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Organisation Diagnosis Report for the Services at NHS Blood and Transplant

NHS Blood and Transplant site:
Colindale

Commissioned by:
Chief Executive and Director of People

Fieldwork:
October 2019 to December 2019

Report Author:
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1. Introduction

NHS Blood and Transplant (NHSBT) is an executive non-departmental public body of England's Department of Health and Social Care. It was established to take over the responsibilities of two separate NHS agencies: UK Transplant (now renamed Organ Donation and Transplantation), and the National Blood Service (now renamed Blood Donation). Its remit is to provide a reliable, efficient supply of blood, organs and associated services to the NHS. Since NHSBT was established, the organisation has maintained or improved the quality of the services delivered to patients, stabilised the rising cost of blood, and centralised a number of corporate services. It has the responsibility for optimising the supply of blood, organs and tissues and raising the quality, effectiveness and efficiency of blood and transplant services. Its roles are stated to include:

- » Encouraging people to donate organs, blood and tissues
- » Optimising the safety and supply of blood, organs and tissues (within the NHS)
- » Helping to raise the quality, effectiveness and clinical outcomes of NHS blood and transplant services
- » Providing expert advice to other NHS organisations, the Department of Health, Ministers and devolved administrations
- » Providing appropriate advice and support to health services in other countries
- » Commissioning and conducting research and development
- » Actively engaging in implementing relevant EU statutory frameworks and guidance
- » Being involved in broader international developments

The service employs just under 5,000 people and operates across ten directorates including Blood Donation, Manufacturing and Logistics, Organ Donation and Transplantation, Diagnostic and Therapeutic Services, Medical and Research, Marketing and Communications, Finance, Technology, Quality and People (NHSBT Annual Report and Accounts 2018/19).

There are 16 NHSBT sites spreading as far as Lancaster, down to Plymouth.

Following poor engagement scores, a number of grievances and issues raised by Black, Asian and Minority Ethnic (BAME) colleagues in Colindale, Globis Mediation Group was asked to conduct an independent organisation diagnosis report to include recommendations for action. The focus was 450 staff employed at the Colindale site exclusively.

2. About the Author

I have undertaken the organisation diagnosis work personally. I am the Founder and Chief Executive of Globis Mediation Group. Globis has a team of business and occupational psychologists specialising in employee and industrial relations. We provide behavioural insight solutions for some of the world's largest organisations. I am a business psychologist and a doctoral student at Birkbeck, University of London. I have been privileged to serve as a non-executive director of a large acute Trust for six years. I chaired the Trust's equality committee providing quarterly updates for the board. It has been a pleasure and an honour to spend time getting to understand how NHSBT does its amazing work in order to meet the needs of patients.

This organisation diagnosis report draws on a mix of primary and secondary research in order to provide a picture of the current position within NHSBT at Colindale. The secondary research is cited for context and grounding of primary research findings.

Examples of comments made during the semi-structured interviews are included throughout the report to allow the reader to achieve a sense of the strength of feeling.

Clive Lewis OBE DL

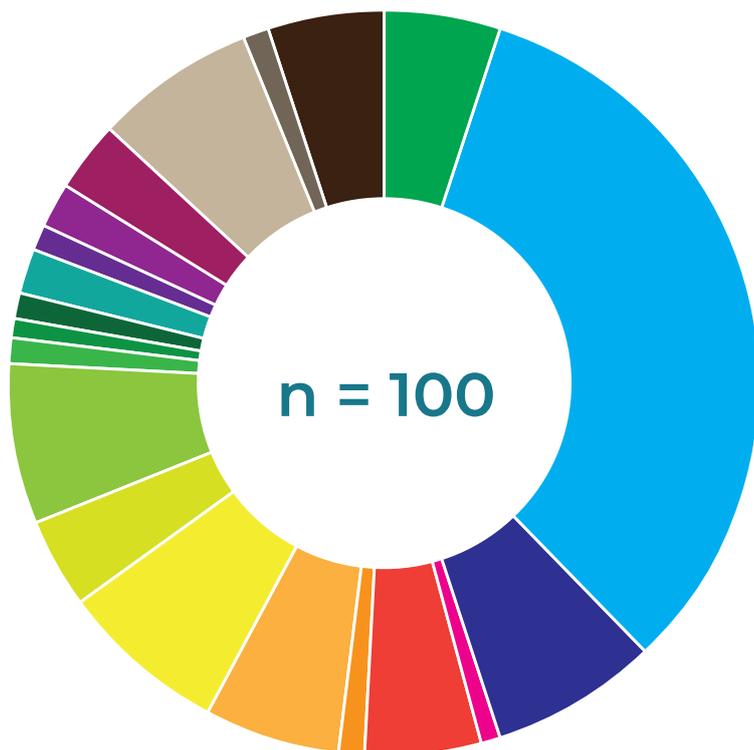
3. Terms of reference

Product	Purpose
<p>1. Analysis of current information - past survey reports from Colindale, OD report from internal intervention within the manufacturing department at Colindale. Discussions with OD and HR colleagues</p>	<p>Desk top research collecting and reviewing current data to identify areas of focus during diagnostic stage.</p>
<p>2. One to one interviews and discussions with staff and managers from across the department (over 6 days)</p> <p>Group discussions with staff as required.</p> <p>Email feedback from individuals to Clive Lewis.</p> <p>5 days from 07:00 – 16:00 1 day 15:00 – 23:00 1 night – 11:00 – 02:00</p> <p>Interview sessions to be organised by NHSBT. 30 minute slots for individuals 45 minute slots for groups.</p> <p>Those who cannot make the allotted times or who prefer to be invited to email you directly.</p> <p>Qualitative data will be gathered from a representative number of staff across all departments and all levels as advised and arranged by NHSBT.</p>	<p>Interviews, observations, email feedback collecting qualitative data and looking at underlying causes and overlapping themes.</p>

<p>3. Report</p> <p>A written report and A Presentation to CEO, People Director and NHSBT Chair to share the findings and recommendations.</p> <p>Report to include – Diagnosis, analysis, findings, conclusions and recommendations for:</p> <ul style="list-style-type: none">» Colindale as a whole and to be categorised also by department, team/ shift, level (management or staff).» Conclusions and recommendations to also be provided regarding any systemic organisation wide areas that may need to be addressed across centres.	<p>To provide full diagnosis, analysis, findings, conclusions and recommendations to key stakeholders.</p>
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4. Key Statistics

- » Desktop research of 12 NHSBT documents
- » Facilitation of 1 BAME workshop
- » 16 nightshift workers interviewed
- » Six days on-site
- » 100 people interviewed across different departments and at varying levels of seniority



5. Methodology

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

1. What participants told me: this is based on information given verbally or in writing. In some cases, I am repeating back verbatim by quoting statements given to me by participants. I held semi-structured interviews for face to face discussions. I gave the context of the CEO's email and invited participants to talk to me about their experiences. When asked, questions were a mix of exploratory, differences, association, causal or process in order to determine a positive or negative correlation or causation.
2. What I deduced from what I was told: this is based on our extensive experience working as occupational and business psychologists in healthcare to understand more about what the teller of the story said. I 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 organisation in the wider context. I also consider the 'backstory', attempting to understand the associated triggers that have contributed to the emergence of the problem. This process allows me to move toward the fourth strand of our work which pieces everything together, assimilates my understanding and helps to focus on the way ahead.
3. What I observed in team interaction: participant observation is particularly prevalent in social sciences. Observation involves the systematic observation, recording, description, analysis and interpretation of people's behaviour. Participant observation has its roots in social anthropology and implies a strategy of immersion by the researcher with the objective of sharing in people's lives while attempting to learn their symbolic world. Examples of my immersion into the environment are scattered throughout this report. In participant observation the purpose is to discover those delicate nuances of meaning. As Delbridge and Kirkpatrick (1994) state: 'In the social sciences we cannot hope to adequately explain the behaviour of social actors unless we at least try to understand their meanings'. The symbolic frame of reference is located within the school of sociology known as symbolic interactionism.
4. What I assessed based on my understanding: in this fourth aspect, I pull everything together underpinned by expert knowledge, experience and understanding. This leads my ability to form a diagnosis which leads to the suggested next steps and options for the NHSBT to consider.

This is an observational rather than interventional study based on inductive research using convenience sampling. This work focuses on qualitative data. The research design is based on a combination of ethnographical, phenomenological, narrative and grounded theory. I attend to the culture and climate of the team and how this affects the interpersonal dynamics and effectiveness of those working in the service and vice versa.

Culture is a set of shared, taken-for-granted implicit assumptions that members of an organisation hold and that determine how they perceive, think about and react to things (Schein, E. H. 1992). In other words, it is 'the way we do things around here'. "Every interaction in an organisation both reveals and shapes its culture" (The King's Fund, 2014). Examples of these interactions that have shaped the culture in this area include the way in which staff interact with one another; their approach to decision-making, how they respond to feedback and challenge; the way in which they escalate concerns and the way in which they manage themselves as a group.

Thus, the focus is also on the feeling of psychological safety (The King's Fund, 2017) which impacts whether or not staff feel "confident in speaking out about errors, problems and uncertainties, and feel empowered and supported to develop and implement ideas for new and improved ways of delivering services." The focus is on 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 within data. Thematic analysis helps to interpret various aspects of the research topic (Boyatzis, 1998). Thematic analysis is suitable for a wide range of research interests and theoretical perspectives. This is because it can work with a wide range of research questions such as people's experiences. Secondly, it can be used to analyse different types of data including interview and observations. Thirdly, it can work with any size or scale of data set.

6. Findings

Manufacturing

‘Some people have been in manufacturing for years
but have never been developed’

‘Bullying and discrimination is prevalent in the department’

‘You only make progress if your face fits’

‘White colleagues are given opportunities even though
they do not have the right qualifications or experience’

The area where there was most concern at Colindale was manufacturing which is led by the Regional Manufacturing Manager, the Regional Operations Manager Blood Supply - London and the South East. The Regional Manufacturing Manager is currently on secondment as are other key individuals such as the Regional Operations Manager Blood Supply - London and the Assistant Director of Operations. Despite being able to maintain a high sense of purpose about the link between job role and patient care, the bulk of workers in this department are unhappy.

I would describe the department as toxic, dysfunctional and meeting all five criteria of dysfunctional teams as defined by Patrick Lencioni (2002). The five criteria are:

1. An absence of trust among team members: This stems from an unwillingness to be vulnerable within the group. Team members who are not willing or able to be genuinely open with one another about their mistakes and weaknesses make it impossible to build a foundation for trust.
2. Fear of conflict: Where there is a low level of trust within the team, they have become incapable of engaging in unfiltered and passionate ideas. They resort instead to veiled discussions and guarded comments.
3. Lack of commitment: Without having aired their opinions in the course of passionate and open debate, team members struggle to buy in and commit to decisions, though they may feign agreement during meetings.

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4. Avoidance of accountability: Without committing to a clear plan of action, the team hesitate to call out each other's actions and behaviours that are inconsistent with organisational values.
 5. Inattention to results: This is occurring as team members put their individual needs (such as ego, recognition for clinical advancements and career development) above the collective goals of the team.

All five criteria are important, but as I explain later, when there is an absence of trust, difficulties can spiral. In low trust environments everything takes longer, and it takes much time and a series of actions to recover and move back to an environment where trust is re-established.

Out of 68 staff in the department, 80% are BAME. As part of my time on site, I undertook a tour of manufacturing and hospital services. I am grateful to the Regional Manufacturing Manager for personally undertaking this for me.

The trigger for the current feeling of dissatisfaction amongst team members results from a process to recruit four processing team managers (PTMs) in 2018. There were two vacancies for which seven people applied. Four were BAME and three were white. The decision was made to appoint white candidates to both roles. It is said by management that the two best candidates were selected.

There was already disquiet amongst BAME members of the team and for them, this was the final straw. The appointments were put on hold following a complaint raised by BAME employees. One BAME colleague commented that every time they apply for a promotion, they are told that they are not capable, but are never given any feedback. They said further, that when they expressed an interest in applying for a band 8D level position, the PTMs laughed at them.

Another example was given of a role that had to be withdrawn because it was about to be offered to a white employee with no undergraduate degree who would have moved from a band 2 to a band 7 in less than a year. It was commented that BAME employees with the required skills to carry out a job role do not perform well at interview and are not given the job. However, white employees who have less experience and skills are often promoted.

There was an example of the removal of the requirement for a Master's Degree from one job specification in order to recruit a specific person who did not have a Master's Degree. There is a feeling of a 'them and us' culture.

A number of white employees also spoke of their discontent in relation to management style. It was reported that at least two white employees had left reluctantly. In addition, it was mentioned that three individuals had left and gone onto other parts of the health system because the environment at Colindale became too toxic for them.

There is an example of a white female employee who had progressed from band 3 to 8A in just four years. Issues of both vertical and horizontal inequalities exist.

In order to meet a cross section of employees, I met a number of workers who work on the nightshift. It was as if I was in a different organisation during this shift. Those I met were predominately of Black African and Black Caribbean backgrounds. Some had second jobs, and many described lives that involved constant work and childcare.

As indicated earlier, there is an absence of trust within the department. Trust lies at the heart of a functioning cohesive team. In the context of building or rebuilding 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, as colleagues within the team appear to be competitive with each other and protective of their reputations.

This is coming at great cost, as there is much time and energy being wasted managing behaviours and interactions within the team. Team meetings are unproductive and there is a reluctance to take the risk of asking for, or offering assistance to others. As a result, morale is low.

In Steven Covey's book 'The Speed of Trust' (2006) he describes a useful 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 of these 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

Covey goes one stage further. He describes a percentage ranking that can be attached to indicate the level of tax or dividend present in an organisation. I would estimate the trust tax being experienced in manufacturing at the level of 60%-80%. This is towards the very highest end of the scale. A table outlining Covey's descriptors of trust taxes is included in Appendix 1.

A number of people commented that they have not had a Personal Development and Performance Review in the last three years.

There were comments that bullying and harassment is prevalent within the team, but colleagues wonder whether lodging a grievance will make any difference. Reference was made to a previous allegation of bullying approximately three years ago. The former employee eventually received a financial settlement of £60,000 and left the organisation. There was also one story of a woman who was pushed into a wall and sexually harassed. The perpetrator was suspended but subsequently repeated his behaviour on his return to work.

A number of BAME colleagues commented that when they say hello to line managers in manufacturing, they (the managers) do not respond although they reply to white colleagues. There was an ongoing theme about what I would describe as the incivility of managers and leaders. At least two BAME colleagues asked rhetorically 'are we slaves?'. A different colleague stated that people are treated like two year olds. These comments were echoed by nightshift workers who went further by suggesting that there had been an attempt to curb the number of overnight shift staff but still expect the same results. They indicated that there should be 15 or 16 people in the laboratory but there are only five or six and staff are going off sick because of the general levels of pressure. The consensus by one group of colleagues who came to see me collectively was "as BAME workers, we do not fit in. We are overlooked. If you don't look or speak a certain way you are passed over".

Colleagues do not feel safe to take issues to members of management. A number of examples were provided which demonstrated further unease in how BAME employees feel. One example included the refusal of management to purchase a card for someone who was leaving after 20 years of service. Most managers reluctantly signed the card which was eventually purchased by an employee. A further example followed the death of a family member of a BAME employee. Management refused to buy a card in recognition of the unfortunate and untimely event.

There was one individual who wanted to speak with me, but they were unavailable to attend any of the timeslots. They left a sealed letter for me with the following examples. I have included these verbatim.

Statement 1

Asian colleague with degree and 15 years' experience applied for the same position as a white colleague. The white colleague had no qualifications and very little experience but still got the job.

Statement 2

A black colleague had a biomedical degree and experience in management who was on band 5 level applied for a job which was band level 6. A white female colleague who had no degree and was only at band 4 level with no management experience was not only given the job but was subtly told that she would get the job even before the interview stage. Within two years she had been offered manager position when two other black colleagues with experience and qualifications were pushed out from the department.

Statement 3

Asian colleague who was on shift work really wanted to get out from shift work and was prepared to drop down in band levels. He made numerous applications but always got rejected. White colleagues who requested the same were often accommodated within a short period of time.

Statement 4

Happened to me when I applied numerous times for band 3 positions at the time. Less experienced white colleagues were always made the job offers.

Statement 5

Some black colleagues are also abusing diversity by playing the race card all the time when questioned about their mistakes, performance or attitude. We should not just promote BAME colleagues to fit the numbers but also take into account their abilities.

Statement 6

There is very little management of work facilities or equipment, if there is fault, temperamental equipment like a noisy incubator, chairs, trolleys and scanners. People have been on sick leave because they have hurt themselves.

Many people commented that a particular line manager is hardly ever on site, rarely ever responds to email and are left wondering what they do with their time.

There are now low levels of morale and many people have disengaged based on their ongoing negative experiences. There was also some criticism of directors too. A number of colleagues expressed that whilst they were grateful for previous director visits, the absence of follow up had left them feeling dejected. When colleagues learned of my impending site visits, many commented 'what's the point?'. This resulted in a slow take up rate for discussions to begin with, but colleagues became more willing as my time on site progressed.

There is an overwhelming sense that people come to work because they believe in what they do. There is a high sense of purpose and correlation to the experience of the end user. I did not find any evidence of issues relating to quality. However, a number of people expressed concern about the focus to fulfil orders of blood products such as Cryo Pooling and Methylene Blue Plasma to hospitals in record time and that shortcuts appear to be creeping in. The inference was that there was a potential mistake or hazard waiting to happen.

Some colleagues believe that positive action is needed. A collective grievance was lodged a year ago for a post that was going to be awarded to a relative newcomer who it is believed had a 'tap on the shoulder'. Processes are not considered to be open or transparent.

There was discontent expressed by a portion of managers and colleagues within the department following the email sent by the Chief Executive in October 2019. The letter included the following:

- » **BAME Representation** – BAME colleagues make up 14.2% of the NHSBT Workforce, which is largely reflective of the population at large. However, our donor facing directorates - Blood Donation and ODT - are much less diverse at only 9% and 5%, respectively.
- » **BAME Leadership Representation** – more problematically, the percentage of BAME colleagues drops to only 10% at bands 8a and above and 3% at band 8D Assistant Director level and above - indicating evidence of unconscious bias and/or other systemic constraints.

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- » **BAME Development and Career Opportunity** – perhaps unsurprisingly, only 36% of BAME colleagues report that there are equal opportunities for promotion and development at NHSBT, compared to 51% of white colleagues.
 - » **BAME Referral into Disciplinary Investigation/Process** – BAME colleagues are 9% more likely to be referred into a disciplinary investigation/process than white colleagues.

The letter is included in full as appendix 2. Some felt as if they had been labelled as racist when they don't think that they are. There were also examples of members of the BAME community being removed from Yammer groups following the Chief Executive's message. A number of white colleagues expressed a view that the Chief Executive's message had made things worse and questioned why there needed to be so much focus on the BAME population.

Comments reminded me of the work on white fragility led by the sociologist Dr Robin DiAngelo (2011). Her research discusses a reaction in which white people feel attacked or offended when the topic of racism arises. She describes the concept as a state in which even a minimum amount of racial stress becomes intolerable, triggering a range of defensive moves.

There is additional research on what academics describe as the social evaluative threat. An example of how this plays out at Colindale is with the experiences of black people regularly being rejected for promotion and then raising a collective grievance when there appears to be foul play. This has led to management withdrawing, defending, arguing, minimising and ignoring in order to push back in order to regain a sense of appropriate order and equilibrium.

Management behaviours and actions at Colindale have led to systemic racism. There is an extremely low threshold for enduring any discomfort associated with race. In what is described by DiAngelo (2011) as 'Entitlement to Racial Comfort' she articulates how it is possible for any actions that result in discomfort surfacing to result in penalisation, retaliation, isolation and a refusal to continue engagement. She states 'some may display an overwhelming sense of belonging which pervades all parts of an organisation or society'. The racial tension and difficulties that are present and playing out at Colindale have been doing so for a number of years and have become ingrained. In extreme cases, constant provocation from someone with higher status can lead to what psychologists refer to as 'displaced aggression'. Examples of displaced aggression can include the berated worker choosing to vent his or her anger on a more junior colleague or those who are more vulnerable. Even worse, the anger is taken home and let loose on spouses and children (Wilkinson & Pickett, 2019). Psychologists Jim Sidanius and Felicia Pratto have suggested that human group conflict and oppression such as racism stem from individual and institutional discrimination and the degree to which people are complicit or resistant to some social groups being dominant over others. In egalitarian cultures people are more oriented towards inclusiveness and empathy. (Sidanius and Pratto, 1999.)

Rebuilding trust at Colindale will take much time and could be unlikely to happen in the event that demonstrable changes are not forthcoming as a result of this report.

Making progress will require a combination of actions that involves making a small number of marginal gains coupled with some quick wins. The quick wins will need tough decisions of and from leadership. The disengagement from members of the BAME workforce is happening as a result of years of witnessing inequality where scepticism and disbelief that things will get any better has set in. We know from latest developments in neuroscience that constant effort without reward results in human withdrawal. Numerous trials have shown that stress resulting from prolonged exposure to aversive stimuli may lead to the suppression of body movements and other behavioural changes through modulation of the activity of dopamine and serotonin neurons (Matsumoto, 2007).

Some of the ways in which this manifests itself in the workforce is with the withdrawal of discretionary effort or beginning to 'work to rule'. Examples and evidence of this has included a reluctance of the BAME population to engage with Sarah Johnson (OD Manager) and Suzanne Hunter (Associate Director - People Directorate) in activities such as 'Let's Talk' and 'Good to Great', designed to improve the working experience.

A number of people spoke of waiting for redundancy before moving on. It may well be futile to continue with local organisational development work in the absence of deeper behavioural analysis. There seems to be a sense that parts of the BAME workforce have given up and simply do their job and return home at the end of their shift. It is only the compelling sense of purpose and dedication to patients that keeps them committed to coming in every morning. Some however, are now looking for other roles elsewhere in the health system. It was commented that the Birmingham and Manchester NHSBT sites also have a poor reputation for dealing with race related incidents.

Colleagues do not feel safe to raise issues of concern. The environment is psychologically unsafe. There is a perception that the organisation is guilty of bystander apathy. This is a term used in which individuals are less likely to offer help to a victim as the number of onlookers grow. Several factors contribute to 'bystander apathy' including ambiguity or uncertainty, group think and diffusion of responsibility that reinforces mutual denial of a situation's severity.

Culture

‘We seem to be losing a sense of why we are here’

‘Leadership is not by example’

‘A team leader said to me “I don’t want a Muslim in my team”’

‘There is favouritism amongst line managers’

‘We have seen people cry and not come back’

‘There is no accountability’

There is a general concern in Colindale about whether the site will continue as a going concern. There is a perception that the site is going to be closed down and that a disproportionate amount of money is spent on other sites in comparison. Over time, Filton and Manchester have picked up activities previously undertaken by Colindale. The effects of a previous redundancy programme four and half years ago at Colindale are still being felt by the survivors.

Research indicates that those who survive redundancy programmes are likely to be affected in the areas of self-esteem, a sense of betrayal, negative attitudes towards co-workers and a lack of job security (Campbell, 1999). This prompts a course of constant conversations to take place during work and non-work time. Comments (from people outside of manufacturing) were made about the general culture in Colindale. The culture was described as apathetic. An example was given of a leaky roof which is particularly troublesome when there are periods of heavy rain. Water comes in and causes slipping. This issue has been ongoing for at least five years. Trade unions were also described as presenting cultural issues. Their reference to union members as ‘comrades’ is seen to be inflammatory and incendiary. One particular union was cited as being the most problematic.

One union representative is described as having a disruptive presence on site coupled with regularly exercising an abuse of power. It is said that they attempt to prevent the smallest change happening.

Corporate culture is a hard thing to get right. It grows and evolves over time and is the result of action and reaction. Whether officially recognised or not, an organisation’s culture determines a whole range of behaviour indicators. It is recognised that a workforce that reports high levels of employee satisfaction will be able to perform well, even where pockets of negativity and destructive politics exist.

Earlier in this report I describe the culture at Colindale as toxic. A workplace culture might be described as toxic if:

- » Mediocre performance is rewarded over merit-based output (Colligan and Higgins 2006; Doyle and Kleiner, 1993)
- » Employees avoid disagreements with managers for fear of reprisal (Jones, 1996)
- » Personal agendas take precedence over the long-term wellbeing of the company (Atkinson and Butcher, 2003)
- » Leaders are constantly on edge and lose their tempers often (Human Resources Management International Digest 11, 2003)
- » Employees are treated more like financial liabilities than assets (Macklem, 2005)

There is a model in psychology developed by Ryan and Deci (2000) called 'self-determination' that describes the needs underpinning the wellbeing and motivation of staff. It describes the three core needs people have for work. Firstly, there is the need for belonging, conferred by being a valued member of the team and organisation. Secondly is 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 the work that they are doing is consistent with their values and professional integrity.

What the evidence suggests is that if any of these three workplace needs are not met, it will have a damaging impact on health, wellbeing and motivation at work. In other words, it's no good just having two that are really good and one that isn't. Organisations should strive to make sure all three needs are being met in the workplace. There is a great deal of evidence to suggest that members of the BAME population do not feel a sense of belonging at Colindale. The first principle of Ryan and Deci's model is not being fulfilled.

The culture within manufacturing can also be described as uncivil. There were a number of comments about behaviour from management being rude and aggressive. One person commented that 'some of the managers are really nasty'. This was made by a person who had to take some time off as their partner was ill. On their return to the office, she mentioned that line managers stared without asking about her partner's health scare. A few comments were made about a processing team manager who has been reported on at least 13 occasions in relation to his attitude, but nothing has been done about it.

There is a growing body of evidence about the importance of civility in the workplace. Indeed, psychologists studying behavioural science in humans are now beginning to analyse the effects of a lack of civility in professions of high risk.

'If concentration is negatively impacted when emotions become heated; leading to rude or offensive behaviour, the knock-on effect is that quality could become negatively affected. Procedures that carry high risk could be adversely affected if the professional cannot restabilise ruptured emotions after an argument or heated exchange' (Rudeness at work, BMJ 2010;340:c2480, 2010). We are already hearing much about the Civility Saves Lives programme in hospitals. Being polite to others with whom you are working not only costs nothing, but individuals who behave in a consistently civil manner with fellow workers, always benefit. They are more likely to become leaders or managers, perform well, be sought out for advice and regarded as competent. (Porath, Gerbasi, & Schorch, S, 2015). Recent research in this field (Forni, 2002; Judge et al., 2012), suggests that incivility is likely to be hazardous for positive influence and power.

There is a useful scientific metaphor that can be used to describe the impact of events within manufacturing. Entropy is based on the Second Law of Thermodynamics which measures the loss of energy within a system. Corporate entropy describes a portion of energy that is unable to be transformed into a productive and functional system (Ackoff, 1981). It represents the amount of disorder within a team or organisation and in work performance. Entropy is increased in line with dysfunction and decreased with order. For an organisation, low entropy corresponds to highly uniformed reporting and operating structures.

I mention this concept for two reasons. Firstly, toxic environments lead to entropic disorder. The tone of a department or organisation is set from the top and means that more people are likely to behave in the same way by following the leader's example. Secondly, I found the Colindale site difficult to navigate. The primary reason for this is that although I was able to observe the organisation-wide high-level organogram; there was no evidence of an organisation chart for the local site. As a researcher with a good understanding of organisation structures, the organisation design at Colindale felt muddled and chaotic. It is highly likely that the combination of the lack of documentation outlining the human resources structure and instances such as open-ended secondments are resulting in a lack of order. This will mean that despite excellent performance in some operational areas, as confirmed by the recent MHRA inspection, Colindale is unlikely to be operating at maximum efficiency.

Colleagues commented that 'operational' targets are being met but 'people' ones are not. Other comments included statements such as 'people are not held accountable for their actions' and that 'micro-aggression is part of the culture'. An example was given of a form that required changes to be made to three lines. It took three years for the changes to take place.

Despite the numerous problematic and trying sentiments expressed, Colindale was repeatedly described as a good place to work due to the nature of the work performed.

There is a mismatch between the outward face of NHSBT and experiences at Colindale. For example, during the period of the intervention, I noticed numerous adverts on the London underground system for blood donation which featured images of black people. In addition, internal marketing material also features images of black people. The experiences of black employees, however, do not correspond with the outward focus of the organisation.

It is well known that there is a need for an increased level of blood and organ donation from individuals from BAME backgrounds. Often, one of the objectives of an advertising campaign is to persuade target consumers (Meyers-Levy and Malaviya, 1999). Persuasion occurs, in part, through the process of identification with the source of the message (Kelman, 1961). Academics in ethnic psychology refer to this as the 'cultural script'. The terms of reference for this intervention do not extend to the assessing any correlation between outward face of NHSBT and the experiences of black employees.

The NHS Blood and Transplant Single Equality Scheme (2015-2019) highlighted issues of disparity of equality across the country. The foreword by the former Chief Executive, Ian Trenholm, wrote of the strong focus of working with BAME communities as these groups face inequality of access to some of the lifesaving and enhancing products and services provided by NHSBT. One of the strengths of the Single Equality Scheme is the equilibrium it was designed to provide for both employees and service users alike. One would think that it would be axiomatic that there would be no inconsistency between employees and service users, but there appears to be an element of incongruence for BAME employees at Colindale when judged against the external focus and profile.

Some of the issues raised with me were also raised as part of the group discussion sessions facilitated by Sarah Johnson over the summer and autumn of 2019. What seems to be lacking is a mechanism to ensure the voice of employees is heard at a senior level and appropriate permission is granted for action to be taken.

Car Parking

Outside of the topic of the environment in manufacturing, the issue of the lack of car parking space came up as the next most talked about theme. The issue was made worse when the Watford office closed. It would have been possible to write a whole report about car parking alone, but this would have been outside the terms of reference for the report. There is considerable dissatisfaction with the current arrangement. The result has been that some people have left to find jobs nearer to home and others are considering leaving. A number of colleagues have changed their working hours and now start at 7.00am to allow them to have a chance to secure a parking space. There was a story from one person who travels for nearly an hour each way and arrives at 6.30am to avoid later local traffic. She sits in her car for 30 minutes before going into the office. Others also arrive at 6.30am and sit in their car until they start work at 8.00am. Numerous people spoke of the additional stress and anxiety faced by not knowing where they will park their vehicle for the day. This has a negative impact on productivity and morale.

Information Technology (IT)

The IT system was repetitively referred to as slow and frustrating. A number of colleagues believe the system is inadequate for database and higher-level mathematics work that is a standard part of their role. It is highly likely that productivity levels lower due to an inefficient IT system.

There were comments about the Cord Systems Moderation programme which had to be halted. The £26.2 million investment was declared as a constructive loss in 2018/19 NHSBT annual accounts. There were some weaknesses in the way the programme was established. In particular, there was a lack of clarity within stated objectives and confusion as to whether the key driver for the programme was to replace a technology platform or create future business capability (NHSBT Annual Report & Accounts 2018/19).

Open Plan Work Environment

A number of comments were made about the open plan office environment. It was described as being frustrating and difficult to concentrate in. There is an increasing body of work which discusses the merits and pitfalls of open plan offices. Open plan offices enhance colleague collaboration and make people more accessible. However, there is a rising amount of research about the effectiveness of open plan offices. These include covering issues such as broken concentration, proximity to colleagues, cognitive stress, emotional exhaustion, general health, depersonalisation, distraction and room temperature levels that contribute to the discussions about levels of productivity. For example, working in environments with a larger number of auditory and visual stimuli will constitute a greater vulnerability for distraction and performance loss. In relation to health, research indicates that the sickness absence rate where open plan offices are used by seven or more employees can be up to 62% higher when compared with cell offices. (Pejtersen et al, 2011). Further, in roles where a high level of concentration and cognitive control is needed, workspace and colleague proximity are important factors for consideration. It could be worthwhile undertaking a separate study of the effectiveness of open plan offices at Colindale and other NHSBT sites.

Human Resources (HR)

‘The way people are pulled into disciplinary cases is bizarre’

‘I have been involved in eight disputes in relation to recruitment and development’

‘I went on Reach High BAME leadership course five years ago, there were two cohorts then it was stopped’

‘We should have probationary periods for new roles’

‘The sick policy can be manipulated’

Staff from HR have been very helpful during my time onsite. In particular, Ms Husey ensured that I had everything I needed and oversaw the process for ensuring that people were able to book a slot to see me if they wanted to. The HR team at Colindale consists of four people with one full time employee. The team has been reduced from eight people over the last few years. There were comments made that whilst HR is supportive, there can be conflicting advice given from different members of the HR team. Some colleagues also mentioned that they don't believe HR is strong enough and that 'they tend to back down to the unions quite a lot'.

My perception was that HR tends to be operational rather than strategic. This is not unusual. Increasingly, Human Resource and Organisational Development practitioners are carrying out piecemeal activities but are not involved in system-wide change (Burke and Bradford, 2005).

Some areas of Human Resources management are in urgent need of attention or revision. For example, there are 76 managers at Colindale. This represents about 16% of the workforce. The bulk of these (43) are at band 8a and above. The NHSI information centre indicates managers represent under 4% of the NHS workforce nationally. It would be useful to know whether Colindale is an outlier or whether management levels at NHSBT are significantly above the national average. I recognise that there may well be significant complexities relating to activities at NHSBT that require increased management levels.

I also heard a number of comments about people who were appointed on a secondment basis and wanted to find out more about this. There are 15 people in this category of which 75% are in manufacturing. In another category of people on fixed term contracts, there are 35 people of which 77% are in manufacturing. This may yet be another sign that this department lacks clear and decisive leadership. Management may need additional support to implement a robust organisation structure that has been carefully thought through and demonstrates a link to business needs. I would expect HR functions to lead on this type of evidence-based analysis work.

The recruitment process is in urgent need of further revision. For example, currently BAME representation on appointment panels is required for appointments at band 8b and above only. For one quick win, length of service should be factored into the decision-making process where there are numerous candidates who are an equal match for skills and qualifications on paper. The longest serving employee should be appointed. BMW practice this policy and I understand that it alleviates many difficulties.

The sickness and absence percentage rate has varied between 3.01% and 3.99% over the last year. This is against NHSBT figures of 3.22% and 4.09%. The national NHS figure isn't due to be published until February 2020, but according to NHS Digital, tends to hover between 4.00 – 4.50%. Based on the stories I heard, I expected the sickness and absence levels at Colindale to be higher. The highest levels were at Plymouth (7.55%) followed by Birmingham (6.08%). I had also expected the highest levels of sickness and absence at Colindale to be within manufacturing. However, the percentage within manufacturing was 5.32%. The department with the highest percentage for sickness and absence within the same period was 'People' at 7.98%. This is of course a much smaller department in comparison. I had expected to see some variance in sickness absence levels in manufacturing. Based on work by social epidemiologists such as Ichiro Kawachi of Harvard, we know that when social capital decreases (thanks to inequality) psychological stress levels go up (Moore and Kawachi 2017). There is a growing body of literature exploring areas such as outlets for frustration, a lack of control and predictability that chronically activate the stress response. The result is usually a corrosion of health in numerous ways. Although the statistics indicate no demonstrable difference in sickness and absence levels in manufacturing, there could be a different set of problems such as presenteeism that NHSBT need to grapple with.

Sickness and absence rates 2019/20			
Date	NHSBT	Colindale	Manufacturing
April	3.30%	3.33%	0.76%
May	3.25%	3.70%	3.85%
June	3.22%	3.01%	4.28%
July	3.59%	3.56%	6.63%
August	4.02%	3.99%	4.18%
September	4.02%	3.18%	4.09%
October	4.09%	3.32%	3.74%
November	3.73%	3.03%	4.51%
December	3.61%	3.37%	0.40%
January	3.74%	3.79%	0.57%
February	3.57%	3.94%	5.00%
March	3.54%	3.72%	3.06%

7. Key Findings

- » Colindale does essential work in saving and enhancing lives. The majority of people at Colindale take pride in their work and are hugely dedicated and committed to their work. Despite personal challenges, many people spoke of their passion to support the primary reason NHS Blood and Transplant exists.
- » BAME employees working in the manufacturing unit at Colindale tolerate a significant amount of poor behaviour from management that would not be acceptable in other workplace environments. Being ignored, being viewed as ineligible for promotion and enduring low levels of empathy all seem to be normal. These behaviours have created an environment which is now psychologically unsafe and systemically racist.
- » The environment within manufacturing is toxic, uncivil and line management is ineffective. The department is awash with problems. NHSBT is not benefitting from a fully engaged workforce as a result.
- » A culture of apathy pervades Colindale.
- » Recruitment is haphazard, based on race and class and whether a person's 'face fits'.
- » Some employees feel bullied but will not raise a grievance as they have no confidence that the process will be objective or transparent.
- » Trade unions appear to have undue influence on how Colindale operates.
- » A lack of car parking space is having a negative effect on employee engagement.
- » Open plan offices are hampering the work of some employees.
- » Although interventions such as 'Colindale Good to Great' have been implemented by HR and management, these were not mentioned once in any of the discussions that I had.
- » A number of Human Resources (HR) processes require urgent attention and improvement. Processes alone can never solve difficulties with human interaction without the appropriate support of management.

8. Priority recommendations

Having thoroughly reviewed all of the evidence gathered and to support Colindale in achieving its objectives, I prescribe that all of the following are acted upon urgently.

- » The leadership currently in place for the manufacturing processing laboratory needs to be reviewed. This is critical for overall culture change. NHSBT should consider alternative options as a matter of urgency to ensure sustainable progress is made.
- » Provide a concentrated period of training and coaching focused on the principles of line management for managers and leaders. A comprehensive training programme that covers critical topics including difficult conversations, managing performance and supervisory skills. This will enable incumbents to perform better in their role, and the impact on the team will be evident.
- » Verify and clearly communicate plans on whether Colindale will remain as a going concern. This topic is causing concern to staff and the sooner this is addressed the better.
- » Invest in equality and civility training for all employees at Colindale. Training in these subjects would greatly enhance understand and respect within the team, ultimately increasing morale and productivity.
- » Embark on a cultural development programme for Colindale and action previously raised concerns to make marginal gains. Any shift in culture takes time and needs to be actioned through a fully cohesive plan that impacts on all members of the organisation. This is a complex project that needs to be carefully planned and managed to achieve optimal results.
- » Review the process for recruitment to level the playing field. Where candidates are equal on skills and qualifications, introduce length of service as the deciding factor. This will create a fair and justifiable process that offers transparency for the whole organisation.
- » Conduct an effectiveness review of the open office structure. This will enable the organisation to see whether a new design would enhance working relationships and performance.
- » Carry out further pieces of organisation diagnosis work to establish whether Colindale is an outlier against other sites across NHSBT. Building a picture across all sites will offer insight into the extent of the action that needs to be taken.
- » HR has a critical role to play in future interventions. There are areas that need urgent review and improvement. The current process for secondments needs to be clarified and communicated. The Personal Development and Performance Review Process needs to be implemented. The relationship with trade unions needs to be reviewed and managed as does the process for recruitment.

Globis Mediation Group is experienced in supporting NHS organisations in all of the above areas. I would be delighted to further discuss how we might support you in actioning the above points to enhance the working environment at Colindale for the benefit of all employees, and NHSBT as a whole.

9. Research limitations

Whilst a good number of employees came forward to be interviewed, I recognise that the sample was dominated by employees who have experienced issues of difficulty. There may have been BAME employees with no issues who chose not to come forward. It is also possible that employees with positive employee experiences from other ethnic backgrounds chose not to come forward.

10. Conclusion

My experience of the NHSBT site at Colindale is mixed. It was very clear that there is great work being done and this was recognised by the recent MHRA inspection. The work saves lives and enhances the lives of many people. However, in relation to the specific issue within the terms of reference; that of the experiences of BAME employees, there is evidence of systemic racism.

There is poor leadership within manufacturing. This is having a significant negative impact resulting in a department which I describe as toxic. The stories told by some team members within manufacturing are dismal and the impact is having a harmful effect on the employee experience. Urgent attention is required. Some issues both in manufacturing and across the wider site have been problems for some time. Despite a number of director level visits, there is doubt and scepticism that anything will ever change. The recruitment problems at Colindale have led to deeply embedded feelings of anger and distrust amongst the BAME population. This represents the biggest employee relations issue. It will be difficult to recover in the absence of significant demonstrable change. Pragmatic steps need to be taken that will result in change, but rebuilding trust will take some time.

The HR and OD functions have an opportunity to help transform the Colindale site. Interventions such as leadership development, making better use of interpreting HR metrics and acting on qualitative data from exit interviews or engagement surveys could all make a difference. There are also basic interventions which are usually led by HR, such as the appraisal process, which need to be resurrected.

There are specific employee relations issues that require immediate attention. The site also has some work to do to rebalance the role of the trade unions. Partnership working with trade unions is ideal for any organisation.

The culture at Colindale is described as apathetic and there a number of examples of small and large actions taking a long time to happen. Any cultural change initiatives that flow as a result of this report and other feedback mechanisms will take time before sustainable differences are seen. However, change has to start somewhere. Outside of manufacturing there are issues such as the open plan office environment in some areas, slow functioning IT and the lack of car parking space that require thinking through. Despite all the negative and constructive issues raised, there is, without exception, an overwhelming sense of loyalty to the organisation and its purpose amongst all employees.

Appendix 1

The Speed of Trust The Summary of Taxes and Dividends

The 80% Tax (Non-existent Trust)

In the organisation...	In personal relationships...
<ul style="list-style-type: none">» Dysfunctional environment and toxic culture (open warfare, sabotage, grievances, lawsuits, criminal behaviour)» Militant stakeholders» Intense micromanagement» Redundant hierarchy» Punishing systems and structures	<ul style="list-style-type: none">» Dysfunctional relationships» Hot, angry confrontations or cold, bitter withdrawal» Defensive posturing and legal positioning ("I'll see you in court!")» Labelling of others as enemies or allies» Verbal, emotional, and/or physical abuse

The 60% Tax (Very Low Trust)

In the organisation...	In personal relationships...
<ul style="list-style-type: none">» Unhealthy working environment» Unhappy employees and stakeholders» Intense political atmosphere with clear camps and parties» Excessive time wasted defending positions and decisionsainful micromanagement and bureaucracy	<ul style="list-style-type: none">» Hostile behaviours (yelling, blaming, accusing, name-calling) followed by periods of brief contrition» Guarded communication» Constant worrying or suspicion» Mistakes remembered and used as weapons» Real issues not surfaced or dealt with effectively

The 40% Tax (Low Trust)

In the organisation...	In personal relationships...
<ul style="list-style-type: none"> » Common “CYA” behaviour » Hidden agendas » Militant stakeholders » Political camps with allies and enemies » Many dissatisfied employees and stakeholders » Bureaucracy and redundancy in systems and structures 	<ul style="list-style-type: none"> » Energy draining and joyless interactions » Evidence gathering of other party's weaknesses and mistakes » Doubt about others' reliability or commitment » Hidden agendas » Guarded (often grudging) dispersing of information

The 20% Tax (Trust issues)

In the organisation...	In personal relationships...
<ul style="list-style-type: none"> » Some bureaucratic rules and procedures » Unnecessary hierarchy » Slow approvals » Misaligned systems and structures » Some dissatisfied employees and stakeholders 	<ul style="list-style-type: none"> » Regular misunderstandings » Concerns about intent and motive » Interactions characterized by tension » Communications coloured by fear, uncertainty, doubt, and worry » Energy spent in maintaining (instead of growing) relationships

No Tax/No Dividend (Trust Is Not an Issue)

In the organisation...	In personal relationships...
<ul style="list-style-type: none"> » Healthy workplace » Good communication » Aligned systems and structures » Few office politics 	<ul style="list-style-type: none"> » Polite, Cordial, healthy communications » A focus on working together smoothly and efficiently » Mutual tolerance and acceptance » No worries

The 20% Dividend (Trust Is a Visible Asset)

In the organisation...	In personal relationships...
<ul style="list-style-type: none"> » The focus is on work » Effective collaboration and execution » Positive partnering relationships with employees and stakeholders » Helpful systems and structures » Strong creativity and innovation 	<ul style="list-style-type: none"> » Cooperative, close, vibrant relationships » A focus on looking for leveraging one another's strengths » Uplifting and positive communication » Mistakes seen as learning opportunities and quickly forgiven » Positive energy and positive people

The 40% Dividend (World-class Trust)

In the organisation...	In personal relationships...
<ul style="list-style-type: none"> » High collaboration and partnering » Effortless communication » Positive, transparent relationships with employees and all stakeholders » Fully aligned systems and structures » Strong innovation, engagement, confidence and loyalty 	<ul style="list-style-type: none"> » True joy in family and friendships characterised by caring and love » Free, effortless communication » Inspiring work done together and characterized by purpose, creativity and excitement » Completely open, transparent relationships » Amazing energy created by relationships.

COVEY, S. M. R., & MERRILL, R. R. (2006).

The speed of trust: the one thing that changes everything.

Appendix 2

Email from Betsy Bassis sent on 10.10.19

Dear Colleagues

It's been just over six months since I joined NHSBT. During this time I have made an effort to visit our centres up and down the country and to speak with as many colleagues as possible - both in person and virtually via Yammer. The most striking thing about this experience has been the breadth and depth of expertise and experience across the organisation and the passion that everyone feels for our mission of saving and improving lives. It's truly inspiring; I feel very fortunate to have been given the opportunity to lead such an amazing organisation.

That said, there are certain areas where we could do better, be better. The Executive Team and I have agreed that one such area is the diversity of our workforce and, in particular, the lived experience of our BAME colleagues. Why do we think that?

Well first, the Workforce Race Equality Standard (WRES) report sets out some stark data, which makes for difficult reading:

- » **BAME Representation** – BAME colleagues make up 14.2% of the NHSBT Workforce, which is largely reflective of the population at large. However, our donor facing directorates - Blood Donation and ODT - are much less diverse at only 9% and 5%, respectively.
- » **BAME Leadership Representation** – more problematically, the percentage of BAME colleagues drops to only 10% at bands 8a and above and 3% at band 8D Assistant Director level and above - indicating evidence of unconscious bias and/or other systemic constraints.
- » **BAME Development and Career Opportunity** – perhaps unsurprisingly, only 36% of BAME colleagues report that there are equal opportunities for promotion and development at NHSBT, compared to 51% of white colleagues.
- » **BAME referral into disciplinary investigation/process** – BAME colleagues are 9% more likely to be referred into a disciplinary investigation/process than white colleagues.

This quantitative evidence has been reinforced for us through more qualitative research, i.e. discussions with colleagues. In August, for example, I had an opportunity to spend several hours listening to a large group of BAME colleagues talk about their experience of working in Colindale. Frankly, it was very difficult to hear their stories - of not feeling valued, of being passed over for promotions and of the sheer frustration in not understanding the process or criteria by which recruitment decisions have been made. Some people had sadly resigned themselves to this state of affairs, deciding not to bother applying for promotions any longer. Others were, understandably, more angry and wondered whether they should escalate their concerns to the media.

Having seen the data and heard these and other personal stories first hand, the Executive Team and I feel compelled to do several things. First, we want to formally acknowledge that these issues have been going on for many years. Moreover, our efforts to date have been insufficient or ineffective in addressing the root causes and creating an environment that is fair and inclusive. We think it is important that we lean into this fact and take action to fix it.

Second, I want to personally thank the colleagues at Colindale for speaking their truth so openly with me and for taking the initiative to form a BAME Taskforce with whom we will work to start addressing their longstanding concerns. I can't promise that things will be or feel different overnight. But I can promise that we will take action and actively monitor the impact of our efforts.

Third, I have asked Katherine Robinson to commission an external party to conduct an organisational diagnosis as the Executive Team and I want to understand the systemic factors that have frustrated our previous attempts to resolve these issues sustainably. This study will initially focus on Colindale but then extend to other centres so that we can assess whether the findings resonate with colleagues there, as well. We will commit to publishing the findings and acting on the recommendations.

I know that some people have questioned why we are concentrating our diversity and inclusion efforts on BAME concerns, perhaps at the expense of other groups with protected characteristics. We understand these concerns and want to assure you that we are committed to making NHSBT an organisation where all colleagues feel they can get on, regardless of their race, gender, sexual orientation, disability and/or other differences. Our hope is that by focusing on the constraints faced by one group - BAME in this case - we can address the systemic issues that will benefit other groups as well and make NHSBT a more inclusive place to work.

Improving the diversity of our workforce - and donors - is one of the five personal objectives I've agreed with the Board and is baked into the design principles that the Executive Team has developed to inform our strategic plans in the years to come. I trust you will not only hold us to account for delivering this step change, but actively work with us to do so.

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