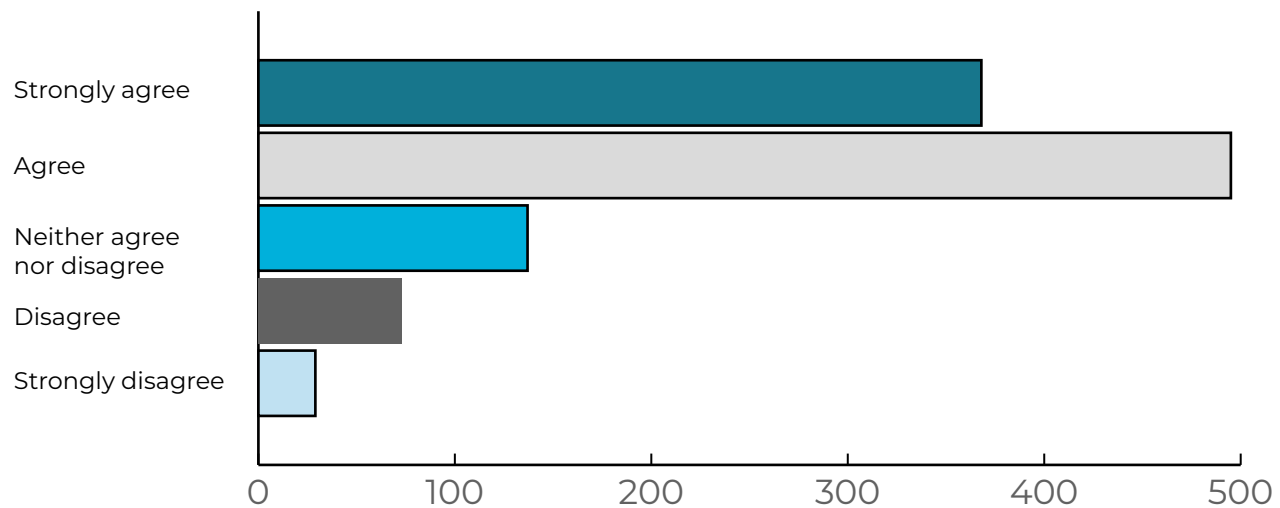
ANSWER CHOICES	RESPONSES %	RESPONSES NUMBER
Strongly agree	33.39%	368
Agree	44.92%	495
Neither agree nor disagree	12.43%	137
Disagree	6.62%	73
Strongly disagree	2.63%	29
Total answered		1,102
Skipped answer		70

While the above paints a largely positive picture with over three quarters of survey participants agreeing that they get emotional support at work, there are still over 100 colleagues who completed this survey who do not feel they have anyone at work to turn to for emotional support.

"There is one person in the department that I can speak to and I am lucky to have her. She encourages me and supports me, and I can go to her whenever I need."

"I am lucky that there have been a few colleagues within the department that have been very supportive, and we all provide emotional support for each other."

"Providing face to face care for patients experiencing their individual 'cancer journey' is not easy, but clinical staff appear to have similar shared values of the service we want to provide patients and the peer support we share. These values appear to be quite different to those demonstrated in the words, but importantly the actions, of some managers."

"I don't feel there is an understanding outside of my team of the immense pressure we are under, particularly the emotional strain."

"On a daily basis, I feel a mixture of deflated, humiliated, nervous, and sometimes scared. I don't feel happy or comfortable at work."

"When I raised a particularly unpleasant situation with a colleague I was told to remember that there are people dying of cancer around me."

It is also important to note that staff at all levels and in all roles are often affected emotionally by the nature of the work that they do, the suffering they witness and the fact that they are exposed to many patients at the end of their lives. Many do not feel that there is any person (or any space) at work that they can talk to about how these issues affect them.

This can be particularly acute for those staff in lower bands and non-clinical roles who are often in contact with patients but not usually involved in debriefs, team sessions and review meetings and are not trained to deal with extremely upset patients and their families or in end-of-life care, even though they often witness this at very close quarters. This may include domestic staff, healthcare assistants, porters, maintenance staff, receptionists, advisors etc.

"Every day we come across very poorly people. Sometimes you can walk past a child who is clearly having cancer treatment and look at their parents and it can really upset you. I don't think there is anywhere to go to just talk about that. It might really help staff to feel valued if we were offered someone to talk to."

Often these staff (such as porters and domestic staff or HCAs) develop a rapport with patients and get to know them over a period of time but these relationships and the way they interact with patients are not always recognised or respected, so they are not informed when a patient has died and not always offered support in dealing with situations. This has been highlighted specifically in a recent ethnographical study conducted by a staff member.

> *"If a porter is present when someone dies, they can ask to be involved in a debrief but they are not offered this automatically and the impact on them is not often recognised."*

> *"Sometimes a member of domestic staff is the main person that a patient sees. It can be distressing when they are moved away from a patient they have built up a rapport with. Sometimes they are not told that the patient has died, and this can be very upsetting for them but is not always taken into consideration."*

Aside from not always being sure what emotional support is available it was also mentioned that there are not many (if any) private spaces where staff can be alone, or meet privately with other staff, patients or relatives, if they are upset about something that has happened.

> *"If I am emotionally distressed by a patient interaction I have to stand in a toilet as the only private space I have in the hospital."*

Colleagues suggested that an open acknowledgement of the emotional impact of their work from senior managers, and clear signposting to the type of support provided, as well as safe spaces to discuss their emotions would help a great deal in making staff feel more valued and creating a healthier environment that promotes staff wellbeing. We have been made aware that work on such spaces for staff is currently being undertaken in the Trust.

9.   INDUCTION AND RETENTION

There is a general feeling that the induction process could be improved by ensuring those new to the Trust, or new to a role, have ample opportunity to understand better how they fit in to the wider team, what the expectations are from them and what they should expect in terms of behaviour and values. We are aware that work is being undertaken to make improvements here. It was also felt that more opportunity early on to meet those performing various roles in their department or division, and those from other teams could encourage and promote more effective teamwork.

> *"I know there is a lot to cover in terms of practical stuff, but it would be great to be told where to find more information about how I fit in and where I should go for different things. There are all these different service managers, but it is impossible to know what they all do and what isn't in their remit. This is where a lot of the frustration comes out I think."*

We heard from some staff that delays with recruitment related to internal processes or lack of suitable candidates, as outlined above, alongside budget constraints, mean that there is often no opportunity for a handover from one incumbent of a role to the next. This, along with managers' workloads, varying management styles, and some roles not having clearly outlined processes and procedures, means that induction can be limited and unsatisfactory, and staff can feel isolated and unsupported early on in their role.

> *"I was just told where my desk was. I didn't really know anything about the different systems, how to access them, what I should use for what and any of that sort of information."*

> *"Since I started at the Trust I have felt it's been a lot of self-learning and no one has advised me as to what the specifics of my role are."*

> *"As a new starter in the department, I was given no training, support or guidance whatsoever. I had no desk or screen and my new manager was off for two weeks after my second day with nobody else taking over, so I sat there trying to work out what I needed to do for my job, asking other people (who were not direct colleagues). Management answer questions usually when I ask but I have never been asked "how are you settling in/how's the job going"."*

> *"As a locum, I had no induction. Expected to pick up everything immediately. Junior doctors are not supported well."*

In addition to the changes being made to the Trust induction process it seems there could be more effort made by managers to ensure those new to roles are fully supported and reviewed, to increase job satisfaction, ensure high performance and improve retention.

Over a third of survey participants are looking to move on from their current role. This is often due to stress, as described earlier in this document, along with the prospect of better pay and conditions elsewhere – either in the private sector, or out of healthcare completely. Also, some roles are perceived to be banded higher in other Trusts for the same or even a lesser role.

Q4: I spend time thinking about or actively looking for another job
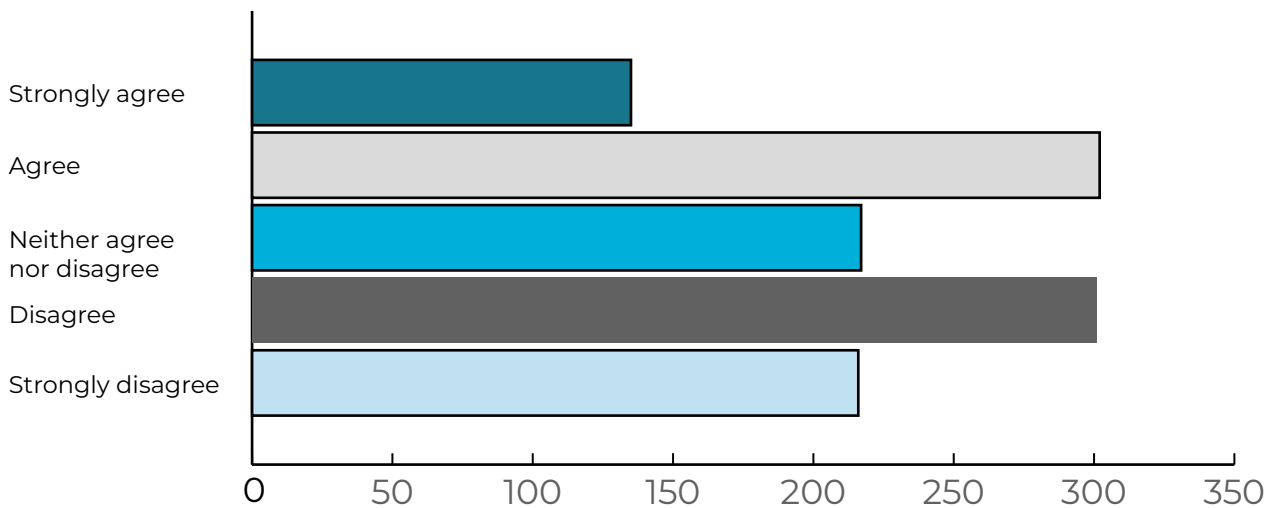
ANSWER CHOICES	RESPONSES %	RESPONSES NUMBER
Strongly agree	11.53%	135
Agree	25.79%	302
Neither agree nor disagree	18.53%	217
Disagree	25.70%	301
Strongly disagree	18.45%	216
Total answered		1,171
Skipped answer		0

"I think I would have a better chance of being paid for what I actually do if I went for a similar role at a higher band in another Trust."

"The pay for the administration team is inadequate considering the workloads and stress. If nurses and junior doctors can take industrial action for pay rises, and it is acknowledged, why is the admin and clerical sector of the NHS ignored and not equally valued?"

"I am actively looking for another job. I have never done this before, and this is due to the stress and strain the job is currently having on my social relationships. Working on your feet 8am-8pm in a department with little support or time away from patients is hard and needs to be appreciated more."

When asked if they were aware of exit interviews having been conducted, or if they had experienced this when leaving the Trust in the past, staff suggested that this is not a thorough process, and does not usually involve a conversation with the individual.

Colleagues felt that it would be useful for individuals, managers and the Trust as a whole to conduct more robust exit interviews, monitor reasons for leaving, and ascertain where learnings can be achieved to improve retention. If this work is being undertaken currently it does not appear to be communicated to managers.

10. EQUALITY, DIVERSITY AND INCLUSION

Most staff describe a welcoming environment at The Christie, and this is often raised spontaneously as one of the most positive aspects of working life at the Trust. Some staff who have always felt welcomed and included feel unable to comment on how inclusive the Trust feels to those from all backgrounds but often the perception is that any form of wide-spread discrimination is unlikely. There is also a recognition that work around EDI in the Trust has increased recently and improvements are underway.

Q23: The Trust is a welcoming place to those from all backgrounds
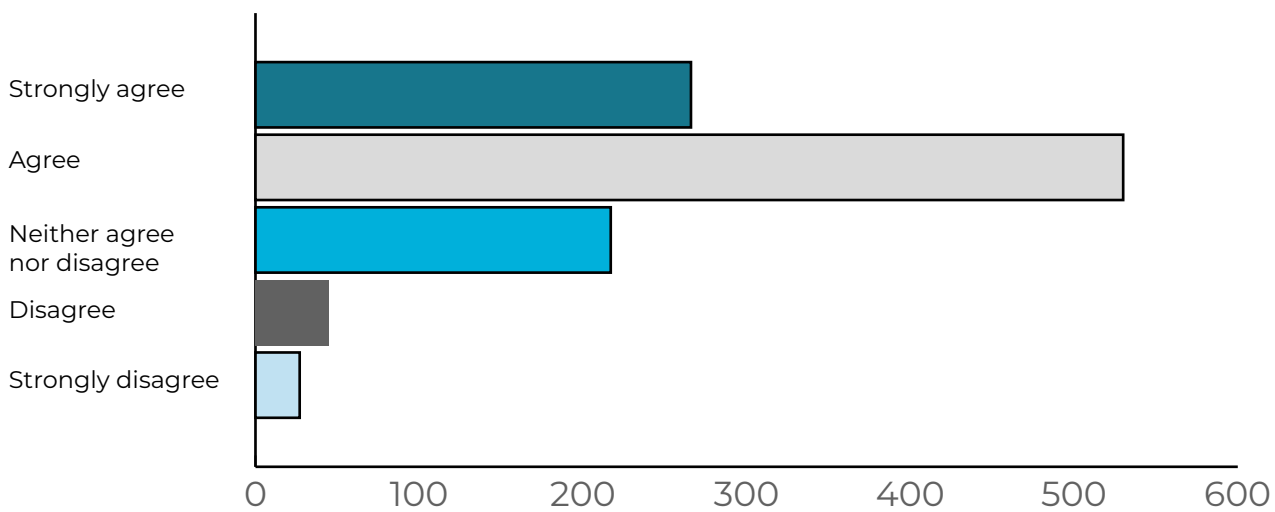
ANSWER CHOICES	RESPONSES %	RESPONSES NUMBER
Strongly agree	24.52%	266
Agree	48.85%	530
Neither agree nor disagree	20.00%	217
Disagree	4.15%	45
Strongly disagree	2.49%	27
Total answered		1,085
Skipped answer		87

"As a white British person, it is easy to say there is no discrimination. However, I think we are often unaware of it."

"It's hard for me to comment on whether the Trust is welcoming to all backgrounds, with my middle-class white privilege! I'd like to think so."

"It's a supportive and inclusive work environment that fosters a respectful approach for the individual."

"Staff from different ethnicities, gender identities, and sexual orientation are in senior roles within the Trust, and I believe that posts are recruited into without bias."

"As a staff member from an ethnic background, I have never felt discriminated towards and have always felt welcome and respected. I am lucky I have a team around me who are inclusive and understanding, including senior members."

"The Christie has excellent values on equal opportunities and treats every culture of staff with the highest regard and respect."

"There is currently a big push for EDI in our department with some excellent training offerings."

"I am a Trust EDI champion and although this is in its early stages of development it is a very positive move and staff are on board with the concept and role."

The Christie Workforce Race Equality Standard (WRES) Assessment 2022 acknowledged that some improvements have been achieved and that there are still improvements to be made, particularly in terms of the recruitment, shortlisting, and career development perceptions of staff from BAME background. There is an Action Plan designed to address these issues. The Workforce Disability Equality Standard (WDES) Assessment also outlined where improvements have been made and where they may still be required in terms of career development opportunity, capability process, bullying and harassment, feeling valued, engagement and reasonable adjustments. Again, the Trust has an Action Plan designed to ensure improvements here.

Some staff agree that from their experience and observations there is still more work to be done to ensure that the Trust is seen as genuinely inclusive in terms of access and opportunity for all. This includes career opportunities, access to training, prayer facilities and behaviour towards staff from other staff and patients. It was also felt that there was no formal process to deal with allegations of racism and the onus of responsibility seemed to fall on the 'victim' to decide how they would like the behaviour to be dealt with.

"You go and say something about what has happened and it's not enforced or it's not acted upon and colleagues not all, but some, feel they're entitled to come and say things to you that are not appropriate."

"There definitely needs to be more EDI education, but It's not my responsibility {as an ethnic minority staff member} to always have to do it for you. I've been feeling really worn down with it lately."

"There is not near enough representation of ethnicities, especially in roles higher than band 5/6."

"I do not see the diversity you would expect in a hospital in central Manchester. I have never seen any black managers in this Trust."

"I think there is age-bias in the section I work in."

"There is a lot of work to do in terms of EDI training and development for our staff and our managers. Data tells us that staff do not feel there is an equal opportunity for progression."

"While my team is very diverse in terms of sexuality, race and religion, the board of the Trust is almost entirely white and mostly men. The problem of diversity needs to be addressed at board level."

"The Trust tries to care and is well meaning but bias and discrimination are very difficult to root out as everything is covert, much like elsewhere in society. Some discrimination is institutionalised and unconscious. Some is conscious and deliberate. Every senior clinical leader and departmental directors need EDI training and should be accountable for treating all colleagues fairly without prejudice. Currently this is absent. Also, the Trust does not oppose racial discrimination strongly enough, as if it does not exist."

"I had an episode when trying to raise concerns in the past year when I was astonished to feel that I had been treated in a sexist manner. That had never happened at any other time in my career, even in the most robust medical jobs. I was forced to question whether concerns would have been treated differently had they come from a man of the same level of seniority."

"EDI is shocking within the Trust. There is occurrence of homophobia being brushed under the carpet."

"As an older woman it is very clear that my opportunities are less than other people and discussions about career development do not take place."

"The Trust wish to give an impression that they are inclusive of staff with protected characteristics but their words and actions are very different to this, which results in multiple glass ceilings for staff covered by the Equality Act e.g. new roles not considered 'appropriate' to be part time or shared, and training not being made accessible to staff who don't work full time as it would be too onerous for them or the team to support their absence to attend."

"Like most academic specialties career progression is assisted by identifying supportive experienced colleagues. This is still harder for those from minority groups due to unconscious bias, e.g., women with children may be assumed not to have time for additional projects."

"I am ethnically diverse, highly educated, and efficient in what I do. Yet, I have found it really hard to professionally progress in this Trust. In addition, it looks like certain individuals progress through the back door! I don't feel that I have equal opportunities as someone else."

"EDI is poorly supported, one post in the HR department, and EDI initiatives rely on staff having time to do this alongside their existing roles. I just don't get the impression it's taken seriously."

"I feel like a lot of the ED&I awareness is self-trained and that not everyone is aware of barriers and inappropriate language."

"Some pockets of excellent inclusion. But many unchallenged practices of discrimination, bias, misogyny, sexism, which are ingrained and become 'normal'."

"There have been occasions where our friends from the chapel give us the opportunity to use their facilities. However, given the number of Muslims within the Trust I believe the Trust can do way more to make the place more welcoming."

"It was very disappointing that Christie was not represented at Manchester pride this year. Please rectify this next year, with help from the LGBT+ staff network."

"I am surprised at the lack of diversity in The Christie staff across the Trust. I feel the diversity at MRI is much greater - thus better representing the very diverse community within Greater Manchester."

Some staff that we interviewed also mentioned that there is not as much ethnic diversity among patients as they would expect, considering the demographics of the local community and wondered if this was something that was being monitored by the Trust. We believe some work has been initiated in this area.

Some staff also said they had been subjected to comments by patients that were inappropriate, in relation to commenting in a negative way about their race, gender etc. They noted that The Christie does not have any posters or any obvious statement that displays its commitment to its staff in this way. Some participants noted that this was something that was more overt in other Trusts that they had worked in or visited.

Members of staff with disabilities or long-term health conditions vary in the extent to which they feel the Trust meets their needs and achieves inclusivity. Some feel they have been offered good support and others state that they have been challenged about their needs or have come across a lack of understanding and experienced some discrimination.

Survey participants who said that they had a disability and/or long-term health condition (153) or a neurodiversity (65) were asked in the survey how well the Trust meets their needs. Around half of the 109 participants who replied to this question felt that their needs had been well met; around a quarter did not feel their needs had been well met, and others either felt their needs had been partially met, 10% did not feel they had any specific needs that the Trust should support. There again appear to be some inconsistencies here in terms of awareness and perceptions of the support on offer, with less than a third having completed a Reasonable Adjustments Passport.

"Needs are well met and I know I can talk to my managers and get help if I need it."

"Well met. My manager has altered my working hours to assist me."

"Not very. This is the reason I prefer not to say. It feels high risk to highlight your needs under the Equality Act 2010 due to the often 'covert' discrimination."

"I feel Reasonable Adjustments are seen as a 'favour' from management rather than a legal entitlement. Need for the E&D manager to step in and challenge discrimination of line managers."

"Staff covered by the Equality Act 2010 are often overlooked for promotion if they need the role to be reasonably adjusted to accommodate their access to it (e.g., shared role, part time hours, flexible working) in favour of someone who is less qualified or experienced but willing to take the role 'as advertised' with no adjustments. This results in staff with protected characteristics feeling undervalued and demotivated."

"Not very well. I have never even heard of a reasonable adjustments passport."

"When I approached someone for some assistance related to my condition I was embarrassed and made to explain why by my line manager."

"I was thrown into a new role with no information source, zero documentation and expected to just pick up and get the ball rolling. It's part of my ADHD that I need clarity."

We encountered some feedback from staff who are not always comfortable with some aspects of EDI, who sense that some characteristics are prioritised above others, or do not accept the importance of EDI initiatives. Encountering staff who feel like this had at times caused issues for those who feel they have been discriminated against, or who have been subject to negative behaviour, or communication that is targeted towards their protected characteristic. There is also a sense for some staff that managers do not always feel equipped to deal with issues that may have an EDI element to them.

"The primary emphasis in the Trust for Inclusion & Diversity is about gender and sexuality. I have no confidence that the same value or acceptance is given to people of faith. I work in fear of accidently 'saying the wrong thing' especially with regard to LGBTQ+ things and being held up on a disciplinary. Diversity and inclusion within the Trust isn't 'all welcome as equals', but particular ideologies and belief systems are, and others need to keep quiet."

"Equal opportunities are very focused on ethnic diversity when more attention should be paid to other protected characteristics such as disability."

"There is too much of an obsession with EDI in modern life in general. If it were up to me we would all leave our respective identities behind at the door and concentrate on being a fantastic hospital which delivers the best quality of care to our patients without any kind of discrimination."

"I think we have a fair few people in our department who think they're above prejudice and say stupid stuff like 'they don't see colour' or that there's no institutional racism in the NHS, which totally erases the experiences that People of Colour have described that have happened to them exactly because of the colour of their skin. When it comes to the trans community I think people are really lacking training and education and this is extremely important when it comes to healthcare."

"My immediate team are supportive. However, whenever I have approached senior management for support I feel like they operate to a script and say what they need to say so that they can't be accused of not being supportive. Individuals are not treated as individuals and often get told 'if we do it for you it'll open a can of worms for others and set a precedent'."

"It was made clear to me that my characteristic was not seen as worthy of protection by someone who had a different protected characteristic."

As indicated earlier in this document, for some staff equality and diversity of opportunity goes further than protected characteristics, and can relate to which band they work at, the nature of their role, their employment status, their background, personal preferences from managers, and a general sense of whether someone is seen as the 'right type of person' whose 'face fits'.

> *"Lack of opportunities/equal opportunities is not so much linked to any protected characteristic as much as it is linked to the fact that if you're not liked (could be the same gender, race) you will be excluded from activities and work making it difficult to undertake the full remit of your role."*
>
> *"The culture is this, if you are a band 2 employee then there is no respect for you. You are just a number that can be replaced. Good members of staff leave because they are tired of the attitudes from senior employees against them. Band 2 staff are never considered part of the team, they are just people who work in that department."*
>
> *"I don't think everyone gets the same opportunities - there's a senior member of staff who came into post without interview and without a clear job description on a high salary which looks very much like "jobs for the boys"... whilst I have to fight like mad to make sure patient-facing staff are paid what they're worth, with no guarantee of success."*
>
> *"Although I have not experienced bullying or harassment myself (and I do have a protected characteristic), I believe that the Trust has a long way to go to be truly welcoming. There is definitely a power imbalance and stronger voices make themselves heard whereas there are groups of staff who have described themselves as invisible and ignored. Some members of the disability and ethnic minority groups described themselves as too traumatised to take part in an event that was happening."*

Clearer procedures and guidelines that are required to be adhered to could help reduce the perceptions outlined above.

When asked about experiences of bullying or harassment, 91 survey participants answered that they had experienced incidents in the last year. We also spoke to some staff who talked about less recent examples of discriminatory behaviour related to their race and who were hopeful that things had improved since.

Q24: I have directly experienced bullying or harrasment in the last year that is related to my race/ religion/gender/sexuality or other characteristic
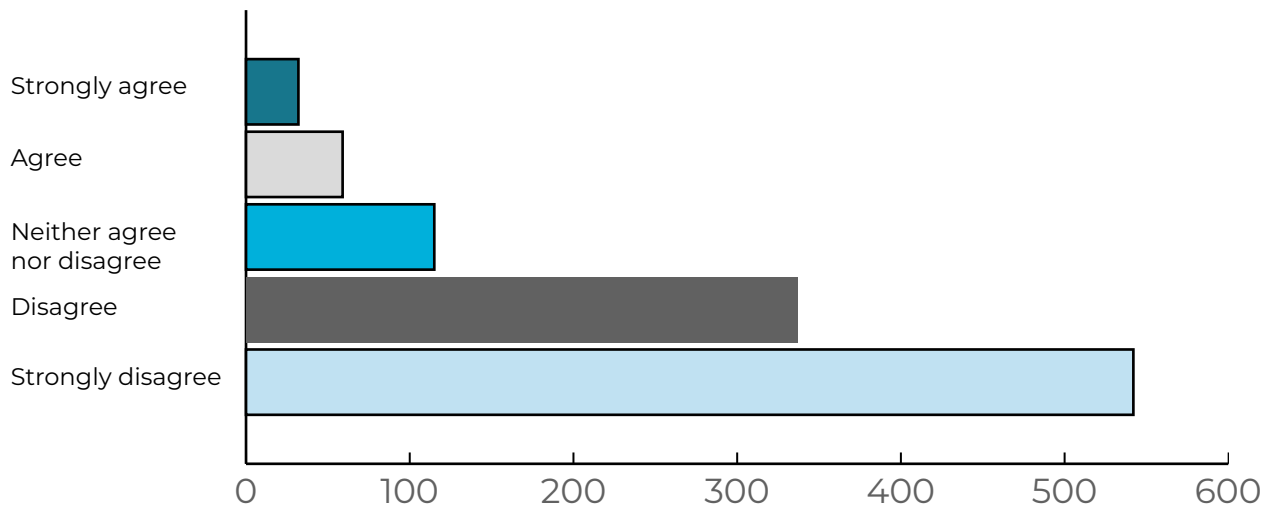
ANSWER CHOICES	RESPONSES %	RESPONSES NUMBER
Strongly agree	2.95%	32
Agree	5.44%	59
Neither agree nor disagree	10.60%	115
Disagree	31.06%	337
Strongly disagree	49.95%	542
Total answered		1,085
Skipped answer		87

"I have personally experienced bullying and harassment for some years due to race and gender, especially bad this past year. Not sure if EDI is really important for some doctors or other professional groups."

"I have first-hand experienced bullying towards me, and I approached my manager on numerous occasions, but no support was offered."

"The men I work with would say it was banter but some of us are so uncomfortable about it that we try and make sure we keep away."

"I have never noted any direct discrimination or unfair behaviour within my immediate sphere, but I am aware of others that have experienced this and how they are made to feel less valued by actions of seniors (e.g., the multi-cultural worshipping space issue in the Patterson)."

"I have experienced people making fun of a colleague's accent or other kind of disrespectful comments. I do challenge this behaviour as I find it shocking."

"I haven't experienced discrimination in the ways mentioned but I am aware this has happened to black colleagues in ways that have impacted their psychological safety."

"There have been a number of reports of racism and I know two colleagues personally who have been affected. The Trust responded with a "it's only a few people" letter which the Head of EDI at the time didn't see before it went out, and only heard of through social media."

"As someone who has been bullied and had false statements made against me which I feel not only were discriminating, insulting, dehumanising, and demeaning, they also felt quite racist."

Q25: There is a good availability of equality, diversity and inclusion training
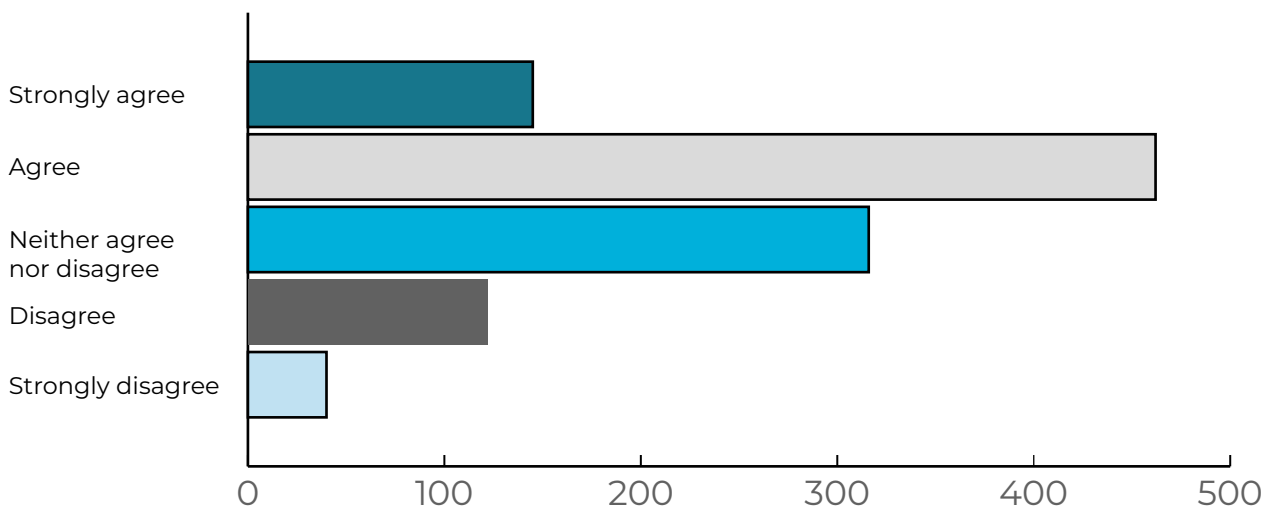
ANSWER CHOICES	RESPONSES %	RESPONSES NUMBER
Strongly agree	13.36%	145
Agree	42.58%	462
Neither agree nor disagree	29.12%	316
Disagree	11.24%	122
Strongly disagree	3.69%	40
Total answered		1,085
Skipped answer		87

While just over half of the survey participants feel there is good availability of EDI training, and that activity in this arena has increased recently, there are mixed views as to how comprehensive this is and how effectively it is incorporated into everyone's every day working life. The perception of EDI training as being non-mandatory is seen as displaying a lack of commitment on the part of the Trust and potentially exposing managers to risk.

"My team has had some fantastic EDI training recently that has sparked conversations within different departments to make changes and review things."

"While I think there are more options for EDI training and groups set up to support this across the Trust, I don't think that there is 'good availability' of these resources just yet."

"The EDI training within the Trust feels like a tick box exercise as opposed to something useful."

"I am aware of EDI, but not been given any guidance on the Trust's policies and how to put that into practise."

"Just because you offer equality, diversity and inclusion training does not mean you stop other colleagues being racist and passive aggressive."

"There is no good availability of equality, diversity and inclusion training. There are some pamphlets and 'resources' on the intranet but why is diversity and equity training not mandatory? Where are the networks? Why wasn't The Christie at Manchester Pride this year and why aren't we bringing forward LGBTQ staff members to panels to talk about their healthcare stories?"

"There is access to EDI training, but the Trust might want to look at different delivery platforms and the content for different staff groups."

"I believe inclusion and diversity training should be mandatory. I attended some excellent LGBTQIA+ training but this was not mandatory."

"EDI training has been increased but has opened up difficult conversations and left some staff feeling singled out or responsible to answer for everyone of a non-white background as a minority in the session. I feel my team would support each other and act to prevent any discrimination and hope the international staff recently recruited know how welcome they are."

"In terms of training there are events and newsletters available, but I'm not so sure there needs to be formal training for our department, maybe more so for nurses and doctors as there are different presentations of diseases in different ethnic groups."

"We need a bigger EDI team that can cover workforce and patient issues. We need a greater level of visible diversity at the very top of the organisation and we need to see a much greater level of challenge from senior colleagues about EDI issues in meetings. I do not believe that EDI is genuinely seen as important as it should be at senior levels of the Trust."

"EDI information is available, but you need to really search on HIVE."

"EDI training is focused on non-managerial staff escalating this to management. However, there is a lack of training/guidance specific for middle-management staff."

"I do not feel that training for discrimination against disability is adequate and my experience is that the managers do not understand their responsibilities. I think that everybody who manages somebody should have training around their responsibilities, and the law before they are allowed to manage anyone."

"I believe improvements are being made in EDI within the department- we now have a team set up to support this, but work is yet to be done."

"I don't think they give people appropriate training on how to deal with uncomfortable situations. I went on one training course and honestly it was absolutely shocking. The lady doing the training kept saying the N and P word. She said she was using them to take power back, which I may understand if she was Black or Asian, but she was White!"

Those to whom EDI is seen as in need of improvement, welcome the related initiatives and feel that there is still work to be done to ensure that the Trust is seen as fully inclusive and equitable. They feel it is important that all staff and managers are supported in ensuring that EDI is fully understood and practised by all staff and patients.

11.   COMMUNICATION BETWEEN MANAGERS AND CLINICAL STAFF

There are clearly some concerns among clinical staff about managers who do not have experience in clinical roles, or do not appear to have a clear understanding of the roles of those that they manage. Sometimes this can result in staff feeling unsupported and lacking in leadership, and sometimes staff report a negative impact of these managers' actions on their own ability to perform successfully, as well as their sense of wellbeing at work and the development of the service.

"The job is great, and The Christie is a good place to work. However, I find that managers do not respond to staff needs in a timely manner resulting in delayed implementation of important amendments and staffing gaps. There is also a detrimental amount of admin falling on consultants' shoulders. This is grossly inefficient as it means that the most expensive staff in the building are carrying out jobs that could easily be performed by less highly trained staff."

"Overworked, managed by non-medical managers constantly putting more pressure on staff. Tired all the time so even when have day off just sleep. Lots of issues within department, staff sickness and mental health not good."

"Previously I was managed as a nurse by a service manager who was just interested in service provision rather than service development, career/professional development. Now feel much more reassured going forward that I have a nurse manager."

"Although I enjoy my job and the consultant team that I work with, the new interaction with some managers at The Christie make my job very stressful."

"Line managers and senior management have many strategies to avoid discussing and/or addressing actual clinical difficulties experienced by frontline clinicians e.g., being too busy to talk fully, suggesting you speak with someone else who may be able to help better, not being accessible or suggesting irrelevant or ill thought-through 'solutions' to the issue being raised."

"Management consultation with experienced front line clinical staff is not commonplace. My line manager is significantly less qualified and experienced than most of the team which makes it difficult for them to give appropriate guidance to the team."

Aside from whether non-clinical staff are involved in their line management, many clinicians at senior levels feel that managers in the hospital have too much influence on decisions that impact on clinical practice without consultation and communication with those who understand the clinical requirements best.

> *"I think, the main problem with this hospital in my view, is communication. Communication between operational and managerial executive teams and clinicians. I mean, not all decisions, not all plans are widely known to everybody or as widely consulted as they should be, so some things come as a surprise to all of us."*
>
> *"One thing that would really make life easier at The Christie is if responsiveness was an expectation rather than just being desirable. So actually if somebody asks you a question or asks you for help, it's an expectation that you respond whether you have the answer for them or not."*
>
> *"I have been excluded from meetings that directly affect my area of practice. I have been well supported by consultants but often they were not included in management decisions."*
>
> *"As a consultant with much experience, I feel that I am managed by managers with minimal medical background or understanding of what procedures I perform."*

Some service managers and non-clinical support staff feel that they are unfairly blamed by clinical staff for systems and processes that they are asked to implement and uphold, that clinical staff feel are not fit for purpose or that they have not been consulted on.

> *"I have been spoken to in an inappropriate way by staff who are angry about not being consulted about a system, or because something they want dealt with is not seen as a priority, but I am just doing my job and am also not involved in the decision-making. It seems that often those who will need to use a system and those who have to make it happen are not involved until it's too late."*

It was suggested by clinical staff that, considering the impact of their role, managers should have to shadow different roles within the team, and they should have ongoing training that helps them understand more about the different clinical roles and their needs, as well as how their own work fits into the clinical process and the impact of their activity on the effectiveness of the service and on patient care.

12. LACK OF CONSULTATION OVER CHANGES TO JOB ROLES, LOCATION ETC.

Many of the staff we interviewed talked about not being consulted in the past, or communicated with adequately when changes are made to their working practices, working hours, work location or job plans. They explained that this can make them feel undervalued and very frustrated at times. During the interviews we came across some specific issues that are clearly having an impact on how individuals feel about their role in the Trust, the extent to which they feel valued, and, at times their willingness to remain in their post.

"Decisions/changes that affect a person's ability to do their job to the best of their ability need to be communicated to the actual person rather than making changes without informing staff and expecting them to deal with the outcome/consequences. This is stressful and leads to a feeling of being totally underappreciated, disrespected, and builds resentment."

"My job is satisfying, but the scope of the role is constantly increased (without recompense) usually under the guise of "the service needs this"."

"Management do not listen to staff. They do not seek feedback from myself or colleagues and implement changes without speaking to our team despite saying things are on a trial basis and feedback is welcomed. I have experienced these incidents first hand and escalated concerns, but who do you report these incidents to when the very people who are supposed to be dealing with things ignore what you are telling them?"

"Seniors are supportive in some ways but have little insight/oversight of what is actually expected of us. As rotational trainees it feels like there is very little control of workload, and it is difficult to make any meaningful changes as concerns are listened to but nothing changes. Rotas are frequently given at late notice, so it's hard to plan your life. Work schedules are delayed significantly, without these we are not paid correctly, leading in some cases to several months of being underpaid, worsening the sense of being undervalued and low morale. This has been escalated to senior management with no response."

"New work has been introduced without any warning and by people who do not work clinically and do not understand the reality of day to day work in the department. The department seems to get praise for doing these new things, signing up for new trials etc., but the clinical team actually doing these things do not feel appreciated and are extremely stressed."

"My main issue is how the school of oncology has been moved off site with no consultation and we were told it would be temporary and back in February."

"We were told that our team would all be working from home from now on, with apparently no consideration as to whether this was possible for everyone. Now if we even wanted to get the whole team together for a meeting face to face there wouldn't be anywhere for us to do this."

> *"The hours were expanded without always having the recommended number of staff to cover the service in a safe manner for staff or patients. Where does that leave us?"*

While it was acknowledged that decisions cannot always be made as a result of wide consultation and that this is often not practical or efficient, many participants felt that there was room to involve staff more effectively, and to improve the way that these changes are communicated and explained to staff.

In many cases staff wanted to highlight to senior managers that they should not assume that information is cascaded in a satisfactory manner, and that when concerns are raised and questions asked this is not simply a matter of staff 'complaining' and being resistant to change, but often a way of making sure that changes are adjusted to effectively and implemented in the best way possible.

13. 'THE CHRISTIE WAY' AND UPHOLDING REPUTATION

While there is a great deal of pride in the reputation of The Christie and its status in the world of cancer care, it is often felt that the desire to uphold and protect this reputation is affecting the wellbeing of staff and at times stifling progress, due to an apparent unwillingness to acknowledge that there is opportunity to learn from organisations and individuals outside the Trust.

> *"Overall, I am satisfied within our immediate team. However higher management seem more concerned with the reputation of the Trust than actually listening to what clinical staff are saying and won't cancel patients as it looks bad on the Trust. They go home at 5pm and we are left to deal with the consequences of their decision making."*
>
> *"The major issue is the continuing demand for new techniques, increased patient numbers and for The Christie to be at the forefront in every area but without the corresponding increase in staff resources. There is no effective method to manage demands from doctors or the Trust and often what is politically important, or the most influential person gets priority rather than what would most benefit patients."*
>
> *"Overall, support is good, but I do think the Trust has rested on its laurels a little, and, in the midst of all the hyperbole about vision and excellence has ceased to fully grasp just how difficult things are down here at the coal face. It is hard to hear all the rhetoric when just surviving the volumes of sick people needing to be looked after is a daily and weekly challenge."*
>
> *"My memories of The Christie will be that the place cares for its patients but has outdated practices that need refining to modernise the place. I think the SLT do a great job of being visible and addressing questions but could do with looking outside Manchester for inspiration."*

> *"There's definitely a "we're The Christie, so we're amazing and everything's fine here, move along, nothing to see" approach to any negative feedback, which prevents meaningful change."*

> *"The internal communications around the CQC downgrading were a case in point: apparently it was nothing to worry about, whilst we were getting dragged through it in the press and people were upset."*

> *"When joining the Trust, I was often advised not to rock the boat and question, especially if I was questioning 'The Christie Way'."*

> *"I do feel there is a culture of micromanagement and a restriction on autonomy at The Christie; I have experienced both since joining the organisation. I regularly experience frustration at the conventional procedural processes and one-dimensional systems of doing things within our service."*

> *"I am not empowered by the organisation to make decisions commensurate with my level of seniority or my experience. Concerns are not listened to and are often not acted upon. Progress is, as a result, very slow. There is a predominant focus on reputational management rather than doing the right thing."*

> *"I'm always quite surprised that with The Christie, there are a number of people who are considered to be world leaders in that field, and how perhaps the leadership doesn't really ask people to be more involved in strategy and they could get more, input and advice, from people at times."*

Most staff we spoke to are extremely supportive of the Trust and want it to be the best it can be. They recognised the disconnect and challenges around upholding the excellent reputation and acknowledging the need for change and improvement. However, many felt that 'The Christie Way' has started to become a more negative phrase linked to an unwillingness to listen and move forward, and that this needs to be redefined.

14. LACK OF RESOURCES, EQUIPMENT, AND INSUFFICIENT SPACE

While it is understood that budgets are tight, space is at a premium and money to spend on equipment, PPE, furniture, IT systems etc is limited, we interviewed colleagues for whom lack of working space in particular is presenting significant challenges and impacting upon their ability to perform their role to the highest level, the extent to which they feel valued, and in some cases their perception of patient and staff safety.   Over a quarter of survey participants disagreed that they have the space, resources and equipment to fulfil their role successfully.

Some draw contrasts with money spent on new buildings and the resources and space made available for specific teams and elements of the Trust's activity and this affects their perceptions of the extent to which they are valued by the Trust. It is understood that there is a programme of work to be carried out and that not all spaces can be improved immediately but some feel that improvements could be made with relatively low spend that would make a big difference to the service they provide and their working experience.

Q2: I have the space, resources and equipment to fulfil my role successfully
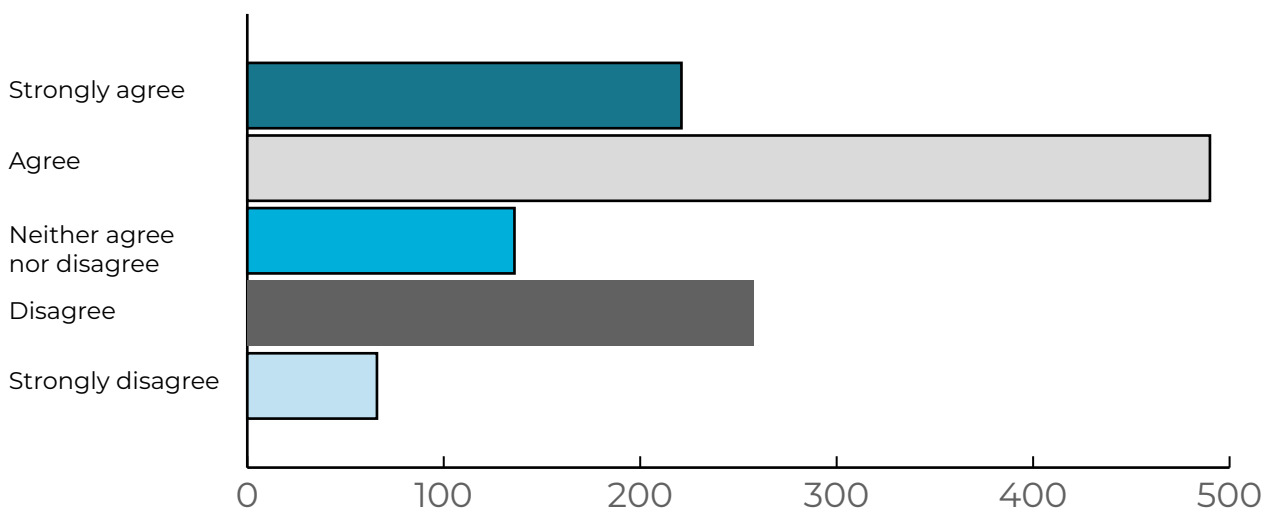
ANSWER CHOICES	RESPONSES %	RESPONSES NUMBER
Strongly agree	18.87%	221
Agree	41.84%	490
Neither agree nor disagree	11.61%	136
Disagree	22.03%	258
Strongly disagree	5.64%	66
Total answered		1,171
Skipped answer		0

"The department is in urgent need of repair. It doesn't look good to patients when there are buckets from leaks in the ceiling."

"The equipment ordering system is inefficient with unclear roles and so can take a long time and requests can be rejected after a significant investment of time. This even applies to small/ inexpensive items."

"I love my job and take great satisfaction from it. I feel frustrated most days due to issues with staffing, availability of equipment, stores items, and equipment not being fit for purpose."

"We are often struggling to find rooms to see an out-patient. This introduces inefficiencies in relation to time and quality of care as you spend time trying to find space or negotiating with someone for time to access an appropriate room/environment to assess a patient and complete your job."

"Most of our offices are either in poorly ventilated spaces, old storage closets or rooms, or in spaces that have high traffic and lots of noise, which cause massive distractions and it is difficult to answer phone calls (for example)."

"We are often being told that there is not enough money in the budget for basic resources like monitors/keyboards (and in the past staplers and sellotape!) yet somehow The Christie have incredibly been able to find money to employ another band 6, three band 7s and another band 8!"

"One of the biggest daily hinderances/frustrations with my job is the lack of and quality of IT equipment in the department. Very slow and requiring the input of passwords frequently throughout the day means productivity and efficiency are significantly compromised."

"The department is old and outdated. Basic facilities such as patient toilets regularly break, leak sewage and there is often a strong smell of sewage and sewer flies in the department. Recently there was a mushroom growing from one of the ceiling tiles in an inpatient bay."

"Moving forward it would be better if we could send patients text messages rather than letters, as a lot do not get their letters due to post issues and then do not attend for appointment and we spend time chasing this up."

"I have requested many things for my job role, such as a phone, desk, computer and pager. All have been ignored and I feel my job role isn't important enough."

"I would have more job satisfaction if we had more resources. We don't have adequate provision of equipment that is used in clinical setups and waste a lot of time going around the department sourcing it. We don't even have a constant supply of patient gowns."

"I have to stand in corridors or lean on a bin lid to type my consultations up. I have no regular space to review patients out of specific clinic slots, so if a patient phoned me distressed and wanted to discuss dying, I would have to meet in the garden or walk around hospital to look for a space. I have to put fingers in my ear to have very difficult conversations on the phone with patients."

"There is nowhere for some staff to change, other than toilets, and other staff don't have any space to take their breaks."

"Since COVID, meetings are held on MS Teams. However, the Trust has not accommodated for this and in my office we can't all be on meetings at the same time due to the noise. Sometimes we need to leave the office whilst another staff member has a meeting due to confidentiality."

"There is nowhere you can go to remove yourself from the workplace to just take a break, like a dedicated staff room."

"I love working at The Christie and I am proud to do so. I do find it frustrating that we have a constant problem with supply of stationery and working printers. Other departments seem to have plentiful supply of paper and envelopes. These are basic items that allow us to communicate with patients and other hospitals."

"I am passionate about my patients and their wellbeing. However, working in cramped, overcrowded clinics makes it difficult to give my all which is frustrating."

"The PPE has got worse since Covid to be honest. The quality of it. We all know the quality of the aprons and gloves are shocking. They change week to week, to whatever is available, depending on what supply we get."

Staff who raised these issues were concerned not to appear as if they are complaining but often were genuinely frustrated at the impact of these issues on their ability to provide the best patient care and make the most efficient use of their time. They often felt that the most senior managers in the Trust were probably unaware of some of these issues and that there would be a desire to make improvements where possible.

15. REMOTE WORKING AND FLEXIBLE WORKING CONDITIONS

Remote working, hybrid working, and flexible working have been introduced in some teams for various reasons; either following on from arrangements during the pandemic, a result of change of use of some offices and buildings, due to the need for more space, or a desire to adapt to the changing needs of the Trust and some of its staff.

While some feel their teams have managed this very well and some staff are very happy with their situation, others feel that more needs to be done to recognise and address the impact of remote and flexible working, and that there is a need to provide clearer guidelines and procedures here.

There are some concerns that full-time remote working, if not managed well, can have a negative impact on communication, knowledge sharing, learning and social interaction, leaving some members of staff feeling even less valued and supported by their teams and managers.

Also, the requirement for hybrid working assumes that staff have access to suitable space and equipment at home, and on-site when required, and many feel that the implications have not been fully considered or catered for.

> *"I work part-time and this has significantly improved my work life balance and stress levels. I'm fully supported by my nurse manager and matron."*
>
> *"I've recently taken on a hybrid role to enable me to move into a different work area and I have been well supported with this."*
>
> *"Currently the Trust does not have space to accommodate our team, so we are required to work at home, which is having a major impact on team and personal health and wellbeing."*
>
> *"Too many permanent home and hybrid workers. This causes issues with communication, team bonding and morale."*
>
> *"At the moment we either have to pay for the car park full-time or we can't use it. That will need to change."*

Also, there appears to be inconsistency around the guidelines and rationale for flexible and remote working, and we came across examples where this can cause resentment, confusion, and a sense of inequality. There are concerns that this could potentially cause more issues for managers who are unsure how to implement these arrangements in an acceptable and fair manner.

> *"Policies on flexible working are changed on a whim. One minute we're allowed to be flexible and when we take the opportunity, we're told it's not allowed anymore. Our deadlines are always met, so it just seems like arbitrary "managing" sometimes."*

> *"I haven't been granted the flexible job plan that I was promised at my job interview. Managers should listen more to people's personal and family needs and accept / authorise some small changes in the rotas and positions that the employee would benefit from in order to be able to cover job responsibilities with satisfaction and serve efficiently and for longer."*

> *"Flexible working from home has stopped since COVID guidelines ended and I miss this option as I felt I got a lot done at home without as many interruptions."*

> *"Our nursing team are not trusted to work at home by the wider leadership team without specific metrics about how this will help. Our admin team however have been able to work from home without said metrics."*

As with many expanding organisations in post pandemic times, the Trust is reviewing its use of space and making decisions about how these working arrangements fit in with its future. The key is to fully consider the implications for patients, individuals, and teams and to ensure that changes are communicated and implemented effectively.

16. PERCEPTIONS OF WILLINGNESS TO CHANGE AND IMPROVE

As stated throughout this report, most staff are very supportive of the Trust and keen to see improvements that will support and maintain its positive reputation. There is acknowledgement among many of those interviewed that the current leadership of the Trust is aiming to improve the situation and that implementing change is a significant challenge.

> *"Just the fact that you are here, and various other things are happening shows that there is a willingness to change, and the executive team want to make improvements."*

> *"The CQC report and this cultural audit has presented us with an opportunity to at least hear about the culture of the organisation and to mobilise those of us who want to change things. I know that the senior leadership are keen to make changes but something intangible about the culture gets in the way of putting things into action."*

> *"There are too many layers and hoops to jump through to make changes happen. E.g., a big piece of work has been done recently on Values, but I suspect most colleagues are completely unaware."*

There are mixed views of the visibility of the senior leadership team, often depending on which site, division and role staff work in. Some who had been or felt able to take part were very supportive of initiatives such as 'coffee with Roger', and the Lead Nurse's Forum.

Q20: Senior managers make an effort to be visible, are appraochable and willing to listen
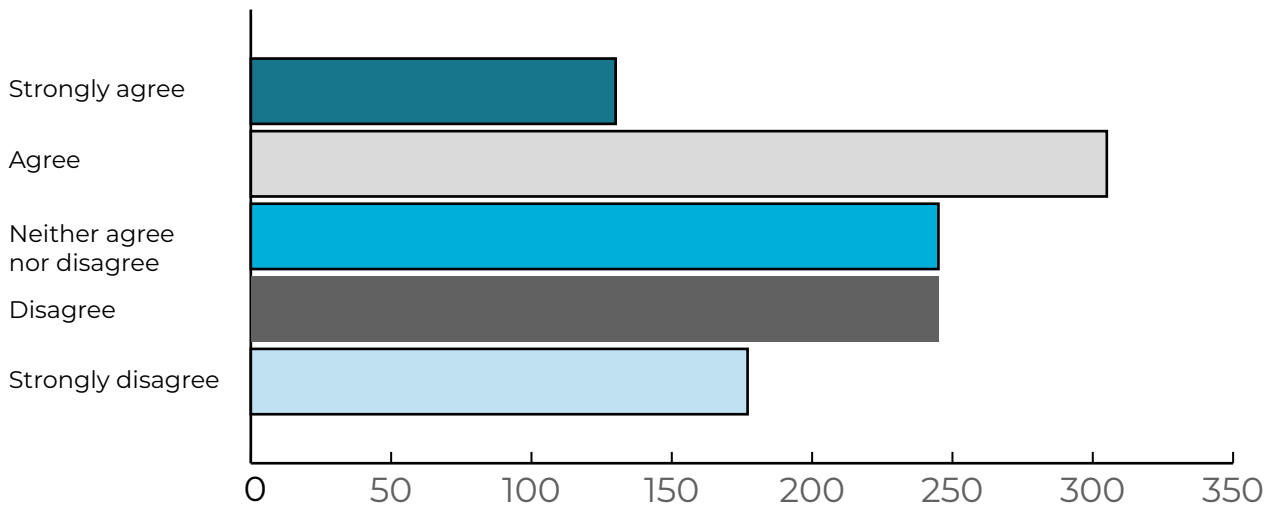
ANSWER CHOICES	RESPONSES %	RESPONSES NUMBER
Strongly agree	11.80%	130
Agree	27.68%	305
Neither agree nor disagree	22.23%	245
Disagree	22.23%	245
Strongly disagree	16.06%	177
Total answered		1,102
Skipped answer		70

> *"I haven't heard anything negative. I know we don't often see them, but overall they've held a lot of meetings over the years."*

However, some staff are frustrated that they have not witnessed much change as a result of these events, so are unsure what happens as a result.

> *"Yes, I do feel listened to, but I don't feel that anybody is willing to do anything as a result. Nothing changes, so eventually you don't bother making suggestions or asking questions."*

> *"Whilst some members (of senior management) are approachable, visibility is seen as a tick box exercise with initiatives for staff to "go to them"- timely accessibility is an issue. They may be willing to listen, but it would seem this is not turned into action."*

> *"The executive team are rarely seen in clinical spaces. I would welcome a member of the exec team coming - without an entourage or formal tour planning - to quietly observe in the outpatient department, the radiotherapy department or Oak Road Treatment Centre. It feels like some policies are implemented without truly appreciating what is important "on the shop floor". For example, the Trust are often focussed on data collection, patient outcomes etc without appreciating the time and volume of online forms/administrative tasks we are required to complete (and often duplicate)."*

Staff who have raised concerns about behaviour, risk, safety etc are not sure if these have been raised at the highest level and therefore do not know if senior managers have had the opportunity to address them.

> *"We will raise things directly to our bosses and our managers and I know that there's this ongoing discussion about some of the safety measures some people want to be introduced, but whether or not it's actually reaching anyone above that, or to Roger's level, I don't know."*

In addition, some staff report being 'shut down' in discussions about issues that they are unsure about or don't think will work, by being told that a member of the executive team has insisted that something is going to happen (or not happen).

> *"Sometimes you are told "this is the way that Roger, or other exec members want it, so it needs to happen" but is that just a way of closing off the discussion? How are we supposed to know?"*

Some of those who are most keen to see improvements are unsure how likely this is to happen with no obvious change at the highest level of leadership, so are looking for acknowledgement at that level that change needs to happen and for evidence of true commitment to listening and taking action, with clear action plans and communication of progress.

> *"I don't have anything against anyone in the senior team, but I think some of us are unsure whether change will really happen with the same people in charge."*

We came across mixed reactions to the recent CQC report. Some colleagues were extremely upset at the findings and made it clear that they did not recognise the negative aspects outlined in the report. Some who took part in the CQC process criticised the way it was conducted by those involved (from a CQC angle and sometimes from an internal perspective). Some staff were angry that a minority of colleagues with their own agenda had 'hijacked' the process, resulting in some concerns and some improvements potentially being overlooked, and a focus on the wrong issues.

> *"I'm angry about it. People have used it to make a point and detract from the areas that may need more attention. Those of us who really care about the Trust, and I think that is most of us, are extremely upset about what has been said."*

However, even some of those who are extremely proud and supportive of the Trust felt that there could be some positive outcomes from the shock caused by the findings. Some expressed hope that suggestions would be received more openly going forward than they had been in the past; that mistakes would be acknowledged; and that recent projects and initiatives designed to improve transparency, efficiency, working practices and staff wellbeing would be supported fully, promoted, and publicised as a priority to those in senior management.

> *"The fact we have gone from outstanding to good is shocking and very upsetting for the hard-working dedicated staff who give their all."*
>
> *"I don't recognise the culture described but it is obvious that others have had a very different experience, and this is an opportunity to acknowledge the good and bad and learn from this going forward."*

Many of those we interviewed had prepared for the meeting with notes and documents outlining their concerns and observations, and some produced details of work they had been involved in that was designed to ensure improvements in the Trust. They were hopeful that the effort they had put into preparation and the time they had put aside to speak to us would be met with a genuine willingness to acknowledge and act on the part of senior managers, and they welcomed the fact that the Trust had committed to making the findings of this report available to all staff.

17.   POLICIES AND PROCEDURES

Another recurring theme that appeared in many interviews was the lack of consistent policies and procedures across the entire Trust. Instead, some decisions were made at the discretion of managers. Many people felt that there was no real framework for employees to follow to ensure that everyone is on the same page regarding standards, expectations and processes. As a result, there have been instances where individuals have felt they were treated differently than their colleagues, creating a sense of unfairness and diminished morale.

> *"During Covid, I know of people who had their holiday stripped away from them because they were shielding, whereas people in other departments had theirs given as credit. When you speak to HR and ask what the policy is they say, "Oh no, it's at the managers discretion". I'm not really sure I follow that logic. Either it's a policy for everybody to ensure inclusivity or it's not?"*

It was also suggested that some employees may interpret their responsibilities differently, leading to inconsistencies in the quality of work and outcomes. This can cause confusion, conflicts, and hamper effective collaboration.

> *"There is a real need for policies and processes to be in place, because if everybody was following policy and process, it'd be more efficient to run. And then you would have responsiveness because people could look at the policies, look and see who's doing X, Y, and Z, and then escalate to the appropriate people."*
>
> *"Nobody seems to have an accurate job description of what their role is, so people are taking it upon themselves to do (or not do) things they aren't supposed to or vice versa.*

Staff also commented on the importance of maintaining focus on training on hazards like cytotoxins.

6.   APPENDIX 1 - SURVEY QUESTIONS

Q1: I feel confident that I have the skills to do what is required of me at work

Q2: I have the space, resources and equipment to fulfil my role successfully

Q3: The stress from my job affects my relationships with my friends or family

Q4: I spend time thinking about or actively looking for another job

Q5: I am trusted to perform my role without constant supervision or 'micromanaging'

Q7: Other members of my team support me and help me perform my role successfully

Q8: If I have concerns at work I can raise these without being made to feel I am wrong to do so

Q9: I am encouraged to put forward ideas and suggestions for improvement to develop shared solutions

Q10: I get emotional support when needed from at least one other person at work

Q11: Everyone in different roles and departments pulls together as a team to ensure high quality patient care

Q12: I feel respected by more senior members of my department

Q13: I have witnessed or experienced behaviour at work that is unkind or disrespectful in the last year

Q14: My line manager gives me useful feedback and helpful guidance

Q15: My team and I are acknowledged for our contribution to the work of the Trust

Q16: If somebody behaves with unkindness or disrespect I feel I have the skills to challenge this

Q17: If unkind or disrespectful behaviour has to be referred to a manager I trust managers to deal with it effectively

Q18: Mistakes are seen as learning opportunities rather than a reason to blame or punish people

Q19: There are enough opportunities to meet those from other teams and understand more about what they do

Q20: Senior managers make an effort to be visible, are approachable and willing to listen

Q22: I feel all people are treated equally in relation to career development and learning opportunities

Q23: The Trust is a welcoming place to those from all backgrounds

Q24: I have directly experienced bullying or harassment in the last year that is related to my race/religion/gender/ sexuality or other characteristic

Q25: There is good availability of equality, diversity and inclusion training

Q26: There are opportunities for me to develop my career in the Trust if I want to do so

Q28: I have access to learning opportunities and training that will help me in my job or my personal development

Q29: My manager encourages me to take advantage of personal development and training opportunities

Q30: I have been overlooked for promotion or other career development opportunities in the Trust

Q31: People working at a more senior level than me support me in my career development and progression

Text from the open-ended questions (questions six, 21 and 27) were not included in their entirety in order to preserve anonymity, however extracts from these have been included within the report.

7. REFERENCES

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