
Equality, Diversity and Inclusion 'Feeling Comfortable Raising Concerns' Training Report

30th November 2023

On Thursday 30th November, the King's Clinical Research Facility (CRF) hosted its second hybrid equality, diversity, and inclusion (EDI) training session on the topic of 'feeling comfortable raising concerns'. The session provided an opportunity for CRF staff to reflect on our workplace culture and to share both positive and negative experiences. 22 CRF staff members attended and 1 EDI staff member from the Trust led the training session. Topics discussed include *speaking up*, *being an active bystander*, and *psychological safety*.

The rest of this report details the content of the EDI training session and conclusions about the event.

Please note the presentation slides for the session were reviewed and improved by 3 public members. Their ideas, suggestions, and the changes we made to the slides can be seen in a 'you said, we did' document in Section 3 of this report. If you would like to see a copy of the final presentation slides, please email: catherine.harvey15@nhs.net

Section 1: EDI training session details and costs (pages 2-3)

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1. EDI training session details

Hosted by: Steffan Gough (EDI staff) and Cat Harvey (CRF staff)

Participants in attendance: 22 CRF staff members and 1 EDI staff member. Costs included payment for 3 PPI members in recognition of their time reviewing and improving the presentation slides (total = £150)

The majority of the 22 CRF staff members joined in person, however, some staff also joined online.

Speaking up

Steffan opened the session by sharing some statistics and facts to explain why training on these topics is so important. He noted that:

High work pressure, staff perceptions of unequal treatment, and discrimination against staff all correlate adversely with patient satisfaction.

The cost of bullying and harassment of staff alone has been estimated to cost the NHS £2.3 billion per year.

Staff who are bullied are likely to be less willing to raise concerns and admit mistakes.

Some practical tips about *how* to speak up were shared. For example, individuals can raise a concern informally first i.e., they can take steps to resolve the issue without involving a formal grievance process. Raising a concern informally can often resolve the issue more quickly and help maintain positive relationships at work. However, if an issue cannot be resolved informally or if the issue is too serious for this, formal steps can be taken. Steffan signposted to the following website:

<https://www.acas.org.uk/grievance-procedure-step-by-step>

He also encouraged CRF staff to know the policies, procedures, frameworks, and pledges at King's College Hospital (KCH) to help support any concerns they have. For example, at KCH there is an anti-discrimination statement and pledge and bullying and harassment and dignity at work policies. These can be found on the KCH intranet.

Psychological safety

Steffan defined psychological safety as a belief that you will not be punished or humiliated for speaking up with ideas, questions, concerns, or mistakes. Psychological danger, on the other hand, is when you are scared to admit mistakes which can lead to a culture of blaming others.

To feel psychologically safe, staff members need to:

- **Feel included:** this will make people in teams more likely to speak up.
- **Be willing to help each other:** teams become unsafe when people are unhelpful and unappreciative of each other's efforts.
- **Have a healthy attitude toward risk and failure:** teams that hold mistakes against each other find it difficult to move forward productively.
- **Have open conversations:** teams that have honest conversations can tackle difficult problems better.

Steffan asked people to reflect on situations when they have felt psychologically safe and when they have not. Several staff members shared their personal experiences from current and previous roles.

Active bystanders

Steffan explained that being an active bystander means being aware when someone's behaviour is inappropriate or unacceptable and choosing to challenge it or by assisting someone who needs support. He shared the strategies for intervening, also known as the '5 Ds toolkit'.

1. **Direct action:** this might mean interrupting the conversation and calling out negative behaviour there and then.
2. **Distraction:** this is used to redirect the conversation or situation and putting an end to current behaviour.
3. **Delay:** this could mean checking in on the person after the situation and asking them if they need support
4. **Delegation:** this is when you delegate to someone else for assistance.
5. **Document:** this might mean making notes on the situation including the time, date, and what happened.

Steffan presented scenarios and asked everyone to think about which of the 5 Ds they would use as an active bystander. Steffan explained you may use multiple strategies, and that individuals may feel more comfortable using certain strategies based on their personalities and backgrounds.

The session ended with a slide entitled 'so what next'? The following points were raised and discussed:

- **Acknowledge your privilege** and how that can impact minority or less-presented groups.
- **Help others be seen and heard.**
- **Actively listen to the details an individual gives you.** Truly have a conversation with them and be willing to get to know them.
- **Don't make assumptions about someone's identity.** If you are unsure how someone identifies, just ask!
- **Learn, learn, learn.** Become aware of your own biases and educate yourself instead of relying on others to teach you.
- **Call out inappropriate behaviours.**

2. Conclusions

The EDI training session provided an opportunity for CRF staff members to discuss and self-reflect on what they would do when concerned about someone's behaviour or attitude in the workplace. The hybrid training session was well attended, with a mixture of staff from different roles (administrative, research nurses, clinical research practitioners) and levels of seniority. Staff members engaged well by sharing, for example, their own experiences of psychological safety and danger, and explaining how they would act in hypothetical scenarios for the active bystander section.

The PPI members' involvement in producing the training slides was vital. It also highlighted to CRF staff the value of PPI in a broad range of activities.

3. You said, we did

The following table outlines the feedback we received from PPI members about the EDI training materials and the changes we made as a result.

King's CRF EDI Training Materials 'Feeling Comfortable Raising Concerns'	
You said...	We did...
Combined feedback on training slides, in chronological order	
1. On slide 4 , reword text to 'even if discussions sometimes make you feel uncomfortable'.	Wording has been updated.
2. Be aware that the Brene Brown video on slide 7 may not appeal to all. Brene Brown does not discuss experiences of racism or homophobia. This could be included as a talking point, and videos from those who represent marginalised communities could also be shown (e.g. Oprah).	This was included as a talking point. Steffan Gough (SG) verbally highlighted that Brene Brown's experiences may not resonate with everyone, and in particular those from marginalised communities. SG noted that being vulnerable can sometimes be a privilege. <i>Please note slide 7 is now slide 17 in the final version.</i>
3. Consider rewording text in the 'apathy zone' on slide 8 . It contains confusing language, for example 'preferred modus operandi is to curry favour'. This might not be clear to those attending the training. This could also be explained verbally as necessary.	Unable to update the wording, as it is a copied image. SG verbally explained each zone in simpler language. Staff attending the training gave examples of when they have been in different zones in their working lives. <i>Please note slide 8 is now slide 14 in the final version.</i>
4. Change the text on slide 9 from 'learning from failure' to 'learning from setbacks'. Failure is a strong word, and implies the end of something.	Wording has been updated. <i>Please note slide 9 is now slide 15 in the final version.</i>
5. Consider rewording text on slide 11 . It contains complex language, for example 'over saturation of similarity, homogenous culture, and simplified points of view' and 'culture assimilation results in disengagement	SG verbally explained complex language.

<p>and low retention'. It is unclear what these mean or what they look like in practice.</p>	
<p>6. Explain and spell out in full all acronyms included in the slides, as these may not be familiar to everyone (particularly new members of staff). E.g., NICU on slide 13, EAP on slide 29, MDT on slide 30, HRBP on slide 44.</p>	<p>SG verbally explained acronyms that were not familiar to staff.</p>
<p>7. Consider rewording text on slide 16 to 'what conditions do you need to make you and others speak up?' This may stimulate more discussion, and discussion points should be noted on a flipchart to inform future training sessions.</p>	<p>Wording has been updated.</p> <p>In response to this question, staff said the following:</p> <ul style="list-style-type: none"> - A culture of peer support - Active listening and following up - Open door policy - Reassurance of safeguarding - Approachable management & colleagues - Agreements amongst team of acceptable social behaviours and ability to challenge one-another - Trust and strong team relationships - A culture of psychological safety and learning from issues - To know speaking up issues will be prioritised quickly and dealt with. <p><i>Please note slide 16 is now slide 19 in the final version.</i></p>
<p>8. Consider using different videos about bullying and harassment on slide 18, which have more of an NHS focus. E.g.: https://youtu.be/gfQFVONLvfc?si=HAErOwNU4bLpEkaY https://youtu.be/NgKZJcAx99Y?si=Bt0hkkYjY-CHSsxV</p>	<p>The original bullying and harassment video was removed. We did not replace this video with alternatives due to time constraints.</p>
<p>9. With regard to slide 19, consider the following question and discuss it during the training session "how do we challenge our manager when they are displaying unacceptable behaviour without consequences to ourselves"</p>	<p>The question was not explicitly asked, but examples about managers were used when discussing the 4D's.</p>
<p>10. Highlight that microaggressions have macro effects on slide 22.</p>	<p>SG verbally mentioned this. Micro and macro-aggressions will be covered in more depth</p>

	in training sessions in 2024, and this point will be stressed.
11. Include more diverse names in the examples given on slides 25 and 26 . Currently the names chosen are Mark, Lisa, and Luke.	More diverse names included e.g. Jose and Ola. <i>Please note slides 25 and 26 are now slides 34 and 35 in the final version.</i>
12. Consider changing the language on slide 25 as it is very direct and could be inflammatory if used in a real-life situation. Suggest making the language softer/gentler.	The language was not changed. We felt that the language needed to remain direct and to the point. <i>Please note slide 25 is now slide 34 in the final version.</i>
13. Include only work-related examples of distraction techniques on slide 26 . Remove/re-write the example about a colleague's recent holiday.	All examples are now work-related. <i>Please note slide 26 is now slide 35 in the final version.</i>
14. Explain what an 'InPhase report' is (on slide 29) as some staff may not be familiar with this.	InPhase Report, the Employee Assistance Programme, and the Freedom to Speak up Guardian (this is Jacqui Coles) were discussed during the training session.
15. Introduce the term '4D Toolkit' earlier on. It is referred to on slide 36 , but the term should be introduced around slides 24 and 25 .	The '4D Toolkit' has been introduced earlier (<i>on slide 30 in the final version</i>).
16. Explain that there are actually 5D's for active bystanders (slide 37). The fifth D is 'document'. The active bystander documents, asks the victim if they would like a written record of what happened, and the victim then chooses whether to take the issue forwards or not. https://youtu.be/mt7X5tjp9Js?si=6o9oKhRRoc8Jfr5p	The fifth D has been added on <i>slide 38</i> in the final version. An explanation about this has also been included.
17. Add an extra sentence on slide 39 to explain how we will change the organisational culture to ensure minority groups do not feel more nervous than other colleagues about raising a concern.	This was not included in the final version of the slides. We can discuss this in our next EDI working group meeting.

<p>18. Make it clear what 'raising a concern informally' looks like in practice as mentioned on slide 39.</p>	<p>SG verbally spoke about this i.e. talking to colleagues and trusted members of the team.</p>
<p>19. Add 'talking to members of staff support groups' to the steps you can take if you feel bullied/harassed (slide 45).</p>	<p>This wording has been added. <i>Please note slide 45 is now slide 48 in the final version.</i></p>
<p>20. Add a link to the policies referred to on slide 46, or sign-post individuals to them.</p>	<p>The specific relevant policies have been highlighted. SG verbally explained that these can be found on King's intranet, and offered to send copies to the team if we struggled to find them. <i>Please note slide 46 is now slide 22 on the final version.</i></p>
<p>21. Add an extra slide (proposed slide 54) to state that individuals can stay after the training to disclose or discuss anything they would like to.</p>	<p>SG mentioned this verbally, and 2 colleagues stayed after the session.</p>
<p>22. Add a final slide (proposed slide 55) and include a picture and quote from Maya Angelou: 'I've learned that people will forget what you said, will forget what you did, but people will never forget how you made them feel'. This is important for representation.</p>	<p>Added as final slide.</p>
<p>Suggestions for possible scenarios</p>	
<p>1. Where an employee tries to have a relationship which the other employee or manager doesn't feel is appropriate (this could be a very close friendship that one individual feels uncomfortable with). Could include information about professional boundaries. Could include terms like 'if it is not ok for me, it is not ok' or 'if it is ok in their books, it doesn't make it ok for the person on the receiving end'. People at work shouldn't feel pressured to have relationships or interactions that they deem to cross boundaries.</p>	<p>This scenario was not used due to time constraints, but we will keep a record of it for possible use in future training.</p>
<p>2. Where a manager makes it obvious that they dislike a particular employee. Could include information about how this makes the individual feel self-conscious, inadequate and have low self-esteem. Could include information about how the manager actively ignores the employee, and avoids interactions or questions from them. The employee therefore starts to feel undermined and completely disengages from work;</p>	<p>This scenario was not used due to time constraints, but we will keep a record of it for possible use in future training.</p>

<p>they miss professional and social opportunities because of this. Could mention that the individual doesn't want special treatment, they just want to be treated fairly. This creates an unhealthy team atmosphere.</p>	
<p>3. Where a manager is very rude, and when they become stressed, they use inappropriate language (swearing etc.) Could include information about how the manager is lovely in social contexts, but when it comes to work, they are very different and the change in behaviour is confusing. Could include information about how other employees say things like 'this has been going on for years', 'it's just the way they are'. Could include information about how it has been reported to HR, but they say the manager is very senior and there is little they can do.</p>	<p>This scenario was not used due to time constraints, but we will keep a record of it for possible use in future training.</p>
<p>4. Where a specific discussion is being had about a topic (e.g. mental health) and how it affects racialised communities, in particular the misdiagnosis of schizophrenia in Black and South Asian communities. A white colleague loudly disagrees and steers the conversation towards the effects on white patients and shuts down anyone who disagrees with their point of view. Others try to tell the colleague they feel uncomfortable, that the colleague is being closed-minded and creating a horrible atmosphere, but the colleague cannot be reasoned with. It leaves everyone else in the room feeling dismissed.</p>	<p>This scenario was not used due to time constraints, but we will keep a record of it for possible use in future training.</p>
<p>5. Something about skin colour or accents would be very powerful as a subject matter.</p>	<p>A scenario about accent bias was included on slide 43 in the final version.</p>
<p>6. Something about the LGBTQIA community would also be very powerful, and is missing currently from the slides. Perhaps lesbians or bisexual people and the discrimination they may face as this is generally not spoken about as much.</p>	<p>This scenario was not used due to time constraints, but we will keep a record of it for possible use in future training.</p>