The Physician
Journal of The British Association of Physicians of Indian Origin

Dignity at Work Standards

Proceedings from a consensus summit- October 2022

Background

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Cite as: Nageswaran, P., Chakravorty, I. (2022) Dignity at work standards; Proceedings from a consensus summit- Oct22. The Physician vol7;issue3:p1-4 doi.org/10.38192/1.7.3.12

With increasing pressures on the UK National Health Service, offering a supported environment where autonomy, dignity and respect go hand in hand with equity, recognising the diversity of background and promoting inclusion is vital for the recruitment and retention of a contented workforce is crucial in achieving the universal goal of achieving health for all. A mechanistic approach to policy and reactionary response when incidents of harassment are reported remains the mainstay of initiative for most UK NHS-employing organisations. Clearly, over the years, including the regular reporting of Workforce Race Equality Standards, the ambition to eradicate incivility in organisations has remained an impossible bridge to cross. While it may be impossible to tackle overt incidents of bullying and harassment by the draconian implementation of current policies, there is no evidence that such measures do anything to achieve a safe organisation and happy workforce. Neither do policies help to promote a positive workplace culture?

The role of leaders is not only to define a vision for the organisation and to manage outcomes but to build teams who are empowered, engaged and work collaboratively to achieve the institutional goals, their own career aspirations and life goals. Treating members of the workforce (Our People) with value and respect helps to engage in a shared vision of excellence, the ambition for continual improvement and transparency of the process is fundamental to running an engaged and functioning workforce. Much of the leadership of organisations do not have the emotional intelligence and the awareness of diversity to engage with their employees, nor do they have the training or tools to be compassionate leaders. In many organisations, leaders are judged by financial and quantitative outcomes over qualitative ones, certainly not by what their staff think of their leadership styles. Recognising that a wholly different approach needs to be developed to tackle the rising dissatisfaction and burnout in the NHS healthcare workforce, BAPIO and its partners from the Alliance for Equality for Healthcare set out to develop consensus standards for the healthcare workplace. The summit was hosted at the Royal College of Surgeons of England, in London on 14 October, 2022.

Article information
Submitted 22.10.22
Published 04.11.22

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Dignity at Work Standards

The Dignity at Work Standards (1), published first in January 2022, highlighted the fundamental issues and critical areas of improvement needed within processes and policies. A national consensus meeting was convened at the Royal College of Surgeons of England to address these issues on 14th October 2022. The consensus panel comprised distinguished leads representing various healthcare organisations to review the proposed Dignity at Work Standards (1) and deliberate subsequent action.

The panel aimed to attain a consensus on the following topics:

1. Policies
2. Accountability
3. Benchmarking
4. Processes
5. Support

1. POLICIES

Healthcare workers encounter a multitude of policies, policies that are frequently ambiguous and questionable.

1.1 Many existing policies do not consistently acknowledge the 'person' concerned within them, and policies are not regularly reviewed and revised.

1.2 The 'Maintaining High Professional Standards (2), which guides processes to use where serious concerns involving conduct, clinical performance and health of dental and medical employees, published in 2005, is hugely outdated and consequently insufficient to support healthcare workers.

1.3 Reform of policies needs engagement from representatives from all levels and from Equality, Diversity and Inclusion (EDI) advisors to ensure they are not partisan.

1.4 Policies require consideration of prevention first and mediation second rather than advancing straight to sanctions.

1.5 Policies need to be transparent and promoted in an open learning culture.

1.6 The workforce should be appropriately directed to policies at induction and regular intervals.

1.7 Leaders need to implement policies compassionately and judiciously and promote a positive workforce culture.

1.8 Leaders and teams that promote a positive well-being culture should be recognised and act as exemplars, mentors or role models to initiate a broader impact.

2. ACCOUNTABILITY

Leaders play a crucial role in accountability by building trust among their teams and communicating the outcomes and objectives for individuals.

2.1 The leader's role is to define the common purpose, clear expectations, communicate appropriately, coach individuals and discuss the consequences to the team.

2.2 It is crucial that leaders take a compassionate approach when understanding any deviation in this as often issues arise inadvertently.

2.3 Accountability should not be about punishing, defaming or demoting individuals. Instead, leaders should use opportunities to review issues in the workforce and provide the appropriate support for all staff.

2.4 The workforce should be encouraged to respond to episodes of disrespect with no fear of speaking up.

2.5 Active bystanders should be empowered when advocating for colleagues during episodes of disrespect by providing formal training and supporting appropriately.

2.6 Leaders and teams promoting enhanced workplace culture should be rewarded and recognised accordingly.

2.7 Appraisals should consider including workplace culture as a separate domain.

3. BENCHMARKING

Organisations should use a growth mindset when reflecting on their progress and assessing their current state.

3.1 Benchmarking should not be a tick box exercise but an opportunity for organisations to reach a mutual ambition of elaborating the workplace and workforce.

3.2 Organisations should have a board-level director for EDI whose role is to ensure that EDI is included as a prerequisite during improvement on every occasion to appraise.

3.3 Learning drives outcome, and organisations should provide their root cause analysis data to all department members, including more junior members, to emphasise learning.

3.4 Organisations should provide 'Learning Meetings' to disseminate learning from errors anonymously and blamelessly.
3.5 Organisations should collaborate with one another by 'buddying up to guide and advise through the continual process of enhancement.
3.6 Organisations should create ambassadors whose role is to promote improvement within departments, encourage peer review of teams and advocate solution-focused.
3.7 All processes should include EDI to ensure changes are as equitable as possible.

4. PROCESSES

NHS Employers should reform processes to become transparent by providing a clear set of definitions that are consistent within all policies, organisations, departments and systems.
4.1 Processes should empathise with the workforce built in by promptly providing compassionate leadership and support.
4.2 The workforce should be appropriately signposted to available resources internally and externally, such as unions.
4.3 Leaders should be trained formally in promoting mediation within teams and being able to information resolve issues.
4.4 Leaders should use these opportunities to encourage learning within teams.
4.5 Leaders should understand that the culture of blaming is not proactive but demotivating and demoralising.
4.6 Organisations should evaluate everyday systems and processes that may need improvement from an efficiency perspective for the workforce and the workplace and undertake regular performance management.
4.7 Organisations should be consistent in their approach to all processes.

5. SUPPORT

Organisations and teams should encourage an active environment and culture to raise concerns and provide appropriate support for all involved.
5.1 Concerns may arise inadvertently as an impact of pressures, and perpetrators may not be aware of the problem.
5.2 Those alleged perpetrators should be provided coaching as a means for improvement and should be seen as a strength, not a weakness.
5.3 All members should be allowed to resolve issues informally with mediation and without repercussions.
5.4 Freedom to Speak Up Guardians should sit independent of Human Resources.
5.5 Whistle blowers should be provided with protection and all members should be provided with appropriate support in the form of trained 'allies'.
5.6 Forums for psychological safety should be provided for all those involved in a concern, including victims, perpetrators and bystanders.
5.7 Induction should incorporate the expected workplace culture and signpost the relevant resources available in the trust. Spaced-out inductions should take place to ensure the workforce are guided and encouraged to use resources.
5.8 Leaders should empower and promote the raising of concerns in order to work on the mutual goal of enhancing the workplace and workforce collectively.

FUTURE DIRECTIONS

The panel discussed extensively on the current workplace culture and how to remodel this accordingly with the roles of leaders being crucial in this improvement. The panel agreed to pilot the Dignity at Work Standards (1) at four trusts: 1) King's College Hospital NHS Foundation Trust, 2) St. Georges and Epsom and St Helier University Hospitals, 3) University Hospitals of Leicester NHS Trust and 4) Integrated Care Service Birmingham with the opportunity for feedback and learning. Implementation toolkits will be developed for the standards through workshops.

ACKNOWLEDGEMENTS

Our preliminary vision of the 'Dignity at Work Standards' (1) was to create a document that defines the gold standard for dignity in a diverse workplace with consideration to intersectionality. Our aim in organising the summit was to bring together distinguished leads of notable health organisations whose members would be directly impacted by these standards in order to help materialise our vision. We are grateful to Sir Stephen Powis, National Medical Director for chairing the summit. We thank all of the attendees at the consensus meeting who have

helped guide the proposed implementation of these standards.

WORKING GROUP ATTENDEES

Dr Ananta Dave – Chief Medical Officer designate, Black Country Integrated Care System
Dr Beryl De Souza – Vice Chair, BAPIO London Division
Dr Chaand Nagpaul – Past Chair, BMA
Dr Kantappa Gajanan – Chair, BAPIO SAS & LED Forum
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Dr Priyanka Nageswaran – Vice Chair – BAPIO SAS & LED Forum
Dr Raja Nadeem Sajjad – Treasurer, Association of Pakistani Physicians of Northern Europe
Dr Ramesh Mehta – President of BAPIO
Dr Satheesh Mathew – Vice President, BAPIO
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Mr Abhay Chopada – Co-Chair, BAPIO London Division
Mr Ashok Khandelwal - Director of Operations & International affairs, BAPIO
Mr Mark Swindells - Assistant Director for the Standards and Ethics team GMC
Mr Paul Da Gama - Chief People Officer at St. Georges and Epsom and St Helier University Hospitals
Ms Aishnine Benjamin - Head of Equality Inclusion and Culture, BMA
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Prof Ajay Shah - Dean, Faculty of Life Sciences & Medicine King's College London
Prof Andrew Reed – Chief Executive, Royal College of Surgeons of England
Prof Clive Kay - Chief Executive Officer, King's College Hospital NHS Foundation Trust
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Prof Neil Mortensen – President of Royal College of Surgeons of England
Sir Andrew Goddard – Past President, Royal College of Physicians
Sir Stephen Powis – National Medical Director, NHS England
Sir Terence Stephenson – Chair, Health Research Authority (HRA), Past Chair, GMC and Academy of Medical Royal Colleges

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