



University Hospitals Birmingham NHS FT (UHB)

Oversight Report of Phase 1,2 and 3 Reviews

“Bewick 2”

Preface:

June 2023

**This report is intended to provide an independent review of the Trust's governance. Issues raised in this report were identified in the course of our work, but they may not represent the totality of the position currently faced by the Trust. The contents of this report should not be shared with any third party without the express permission of iQ4U.**

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\*To be completed

## 1. Summary

The purpose of this report is threefold.

1. To record the progress made against the recommendations made in the clinical safety (phase 1) report.
2. To collate evidence from phases 2 and 3 of the review and assess how the lessons learned can at this point can be incorporated into the recovery and development plan that the Trust is already progressing.
3. To take account of any other concerns that have arisen or been communicated to the review team. These include.
  - a. Those reported by the CQC.
  - b. Significant areas of clinical concern raised by staff or external bodies.
  - c. Historical concerns over governance raised by current or former employees (8 currently employed; 6 former employees) following publication of our phase 1 report.

## 2. Introduction

In December 2022 following several adverse reports on the BBC's Newsnight programme of the standards of care and governance at University Hospitals Birmingham the Birmingham and Solihull Integrated Care Board (ICB) commissioned an urgent clinical safety review led by Professor Mike Bewick of the consultancy iQ4U. This represented the first phase of a 3 part review process at the Trust. The first phase, referred to here as part 1, reported on the 18<sup>th</sup> March 2023 following an intense period of enquiry during January and February 2023.

Phase 2 of the process was a commissioned Well Led Review undertaken by a specialist national team from NHS England (NHSE). Phase 3 concentrated on the culture of the organisation and after a competitive process 'The Value Circle' (VC) were commissioned to undertake the study which commenced in April 2023 and will be completed by the end of July 2023. In addition, the Trust has formed a Culture Review Reference Group, with an independent Chair, Roger Kline, and comprising a wide cross-section of Trust staff that will provide advice and a degree of oversight of the VC work.

As set out in the report there will continue to be individual elements of work that need to be completed: we set out the process for completion in each as part of the report. We will continue to support the Trust and the ICB in sharing our thoughts as each piece of work is concluded, but moreover recommend that in any case an overall review of the progress the Trust is making is conducted next spring at the first anniversary of the publication of our initial report.

As well as the current 3 Phase review UHB has also commissioned an organisational review process by the independent consultants, Moorhouse, and additionally iQ4U

Consultants are conducting a more detailed appraisal of the process supporting a number of Board decisions made at the Trust in the past two years, in regard to the Fit and Proper Persons assessment of Dr Rosser.

### **3. Progress against the recommendations of the Phase 1 review**

In our phase 1 review we highlighted 4 areas for improvement

- Clinical safety
- Governance and leadership
- Staff welfare
- Culture

Appendices 1 and 4 map the specific recommendations with progress so far. The Trust's leadership has accepted all the recommendations and is making steady progress in implementing the necessary changes required, with Board Committees overseeing action plans for implementation.

Dame Yve Buckland was appointed as Interim Chair of UHB in December 2022 and her aim was to bring freshness and leadership to the organisation. To enable this to happen, in collaboration with other NHS partners, she appointed several simultaneous reviews assessing organisational structure, leadership, culture and patient safety. These are ongoing but a provisional report on clinical safety was published in March 2023. Much progress has been made against the recommendations and these are reported in Appendix 1. We highlight here the major areas where significant progress has been made.

- i. Clinical safety
  - a. Haemato-oncology: We have received several more contributions from clinicians involved in the unit and overall the service is recovering well. There are some ongoing concerns from HEE about doctors in training, but this is being actively addressed by the Trust in partnership with the Deanery and NHSE. There has been some delay in commencing the mortality review promised in phase 1 due to the complexity of identifying senior investigators. We have agreed that the review will be conducted by the Royal College of Physicians (RCP) commencing in the coming weeks.
  - b. Never Events: we have also engaged with the RCP and colleagues in the laboratory services to review the never events identified in the delivery of blood transfusion in complex patients.
  - c. Neurosurgery: we reflected on this and rather than pursuing a further external review (although this may be required in the future to demonstrate change), we agreed that one of the new Non-Executive Directors, Dr Peter Williams a former Chief Medical Officer at the Royal Liverpool Hospital) would look at coordinating improved leadership and performance within the department. The complex problems evident within the department have not changed,

despite externally led reviews and facilitation in the past, and reflect a failure of leadership within the organisation.

ii. Governance and leadership

- a. The Trust has commissioned and now received the initial report from an external well led diagnostic (WLD), conducted by NHSE. We report below its initial findings.
- b. The WLD has identified areas for improvement covering the first 2 of our recommendations on appraisal of risk currently and historically. The independence of NEDs and how they challenged board decisions will be tested somewhat in our further analysis. Lessons learned will be provided so that the new board may be further equipped to maintain the highest standards of governance.
- c. The board is undergoing a significant transformation with, as we write, 4 new NEDs; an interim CEO with a competitive process for a full-time post in progress; additionally, there is significant redesign of the organisation's structure with the necessary executive changes at board level to ensure its success. The current leadership accepts that there is a need for long term planning and a sustainable leadership programme of development and renewal.

iii. Staff welfare

- a. There has been significant emphasis on the pastoral care of junior doctors within the trust. While there is much to do there is a genuine change of approach to intervene early when juniors are under stress.
- b. This has been further enhanced by improved engagement with junior doctors, HEE and mid-grade management responsible for delivering the rotas and terms of service of the workforce. The culture review is also looking at the concerns of junior doctors and other clinicians in training and with a senior member of the Deanery attending the culture review reference group their voices are being heard. There is much to do, but more positively there is now a direct communication with senior board members.

iv. Culture

- a. We cannot pre-empt the findings of the culture review, but as reported in Appendices 1 and 4, there has been significant progress internally in engaging the board in renewing its purpose, revitalising the FTSU processes and commencing work on a 'reconciliation' process.

As discussed, much progress has been made but there is still much to be done ensure completion of the review.

Several factors have contributed to a delay in the initiation of the substantive work for our second part of the review. These are:

- A significant and unanticipated delay in publication of part 1 due to a longer than anticipated period agreeing factual accuracy.
- Delays in completing the Fit and Proper Persons analysis because of the complexity of the evidence to review and the subsequent interviews with personnel involved in the decision-making process including members of the council of governors.

- Finally, since the publication of part 1, several former (6) and current staff (7) have independently approached Professor Bewick with specific and sometimes complex additional allegations. These have generated a significant additional workload, and added some specific concerns that need careful consideration.
- A delay in recruiting a suitable senior clinician who has worked as a responsible officer in a similarly complex tertiary centre to lead the retrospective review of referrals to the GMC. This has now been resolved but we await agreement on the exact terms of reference and access to documents relating to each referral, as well as seeking the consent of those affected.

#### **4. New lines of enquiry**

The terms of reference for the initial clinical safety review recognised that by its very short timescale that some issues would come to light after we had published our first report in March. We have continued to receive many concerns related to the culture of the organisation but others more specific to a service or process. We have also received intelligence from the CQC's inspections, and we report these in section 7 below. Additionally, we have received concerns in the following areas:

- I. Concerns over other GMC referrals and the overall processes in place historically and currently at the Trust.
- II. Concerns over the integrity of data entry in cardiac surgery.
- III. Concerns over allegations of misogynistic behaviour and sexual harassment.

The concerns about cardiac data have only recently come to light and we will be pursuing, with the Trust's co-operation, further investigation and if appropriate, external review. The internal review is separate from any yet unresolved employment issues that remain for the clinician involved. On the allegations of misogyny and sexual impropriety, as well as the Trust commencing formal investigations, we have agreed for a widening of the scope of the VC's work to accommodate the sensitive nature of these concerns with full protection of individuals reporting such events. There is now a clear communication pathway for individuals to report their concerns.

On the additional governance concerns we have incorporated these into the review of FPP processes and a summary of progress is provided in section 7.

#### **5. Professional standards, referral to the GMC and MHPS**

In our initial report we were able to perform a rapid initial review of 17 of the cases referred to the GMC. The BBC Newsnight programme has reported that after an FOI request, they had evidence that none of over 20 referrals had resulted in any action by the GMC. Our investigation revealed this to be untrue and most if not, all had a basis for actual referral or at least merited its consideration. Our subsequent review looks in detail at the context and evidence surrounding the cases and as part of our recommendations we have commissioned a more in depth 'qualitative' review of all cases referred between 2014-22.

This review will be conducted by an external senior responsible officer assisted by one of our team, Dr Rebeca Mann. They will agree with the ICB and Trust the key lines of enquiry and methodology to complete the review. The review will report its findings to the ICB and Trust and if appropriate the regulator, the GMC.

As well as the evidence from the original case reviews we have also since heard from several senior clinicians who have been subject to GMC and/or MHPS procedures. While this small number is not a representative sample, there are some quite striking similarities in how their cases were handled, all of which give rise to new concerns. All of those interviewed were affected by the process and felt let down by it, reporting delays and lack of engagement, the initial cause for the inquiry or suspension being widened, threats of escalation to MHPS/GMC processes, case review teams often poorly constituted and a lack of senior medical leadership in coordinating the investigation. In some cases (4 that we have spoken with) the GMC did not sanction the doctor referred. These lengthy suspensions had the effect of deskilling and prompted the need for retraining, and for 2 interviewees, disruption of their careers when resumed at another organisation.

While for each case, different circumstances will dictate the pace of an investigation, the evidence we have accumulated from both the case reviews and interviews suggests all or many of these features apply in all these cases. One senior consultant surgeon has been excluded from work for over 5 years, and a second for over 6 months, with so far, no resolution of their case. This is extremely serious, potentially harmful, and deprives the system of badly needed expertise for prolonged periods.

## **6. Summary of the well-led diagnostic (WLD) conducted by NHS England**

The WLD review was led by NHSE's National Intensive Support team and commissioned by NHSE's Midlands Region. The review followed the well-led framework which is an agreed methodology used by the CQC and NHS England. It was conducted from Jan to April 2023 and the final report is attached as Appendix 3.

The review looked at the traditional 9 key lines of enquiry (KLOE's). The standard methodology included:

- A desk top review of:
  - Most recent CQC quality report and Trust evidence of improvement
  - Organisational Charts, governance structures
  - Public and Private Trust Board papers (last 3 meetings)
  - Sub - Board committee papers (last 3 meetings)
- Focused interviews with key members of staff
- Focus groups at each of the 4 hospital sites with 229 communicated directly with. In addition, an online 'Slido' system allowed a further 371 staff to communicate directly with the WLD team.
- A self-assessment questionnaire assessing the 9 KLOE's by board members.
- Observation of key board and board sub-committee meetings

The findings of the WLD were summarised into 4 domains:

- Leadership
- Strategy
- Culture
- Governance

There was much overlap in the culture domain with the Phase 1 report but additionally the report picks up on the restricted career opportunities from staff of a more diverse background and an environment of ‘medical patriarchy’ being a dominant cultural determinant.

The report also identifies significant advances in the development of a more credible leadership, within the Trust. The recent appointments of non-executives was noted. There is also support for the sense of direction under new leadership, initiating change at board and organisational level. That said, the aims of the organisation are not yet embedded in a forthright and widely accepted organisational strategy. These are early days in the Trust’s recovery trajectory, and a full strategy will be required in the coming months.

The WLD focuses on the organisational governance and while there is a degree of historical background the focus of the report is on contemporary issues. The WLD’s recommendations are listed in the box below.

- **R1.** Review the Executive Director portfolios to ensure clear accountability and ensure this is clearly communicated to all staff and relevant stakeholders. A national and transparent recruitment process should be started quickly to appoint a Chief Executive.
- **R2.** Review and refine the Trust Board development programme to ensure it addresses any areas for improvement identified from the safety and well-led reviews. This should specifically include the effective operation of a unitary Board.
- **R3.** Implement a mandated development programme for Governors from a recognised external provider.
- **R4.** Develop a Trust wide strategy in consultation with staff and system partners that reflects the current challenges and future opportunities faced by the Trust, which in turn shapes the Board and Board-committee agendas.

- **R5.** Ensure that staff can operate in environments that are psychologically safe where poor behaviours are consistently addressed and bullying and cronyism are eradicated at all levels of the organisation.
- **R6.** Improve the governance and accountability by improving systems, processes at meetings, to gain assurance against delivery of the strategic objectives.
  - Review the workplans for the new and the existing committees to ensure they are driven by the strategic objectives and the agenda items provide assurance for the relevant BAF risk. Ensure that action logs are consistently used across the Trust.
  - Review Terms of reference of the leadership meetings to ensure Divisional Directors of Nursing and Midwifery and senior AHPs are included and attend the meeting.
  - Work with the NHS England FTSU team on the areas that need strengthening, as identified in December 2021 and commission the NHS England FTSU team to undertake an evaluation in Q4 23/24.
  - Improve the governance process for external reviews. This needs to include timely discussion, oversight, and review of progress at the relevant Board sub-committee and or the Trust Board as appropriate. The Trust must also ensure learning from these reviews are effectively communicated to relevant staff.
- **R7.** Review and update the Board Assurance Framework following the refresh of a Trust wide strategy to reflect the new strategic objectives. The Trust should also take action to improve the quality of discussion on risks and how strategic risks drive Trust Board and sub-committee agenda.
- **R8.** Improve the effectiveness of information to support decision making such as Trust Board, sub-committee, and Divisional reports. Pay particular focus to how the information meets users' needs and ensure it is accessible and understandable. Work with NHS England's Making Data Count Team to adopt a best practice approach to information using statistical process control.

- **R9.** Review the analytical team resource within the Trust and ensure there is sufficient capacity and capability to support the production of high-quality information to enable effective decision making.
- **R10.** Trust Board Directors and senior leaders to engage more often and openly with all staff and foster a collaborative, inclusive and compassionate leadership culture.
- **R11.** Ensure that Trust Board meetings held in public create time for questions from members of public.
- **R12.** Trust Board to continue to improve relationships with external partners and foster a positive and open culture.
- **R13.** Ensure appropriate arrangements are in place for Governors to have their questions from constituents fully heard and act in accordance with the Code of Governance for NHS Provider Trusts
- **R14.** Ensure that all communication on websites and patient information is reflective of the most used languages in the community that the Trust serves.
- **R15.** Improve the support available to staff undertaking improvement work via a trust wide quality improvement approach.
- **R16.** Ensure all staff have adequate time, support, and encouragement to undertake learning and development.

NHSE's recommendations can be fully supported, and they illustrate and amplify many of the themes that were identified in the phase 1 review. Considering what we have learned so far, recommendations 4 and 5 are highly relevant. The whole organisation must share the goals set by the Trust's leadership otherwise they will never be implemented effectively. Many staff have concerns, often expressed as fear, about speaking up. A safe working environment is a prerequisite and one that nurtures the views of all staff relevant to the organisation's safe practice. While there is evidence of improved transparency and engagement the 'hearts and minds' of many have yet to be won.

The WLD reports a culture dominated by a 'medical patriarchy'. We have also found evidence in our phase 1 work of some forceful medical leadership but to bring a sense of balance, we noted that the WLD team did not have a senior doctor as part of it.

We have recently received a comprehensive action plan from the Trust, responding to the recommendations of the WLD. These are attached in Appendix 4. These highlight the significant progress being made in the restructuring of the board, updating its governance procedures and committees and some of the further work that is required to modernise the organisation. This all looks sensible and chimes with the recommendations we have already made in Phase 1.

## **7. Evidence from the regulators since February 2023**

When performing an extensive review of the Trust over a relatively prolonged period, in the background routine external inspections and audits continue. We explore here the findings of the CQC and HEE.

### **CQC inspections**

During the early part of our work the Care Quality Commission (CQC) undertook assessments of maternity and elderly care services at the Trust. We summarise their findings below. While this review's scope does not require a response to the CQC's reports we have reflected on their findings, as they add to the more generalised issues that we have recognised. Their reports and all of ours do demonstrate the immense task that the new leadership faces to turn the organisation around.

The CQC have published update assessments relating to UHB in April 2023 as follows:

(See <https://www.cqc.org.uk/press-release/cqc-tells-university-hospitals-birmingham-nhs-foundation-trust-make-improvements>)

In December 2022, an urgent unannounced inspection was carried out in medical care services at Good Hope Hospital (GHH) as well as an urgent unannounced inspection of children and young people's services and a focused inspection of the medical assessment unit (MAU) in medical care at Birmingham Heartlands Hospital (BHH). The assessment team noted that staff were working extremely hard under pressure and treating people with compassion and kindness in all services.

Concerns were expressed around a lack of confidence that leaders were appropriately managing priorities and issues, or reducing risks to keep people safe in medical care at GHH particularly around staffing levels and recommended that this was addressed as a matter of urgency. Across all services visited there were insufficient nursing staff, and this was felt to have a negative impact on the effectiveness of the health and social care system and to be adversely affected staff morale. Following the inspections, the Trust was issued with a warning regarding staffing within medical care at GHH.

Following these inspections, the overall rating for medical care at GHH remained rated as requires improvement. In medical care, the ratings for being safe and well-led remained rated as requires improvement. As it was a focused inspection this service was not rated overall and remains rated as requires improvement.

Children and Young People's services at BHH was rated as Requires Improvement for being safe and rated Good for being well-led. They additionally noted that staff completed and updated risk assessments and removed or minimised any risks to service users to keep them safe. Staff also identified and quickly acted when patients were at risk of deterioration. In medical care at BHH the ratings for being safe and well-led remained rated as requires improvement. This represents no change from the February 2019 CQC assessment. As it was a focused inspection this service was not rated overall and remains rated as Requires Improvement. The overall rating for University Hospitals Birmingham NHS Foundation Trust remained as Requires Improvement.

#### Discussion of CQC's findings

The only area of overlap compared the previous CQC assessment in February 2019 was medical care at BHH, the ratings for being safe and well led not changing from the previous assessment as "requires improvement" - but the themes reported in the report seem relatively consistent across other domains.

There were two striking features - firstly the quality of leadership seen in children's services at BHH, where the following comments were made:

- Leaders ran services well using reliable information systems and supported staff to develop their skills.
- Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported, and valued. They were focused on the needs of children and young people receiving care.
- Staff were clear about their roles and accountabilities. The service engaged well with children, young people, and the community to plan and manage services and all staff were committed to improving services continually.

At the same provider unit, the following comments were made about the leadership within MAU:

- Lessons learned from incidents were not always shared with the wider team.
- Leaders did not always operate effective governance processes throughout the service.
- Senior leaders were not always visible and approachable to staff on the wards and MAU.
- Senior leaders did not ensure staff felt respected, supported, and valued and understood the service's vision and values, and how to apply them in their work.
- Leaders used reliable information systems and supported staff to develop their skills.
- Leaders were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. All staff were committed to improving services continually.

This demonstrates the clear importance of strong middle tier management, and how at departmental level very significant differences in management style can be delivered and felt by staff (and regulators). It supports significant development of management and leadership skills at

departmental and divisional level as being an effective way of changing the working environment and culture. Empowerment of managers and leaders within individual sites is an important component of the Trust's next steps. The sheer size of the merged UHB Trust and the logistics of delivery of services across 4 sites means this is even more important to take forward than it might be in other organisations, combined with changes at the highest levels.

The second striking feature related to the significant scale of the staffing shortfall challenges facing the organisation, for example in the medical department nurse staffing fill rates at BHH. Here the CQC stated that:

*“Between September and November 2022 staffing fill rates for the MAU trolley area for registered and unregistered staff were 59%, 41% and 34%. Between September and December 2022 staffing fill rates for wards 22 and 23 for registered and unregistered staff were 56%, 63% and 69%.*

*Between October and December 2022, there had been 1,015 unfilled shifts that had needed to be covered on wards 22 and 23. .... In December 2022, the service had 39.54% staff vacancy rates for band 6, 7 and 8 nurses. .... In December 2022, the service had 30% of staff vacancies for healthcare assistants. ....The service had 13.49% of staff turnover rates in December 2022. ....The service had reduced sickness rates from the previous month of October 2022 at 7.34% to 6.14% for November 2022. “*

*Medical staffing was less severely affected – but for example: “Sickness rates for medical staff were reducing and for November 2022, overall long term and short-term sickness rates were at 11%. The Trust recognised the need to over recruit to cover sickness and absence and used a detailed action plan to achieve this.”*

The report outlined extensive measures that were undertaken to support these staffing challenges, including over recruitment, the use of agency and locum staffing – but these rates of vacancy, sickness and staff turnover are high, and adversely affect services as well as staff morale. It is costly and wasteful and unlikely to contribute to high quality care or patient experience. The Trust now has a better understanding of the work required to resolve the current high levels of sickness and staff turnover rates. No organisation can carry this burden of difficulties within their staffing rotas without significant negative impact on finance and clinical quality.

This is obviously a case of work in progress and, as we identified in our initial report, there is significant activity within the organisation to address the staffing issues. It is also notable that UHB does not work in a vacuum and other Trusts in adjacent areas have benefited from the turmoil at UHB (in terms of increased recruitment), and with both NHSE and the training community great efforts are being made to retain staff and improve the working conditions at the Trust to attract future staff in permanent or training positions.

There were several comments outlining some of the concerns that staff felt about the quality, responsiveness, and approachability of the leadership - particularly senior leaders - that have been well described elsewhere. The comments about local leadership were more positive. As the Trust develops the 'site leadership' it is an opportunity for each base to set out its own proposals for attracting and retaining staff.

## HEE inspections

One of the most significant concerns was the response of the Trust to the untimely and tragic death of a doctor in training. We summarise the actions that have been taken since then and specifically the involvement of Health Education England in assisting the Trust in its approach to staff in training, and their response to the concerns we highlighted of Dr Kumar's family.

HEE have seconded a senior doctor, Andy Whallett to examine all aspects of training across the Trust. He and his team have gathered a mixture of informal "soft" intelligence from staff and formal data from surveys (the GMC National Training Survey and the National Education Training Survey). Using these sources, and from the team's own inspections, they have made assessments of several training areas within the Trust. Three areas are highlighted as being of serious concern, where training is unsatisfactory and where patient safety may be compromised. These are Obstetrics/Gynaecology, Haematology and Acute/Emergency medicine. Active steps are now being taken to rectify these shortcomings, to improve communications between the Trust and its trainees, and HEE will continue to monitor these for sustainable progress. It is hoped that with the progress already made and with significant new measures put in place to support trainees, that no other regulatory action will be required.

### **8. Review of the historical and current Fit and Proper Person processes at UHB**

The 'Fit and Proper Person' processes are important steps to ensure good governance and probity lie at the heart of an organisation's integrity. In our phase 1 report we were concerned that following the case of Mr Reuser's referral to the GMC and employment tribunal service that when tested these processes were inadequate. We have subsequently been commissioned to investigate the processes applied at the time if they were implemented correctly and to comment on their outcome and importantly 'lessons learned' from the process. Here, we summarise our work carried out so far, and outline the remaining steps to be completed before we report.

We have been provided with a full set of documents relating to the Trust's assessment of Dr Rosser's fitness and propriety. From these, we can see that a formal process was followed by the Trust Board, through the relevant Committee, and that there was extensive external communication between the then Trust Chair and the CQC.

What is not clear is the extent to which the Board were presented with a full picture of events, if it received any additional expert advice on the implications of GMC criticism of a senior doctor who was the Responsible Officer, and on the then likely impact of making an appeal against the Employment Tribunal's ruling on Mr Reuser, if it saw all the correspondence that the Trust conducted externally and the follow up information and feedback that was provided throughout. We are now during an interview process with individual directors and their advisers to complete our analysis, which will also assess the appropriateness of the various Trust policies in this area.

In addition, we are also examining the process that was followed by the Board for a small number of other important decisions in 2021 and 2022. Again, we want to understand the background to these decisions, the nature of the advice provided, in order to try and understand what was in the Board's mind at the time.

Once these interviews have been completed, we will hold a development session with the UHB Board to support them in ensuring lessons are learned, oversight of executive performance is robust and any necessary changes to governance and oversight are developed and implemented.

## **9. The Trust's organisational progress in 2023**

Following the disclosures on the BBC Newsnight programmes in December 2022 Dame Yve Buckland was seconded from the ICB to UHB in January 2023 to take on role as Interim Chair. Jonathan Brotherton was appointed Interim CEO in December 2022. In this relatively short tenure, there have been significant changes to the Trust's leadership which includes:

- The retirement of several Non-Executive Directors and appointment of their successors
- A reorganisation of the executive team with several posts changing to adapt to the need for a new organisational structure – those appointments being made in July 2023?
- The appointment of a new substantive Trust CEO by July 2023
- All senior recruitments will be subject to a new process which will include an interview with a staff forum.
- A rapid review of clinical safety by iQ4U Consultants.
- An open engagement strategy with all staff by the senior executive team, supplemented by the ongoing culture review by 'the Value Circle'.
- An organisational development review by Moorhouse consultants, which has resulted in the creation of a 4-site organisational model. 4 new Executive Directors are being appointed to run each site.
- Consideration of the criticism following the death of a junior doctor, the Trust has made a full apology, together with offers of support to her family, and has learned from the tragic event.
- Further, in response to this, and the concerns received from HEE/CQC on the quality of training within the maternity unit at UHB, external support is being provided by a senior member of HEE seconded to the site with the aim of making widespread improvements to Junior Doctors' training across the Trust.

While this report can confirm significant progress in both the restructuring of the Trust's board and the proposed organisational changes, it is premature to conclude that the new more open approach, through multiple listening events, will convert to behavioural change. It is our view that once the structural changes and all current reviews are completed, the focus must be on demonstrable change to the hierarchical culture and style of the organisation. This must be visible and tangible to empower staff to speak out freely and confidently without risk of detriment to themselves.

## **10. Preliminary findings from the 'Culture Review'**

We have only very preliminary findings from the ongoing review by The Value Circle. Initial meetings across the organisation conducted across all sites, an extensive feedback questionnaire and the availability of confidential environments where views can be freely voiced have been successful. Emphasis has been focused on 'hard to reach' groups, who may for many reasons be reluctant to come forward. Such groups would include:

- Representative groups of diverse ethnicity and culture
- Employees who predominantly work outside of weekday/ daytime time periods
- Staff in training
- Non-clinical workforce

In the Phase 1 review we recognised significant evidence of a historical coercive bullying culture, where fear and threats were used as a management tool. These early themes have been confirmed by this more extensive enquiry. In Phase 1 we also heard of significant instances of misogyny which has again been confirmed. Two women have come forward directly, with concerns about sexual harassment and abuse of staff. One of these has been contacted by other women (3 we believe) of misogynistic behaviour but have not spoken with us directly, preferring to use the open access they now have to the work of the Value Circle as reported above. While this report cannot go into any detail of these allegations, we have been able to direct those who have come forward to a safe environment in which to convey their concerns. Working with these members of staff, the Trust can then agree the relevant processes to support and where necessary, to investigate such allegations.

In Phase 1 we were not approached by any staff concerned about prejudice relating to race or ethnicity. This was understandable as none of our team were from diverse backgrounds and reticence in coming forward due to a historic lack of trust in the organisation was probable. The WLD and current review of culture have opened avenues for people to report their concerns. There is a concern that for ethnic and diverse communities, as well as for women, there are more limited job opportunities within the Trust. Staff comment on the 'whiteness' of the board and senior clinicians. The current leadership is proactive in reversing this and, as with the other cultural changes required, this will be a measure of the success of the new management over time.

## **11. Conclusions, recommendations, and next steps**

In our part 1 report we made 15 recommendations in the 4 areas of:

- Clinical safety
- Governance and leadership
- Staff welfare
- Culture

We report progress in implementing these recommendations in Appendices 1 and 4. We will report in some detail later the outcomes of the ongoing reviews into GMC/MHPS processes, clinical reviews of Never Events and haemato-oncology patients care, and support for trainee

doctors put in place since the death of a junior doctor in 2022, but we now highlight others, either throughout this summary report or below:

- **Neurosurgery.** We have interviewed 4 of the senior consultants and a senior nurse working within the unit. The principal issue is a breakdown of trust between the various groups of clinicians and despite interventions by the Royal College of Surgeons, CQC and an external facilitator there has been little improvement if any over the last 4 years. This jeopardises the integrity of the service, already depleted by the loss of any new cases in the DBS service. We believe this to be a failure of clinical leadership at a divisional and executive level. The incumbent clinical service lead is in an invidious and unsustainable position, having to deal with conflicting priorities and instructions. Support from clinical colleagues and management is often poor. We did originally suggest a further external review but on reflection there is little to be gained. Instead, we propose that under the leadership of one of the new NEDs, a former CMO of a large acute and specialist trust, should engage and develop an improved leadership structure, an internal review of clinical workload (we heard that this isn't fairly distributed with some clinicians having less onerous theatre, on call and clinic activity). Vested interests and a lack of understanding of the many different roles clinicians play have led to long-term resentment and poor behaviours. While a conciliatory approach will offer the best prospects for recovery, all must commit to change and if they cannot, they must consider their positions.
- **Building on the WLD led by NHSE and our own Phase 1 findings** we wish to re-emphasise the need for not only a reformed board structure and membership but further progress on board roles, reporting processes including escalation of risk and the Board's approach to it. We report some of the changes that have been implemented but there is still much work to be done to move to a modern board in touch with the risks the organisation faces and how it mitigates them. A CQC Well-Led inspection, scheduled for later in the year, will hopefully demonstrate significant progress, building on nascent changes we already report.
- **Culture.** All 3 phases of this review have recognised a distressed organisation with an overt hierarchical and bullying culture. The additional concerns over a misogynistic and prejudiced environment have led to some uncomfortable feedback for the organisation. We see, in the now established Chair of the Trust, a leader that understands this and is committed to changing it. This stance has been reinforced by the actions of the interim CEO. Staff are understandably sceptical and there is a mountain to climb, but with the right appointments at a senior and mid-management level along with winning over the clinical staff's confidence we see a trajectory of improvement over the coming months and years.

## **Recommendations**

Our recommendations, in the main, will be for the final specific areas of concern currently being investigated into the never events, clinical services and professional standards work. Additionally, we recognise that the staff and patients of UHB would wish to see evidence of improvement against the recommendations of all 3 Phases of the review. Our recommendations at this stage in addition to those of our phase 1 review are:

1. We suggest that an evaluation of progress against the Phase1/2 and 3 review takes place no sooner than April 2024. This recommendation has been agreed by the trust and the ICB.
2. We recommend that the system (NHSE/CQC and the local ICB) formally acknowledges that the new Board is given time and space to make its improvements, recognising the significant load that all this analysis and review is placing on an already stretched hospital Trust. We note that a proposed well led review by CQC has now been delayed by 6 months.
3. Whilst not fully formed, we also will make recommendations on certain areas of management information that should be supplied to the Board, which should help it to assess progress on culture and which will improve challenge at the higher levels of the Trust.
4. That an external review of referrals to the GMC during the period 2014 -2022 is conducted led by a senior responsible officer supported by Dr Rebecca Mann.

#### **Next steps**

- I. The findings of the culture review will be collated into a report, recommendations, and action plan/way forward by the Value Circle
- II. To complete and report the findings of the clinical reviews.
- III. To complete and report the investigation into referrals to the GMC/MHPS processes.
- IV. To complete and make recommendations following our analysis of the FPP review to the Trust at a board development session.
- V. To ensure that any potential concerns over the handling of clinical data have been or will be investigated thoroughly.

**Professor Mike Bewick**  
**Dr Rebecca Mann**  
**Mr Giles Peel**

**Iq4U Consultants 29<sup>th</sup> June 2023**

Appendix 2: GMC/MHPS referral summary\*

Appendix 3: Well Led Diagnostic NHS England. \*

Appendix 4: UHB's response to Phase 1 Recommendations

Appendix 5: Summary of the Culture Review by The Value Circle

## **Disclaimer**

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