UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

CULTURAL REVIEW REFERENCE GROUP

Notes of the Cultural Review Reference Group
Tuesday 25 April 2023 10.30 -12.30pm
Trust Headquarters Board Room,
Queen Elizabeth Hospital Birmingham

In-person Attendance	**MS Teams Attendance**	**Apologies**
Roger Kline - Chair (RK)	Dr Achuthan Sajayan (AS)	Mehrunnisa Lalani (ML)
Dr Ravi Kumar (Dr RK)	Natasha Salmon (NS)	Ansar Mahmood (AM)
Lee Williams (LW)	Margaret Garbett (MG)	Veronica Morgan (VM)
Bev Baker (BB)	Sheena Cumiskey (SC)	Giles Peel (GP)
Professor Julian Bion (JB)	David Cockayne (DC)	Professor Mike Bewick (MB)
Ali Fisher (AF)		
Randeep Kaur Kular (RKK)		
Barry Panton (BP)		
Professor Andy Whallett (AW)		
Jonathan Whitney (JW)		
Dame Yve Buckland (YB)		
CathiShovlin(CS)		
Georgina Charles (GC)		
Natalie Smith (NSm)		

1. Welcome and Introductions

RK welcomed all to the meeting and noted apologies received (ML, AM, VM, GP, MB).

Dr Ravi Kumar on the Patient Safety Review

Dr RK stated he wants to help get the Trust improve and then excel as a centre for Trainees . He advised the Culture Review Reference Group that he had concerns about the previous review. Dr RK felt that the Bewick report did not accurately reflect his concerns about his daughter's suicide or what the Coronor said.

Dr RK questioned whether sufficient focus was placed on speaking with the right individuals and a limited number of junior staff members were spoken with regarding bullying. Dr RK felt the review did not give a voice to those who were really suffering. It is important to ensure this further review includes these points.

Dr RK praised the work Professor AW was doing and felt he was the right person to assist with this Culture Review.

YB apologised to Dr RK and offered her condolences, reiterating that the Trust is determined to sort this out. This requires great leadership, but the right support also needs to be in place to enable that. YB provided further assurance by confirming that in addition to the work the Culture Review is trying to achieve, there is a separate piece of work to address the problems being experienced by Trainees ..

RK echoed this and stated that if you cannot acknowledge problems, you will not be able to resolve them. RK stated that we must be able to hold a mirror up to ourselves and help ensure this review is an honest and rigorous one.

Dr AS mentioned that there are hopes to include a trainee as part of this group.

Professor AW expressed his condolences to Dr RK as well as those of his colleagues. This is now a time for reflection and to reach out to colleagues to discuss how we move forward. Extremely sad that it has taken this to get to this point, it is imperative that we look at work/ life balance and the wellbeing for Drs in training.

Professor JB thanked Dr RK for his courage. Even though Professor JB was not clear on the specific challenges Vaishnavi was facing he was aware of the areas in question and the significant issues within them.

2. Thevaluecircle (tvc)

RK welcomed thevaluecircle to the group to discuss the upcoming Culture Review and process. DC, CEO and SC, Project Director introduced themselves and DC set out the Culture Review across 3 areas and outlined the following:

1. Proposal
    - The review is independent and they will ensure they have an open view of the organisation, the challenge is where the media is strong, already lots of views/opinions being raised and formed.
    - They recognise there will be things that are not great or right but also things that are good.
    - They have started with Diagnostics to understand policies, procedures, the business model of the organisation, Trust structures and a range of data including previous staff surveys.
2. Field work
    - They will then conduct a short survey to cover as much as possible/hear as many voices.
    - They will be discussing the third stage on when/ how they undertake focus groups, survey and interviews.
    - The survey will be released next month (May) and the Trust will have no access to who responds or what they say.
    - They will conduct 50 plus focus groups across all sites/all levels of staff.
    - They will work with the Reference Group to confirm representation/time frames/areas.
    - They will be on site every day with their team and have agreed to cover nights.

3. Findings

- They will triangulate data from all the survey responses, focus groups and interviews and then apply their own experience on top of that to look at an overall overview – identifying areas to improve and key themes.
- They will then discuss and present the report, working with YB on the mechanism to get the findings to all staff.
- It is key to note that their team is sizable and diverse with differing levels of experience.

DC advised he and his team had already visited each site as part of an orientation day, to get a sense of the organisation.

SC advised it is important to use all available channels for messaging as this is a real opportunity for staff to be able to talk in a safe and confident way. The survey will be confidential with results going directly to tvc in a secure way. They will consider the language they use carefully as well as how they extract themes and learning.

There will be a level of granularity about different experiences, but not down to individuals so people feel safe about their individual data. This will be the same with the focus groups, representative and creating a safe environment to speak up. They will look at getting into places where people are seldom heard/staff gather. Furthermore, Email will not be the only channel through which they will communicate and their team will be in place with devices for those who can not/do not have access to a PC.

DC finished by saying it was a privilege to be able to help and work with the Trust and how they help people to get the best experience of work/ deliver the best care.

RK thanked DC and SC for joining the group and opened the floor to questions.

Questions:

RKK asked how many staff they would allocate per focus group and how they will undertake that. Our staff networks could offer support/ encourage staff to join in these discussions.

DC advised groups of 8, they will not be able to speak with everyone so it is a balance of getting the right space with the right people. Tvc confirmed they would have an equal numbers across each site.

RK noted that some staff may feel nervous at being in a room with senior colleagues.

LW asked will there be room for individual interviews or a drop box for people to comment? Staff may also be wary of being overheard in areas where they gather, often see lower bands moderate their opinions when leaders are around.

Tvc confirmed there will be a designated (confidential) email for people to send their feedback to and they will look at how they will cover that individual base. They will be conducting individual interviews with the Board Execs. They will also be doing some observational walk about so this could be another point/way for staff to approach their team.

JW asked would they visit any of our satellite locations and what other hospitals have they worked with and what approach they took?

DC advised they would take advice on the areas to visit. They have worked in a range of organisations including one in North Cumbria that had more sites than UHB (54 mile

geography between sites). They took a similar approach, due to size location and number of staff and learnt it is important to meet people where they are.

Dr RK asked how they would frame questions around bullying, instead of asking - have you been bullied consider other ways as the legal definition of bullying covers multiple issues, staff not always aware those behaviours are bullying and would not mention it.

DC agreed with Dr RK but they are testing the broad culture as well, which all links to being supported, treated right.

AF advised tvc they could use the Band 7 Leadership Networks as they include clinical service leads down to Operational support managers and are an established group with the same level of managers.

Professor JB noted there is a big difference in what appears to be coherent groups, take that into account when putting groups together, often see tribes and hierarchies. Also include community services as they lie outside our sites, not as accessible. Professor JB also noted there are high performing units within the Trust that could act as quality indicators to tvc: GMC trainee survey/collaborative research, multidisciplinary meetings that encourage self-criticism and social groupings. It is also worth looking at the acute care pathway and follow that through as it is an area of challenge for the Trust.

RK advised he and YB had met with a former CEO of another Trust who provided insight into some of the challenges faced in a challenged trust and said it was crucial to gain the experiences of BME staff who do not feel it is always safe to raise concerns as it may make things worse for them.

Thevaluecircle thanked the group for the helpful feedback and noted staff he had spoken with on their visit all mentioned they wanted to do the right thing by the organisation.

Thevaluecircle left the Meeting

Discussion continued around the table regarding the tvc culture review.

It was important to get to the hard-to-reach areas and look at facilities, varied and diverse staff base and labs. Many times we have had reviews at these locations, actions agreed and then forgotten about.

It was asked if we need to be careful that we are not focusing on the same areas, other areas may feel missed out. The group advised they were frequently raised for a reason and if we have an opportunity to a do a review that is meaningful we must speak to them.

Dr RK emphasised we must make staff aware of what bullying is and the difference between banter and bullying. It can be insulting you through words or behaviour which his daughter had experienced first-hand. To explore how staff feel when they go home, sleeplessness/palpitations. It is ok to ask - are you ok?

It was asked if tvc would be open to talking to this membership on an individual basis. One area had been identified to look at as many comments made by Dr RK had resonated with the issues in these areas. They have had culture reviews that have failed them, some staff frightened to come to work for fear of reprisal off for 6 months.

It was noted that it is important we look at the experience of women in the workplace, focus on misogyny, sexual harassment, ender hierarchies, inferiority and gender hierarchies.

Professor AW stated we must make people feel free to talk when surrounded by a group, and how you get that group to communicate what they have to. Where things have gone wrong often the message is diluted by the time it has reached the top and ensure the quietest voice gets heard at the top.

It was noted that one issue impacting the trust culture was shortcomings in career progression being equal to all, as it appears some colleagues are pushed forwards, but others are not. Some are given training and development opportunities and others are not.

AF thought it is important to consider that some individuals may feel embarrassed speaking publically and just do not like a focus group setting. Based on her experience mixed level groups can be challenging, similar bands produced more successful groups.

The group shared an experience of working with female consultants who had raised concerns and were happier discussing on a 1:1 basis because of fear of the effects it would have on their career progression if shared wider. It was a worry if female consultants do not feel safe to speak up.

Professor JB learnt if you want to get to the heart of the matter you have to live with the tribe and this takes time for people to speak up it cannot be done quickly. He tries to spend time with the Ward Clark, Security, and Domestics, the invisible spies that see it all.

RK thought it would be beneficial to collate copies of previous surveys/reviews. There seemed to be quite a few which had sunk without trace but which could add a degree of richness to the generic information that is already coming in.

YB also suggested producing a heat map as some areas raised again/where issues remain unresolved. RK agreed and asked for previous surveys to be sent by Reference Group members to him/CS.

Professor JB mentioned the heat map should also consider cold areas a balance of good and bad.

It was advised Staff-side have a list of hotspots and people tend to open up when with people in similar roles and when sharing personal experience best in a 1:1

Dr RK noted that he felt trust is built when people can see action taking place.

LW noted we must ensure focus groups do not produce one single dominant voice.

RK advised he will take all these additional comments back to thevaluecircle.

3. Minutes and matters arising

- A Junior Dr is to join future meetings
- RK&YB had spoken with Professor MB and it was a constructive discussion.
- The website is up but it needs to better populated – RK asked AF to speak with Communications to ensure information is posted in a timely manner
- RK has been in contact with Preet Gill and Richard Burden

- LW said that he had emailed Professor MB with some questions on the conclusions in the report. If in agreement, his responses will be shared with the group
- GC will take over the role of support to this group from Emma Street
- RK was due to meet with the Chairs of the Staff Networks to discuss what they want to feed into the review

4. Margaret Garbett Re CQC inspections

MG gave an update on the final CQC reports following the December 2022 visits to (the reports would be public documents):

- BHH AMU and Children's & Young Persons Unit
- GHH Medical Wards, HCOP/W16 – trauma and medical outliers

Children's and young person's unit BHH

- Ratings - **Safety** - Requires Improvement with 2 Must do actions
- Staffing concerns raised - we advised there was mitigation involved in making it safe on a day to day basis
- Handling drugs post cardiac arrest event and how the drugs were put away following this

AMU BHH

- Ratings - **Safet**y and **Well-Led** both Requires Improvement with 4 Must do actions
- AMU recently expanded, they have increased by 23 trolley spaces and they manage more patients through the SDEC area. AMU is still in modular ward areas while the area has been made fit for purpose

GHH Medical

- Ratings – **Safety** - Inadequate, **Caring** – Good/ **Responsive** and **Wed-Led** Requires Improvement
- Ward received a Section 29 on staffing and had 12 weeks to respond, they have responded and there has been an amazing improvement to their staffing profile. CQC again visited the Trust yesterday and came back to visit this area and reassured our assurance is appropriate the feedback was that it feels better
- GHH still not as we would like it but have a good pipeline of staff and they are working under extreme pressures but are still providing good care

5. Freedom to Speak Up Report

Professor JB will be presenting the Freedom to Speak Up report to Trust Board this week. His report will be posted on the Culture Review Reference group web site.

Speaking Up is the responsibility of everyone, in an ideal world there would be no need to have a Freedom to Speak Up department. They have seen their number of contacts double since November 2022 due to sustained promotional work and as a result of the BBC programme, only see this as positive.

Doctors remain the predominant group for getting in touch. FTSU will request information for benchmarking from the national office that is relevant around this.

The Report looked at dysfunctional behaviour, bullying, harassment, discrimination and patient safety.

6. Next Meeting

12th May 2023 10:30 – 12:30