NORTHUMBRIA HEALTHCARE
NHS FOUNDATION TRUST
BUILDING CONFLICT COMPETENCE

ORGANISATIONAL PROFILE
Northumbria Healthcare NHS Foundation Trust (NHFT) covers a large geographic area in comparison to most NHS trusts. It has approximately 9,500 staff working in acute, community and emergency care sites, delivering care to over half a million people.

Overview
Conflict in the workplace can result in staff suffering undue stress and going off sick. Conflict can impact on team working, lead to grievances and counter grievances, have a financial cost to an organisation and a detrimental impact on patient care.

NHFT has a clear focus on enabling its staff to better manage conflict in the workplace. An internal workplace mediation service, part of a wider ‘culture of resolution’ is having a positive impact in the trust.

Challenges
Research undertaken by Latreille and Saundry on behalf of ACAS, set out their 2015 report, Towards a system of conflict management? An evaluation of the impact of workplace mediation at Northumbria Healthcare NHS Foundation Trust, which revealed a third of managers at NHFT felt conflict reduced motivation and productivity. It also found that 28 per cent felt conflict had a negative impact on decision making, almost a third felt that it led to increased health costs or staff absence and almost one in five respondents mentioned conflict as having compromised the quality of patient care/experience.
The research highlighted how time-consuming conflict could be. Conflict experienced by managers was typically lengthy: 29 per cent of disputes lasted for more than 12 months, with a further 14 per cent lasting between six and twelve months and 17 per cent for between three and six months. The research also revealed the causes of conflict within the Trust - personality clashes [34 per cent]; poor performance-management [nine per cent]; clash of values and heavy workload/lack of resources [both seven per cent], and stress [six per cent].

**What they did**

NHFT recognises that to support a positive culture within the organisation, where the negative outcomes of conflict are avoided, requires a multipronged approach. The approach they have in place includes the following:

**Use of data**

Key indicators are used in NHFT to identify stress ‘hotspots’. Indicators include absence rates, turnover, numbers of conflict mediation and facilitated meetings, counselling referrals to occupational health and the number of formal disciplinary and grievance cases. This information is presented on a dashboard report to the workforce committee which is chaired by a non-executive director and made up of trade union representatives, HR and senior managers from the business units. Business unit managers and HR partners are encouraged to develop action plans to address any hotspot areas identified.

**Interventions**

Interventions used to address ‘hotspot’ issues include a stress risk assessment of the area in difficulty. This could be followed up by individual mediation, targeted training, team facilitation or conflict coaching. Team facilitation is led by a member of the mediation service and is used to identify what has caused the conflict in the team. Unlike mediation, the process is not voluntary. Conflict coaching is an initiative which involves working closely with individual managers to develop their confidence and capability in handling difficult issues.

**Mediation service**

Volunteers from a range of job roles are recruited to the mediation service for staff. They initially get accredited training from a commissioned mediation company. Mediators also receive regular supervision and continuing professional development.

When the scheme was introduced in 2006 a new dignity at work policy was launched alongside it. This clarified what mediation involved and how it fits
into the dispute resolution process. Roadshows, leaflets attached to payslips, an article in the staff magazine and an intranet site made staff aware of the service and how to access it. Continued promotion of the mediation service has ensured there is a good understanding of its function amongst staff and key stakeholders.

Often mediation highlights differences in perception, for example, a manager feeling they are only doing their job through performance managing an individual, whereas that staff member feels they are being singled out. Mediators are also trained to provide team mediation to address poor communication, leadership issues, a blame culture and role confusion.

In almost all the completed mediation there is a very high agreement rate and participants have reported that they may have raised a formal grievance, gone off sick or left their department, if it had not been for the mediation.

**Training**

Conflict resolution training within teams is available through the occupational health psychologists. Line manager training in having difficult conversations was designed and is delivered by an experienced workplace mediator. As part of this training managers are encouraged to:

- have integrity and a considerate approach
- manage conflict
- take responsibility for resolving issues
- be personally accessible
- sociable, engaging and empathetic
- empower staff
- be proactive in addressing issues.

Research by Latreille and Saundry revealed around 70 per cent of managers had received training in handling difficult conversations. Almost all agreed that the training they received helped them to do their job more effectively and raised their confidence in dealing with conflict.

More recently, the trust’s leadership apprenticeship programmes have been designed to include training on understanding conflict management styles and managing conflict at work. The trust is also part of a national collective leadership culture change programme which includes compassionate leadership training. A significant aspect of compassionate leadership involves building trust and healthy team relationships so that differences of opinions can be discussed and dealt with constructively.
The occupational health psychologists who coordinate the mediation service also provide training in facilitation skills to key stakeholders in conflict resolution, for example HR and staff side teams. There is a recognition that managers are key to conflict resolution in their teams and may need coaching to help them deal with team difficulties in a constructive way.

**Senior leaders**  
Key stakeholders in NHFT work collaboratively and provide leadership to publicise and embed the organisation’s values, desired culture, and to highlight the organisation’s commitment to the importance of conflict management.

**Organisational policies**  
Policies and strategies related to patient experience, health and safety guidance and staff health and wellbeing have been linked to conflict competence. Policies highlight the importance of finding solutions at an early stage as well as the availability of mediation if this is not possible.

**Individual staff members**  
NHFT places an emphasis on values-based recruitment. The trust’s values are imbedded in induction and appraisals and individuals have a responsibility to behave in line with these values. A mental health triage has been set up to direct staff, where needed, to appropriate psychological support.

Northumbria is also part of the *Healthy Workforce* programme being run by NHS England. This includes a programme of work on key health and wellbeing interventions for staff including mental health support.

**Outcome**  
Research by Latreille and Saundry found examples of multiple interventions being implemented to resolve conflict at an early stage. The success of mediation was very high with nine out of ten mediations resulting in an agreement. The research also found there was very high awareness of mediation and most respondents who had been through mediation felt their situation had improved as a result.

The research found that three fifths of managers saw the dominant culture in NHFT as being collaborative and the overwhelming preference of managers at the trust, who were interviewed, was to resolve problems at an early stage.
The NHS Staff Survey provides evidence to show the impact of building conflict competence at NHFT. The survey results for 2016 show 75 per cent of respondents would recommend NHFT as a place to work compared to the average (median) for acute trusts, which was 62 per cent. The percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months in Northumbria was 16 per cent (the best score for an acute trust), compared to 25 per cent – the national average for acute trusts.

Latreille and Saundry concluded in their research that NHCT ‘provides a unique example of an organisation that has adopted a strategic and systematic approach to conflict management. Furthermore, there is persuasive evidence that this has led to the development of a culture in which early resolution and a collaborative approach to conflict is embedded’.

**Top tips**

- Holistic approach - balance reactive and preventative
- Close collaboration with all key stakeholders
- Identify key champions
- Promote and communicate
- Early identification - mental health triage
- Build conflict competency into management and leadership programmes
- Develop cultures of compassionate leadership

**Further information**

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