
Independent organisational culture review

Report for University Hospitals Birmingham
NHS Foundation Trust

September 2023



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Contents

1	Introduction	4
2	Executive Summary	5
3	Background and Context	8
4	Approach, Methodology, and Use of Evidence	9
5	Categorising findings	13
6	Findings	15
6.1	Belonging and sense of community	15
6.2	Respect and feeling valued	17
6.3	Physical and psychological safety and wellbeing	21
6.3.1	Interactions with colleagues	21
6.3.2	Power and influence within the Trust leadership approaches	23
6.3.3	Patient interactions	23
6.3.4	Working conditions	23
6.3.5	Sexual safety	24
6.3.6	Freedom to Speak Up	25
6.3.7	Accessibility of wellbeing resources and networks	25
6.4	Getting voices heard, raising concerns, and receiving feedback	27
6.5	Fairness, equity, and discrimination	29
6.6	Communication and Co-production (staff partnerships, engagement, and involvement in decision-making)	32
6.7	Effectiveness of leadership	34
6.7.1	Board level	34
6.7.2	Divisional senior management level	34
6.7.3	Local management level	35
6.8	Learning, improvement, and personal development	37
6.9	Human Resources and application of policies and procedures	40
6.10	Environment and facilities	41
7	Recommendations	42
7.1	Framing the recommendations	42
7.2	Recommendations: Four Fundamental Shifts	43
7.3	Recommendations: Specific Findings	45
8	Conclusion	52
9	Thanks	53

1 Introduction

The review team would like to thank all staff at University Hospitals Birmingham NHS Foundation Trust (the Trust) for giving us the privilege to undertake an independent culture review for the organisation.

Over the course of four months, from April 2023, the independent review team came alongside the staff who work at the Trust to seek to understand how they think and feel about working within the organisation. Whilst the review team were informed about historic events at the Trust, the review sought to provide an assessment of culture that was current, reflective, and provided a potential pathway for improvement.

This independent assessment included multiple opportunities for safe, confidential conversations and reflections with staff. These included online surveys, face to face time, virtual and group safe spaces, one to one interviews, and visible on-site presence to maximise access and engagement.

Throughout this culture review, the review team examined the current processes and practices in place, as well as the behaviours and relationships relating to the Trust culture. Significant effort was made to reach out to all groups and individuals by covering all sites and work schedules. Staff were assured that any feedback into this review would be treated in a confidential and non-attributable way. Protection of staff feedback and providing safe spaces to discuss was a central tenet of this review and remains an imperative.

This approach has given the review a rich set of empirical data supported and substantiated by qualitative insights from the group, individual submissions and fieldwork across the Trust. The review team have triangulated these findings and categorised them into 10 findings which are presented within this report and provide a framework for improvement. These indicate four fundamental shifts we would recommend the Trust Board leads.

The review team would like to thank all staff who contributed to the review for their bravery, honesty and candour, and for their overriding focus on trying to provide the best care for patients. The review team would also like to thank the Culture Review Reference Group (CRRG), which included staff representatives, workforce leads, clinical and managerial leaders, external stakeholders and guided by an independent chair. They have been a valuable resource for support, advice and guidance.

The review team recognise and appreciate the challenges many staff have faced. The review team hopes that the findings in this report reflect individual experiences and the recommendations support the Trust's development journey to deliver an improved culture for staff, patients and service users.

2 Executive Summary

The review found that, despite significant challenges in staff experience at the Trust, many staff remain committed and proud to provide care to the population they serve.

Staff experience at the Trust needs dedicated and continued focus to make positive shifts to a working environment where all staff feel safe, heard, and valued. The review team found a challenging staff experience that has manifested itself over a long period of time, has largely continued unchecked, and has created a culture where for many, an adverse working environment has become normalised.

There is currently not a single defining culture at the Trust, but there are commonalities of experience. The culture is comprised of many individual views and interpretations which means staff experience the Trust in different ways.

For many of the staff who engaged with the review, their experience of working in the Trust is compromised, with a range of concerns. These include not feeling valued and respected, often not feeling safe at work, and not connected to the wider organisation in which they serve. Staff also reported not feeling included and not having a voice that is heard and acted upon. For some staff this has impacted on their wellbeing.

It would be a mistake to highlight one single factor as the cause for the current cultural challenges, and the review team have explored this holistically throughout their work. The improvement journey the Trust now need to embark on will require relentless focus and attention from all members of the organisation.

Organisational culture is paramount in determining how staff experience their work life, and impacts on how they are able to undertake their duties and responsibilities. Almost to a person, staff who engaged with the review exhibited care for patients and serving their local communities was a source of huge pride for staff.

The independent review team did not undertake this process with any preconceived ideas of the Trust or hypotheses of the organisational cultural characteristics. The review team were guided by the people who work at the Trust. The themes in this report are formed based on feedback on how the culture feels for them. The trust and confidence staff placed in the work of the review team allowed c. 4000 members of staff to provide their insight and experiences. The review was further strengthened by the advice and guidance of the CRRG throughout.

Despite the Trust's historical reputation as a leading provider, delivering advanced care for the population they serve, the review observed historic rigidity in methods of management - in both medical and wider leadership. The review found evidence of practices across the organisation that appear to be outdated. For those delivering care, not experiencing a positive and progressive culture significantly compromises an effective working environment.

The size and complexity of the Trust makes it difficult to behave as a single organisation with one distinct way of working. In the review team's lived experience, undertaking this work has been a challenging task and the team were sympathetic to the often-demanding logistical issues that arise when delivering care across multiple

sites. Weak communication between teams and sites creates unnecessary obstacles in the way of optimal working, and this leaves many staff feeling unconnected and lost about where they fit in the organisation.

The Trust should recognise the unique nature of each site and understand the value of sub-cultures within them, that currently serve many staff and local population well. There should be further considerations on how to unify the whole Trust without disrupting the distinctive pockets of good, supportive, and inclusive culture. To achieve this, the Trust should build on the recent changes to the site-based operating model by creating a common set of standards and values that are understood and lived by each site, whilst maintaining a degree of autonomy at local level.

Whilst staff have positive experiences within their site or team, staff experience in general, including physical, psychological, sexual safety, and wellbeing, is not often perceived by staff as being top priority for the Trust. The Trust does not have an effective sexual safety policy and whilst the Trust publishes an anti-racist statement, it did not appear to be widely known. Many staff report that the Freedom to Speak Up processes are not easily accessible and seem to lack confidentiality. Staff do not always feel they are listened to, and for many, any follow up action is perceived to be ineffective, and un-timely.

The review also heard that negative and potentially discriminatory behaviours have been tolerated and accepted, and staff have become de-sensitised through consistent lack of accountability for poor behaviours. Those displaying positive characteristics often find their voice is not heard or valued, and they feel that they are overlooked for developmental opportunities.

The workforce at the Trust represents the diverse population of Birmingham, but staff perceive a notable absence of this at senior leadership level up to and including the Board. Whilst the review team recognised that work has been undertaken to address this imbalance, this perception of lack of representation makes the Trust an entity that is hard to identify with for many staff. This disparity plays a contributing factor into what forms a lack of connection and belonging with the Trust.

Many staff at the Trust often felt unsupported, disrespected, and pushed beyond their capacity. This environment has created a culture where these staff feel they are treated like a number on a spreadsheet, and that the best way to get through the day is to keep their head down without confronting or challenging the status quo; to avoid becoming an outlier. This is clearly having an impact on psychological wellbeing, with many staff expressing a significant impact on their mental health and general wellbeing.

It was observed that the Trust is making early steps to respond to these challenges, and the Trust is beginning to provide new routes and approaches to create a more positive culture.

Going forward, the Board must acknowledge the culture at UHB needs to significantly improve. The Board, supported by senior management and staff, must create the conditions for change. This should include zero tolerance for poor behaviour so staff feel they can contribute, collaborate, have their voice heard, and

feel their work is valued. Staff should be empowered to lift their heads up and enabled to do the right thing. Empowerment should not be simply handing off responsibility to staff, but listening and engaging in co-production, development, and improvement.

The four fundamental shifts we recommend are:

- A shift to openness and transparency
- A shift to valuing people and ensuring equity and inclusion
- A shift to ensuring culture directly connects to effective patient care
- A shift to ensuring a physically and psychologically safe working environment

Shifting the UHB culture will take consistent, visible efforts, to improve the experience for staff. The underlying cultural issues will not change overnight and will require clear plans and co-production to alter the trajectory into a direction that makes staff feel safe and proud to work at the Trust.

These consistent efforts will require responsibility from senior leaders to listen, understand the workforce needs, and to take positive action. This will also need all staff to continue speaking up in the positive way we experienced throughout this review. These shifts will enable the Trust to move forward and begin building a sustainable, inclusive and compassionate culture; fit for the future.

3 Background and Context

University Hospitals Birmingham NHS Foundation Trust is a large and complex Trust which employs over 22,000 staff across the West Midlands. It delivers complex care across multiple sites, including four main hospital sites and several community based services. The Trust's stated aims are to build healthier lives by delivering the best clinical care, research, innovation, and education.

The Trust states that it strives to create an environment that provides psychological safety, promotes and maintains high expectations for staff wellbeing, and consistently delivers high quality of care to patients by focusing on three core values: being kind, connected and bold.

An independent review of the UHB culture was commissioned in March 2023. This independent review follows a series of prior reviews including patient safety, Well-Led, and development of a new operating model.

The core purpose of this culture review was to understand the Trust as a place to work and to assess the current processes and practices in place, as well as the behaviours and relationships pertaining to the Trust values as a driver and identifier of the organisation.

Throughout the work, thevaluecircle delivered a review that assessed mechanics&dynamics™ to help understand the drivers shaping the Trust culture and address any gaps or areas for wider development. This was underpinned by the review team's understanding of the Trust's cultural legacy, current challenges and long-term objectives. The review sought to recognise the large staff base working across multiple sites and groups, and the impact this has on culture.

4 Approach, Methodology, and Use of Evidence

The review approach was designed to capture all voices through the assessment of both the mechanics (systems and processes) and dynamics (relationships, values, and behaviours) of the Trust – with a future focused lens for development. The applied approach to culture sought to understand the perspective of the individual, team, and the organisation, with consideration to cultural competency and the Trust's values: *Kind, Connected and Bold*.

4.1 Defining Culture

The review acknowledges there is not one single factor that defines culture. It is a combination of many interwoven formal and informal elements of processes and behaviours that have developed over time. They are unique to the Trust. As these may be experienced in various ways by different groups, the review analysed culture through the lens of 3 levels: organisational, team, and individual.

The review further built up a detailed picture of the culture at the Trust by immersing ourselves amongst the staff that make up the organisation. The review paid particular attention to psychological safety and cultural competencies, which included the analysis of Freedom to Speak Up, staff wellbeing and staff networks.

The review connected systemic issues, practices or processes with what staff are thinking, feeling, saying, seeing and doing. Recognising what is valuable to staff at UHB enabled a tailored understanding of the drivers shaping culture.

4.2 Overall Approach

The review's methodology was designed to hear as many voices as possible. Prior to commencing the review's engagement, the review team were supported by the CRRG to discuss the approach of dosing and sample size to ensure the review had the insight and representation from the whole Trust.

To ensure all voices were heard, the process was designed to give staff an equal opportunity to engage in an accessible way that suited them. The review employed a range of methods for communication throughout the fieldwork to provide an equitable opportunity to all staff. This included emails from the Chair, newsletter articles, messages at team huddles and weekly meetings, staff Facebook posts, posters, and leaflets. Whilst on site the review team also ensured easy identification and interacted with staff in an approachable way. Floor-walking became a major method for connecting with staff and observing their experiences in real time.

The review offered opportunities for engagement with staff from all groups and working arrangements including temporary, locum and the core workforce. This ultimately broadened understanding of how different groups experience the culture from a short term to long term basis. As the review progressed, more emphasis was given to visibility on wards, departments, and in the community. With the guidance of the CRRG, this helped reach those unable to take the time away from their work to attend a listening group.

The review developed our key lines of enquiry with consideration of good practice from independent international bodies, including the Institute for Healthcare Improvement (IHI)¹ to accurately assess the culture with proven principles. By utilising these evidence based practices into our approach, it offered a way of understanding how the work environment affects staff well-being and experience.

Each element of the review was designed to create a psychologically safe space for staff to express their views in a strictly confidential and non-attributable way. Themes from all forums were then triangulated to maintain anonymity of respondents who entrusted the review team with their experiences and feedback. The review has sought to ensure specific teams or departments are not identified in the findings. An appropriate escalation route was agreed within the Trust if the review team found any concerns of a clinical and patient safety nature throughout.

All data and information received as part of this review was stored in thevaluecircle's own independent server and access to this server was limited strictly to the review team.

4.3 Reporting

The review team directly reported to the Chair of the Trust and undertook regular briefings on process, availability of resources, and advice on logistical delivery. The review was supported by regular CRRG meetings which provided advice, and suggestions on the tools, approaches and methodology used in the review. This group was made up of members representing the Trust workforce and leadership, and key external stakeholders.

The review team liaised with the CRRG and key points of contact to ensure our culture review did not replicate any existing developmental work. This review was aware of other reviews (including those of Professor Mike Bewick and a Trust Well-Led review) but did not seek to replicate the scopes of these other reviews, and maintained independence throughout.

4.4 Desktop Exercise and Document Review

The review team initially conducted a detailed desktop analysis and documentation review to provide a view of:

- how ongoing issues and risks at the Trust are communicated and managed
- the quality of information produced to support decision-making
- how the board prioritises issues at the Trust and divides its attention
- how the Trust captures staff feedback
- arrangements around monitoring and managing staff wellbeing, to provide a comparison against national standards.

¹ Perlo J, Balik B, Swensen S, Kabcenell A, Landsman J, Feeley D. *IHI Framework for Improving Joy in Work*. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2017. (Available at ihi.org)

The review team analysed documentation relating and not limited to the following:

- Cultural Baseline documentation
- FTSUG Annual Report to Trust Board April 27th 2023
- FTSU reports and policies
- Policies and procedures (e.g. Human Resources)
- Training and development documentation
- Trust structures
- Workforce Race Equality Standard Reports
- Workforce Disability Equality Standards Reports

4.5 Confidential Survey

The review team designed an online confidential survey that respected the privacy of participants and provided an open platform for candid feedback. This included limiting the amount of personally identifiable data, and using non-mandatory questions to encourage responses. The survey aimed to avoid replicating the NHS Staff Survey to ensure that there was no duplication.

The survey facilitated the collection of a substantial amount of data in a relatively short span, allowing for a broader range of perspectives to be captured efficiently. In total we received 2,884 submissions. The online format ensured equal access for all members of the organisation, enabling diverse voices to be heard, including those who might have been hesitant to participate in other settings. The review team were regularly on site to give access to those who may have been unable to access the survey online.

4.6 Anonymous Staff Reflections

The review team provided an dedicated inbox for staff to provide their own detailed confidential feedback. The dedicated inbox enabled staff to freely express their thoughts without the constraints of a predefined question, allowing members of staff to provide highly specific and granular feedback, addressing individual issues or concerns in detail.

The review team received 542 individual reflections, with each of these offering personal, tangible illustrations of staff experiences and suggestions. Responses enhanced the review teams qualitative understanding and supported the triangulation of findings.

4.7 Listening Groups

The review team conducted c. 75 listening groups and drop-in sessions across Trust sites with c. 550 participants at:

- Birmingham Chest Clinic
- Business support departments (e.g. IT, facilities, estates)
- Chelmsley Wood Primary Care Centre
- Good Hope Hospital

- Heartlands Hospital
- Norman Power Centre
- Queen Elizabeth Hospital
- Solihull Hospital
- Solihull Paediatric and Adult Community Services

The listening groups created an open and safe space for employees to express their honest thoughts, concerns, and suggestions. Listening groups provided the review team with an opportunity to facilitate real-time interactive discussions with participants, allowing for rich qualitative data to be received that offered deeper insights into the experiences, attitudes, and emotions of participants.

4.8 Walkabouts

On-site walkabouts (c. 40 over 3 months) were essential for gaining a holistic understanding of the Trust, providing firsthand insight into the daily operations experienced by staff. Observing through walkabouts enabled the review team to listen and hear staff voices, see how processes and procedures are experienced by staff on the ground, and triangulate findings.

4.9 Confidential Interviews

The review team conducted more than 50 interviews with members of the Board, senior leadership team, and staff members.

4.10 Use of Evidence

Throughout this process the review team received thousands of individual points of feedback, reference, reflections and detailed empirical data. The review team sought to apply a clear standard to the work, protecting the respondent's information at all times. It was agreed with the CRRG that the review would utilise both quantitative and qualitative data to reach conclusions. Additionally, the review team used good practice examples from across the public and private sector to provide a framework for review and reflection.

Triangulation of the data enabled the review team to create a framework for the findings, categorising the findings into 10 key themes.

5 Categorising findings

The review identified 10 key findings. These findings comprise the core elements that reflect staff experience and culture at UHB. These findings should be interpreted holistically, and an overview of each definition is outlined below:

Belonging and sense of community

This finding refers to how included staff feel in their community at work, and how this changes between local team level and the wider Trust. This finding considers the level of pride staff have working at the Trust, and how connected staff feel.

Respect and feeling valued

This finding refers to how included staff feel in their community at work, and how this changes between local team level and the wider Trust.

Physical and psychological safety, and wellbeing

This finding refers to whether the Trust operates with a safe culture for staff by considering their physical, psychological, and sexual safety, and wellbeing. This supports the understanding of how staff experience is shaped by the fundamental feeling of safety.

Getting voices heard, raising concerns, and receiving feedback

This finding refers to the openness and acceptance of staff feedback, and the active encouragement of staff to raise issues or provide feedback. This includes consideration of the timeliness of response or action taken when staff speak up.

Fairness, equity, and discrimination

This finding refers to the principle of unbiased treatment where individual needs and circumstances are considered to promote equity. This places a focus on the idea that no member of staff feels left out or left behind.

Communication and co-production (staff partnerships, engagement, and involvement in decision-making)

This finding refers to the effectiveness of communication, relating to both the local and Trust wide messaging, the quality and efficiency of the content, and the reach. It considers the role of staff and external engagement in co-production for decision making.

Effectiveness of leadership

This finding refers to the cultural and relationship dynamics that are determined by the effectiveness of leadership at all levels. This theme explores the leadership at all levels and the impact of varying styles on staff experience and morale.

Learning, improvement, and personal development

This finding refers to how learning and improvement is explored at the Trust level, including the culture of sharing learning and welcoming areas for developments to support better delivery of care. This also refers to the access and availability of opportunities for development within the Trust at individual level for staff.

Human Resources and application of policies and procedures

This finding refers to the effective application of policies and procedures, whether they follow a consistent pattern throughout the Trust, and how they are experienced and perceived by staff in practice.

Environment and facilities

This finding refers to the physical infrastructure and conditions of the Trust. The level of investment into the estates, facilities, and dedicated staff spaces plays a crucial role in shaping staff morale, overall safety and wellbeing, and operational effectiveness.

6 Findings

6.1 Belonging and sense of community

This finding refers to how included staff feel in their community at work, and how this changes between local team level and the wider Trust. This finding considers the level of pride staff have working at the Trust, and how connected staff feel.

The Trust has several fragmented sub-cultures. People come together and join communities which they feel most represents them within and outside of the workplace. Sub-cultures are reflective of the diverse workforce, large geographical footprint, and communities the organisation serves. This culture has been further impacted by the merger of several organisations, which has led to multiple rounds of restructuring and redeployment of staff. The organisational change process of the mergers was also impacted by the COVID-19 pandemic. The combination of these factors has led to staff of the Trust naturally aligning themselves to their heritage organisations, ways of working, and with the groups that reflect this. For those staff who cannot find a place in these niche and exclusive communities, there is often a sense of isolation and 'othering'.

The review team identified a strong sense of community within most local teams across the Trust, with many respondents expressing cohesion with their immediate teams. In many instances, the review team observed supportive local teams, that appeared to provide a space for staff to develop strong healthy working relationships and encourages positive team dynamics that support patient care. However, there are instances where staff feel they do not fit in with their teams, resulting in them feeling excluded and unable to access cooperative and supportive communities at work.

Most staff identified with their primary site of work with a great sense of pride. They felt the sites broadly served the needs of the local communities, and their pride was linked to being able to contribute to that. This feeling of belonging and connectedness seemed to dissipate as staff were asked to work cross-site, where ways of working differed, and they felt like they were outsiders without a sense of a common purpose. Staff often discussed experience of an 'them and us' culture which made some staff feel a greater belonging, appreciation, and commitment to their site and team, as opposed to the wider Trust.

At Trust level, staff who completed the survey were presented with the statement '*I feel proud to work at UHB*'. 32% of staff reported that they strongly disagreed or disagreed, whilst 21% no opinion on this statement. Less than half the Trust staff responding to the survey declared a positive response.

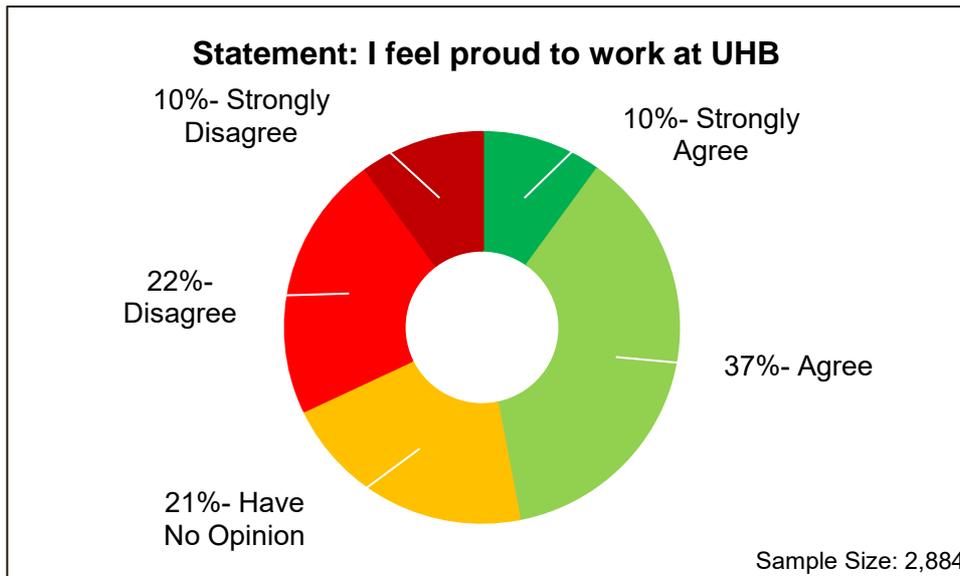


Figure 1: Graph showing responses for 'I feel proud to work at UHB'
 Source: Response to the Independent Culture Review Staff survey - July 2023

The Trust should place an integral focus on developing the brand of the Trust where everyone works to consistent standards and values but recognises each site has their own identity.

The story of the organisation should bridge the corporate identity with the pride, belonging, and community the review observed at the local level. The Trust is implementing a leadership development programme which will support middle management to understand the extent of their roles and responsibilities at their sites. This should be developed to encompass an understanding of how to access and utilise what the Trust can offer their local communities. To underpin this transition, the Trust should commit to a forward-looking organisational development programme using the current post-merger context of the organisation, and underpinned by an effective tailored communication methodology.

The Trust should also consider how it links more effectively to the communities that it serves, including celebrating the rich and diverse nature of the workforce to enable all staff to deepen their understanding and connection with their colleagues. The staff networks should be actively used and part of the wider improvement and development agendas to ensure this is integrated into the culture of the organisation, reducing the risk of this being an initiative.

6.2 Respect and feeling valued

This finding refers to how included staff feel in their community at work, and how this changes between local team level and the wider Trust.

Through engagement with staff, the review team were able to gain a deeper understanding of how individuals would define a respectful workplace where they feel valued. Staff articulated feeling respected in the workplace as:

- thoughtfulness about their time
- protection of personal boundaries
- attentiveness to their concerns
- recognition for their service, sacrifice and dedication
- consistent use of a respectful and appropriate tone when being addressed regardless of any pressured situations being handled.

The findings indicated that the reality of many respondents' daily work life did not match their expectations and they expressed their dignity was often compromised. Much like the sense of belonging and community, staff experience of respect and value in the workplace is dependent upon individual working environments, and they differ at team level, service level, and organisation level.

When presented with the statement '*I feel respected by my team*', 65% of respondents to the survey answered 'agree' or 'strongly agree' (Figure 2, page 18). Similarly, a combined 62% of staff agreed and strongly agreed when presented with the statement "*I feel respected by my immediate manager/ local leader*".

This aligns with the 2022 NHS staff survey results for UHB, where the percentage of staff selecting 'agree' or 'strongly agree' to the statement '*the people I work with are polite and treat each other with respect*' was 68.2%. This is slightly below the national average of 71%, and the recorded best of 78.9%.

In stark contrast, the number of staff agreeing or strongly agreeing with the statement '*I feel respected by UHB as an employer*' dropped significantly to 27%. This is a significant challenge to any improvement or development programme undertaken by the Trust, as it suggests a lack of connection between staff with the wider organisation.

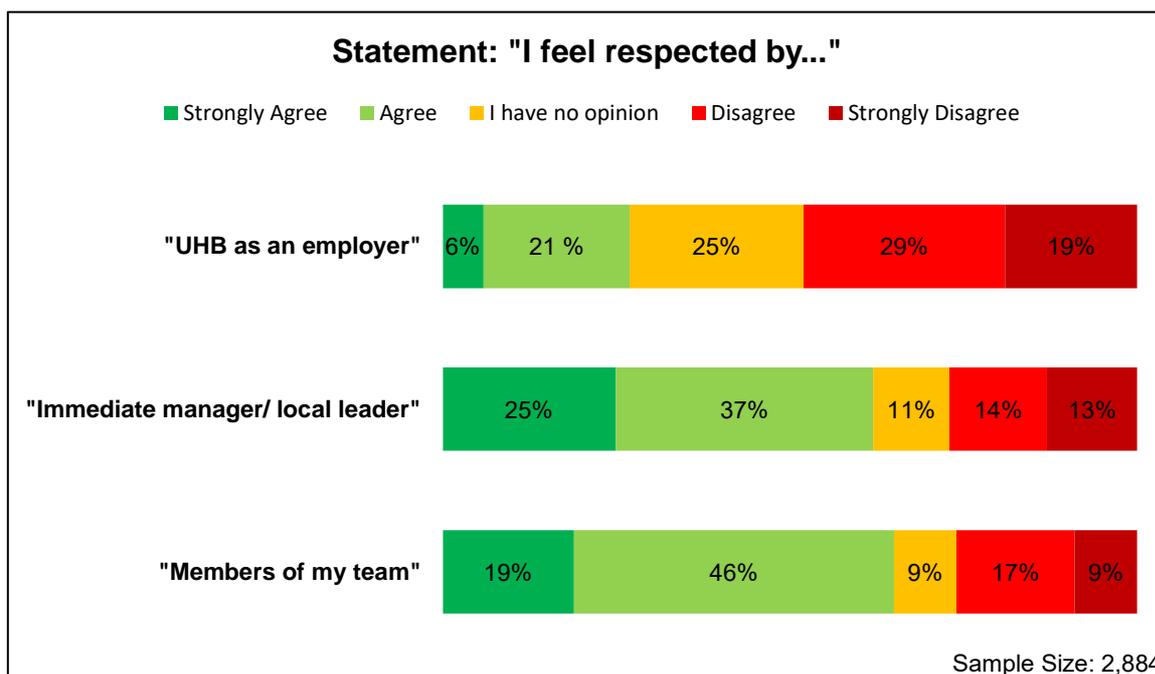


Figure 2: Comparison for 'feeling respected' between UHB as an employer, immediate manager/local leader, and members of my team

Source: Response to the Independent Culture Review Staff survey - July 2023

Staff consistently said they felt that at the Trust, they were *'just a number'* - a commonly used phrase in staff reflections. Increasing operational pressures and staff shortages have heightened pressure on staff to deliver under limited capacity and resources. Middle management's firmer control of operational delivery in response to the COVID-19 pandemic has reportedly meant individual staff circumstances and time are not always respected. It was discussed by staff that they feel the Trust expects them to go beyond one's limits and deliver more than they can without question. Staff often referenced their perception of no overarching plan to relieve the staffing pressures. The review team heard multiple examples of staff being placed on rotas on days they were not scheduled to work, and staff being moved around between sites at very short notice. At times staff were sent to a different site, often a significant distance away, without any consideration for their personal commitments. All this continues to contribute to a feeling of lack of respect from the organisation as a whole.

In many examples staff reported tension arising from operational pressures resulting in poor behaviours towards colleagues, including blunt tones and sometimes verbally aggressive interactions. During conversations, staff described instances where those who perpetuated negative behaviours were not held accountable. Some expressed that they felt those with poor behaviours grouped together, and despite this, were able to progress within the organisation. The lack of consistency in the way staff are treated seems to have significantly impacted staff morale and respect, and it has affected staff perception of what the Trust values most.

In conversations with staff, most were able to identify and articulate the Trust values - *Kind, Connected, and Bold*. Although staff demonstrated a good understanding of the Trust values, there was limited understanding of what they mean in practice and

what this is supposed to look like in working styles and behaviours. In all feedback forums staff described instances where staff were not held to account for their actions against fellow colleagues, and the value of being 'kind' did not resonate with experience.

The survey undertaken by the review also suggest there are several pockets of strong camaraderie within teams. During site visits, the review team experienced kindness and openness from staff. This was in evident through the friendly and approachable tone and style in conversation with the review team and amongst each other.

Throughout the fieldwork, on all sites and departments across the Trust, the review team encountered staff interacting with their immediate teams positively and staff suggested satisfaction with the small community they were able to work with. Those working in supportive and respectful environments often remarked that their main source of pride for working at the Trust was their fellow colleagues, often adding that they continue to work at the Trust for this reason.

This is also evidenced by the survey data where 66% of respondents agreed or strongly agreed to the statement 'My work is valued by other members of my team'. In contrast, the comparative figure fell to 25% in response to the statement 'My work is valued by UHB as an employer'.

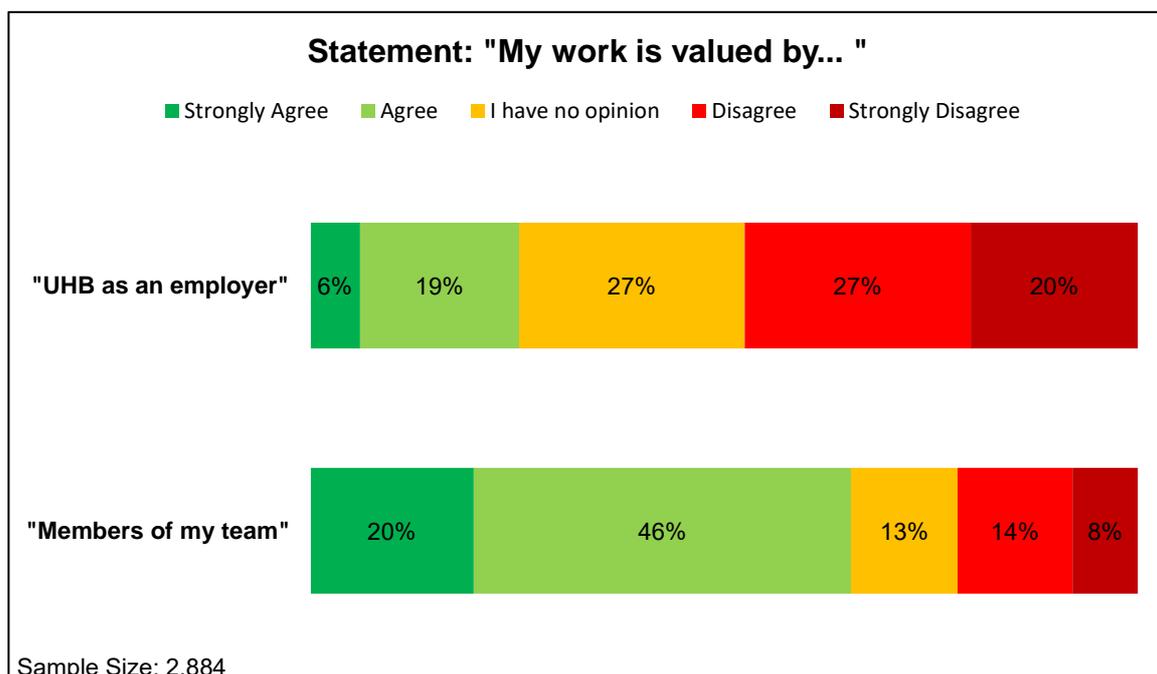


Figure 3: Comparison between members of my team and UHB as an employer for 'my work is valued by'
Source: Response to the Independent Culture Review Staff survey - July 2023

There is evidence of the efforts being made to acknowledge and praise the good work done by staff. For example, the Staff Recognition Summary: January 2023 highlights the areas that were mentioned by some staff, and the review observed effort being placed in this area.

In several wards the review team observed physical displays that staff could add to if they would like to thank a colleague. This was well received by those staff, with some remarking that a small gesture goes a long way. Staff also recognised the initiatives developed by the Trust including the £1 meals and Christmas gifts. However, many shared that whilst the Trust had good intentions with these schemes, ineffective planning and communication often led to individuals missing out.

The Trust should consider whether its operating framework enables the promotion of a respectful workplace that recognises and praises staff, and is thoughtful of their time and boundaries.

The Trust should engage staff in a review and refresh of the Trust values to ensure they resonate with what matters to them. Particular focus should be given to how to translate the cultural shifts this review recommends into codified values for staff.

6.3 Physical and psychological safety and wellbeing

This finding refers to whether the Trust operates with a safe culture for staff by considering their physical, psychological, and sexual safety, and wellbeing. This supports the understanding of how staff experience is shaped by the fundamental feeling of safety.

The formal policies outlining the Trust's approaches to supporting staff physical safety is generally well codified and broadly covered by the Trust's Health and Safety policies. Psychological safety and wellbeing on the other hand is less developed and poorly defined, with limited frameworks of support.

The survey data indicated 30% of staff did not always feel safe at work. This was substantiated in the survey by commentary that referenced instances of patient safety being compromised, bullying between staff, and lack of support from managers in dealing with abuse from patients.

Regarding psychological safety and wellbeing, 25% of staff surveyed felt discriminated against and 53% felt bullied or harassed. Whilst 62% of staff knew how to raise concerns, starkly only 16% felt that the concerns they raised would be taken up by the Trust as an employer.

Most staff expressed that the Trust does not place a strong focus on staff safety, including physical, psychological, sexual safety, and wellbeing. The survey results indicate 11% of staff do not feel safe at work at any time. Many staff engaged with through observations, listening groups, and drop-in sessions, as well as the feedback received in the anonymous staff reflections, found a potentially larger proportion of staff feeling unsafe at work.

Having reviewed the survey responses, this area was identified by the review team as requiring deeper understanding of the drivers for this cultural position. Whilst not all staff who reported feeling unsafe highlighted the same drivers, the review found key areas that the Trust will need to consider. These include:

- Interactions with colleagues
- Power and influence
- Patient interactions
- Working conditions
- Sexual safety
- Freedom to speak up
- Accessibility of wellbeing resources

6.3.1 Interactions with colleagues

Staff across the organisation report a reluctance to speak up and open dialogue about their concerns, with many citing a fear of being isolated. In the 2023 Trust

Junior Doctors Wellbeing Project² undertaken at the Queen Elizabeth site, 48% of staff answered no to ‘Do you feel that you could raise concerns about bullying or inappropriate behaviour without fear of reprisal?’.

Supporting this finding, the review team observed an inattentiveness to ensuring safe spaces were available for staff to feel comfortable and confident to speak up. In more psychologically harmful instances, staff sometimes reported feeling discouraged from sharing their experiences and seeking support and guidance.

It was highlighted throughout discussions that there is limited effort made to promote compassion between colleagues. This triangulated with the survey result where 53% of respondents answered ‘yes’ to ‘Have you ever felt bullied or harassed in the workplace’. The main two sources of bullying and harassment were reported as coming from immediate line management/ local leaders and colleagues. The review team received several reports from staff who were fearful to make a formal complaint or seek wellbeing support as they believed it could worsen the situation.

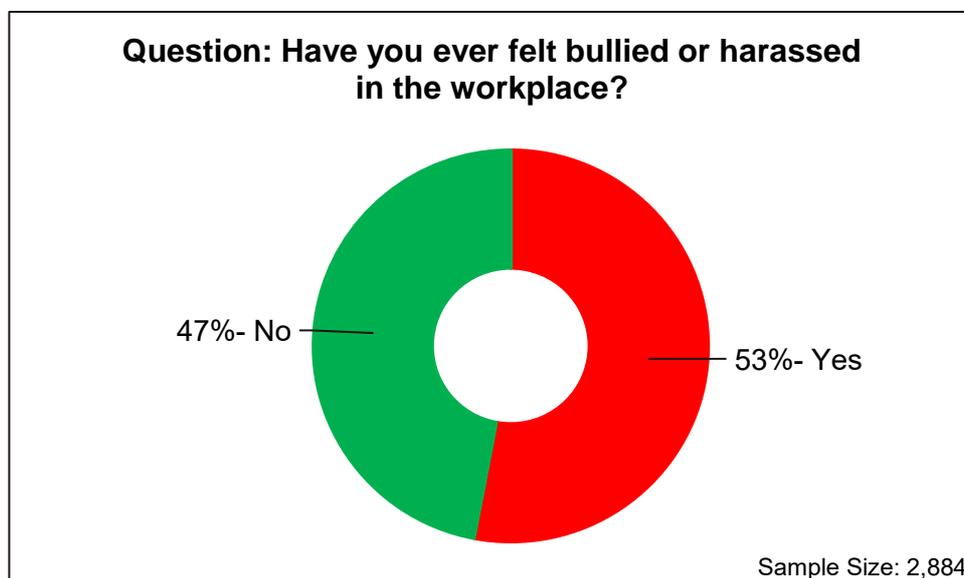


Figure 4: Graph showing responses for ‘have you ever felt bullied or harassed in the workplace?’

Source: Response to the Independent Culture Review Staff survey - July 2023

Aligning to this, the 2023 Trust Junior Doctors Wellbeing Project further revealed 50% of participants have encountered a situation where they felt bullied or intimidated at work, and 53% witnessed a colleague being mistreated.

Some staff who participated in this review believe there to be a greater sense of value placed by the Trust on the large acute sites. This permeates throughout the Trust and reinforces the feeling of inequity within the overall culture. Staff who have worked across multiple sites described the larger acute sites as strict, direct and emotionally challenging environment. Although setting clear standards is important, the way that this appears to have translated through behaviours can leave staff

² Landells M, Patabendi I, Prescott D, Al-Sharifi S, Mulligan K, Sutton C, Parekh D. 2023 Junior Doctors Wellbeing Project. 2023

feeling belittled due to harsh and impolite tones used in written and verbal communications.

6.3.2 Power and influence within the Trust leadership approaches

Many respondents to the review describe the Trust's senior leadership as predominantly male and hierarchical in nature. There were frequent reports that female leaders and medics were often being overlooked or overpowered when sharing their views. Many described scenarios during meetings where their ideas were disregarded only to be accepted later when repeated by a male colleague. This creates discomfort within the workplace as staff are made to feel they are occupying male spaces and need to push hard to change these outdated norms.

Through the review there was evidence to suggest that there is confusion and misapplication when raising concerns or reporting about colleague conduct. Whilst it was recognised that there are many genuine reasons for raising concerns, some staff feel that these processes are lacking in clarity, are open to misuse, and there is an imbalance in their application. This negates the opportunity for effective improvement and learning, can be destabilising to staff, and may not support effective raising of true concerns. It is important to note that for some this lack of clarity in reporting and handling of concerns has caused long term stress and a decline in their mental wellbeing.

It is therefore important that the Trust gives consideration to creating an environment where staff feel confident about safely raising concerns within a clear framework for assessment and action. To enable this the policy around raising concerns, including FTSU, and the management where concerns are raised should be urgently reviewed.

6.3.3 Patient interactions

During conversations and through written feedback, many staff expressed feeling unsafe due to physical violence and intimidation from patients and relatives. The survey found patient abuse and intimidation to be one of the primary reasons staff felt unsafe at work. Many articulated that they felt unsupported by their managers as they were expected to accept such behaviour without any action to protect staff. Examples were provided of caring for patients with complex behavioural needs without the appropriate physical and psychological safety foundations in place for staff.

Although the relevant staff safety policies were in line with national standards at the time of the review, more needs to be done to embed them into daily operations with the appropriate level of training to allow staff to do their jobs safely and without fear. More broadly, the Trust should ensure it is tracking where incidents occur, and offer the correct psychological and wellbeing support in all cases.

6.3.4 Working conditions

Many staff reported they do not feel safe working late shifts or weekend shifts. These shifts leave them feeling vulnerable as they may be one of few staff working, often

without any managerial presence or in isolated areas. Staff referenced concerns regarding abuse and intimidation from patients and relatives, or from members of the public gaining access to the site.

An ongoing issue raised by staff related to the inaccessibility of parking for Trust staff. There is not sufficient parking where staff feel they have safe routes to and from the sites in which they work. This causes discomfort for staff who either must arrive far earlier than when their shift begins, or look for parking elsewhere, in more insecure and unsafe locations.

Staff also highlighted feeling under exceptionally demanding working conditions. This combines with the perceived lack of dedicated spaces for rest, and concerns about staff being placed on rotas without their agreement or consideration for their personal circumstances. This high-pressure work environment impacts staff and may impact patient experience. This is a common theme across NHS organisations, demonstrated further at the Trust by the Junior Doctors Wellbeing Survey where high workload was identified as the main barrier to taking allocated breaks for 88% of respondents.

6.3.5 Sexual safety

The review team found evidence to suggest that there is not an appropriate effort being made to ensure the sexual safety of staff, or to convey a strict zero tolerance message.

The review team engaged with some staff who provided examples of their experience reporting sexual safety grievances in the Trust. Those spoken to did not feel confident, assured, or supported in how the Trust handles claims against sexual safety. There were a few instances of staff reporting feeling confused and embarrassed about the outcome as they felt that the issue was not resolved in a sufficient manner. They expressed further distress due to a lack of advocacy from peers and senior colleagues, and a clear zero tolerance message is not regularly heard.

The Trust was unable to provide the review with a strong policy on keeping staff sexually safe at work. This leaves room for ambiguity and nuance in interpreting how best to act against any unwanted, inappropriate, or harmful behaviour of a sexual nature. There did not appear to be any evidence of resources available to educate staff on what it may look like for sexual boundaries to be broken, what sexual safety means to the Trust, and how staff can make reports to keep themselves safe.

It is crucial that the Trust utilises the appropriate tools, resources, and communication channels to ensure all staff are aware of an absolute zero tolerance policy for breaches of sexual safety. This should be underpinned by an ongoing programme of learning for all management and senior leaders to support staff throughout the reporting and investigation process. This should be supported by a Trust wide communications programme where the policy is explained and evidenced in practice to all staff.

In addition, work should be undertaken to review how issues of sexual safety are addressed. Emphasis should be placed on positive advocacy and wellbeing support for those raising the concern and take a restorative justice approach. The improvement work needs to be undertaken in coproduction with staff including feedback from people with lived experience. This work should draw on the recently issued NHS England document on *Sexual Safety of NHS Staff and Patients*³.

6.3.6 Freedom to Speak Up

Many of those engaged with were either unaware of the Freedom to Speak Up Guardian (FTSU) or did not view it as a safe and secure service to raise concerns or seek advice.

Staff who had encountered the FTSU process through their own claims, or reports made by others, articulated that the process did not always follow the resolution and investigation procedure outlined in the Trust policy. It was reported that often the process was very protracted and that they were unclear as to whether issues reported were resolved. In some cases shared by staff, inappropriate escalations were felt to have been made. In instances, staff felt that confidentiality was breached, raising concerns of whether this service is contributing further to a culture of fear of speaking up.

It is critical that the Trust immediately places an emphasis on ensuring the escalation routes are followed to demonstrate the Freedom to Speak Up Guardian as a reliable, supportive, and confidential point of contact for staff. In parallel, a full review and consideration should be given as to how FTSU concerns are actioned and communicated so that staff have assurance that issues have been appropriately considered and taken forward. This would give staff greater confidence in raising concerns. The Trust should also consider referencing the Freedom to Speak Up Guardian in the Harassment and Bullying at Work Prevention Procedure and the Grievance Procedure, as some incidents are likely to be reported through this route.

6.3.7 Accessibility of wellbeing resources and networks

Staff perception is that the Queen Elizabeth and Heartlands sites influence the corporate decision making for the whole organisation. This has led to staff at the smaller sites feeling forgotten and excluded, which was evident through the inequity in distribution of wellbeing services. Staff working at smaller sites and within community services seemed to have very little access or understanding of the wellbeing options available to them. There are also obstacles around access for staff based at more dispersed sites who do not have the time to travel to a hub.

The review team were made aware that members of the wellbeing team visited wards during the COVID-19 pandemic to offer hot drinks and snacks to staff. Staff appreciated this act and suggested the Trust should consider reintroducing this. The Trust should also expand and build on the wellbeing hubs and offer to demonstrate it as a central Trust objective. Good practice examples include conducting a regular

³ NHS England (2023) Sexual safety of NHS staff and patients. Available at: [NHS England » Sexual safety of NHS staff and patients](#)

“Health Needs Assessment” using staff feedback to inform, plan and improve the wellbeing offering to staff.

The Trust has recently developed a wellbeing offer that signposts staff to various mental health services and provides information on staff networks. These tools and resources encourage staff to make their own health and wellbeing a priority and have been welcomed by staff. Staff who have accessed occupational health and counselling services informed us that they have been very useful and supported them through difficult times in their lives.

The Trust should invest further into the associated delivery teams and facilities to increase accessibility to wellbeing resources and networks. Due to the nature of delivering care staff can encounter emotionally intense or traumatic experiences. This should not be overlooked or normalised, and their mental health and the associated support from their managers should be a significant priority for the Trust leadership and management.

There are a range of staff networks that act as communities for individuals of a similar background or experience. One purpose of these networks is to enable staff to share resources and learning that may improve their experience. If used and promoted effectively, this can be an important tool for staff wellbeing. Whilst the Trust employs more than 22,000 members of staff, membership of the networks and attendance at meeting remains very low. Not only should staff be given the time to attend these meetings, but more could also be done to promote the staff networks and the benefits of them. In conversations, staff described that sometimes this can be felt as ‘lip service’ without any clear value to staff. There could be a role for members of the Board in championing each staff network to enable a connection to be made to represent the voices of different groups at Board level.

6.4 Getting voices heard, raising concerns, and receiving feedback

This finding refers to the openness and acceptance of staff feedback, and the active encouragement of staff to raise issues or provide feedback. This includes consideration of the timeliness of response or action taken when staff speak up.

Staff voices are the most valuable tool to influence better ways of working. Outstanding organisations understand the importance of this and how communication contributes to building trust and enables innovation, productivity, and organisational improvement.

The review team found variation amongst staff in their ability to get their voices heard, raise concerns, provide feedback and shape service improvement. Some staff articulated that feedback is not always well received or welcomed. In the survey, 62% of staff responded agree/strongly agree to *'I know where to go when things are not right, or I have concerns'*. Whilst this may appear positive, it indicates one in four members of staff do not know where to go when things are not right or they have concerns.

When then asked if the Trust would respond to these issues, only 16% felt confident that the Trust would act. Whilst these figures improved at team level (62%) and immediate management level (52%), this data (Figure 5) reinforces the principle that staff perceive different organisational cultures within the Trust and ascribe to them different behaviours and values. This disconnection is exacerbated due to the perceived lack of interest in staff views from the organisation, with a feeling amongst staff of few tangible outcomes from staff engagement.

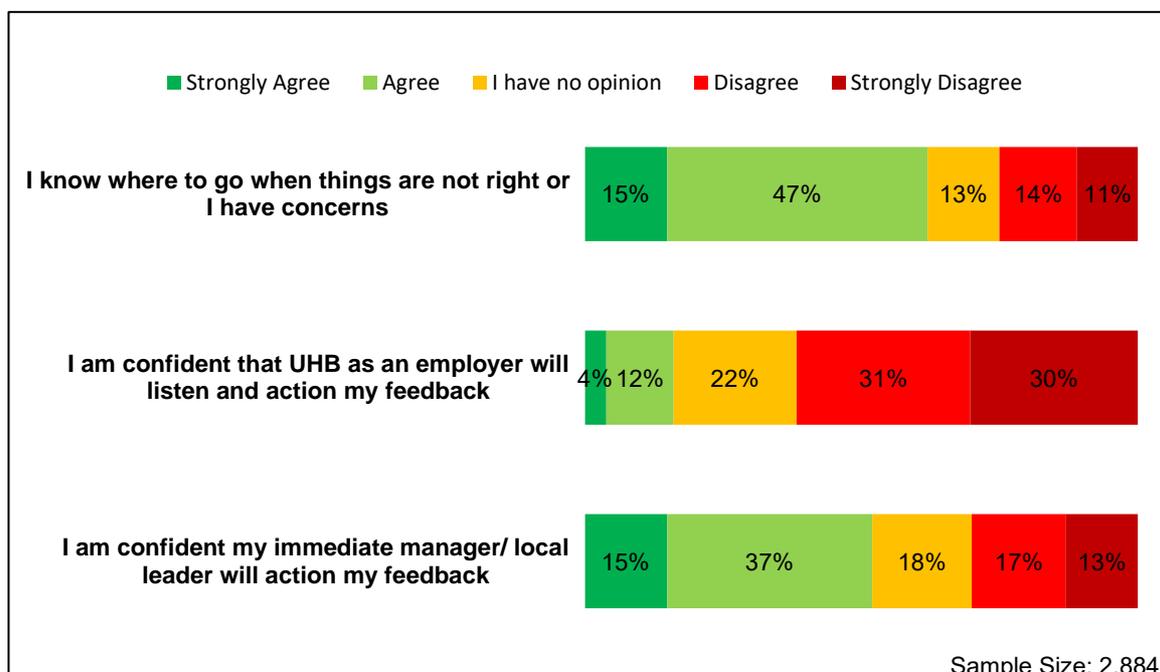


Figure 5: Graph showing a comparison between statements relating to getting voices heard, listening, and actioning feedback when staff have concerns

Source: Response to the Independent Culture Review Staff survey - July 2023

In parallel, in the recent Trust Junior Doctor's survey, 57% of respondents experienced issues in contacting their rota co-ordinator and 46% feel that issues are not dealt with in a prompt fashion. Staff highlighted that they were generally able to raise concerns, but beyond the local management level, staff reported the feedback loop rarely being closed.

Within the Trust, this review identified that the culture for getting staff voices heard depends on individuals, with some staff groups feeling particularly isolated and seldom heard. Staff highlighted a clear perception that feedback, when actioned, typically came from strong and vocal characters, sometimes described as aggressive in their methods. Staff commonly used the word *cliques* to describe the groups of individuals that had favourable outcomes.

When describing these behaviours, staff felt this caused a dichotomy between the loudest and persistent voices being taken more seriously than others, in contrast to those who for behaving in this way would attract criticism, challenge and consequence. Staff reported that they avoided speaking out to ensure they do not become a target for bullying by being labelled an instigator or troublemaker.

6.5 Fairness, equity, and discrimination

This finding refers to the principle of unbiased treatment where individual needs and circumstances are considered to promote equity. This places a focus on the idea that no member of staff feels left out or left behind.

The review team explored staff experiences of a fair and equitable culture that recognises the needs of individuals and groups and does its best to support them. The review describes this aspect of culture through a broadly used definition. In this framework, equity is often described as the ability to recognise the needs and circumstances of individuals and allocate resources and opportunities needed to reach an equal outcome. Fairness on the other hand is treatment or behaviour without favouritism or discrimination.

In the survey one in four staff (25%) answered yes to 'In the last 12 months have you personally experienced discrimination'. For those who answered yes, the top three grounds for discrimination were reported as ethnic background, age, and gender.

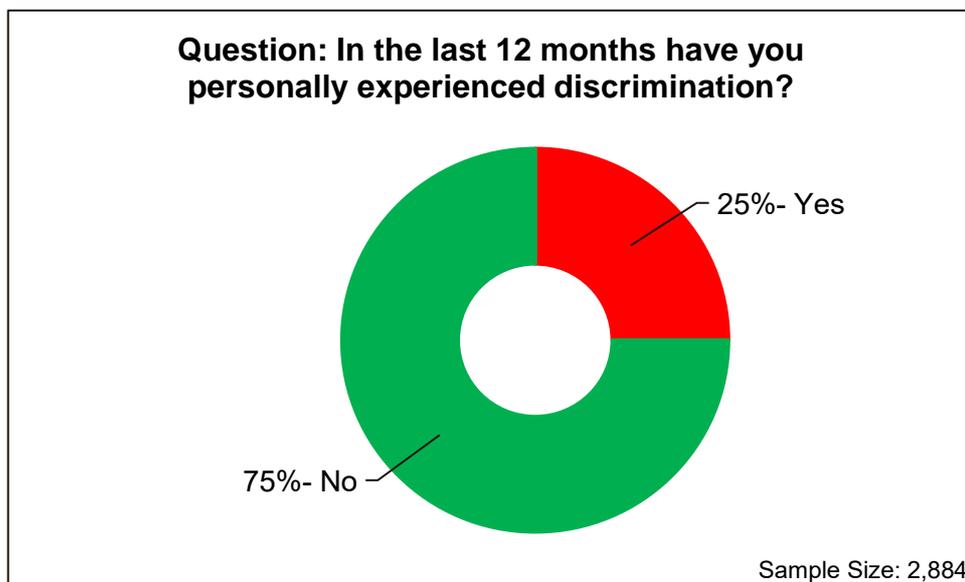


Figure 6: Graph showing responses for 'In the last 12 months have you personally experienced discrimination?'

Source: Response to the Independent Culture Review Staff survey - July 2023

Whilst the Trust has an anti-racist policy and statement, this did not seem to be widely known and understood. Further raising the profile of anti-racism would demonstrate the Trust's stance on discriminatory behaviours and make it clear that these behaviours will not be tolerated by any member of the organisation.

The 2021 Workforce Race Equality Standard (WRES) data revealed 16.6% of BME staff experienced discrimination at work from a manager/ team leader or other colleagues in the last 12 months, compared to 6.9% of their white colleagues reporting the same. The WRES and WDES data show those with protected characteristics are more likely to enter a formal disciplinary process. The review team acknowledge the Trust's extensive plans and progress made to address inequalities through their recruitment process. The October 2022 People report

evidenced the positive changes being made in recruitment and the WRES report documented improvements in 4 of 8 of the improvement indicators.

Across the NHS there is a particular challenge of declaration of disability. The overall official reported percentage is 3%, although 21% of staff declared a disability in the 2022 NHS staff survey. This could indicate that staff feel more comfortable to share this information anonymously rather than openly on the electronic staff record.

The analysis of the training and development documentation supporting fairness and equity evidenced dedicated investment in development opportunities. The Trust has 11 leadership development programmes which appear to be well subscribed to and include both medical and nursing staff, with some covering cultural aspects. There are also well-established leadership networks that seem to meet regularly and have strong membership. It was unclear whether the push to develop the leadership at all levels is having a direct impact on equity of opportunity. The 2022 WRES data shows that whilst all staff have access to non-mandatory training and continuous personal development, only 40.1% of BME staff believe the Trust provides equal opportunities for career progression or promotion, compared to 54.6% of white staff.

There was a consistent theme throughout all feedback forums of the varying recognition of reasonable adjustments needed for individuals living with physical and invisible disabilities. In conversations staff expressed that issues raised locally around fairness and equity were not always actioned. The difference in how individuals are treated is dependent on which groups of staff they are associated with at work. For some staff, there was a perception that raising awareness resulted in detriment.

In general, there was a lack of clarity on the Trust's attempts to address inequalities and inclusion, as staff experience is reportedly dependent on whether the individuals they work with are prioritising this area. It is clear this requires a new and more persistent focus from all levels of the organisation to ensure addressing inequalities and inclusion is felt by all staff.

The concept of fairness is not limited to individual staff. There is also a perception that fairness is experienced differently between teams and groups making up sub-cultures. Many of those spoken to at smaller sites expressed that they feel isolated at organisational level, creating operational inefficiencies and frustration amongst staff.

These staff groups frequently referenced the perceived challenges in gaining equity of access to clinical and non-clinical resources, including IT support and equipment compared to the larger tertiary sites. The IT infrastructure leaves staff feeling exposed, as difficulties with its reliability and flexibility do not enable and support them to undertake their roles easily. For those working in the community, IT support services are not seen as being responsive. There is a common belief that the lack of fairness between sites is rooted in a conception that the work at the smaller and community sites is less demanding. In particular, this has had a clear impact on staff feeling valued and has further isolated these staff from the Trust brand.

In addition to the issues raised around disparities between ethnicities, a recurring topic throughout all the feedback forums also related to age bias and gender discrimination. Whilst findings on gender are covered in other sections of the report, the theme of age discrimination was frequently referenced in relation to recruitment. Of those who said they had experienced discrimination, staff felt career opportunities become less available for older candidates. However, in balance there were accounts from members of staff who felt they had been given good opportunities for development that enhanced their later careers.

6.6 Communication and Co-production (staff partnerships, engagement, and involvement in decision-making)

This finding refers to the effectiveness of communication, relating to both the local and Trust wide messaging, the quality and efficiency of the content, and the reach. It considers the role of staff and external engagement in co-production for decision making.

Co-production, including staff engagement in decision making, is crucial in determining whether individuals feel they work in an open, transparent, and inclusive culture. Taking an interest in staff views is a valuable tool to improve collectiveness within the organisation and strengthen the quality of the service being delivered to patients. Without this in place, the ability to create an organisational wide culture is severely constrained.

The survey revealed that staff felt the Trust placed little value on their contributions (only 14% reporting that their contribution is valued by the Trust - Figure 3, page 19). Staff expressed that they feel their work and contribution to the organisation is welcomed but not valued or acted upon by those in leadership positions. This is not just at local team level, with senior managers also feeling excluded from strategic planning, co-production and decision making.

Many staff included in this review were willing to engage with leaders to support improvement but did not feel the Trust made an effort to hear their voices when informing decision making. There is a consistent feeling that decisions are made for staff without appropriate consultation. The review team recognise that the Trust has made efforts to develop staff engagement forums to the specific requirements of the workforce needs. Staff agreed that there are multiple forums to offer feedback to the Trust such as the use of social media, sessions led by the CEO, and conversations directly with members of the leadership team. Staff spoke positively of the CEO briefs, welcoming this more recent form of communication, and suggested the sessions to be recorded for those unable to attend. However, more could be done in a general sense to increase the sense of confidence that staff views are taken into consideration.

The approach to communication of Trust updates has received mixed opinions around reliability and effectiveness. The Trust communicates with staff through a regular newsletter and emails. This was consistently described as promoting good news stories. Whilst staff recognised the importance of positive messages, many felt that this approach masks the true day to day challenges and can become a barrier in speaking truth and providing learnings to those in senior positions.

This review heard that effective communication is a challenge at all levels. Site leads and managers have a responsibility to relaying information to their teams through huddles and briefings. Those with regular access to emails appear to be more well informed on messages from the corporate strand of the organisation. Throughout this review, staff the review team interacted with consistently mentioned that they were unaware of the work being done, despite the range of communications forums used. There is evidence to suggest that the message gets lost as it filters down the Trust. The strength of the communications forums should be evaluated and tailored

to specific sites and to the different groups. It is vital that communications and engagement are put the heart of the organisation and are ascribed equal value, investment, and care as other corporate functions.

6.7 Effectiveness of leadership

This finding refers to the cultural and relationship dynamics that are determined by the effectiveness of leadership at all levels. This theme explores the leadership at all levels and the impact of varying styles on staff experience and morale.

The role of the Trust leadership is to take an active role in displaying the dynamics that make up a healthy and open culture. Leaders have the responsibility to set the standards and behaviours and model this to staff. Supporting this, effective leadership involves accurate representation of the voices of those who work in the organisation and the population it serves to create the foundations for effective patient care.

The review has grouped findings on leadership into three levels:

- Board level
- Divisional level
- Local level

6.7.1 Board level

Staff perceive the diversity of the Board as being a significant challenge to creating a culture of inclusion for all staff. This was regularly highlighted as a belief by staff throughout this review. The majority of respondents queried how adequately the current Board make up could reflect the experience of staff and understand their needs. The review witnessed how the physical environment associated with the most senior leaders clearly exacerbates this perception. Staff referenced the exclusivity of the Trust headquarters, often called the 'executive corridor', which forms a physical barrier from the rest of the organisation.

The perceived lack of visibility of the Board across the sites compounds the view that there is not a sufficient understanding of what is happening beyond this corridor. When members of the executive team have been visible and accessible, it was spoken about positively and well received by staff. Those staff felt they could escalate their concerns directly to particular members of the executive who they feel will listen and ensure a timely resolution.

The review heard that staff did not feel the recruitment into Board and senior leadership positions was always perceived as being transparent. Many staff raised issues around how the Trust applies fairness in these very senior roles. There was a perception from multiple staff that personal network and connections carry weight in recruitment to the most senior positions in the Trust. The Trust should ensure an open, transparent, and unbiased recruitment process.

6.7.2 Divisional senior management level

It is a commonly held view by staff that the seven divisions of the Trust are predominantly led by male clinical leadership. Culturally, staff regularly described the medical leadership as operating along patriarchal lines, with women feeling

excluded. Whilst this is a predominant view amongst many staff, it is important to note that staff did not infer that all leaders operate in this manner, and the review heard some examples of individual leaders trying to break this perceived mould.

Within the divisions, the review was provided with anecdotal examples to suggest female leaders are more likely to experience negative behaviours. The review heard of exclusion from physical spaces, a perception of being labelled as aggressive when speaking up, a lack of evidence of reasonable adjustments being made for staff experiencing menopause, and instances of maternity leave not being fully respected by colleagues.

Whilst all staff the review engaged with at this level placed a focus on keeping the patient at the heart of the Trust, feedback received on the role of staff in maintaining this ethos differed significantly. Staff reported significant variation in approaches to divisional management. In some cases, senior leaders emphasised the value of recognising the pressured working environments and encouraging staff to be open about their experience in order to enable a supportive culture. Other senior leaders had a differing view that staff should accept that the nature of their roles comes with demanding expectations, and this should not be a distraction from delivering consistent care to patients.

Much like at Board level, there are concerns raised by staff about the transparency of recruitment into senior positions. There is a perception that successful candidates to senior posts did not always meet the essential job criteria. This has led to a feeling that career progression within the Trust is restricted and as a result there was not equal career and development opportunities.

The senior management has been restructured multiple times in the past few years which is perceived to have created instability and uncertainty around planning and decision making. Senior respondents to the review felt they did not have the space to invest the time to establish positive working relationships, which are crucial in forming strong partnerships and robust decision making.

6.7.3 Local management level

Staff generally have a positive view of their immediate line manager and value the relationships and culture within their local teams. This is a strength of the Trust and staff recognise its importance in delivering a positive culture and working experience of safe.

Even though there is a positive view of the line manager, staff felt the effectiveness of their line manager was often dependent on the relationship they were able to form with them. Whilst promotion of positive personal relationships is a benefit to the Trust, this allows a significant variation in staff experience and in some areas has contributed to the development of 'cliques'. Staff described this under-developed approach to line management limiting effectiveness and impacting on staff positive experience at work. Some staff report taking the opportunity to move teams and even departments to experience a more professional environment.

In other local teams, staff acknowledged that their direct manager's decision-making capacity was constrained by management structures above them. Staff described examples of requests for flexible working being denied despite staff perceiving that they would meet the eligibility requirements. In the cases described it was felt by staff that the decision was not clearly justified, and this had caused them to lose trust in their local management. Some staff reported being strongly discouraged to appeal.

The review teams observations and walkabouts identified staff who articulated they had been appointed into local leadership roles without always having a managerial skillset or the relevant training programme to enable this transition. Without this training, it appears that supporting staff needs can be applied in a rigid inflexible and mechanistic way. The review recognises that the Trust is in the process of rolling out leadership development programmes at this level and the review strongly supports this move to enable new leaders to adapt and learn the role more efficiently so that they can be effective for their teams.

The appraisal system is considered to be inconsistent and a 'tick box exercise' for many. This will be discussed in more detail in the learning, improvement, and personal development section. Staff perception of effectiveness of local leadership is partly based on how well the individual feels the appraisal process is tailored to their needs. This enables staff to feel seen and valued. Many staff reported that they either did not receive an appraisal regularly enough to produce a meaningful outcome, or it was very high level and lacked substance.

6.8 Learning, improvement, and personal development

This finding refers to how learning and improvement is explored at the Trust level, including the culture of sharing learning and welcoming areas for developments to support better delivery of care. This also refers to the access and availability of opportunities for development within the Trust at individual level for staff.

Learning and improvement is a centre point to ensure the best quality of care is delivered to patients, and for determining whether an organisation has a forward-looking developmental focus. The role of staff in leading a culture of improvement is crucial as they have a deep understanding of what needs to change to benefit frontline staff and patients.

Staff spoken to said they were aware of the process of making improvements within their immediate teams and in many instances said the improvement areas were actioned sufficiently. However, many staff do not report the Trust as having a learning or improvement culture. When answering the question 'I know where to go to provide feedback or suggestions for improvement' only 52% answered agree or strongly agree.

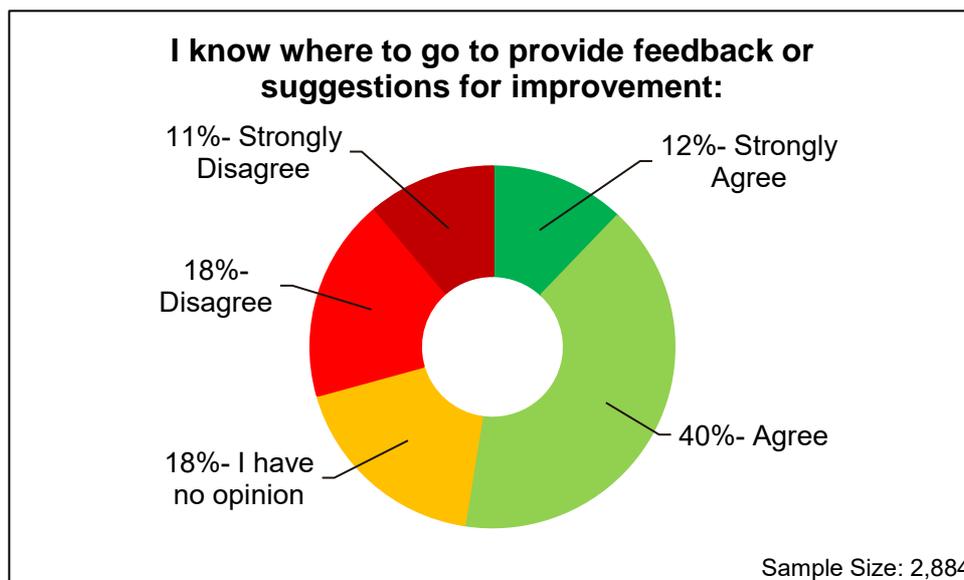


Figure 7: Graph showing responses for 'I know where to go to provide feedback or suggestions for improvement'
Source: Response to the Independent Culture Review Staff survey - July 2023

Beyond the local team level, staff reported challenges in getting their improvement ideas or areas for learning taken forward. Staff felt that general operational management do not always understand the problems raised by clinical staff, and therefore cannot always provide the best solutions. Some staff reported feeling reluctant to raise operational and patient safety concerns as they perceived it reflected poorly onto them as individuals, rather than as a valuable learning opportunity for the Trust.

Staff highlighted the differences between the larger tertiary sites on how learning and improvement is embedded and welcomed in the culture.

The Queen Elizabeth Hospital was often described as a particular site where staff do not, or cannot, challenge practices to further improvement. This is perceived to be holding the organisation back and is a source of frustration for those staff who have been proud of the leading medical development and research historically undertaken.

Adopting and implementing an evidence-based improvement methodology would be a positive step for the Trust to make. It should sit alongside the Trust’s organisational development and change management work that works in partnership with staff to improve effectiveness of care and promote individual learning and development.

When staff were asked to reflect whether this translated into fair and transparent career progression, a significant proportion of staff across all sites provided a negative response. 57% of respondents disagreed or strongly disagreed with the survey statement ‘*I feel that career progression at UHB is fair and transparent*’. When broken down to site level, this response was replicated. 60% of Solihull staff, 58% of QE staff, 58% of Heartlands staff, and 59% of Good Hope staff selected disagree or strongly disagree. Whilst this figure dropped to 42% for community staff, still only 23% felt they could support this statement positively. This is outlined in Figure 8.

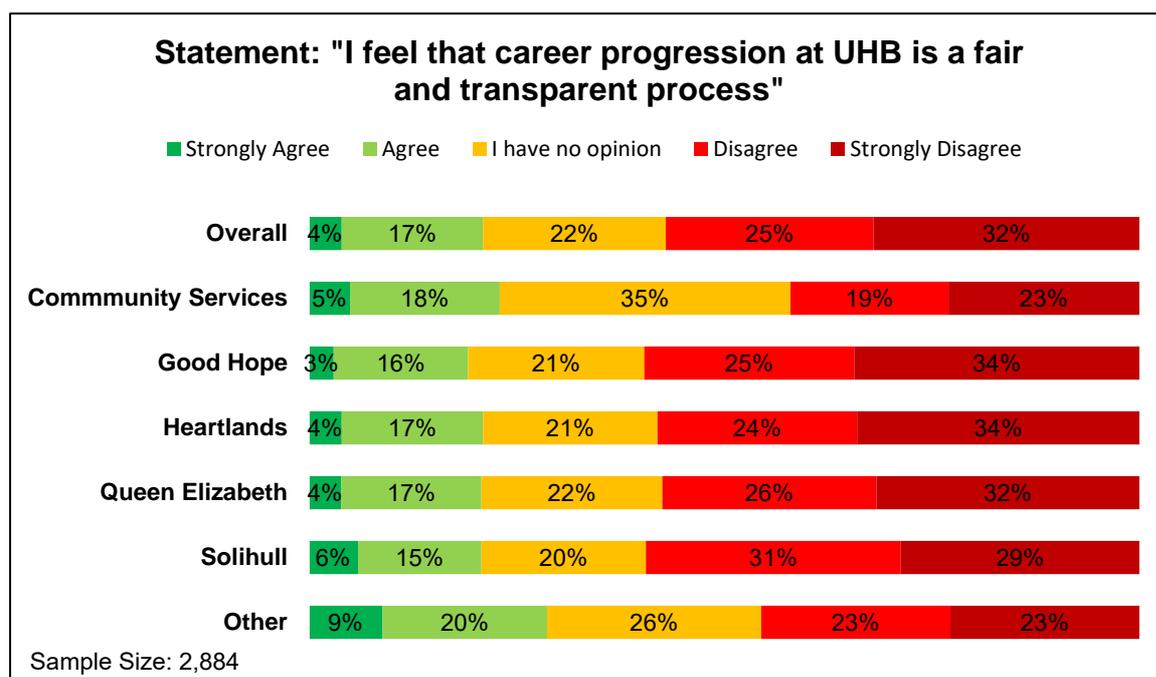


Figure 8: Graph showing the comparative breakdown of responses to the statement “I feel that career progression at UHB is a fair and transparent process”

Source: Response to the Independent Culture Review Staff survey - July 2023

Further to this, the 2022 staff survey revealed 53.4% agree/strongly agree to the statement ‘*I am able to access the right learning and development opportunities when I need to*’ (Q22e). This result is below the national average of 56.4% indicating the mixed experiences.

A recurring example included staff at smaller and community sites feeling sidelined from training courses that provided career progression opportunities compared to

staff at the larger tertiary sites. Counter accounts included individual journeys up the organisation, stating that opportunities for training are gradually increasing. The offsite development for future leaders and other leadership academy training for senior staff were welcomed as a good initiative. It was noted that free courses are easily accessible but funded courses take time to be approved which naturally slows down the process of professional development. The Trust should ensure local management take a consistent method on ensuring dedicated protected time to enable staff to attend training and complete qualifications.

6.9 Human Resources and application of policies and procedures

This finding refers to the effective application of policies and procedures, whether they follow a consistent pattern throughout the Trust, and how they are experienced and perceived by staff in practice.

The review team found that the human resource policies and procedures were well written and generally in line with good practice, and this should be acknowledged. However, staff expressed that there are no clear standards around consistent application of these policies and local line management was often unclear how to manage these policies. Due to the perceived limited resources within the human resources (HR) team, staff and managers often felt unsupported, and that the effective resolution of issues was often very protracted impacting on staff wellbeing.

In some instances, staff described the HR function as being transactional and outcomes were not adjusted to consider individual circumstances. Many staff highlighted that line managers did not always have the appropriate tools or skillsets to interpret and apply the policies in a suitable manner.

There were some key areas where the review team could not identify dedicated policies. Specifically, the area of sexual safety did not appear to be well developed and there are now strong examples across the public sector where this is being adopted and supporting training and toolkits developed. More could also be done to strengthen the procedure on sexual discrimination; this has been explored in detail in section 6.3.5. The review has previously highlighted the importance of a strong and understood anti-racist policy, and this should be immediately addressed.

6.10 Environment and facilities

This finding refers to the physical infrastructure and conditions of the Trust. The level of investment into the estates, facilities, and dedicated staff spaces plays a crucial role in shaping staff morale, overall safety and wellbeing, and operational effectiveness.

Staff describe the physical environment and infrastructure as a reflection of the difference in the investment between sites and communities.

There is a notable difference in the appearance and physical fabric of all sites and staff report this having a significant impact on staff and patient experience. The geographic spread of sites contributes to the feelings of 'otherness' and exacerbates the emphasis on local staff communities in contrast the Trust as a whole.

This variation in estate, whilst difficult to resolve, creates a large variation in the day-to-day experience of staff. Staff report and the review observed many of the sites have poor provision and quality for staff to take breaks and unwind away from patient areas. 60-65% of respondents into the Trust Junior Doctors Wellbeing Survey 2023 said they do not have a dedicated rest area available to them. This was further reflected through the feedback forums where staff described that there are barriers that make staff feel unwelcome and undervalued, including no place to eat lunch or rest, and nowhere to hang coats or safe spaces to place belongings.

Given the concerns already discussed regarding staff value and wellbeing, the Trust should place greater focus on implementing some of the changes requested by staff to create more comfortable staff spaces.

7 Recommendations

7.1 Framing the recommendations

The review was commissioned to provide an understanding of the current cultural position of the Trust. Furthermore, the review has framed evidence through the lens of a trajectory of development and has compiled recommendations to support this.

The review introduces the concept of undertaking a series of Trust-wide shifts in culture to deliver a progressive, open, and supportive culture that improves staff experience.

There are four fundamental shifts that the Board should lead that this review recommends:

1. A shift to openness and transparency
2. A shift to valuing staff and ensuring equity and inclusion
3. A shift to ensuring culture directly connects to effective patient care
4. A shift to ensuring a physically and psychologically safe working environment

Supporting the fundamental shifts are individual recommendations relating to each of the findings of the review.

The review recommends that the four fundamental shifts for the Board, matched with specific actions on the review findings, are the basis for a framework for cultural transformation, change and progressive leadership.

It is critical that the Trust and its Board understands that these recommendations cannot be managed as just another programme of work. They are a fundamental shift in approach, attitude and understanding as to how to support a progressive and positive culture for the c. 22,000 staff, and the patients they serve.

Furthermore, all responses to recommendations should be developed in partnership with staff, ensuring those with lived experiences can demonstrably add to the cultural transformation that will be needed.

7.2 Recommendations: Four Fundamental Shifts

1. A shift to openness and transparency

The Trust Board should publicly acknowledge the depth of feeling, challenge, and concerns that staff have raised in this review. The Board should commit to proactively listening and acting on the issues raised and actively encourage openness and transparency so that staff are able to do the right thing.

Recommended timeframe: Immediate

2. A shift to valuing staff and ensuring equity and inclusion

The Trust Board should:

- recognise and value the openness of staff in this review
- highlight areas of best cultural practice offered by staff
- support the continuation of an at-scale approach to staff engagement that is open, transparent and based on staff being able to 'do the right thing'.

Recommended timeframe: Immediate and ongoing

To support this shift, the Trust Board should consider a comprehensive and consistent approach to:

- describing a core set of standards of behaviour that promotes a compassionate environment
- ensuring effective underlying policies and processes
- defining, embedding, and assuring a zero tolerance approach to the challenging cultural issues identified by staff within this review
- engagement with staff to understand what these shifts toward a safe working environment should look like
- create a regular cycle of assessment and review with dedicated Board oversight.

Recommended timeframe: 1-3 months

3. A shift to ensuring culture directly connects to effective patient care

The Trust Board should shift to an integrated approach to culture and quality, recognising the relationship between staff experience and patient experience.

This should be adopted across the Trust at all levels. To support this shift, the Trust Board should:

- ensures that it places equal focus on both creating and ensuring a positive culture alongside effective patient care and use of resources.
- develops an oversight framework that triangulates and provides assurance on key cultural indicators as well as quality of care and use of resources.

- ensures all improvement work care is underpinned by a robust cultural framework.
- ensures all managerial and clinical leaders have an understanding of the link between a positive working environment for staff and delivering effective care.

Recommended timeframe: 1-3 months

4. A shift to ensuring a physically and psychologically safe working environment

The Trust Board should consider a comprehensive approach to:

- describing a core set of standards of behaviour that promotes a safe working environment
- ensuring effective underlying policies and processes
- defining, embedding and assuring a zero tolerance approach to the challenging cultural issues identified by staff within this review
- engagement and co-production with staff to understand what these shifts toward a safe working environment should look like
- create a regular cycle of assessment and review with dedicated Board oversight
- Continuous learning, including ensuring best practice from inside UHB and other NHS organisations and sectors is regularly considered.

Recommended timeframe: Immediate

7.3 Recommendations: Specific Findings

1. Belonging and Sense of Community

No.	Recommendation	Recommended timeframe
1.1	<p>Develop an overarching framework that describes the core set of standards and behaviours that all staff should adhere to.</p> <p>These standards should define the organisation, creating a common sense of belonging, but allow local teams to retain their own identity and capacity to flourish.</p>	1-6 months
1.2	<p>Develop an organisational development programme, in partnership with staff, that places cultural understanding and awareness, and learning and compassion at its core. This programme should be underpinned by an effective communication methodology.</p>	1-6 months

2. Respect and Feeling Valued

No.	Recommendation	Recommended timeframe
2.1	<p>Review and refresh the Trust values through engagement with staff to ensure they resonate with what matters to them. Particular focus should be given as to how to translate the four required culture shifts (page 43) into action and codified values.</p>	3-6 months
2.2	<p>The Trust should consider whether its operating framework enables the promotion of a respectful workplace. Due reference should be given to thoughtfulness of staff time, protection of personal boundaries, recognition of service, and the promotion of a respectful and appropriate tone in day-to-day management. This should be underpinned by a renewed approach to accountability.</p>	1-3 months

3. Physical and Psychological Safety and Wellbeing

No.	Recommendation	Recommended timeframe
3.1	<p>Overarching recommendation</p> <p>In light of the issues raised by staff:</p> <ul style="list-style-type: none"> • ensure and deliver staff safety as a core focus of UHB culture • define and communicate the actions expected by all staff to create a zero tolerance approach to inappropriate behaviour • immediately review the underpinning policies and procedures which support a zero tolerance approach • create the mechanisms for assurance and regular review of this approach alongside staff representatives • ensure sufficient advice and resources are available to staff and managers, to support effectiveness of raising and dealing with concerns, including routes to advocacy and supporting staff in speaking up. 	1-3 months
3.2	<p>Staff Safety</p> <p>To ensure a culture of staff safety, the Trust should:</p> <ul style="list-style-type: none"> • review and broaden its training programmes to enable staff to have the skills to manage challenging behaviours from both staff, patients and families • further highlight the antiracist statement which staff are supported to live by to ensure zero tolerance to discriminatory behaviour – positive actions should be recognised throughout the organisation. 	1-3 months
3.3	<p>Sexual Safety</p> <p>To ensure sexual safety in the workplace, the Trust should:</p> <ul style="list-style-type: none"> • develop absolute clarity on what sexual safety means at UHB, utilising best practice guidance and definitions (e.g. signing the NHS Charter on Sexual Safety) • ensure this is widely communicated and understood by all staff • develop a clear policy for management and advice on matters relating to sexual safety • ensure sufficient advice and resources are available to staff and managers, including routes to advocacy and 	1-3 months

	<p>highlighting the key role of restorative justice in resolving issues</p> <ul style="list-style-type: none"> • support and encourage staff to speak up, and respond to all concerns in a timely manner. 	
3.4	<p>Staff Wellbeing</p> <p>As part of acknowledging the culture presented in this review, The Trust should recognise that for many staff, mental and health and wellbeing has become challenged.</p> <p>Whilst this is a thread throughout all recommendations, the Board should specifically seek assurance and a deeper understanding of what is impacting staff wellbeing, and develop a strategy that embeds staff wellbeing into everything the Trust delivers (including provision of appropriate resources).</p>	3-6 months
3.5	<p>Freedom To Speak Up</p> <p>The Trust should swiftly review the policy around FTSU and its application and management in practice.</p> <p>This should include:</p> <ul style="list-style-type: none"> • an understanding from staff of the perceived and real barriers to raising concerns • an understanding of how effectively the organisation responds to concerns raised and feeds back to individuals • the effectiveness of communications and engagement methods to publicise FTSU avenues to all staff • the approaches to sharing with staff where actions have led to demonstrable change. 	1-3 months

3.6	<p>Leadership Style</p> <p>Consider developing an organisation-wide leadership programme that specifically:</p> <ul style="list-style-type: none"> • is co-produced to reflect the culture that staff would like to see in the organisation • enables the trust to deliver the shifts outlined in this review • provides a non-discretionary programme that enables both self-reflection, dialogue and development of existing managerial and clinical leaders • recognises the need to place equity, diversity and inclusion at the core of leadership behaviours, and support staff to understand this • becomes a core tool for how leaders conduct themselves at the Trust. 	1-3 months
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4. Getting Voices Heard, Raising Concerns, and Receiving Feedback

No.	Recommendation	Recommended timeframe
4.1	<p>To hear all voices and demonstrate to staff they are being listened to in an equitable way, the Trust should:</p> <ul style="list-style-type: none"> • demonstrate a curiosity and inquisitive mind, that invites and encourages staff feedback from all staff. The Board should take a leadership role in exhibiting these behaviours • ensure all leaders demonstrate and evidence how staff feedback is being promoted, managed and acted upon in their business area • to monitor where and why particular groups of staff are not able to evidence the use of feedback, and take targeted action where this is the case • include training, advice and guidance to all managers as part of the Trust wide leadership development programme • adopt NHS best practice in this area. 	3-6 months

5. Fairness, Equity, and Discrimination

No.	Recommendation	Recommended timeframe
5.1	<p>The Board should ensure that all staff experience a culture that provides resource and opportunity in a fair and equitable fair way. There should be a zero tolerance approach to discrimination and prejudice of any sort. The Board should:</p> <ul style="list-style-type: none"> • actively promote and assure itself of staff feedback on a regular basis. • further highlight the Trust antiracist statement which staff are supported to live by to ensure zero tolerance to discriminatory behaviour – positive actions should be recognised throughout the organisation. • continue to support the positive changes being made in recruitment to address inequalities • recognise and continue to support the current development programmes • highlight the role and importance of the staff networks in providing insight, advice, and guidance on the continual promotion of fair and equitable culture – both into Board and to all staff groups. <p>To support the shift towards an inclusive workplace, good practice can be found in the principles from creating an inclusive workplace (CIPD⁴). This clearly sets out an approach the Trust could adopt. These are:</p> <ul style="list-style-type: none"> • Clarify the organisation’s stance and values: Set clear expectations of what the organisation stands for and maintain zero-tolerance. • Co-create a systemic approach for practical action by working across the organisation: Scrutinise all operational processes, ways of working and people management policies. • Commit to sustained action through visible leadership and a willingness to change: Sustained action needs a long-term plan, led with firm commitment from the top. • Critically appraise people management approach from end to end. • Connect people by creating safe spaces, systems and times to talk, share experiences and learn from each other: Ensure plans are informed by employee voice, and bring in experts where necessary. • Communicate messages consistently and ensure the conversation is two-way: Leave the workforce and wider 	3-6 months

⁴ CIPD (2021) *Developing an anti-racism strategy*. Available at: [Developing an anti-racism strategy | CIPD](#)

	stakeholders in no doubt about key messages. Ensure they are reflected in people's behaviour, in the organisation's operations, and in the organisation's interactions with stakeholders.	
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6. Communication and Co-production (staff partnerships, engagement, and involvement in decision-making)

No.	Recommendation	Recommended timeframe
6.1	As part of the broader efforts to create an open and transparent culture, the Board should consider implementing a clear framework for co-production as the default method for service and staff development. This should be implemented alongside the work on ensuring all voices are heard (Recommendation 4. Getting Voices Heard, page 48).	3-6 months
6.2	<p>The review recommends that the Trust adopt or adapt principles for co-production. These should include:</p> <ol style="list-style-type: none"> 1. Recognising people as assets 2. Building on people's capabilities 3. Developing two-way, reciprocal relationships 4. Encouraging the role of networks 5. Building strong feedback loops for staff 6. Embedding advocacy for seldom heard groups <p>Delivering co-production will require placing communications and engagement at the heart of the Trust. The Board should consider whether the current function has sufficient capacity and capability to deliver the scale of engagement to undertake the shifts this review outlines.</p>	3-6 months

7. Effectiveness of Leadership

No.	Recommendation	Recommended timeframe
7.1	<p>Creating a healthy, open and progressive culture requires strong, visible, and representative leadership at all levels.</p> <p>The Board should:</p> <ul style="list-style-type: none"> • build on the recent Board changes to further consider the diversity, visibility, and representation of its membership • review and evaluate the levels of transparency and openness in the Trust recruitment process, particularly to senior positions • consider the balance of representation across senior medical roles, with particular reference to gender identity 	1-3 months

	<ul style="list-style-type: none"> ensure that the principles developed (Finding 5, Fairness, Equity, and Discrimination, page 49) are embedded in leadership across the Trust ensure linkages to the leadership development programme (Finding 3.6, Physical and Psychological Safety and Wellbeing, page 48) so that the Trust can support and develop leaders with the appropriate skills and behaviours to underpin cultural change 	
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8. Learning, Improvement, and Personal Development

No.	Recommendation	Recommended timeframe
8.1	Adopt a clear learning and improvement methodology in line with national best practice. The Board should consider how this fits into the operating model.	3-6 months
8.2	Ensure that staff are being offered equal opportunity for development underpinned by an effective appraisal process.	3-6 months

9. Human Resources and Application of Policies and Procedures

No.	Recommendation	Recommended timeframe
9.1	Consider the size and scale of the Human Resources and Organisational Development functions to ensure they can support the scale of change required.	Within 12 months
9.2	Provide support for all leaders to ensure they have access to local Human Resource teams that can support and partner with them on the implementation of equitable and fair staff policies.	Within 12 months
9.3	Provide the relevant training and support to all line managers to ensure they have the skills and behaviours to manage staff effectively.	Within 12 months

10. Environment and Facilities

No.	Recommendation	Recommended timeframe
10.1	<p>Review the existing staff wellbeing areas (for example: break areas, locker areas, staff kitchens, parking sites etc.) to ensure comfortable spaces are provided to improve staff experience.</p> <p>The Trust should assess how equitable these services are between sites to identify areas of immediate action and longer term focus.</p>	Within 12 months

8 Conclusion

The review found that, despite significant challenges in staff experience at the Trust, many staff remain committed and proud to provide care to the population they serve.

For many of the staff who engaged with the review, their experience of working in the Trust is compromised, with a range of concerns. These include not feeling valued and respected, often not feeling safe at work, and not connected to the wider organisation in which they serve. Staff also reported not feeling included and not having a voice that is heard and acted upon. For some staff this has impacted on their wellbeing.

In the main, local teams provide staff with appropriate support and a local sense of pride in what they do. This is not replicated at the organisation level.

Throughout this review, it was observed that the Trust is making steps to respond to these challenges and beginning to provide new routes and approaches to create a more positive culture.

Despite this, it is important that the Trust Board acknowledges and accepts the depth of the staff feelings highlighted in this review, and accelerates all of this work at scale.

The Trust Board should further recognise that this is not a historic issue, nor is the culture defined by a single issue or challenge. Improving culture will require a whole organisation focus and four fundamental shifts to support improvement:

1. A shift to openness and transparency
2. A shift to valuing staff and ensuring equity and inclusion
3. A shift to ensuring culture directly connects to effective patient care
4. A shift to ensuring a physically and psychologically safe working environment

The review recommends the Trust acts with considered speed to develop these approaches, and work in partnership with staff to continue an open dialogue to address these issues.

These changes will enable the Trust to move forward and begin building a sustainable, inclusive, and compassionate culture; fit for the future.

9 Thanks

The review team would like to thank all staff who placed their trust in us and took the time and space to share their experiences.

The review team continues to respect and value the confidence placed in us and we assure staff that this commitment continues past the submission of this report.

The review team would also like to thank the efforts of the Cultural Review Reference Group for their advice, guidance and steering throughout this process.

Disclaimer

This document has been prepared by thevaluecircleLLP. This Independent Culture Review was commissioned by University Hospitals Birmingham NHS Foundation Trust. The matters in this report are limited to those that came to our attention during this assignment and are not necessarily a comprehensive statement of all the opportunities or weakness that may exist, nor all the improvements that may be required. thevaluecircleLLP has taken care to ensure that the information provided in this report is as accurate as possible, based on the information provided and documentation reviewed. However, no complete guarantee or warranty can be given with regard to the advice and information contained herein. This work does not provide absolute assurance that material errors, loss or fraud do not exist.

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