



Independent assessment of leadership and culture at Harrogate and District NHS Foundation Trust and Harrogate Integrated Facilities Management

FINAL | SUMMARY 28 May 2020

This is a Summary of our Final Report dated 20 Feb 2020 which is strictly private and confidential and has been prepared for the Board of the Harrogate and District NHS Foundation Trust and Harrogate Integrated Facilities Management only. This Summary Report is prepared for the Board as a body alone, and our responsibility is to the full Board, not individual Directors or Commissioners. It should not be communicated to any third party without our prior written permission. For your convenience, this document may have been made available to you in electronic as well as a hard copy format. Multiple copies and versions of this document may, therefore, exist in different media. Only the final signed copy should be regarded as definitive.

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28 May 2020

Dear Steve

Harrogate and District NHS Foundation Trust and Harrogate Integrated Facilities Management – Independent assessment of leadership and culture

In accordance with our engagement letter dated 22 August 2019 and our change order dated 24 October 2019 (which together form the 'Contract'), for an independent assessment of leadership and culture at Harrogate and District NHS Foundation Trust and Harrogate Integrated Facilities Management (the 'Review'), we enclose a summary of our Final Report dated 20 February 2020 (the 'Summary Report').

This Summary Report has been prepared in order that Harrogate and District NHS Foundation Trust are able to communicate the broad findings of our work without inclusion of the personally identifiable information which is included in the full Final Report in order that any active or future investigations are not prejudiced.

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We have assumed that the information provided to us and management's representations are complete, accurate and reliable; we have not independently audited, verified or confirmed their accuracy, completeness or reliability. In particular, no detailed testing regarding the accuracy of information has been performed. The matters raised in this Summary Report are only those that came to our attention during the course of our work and are not necessarily a comprehensive statement of all the strengths or weaknesses that may exist or all improvements that might be made. Any recommendations for improvements should be assessed by the organisation for their full impact before they are implemented.

Yours sincerely



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Introduction and scope

Introduction and scope

Context

We have undertaken a neutral assessment of leadership and culture at Harrogate and District NHS Foundation Trust ('HDFT' or 'the Trust') and at Harrogate Integrated Facilities (HIF). We understand that some concerns have previously been raised from a number of sources, in particular the 2018 national NHS staff survey, a British Medical Association (BMA) member survey and the Trust's 'Fair and Just Culture' diagnostic.

This Summary presents the high level findings from our Final Report dated 20 February 2020 and has been prepared to enable HDFT to communicate the findings of our review to staff without the inclusion of the personally identifiable information from the Final Report. The Review was conducted against the scope set-out in the contract agreed on 22 August 2019 and the change order dated 24 October 2019.

Approach

Our approach to delivering the assessment, as agreed with the Trust, was to start from a neutral position, with no preconceived view around leadership and culture in the Trust or HIF. As such, we split the review into two phases. Phase 1 began with a neutral assessment of leadership and culture across the whole Trust to understand the positive practices and behaviours as well as identifying any areas of concern or specific issues. The areas of focus for Phase 2 were then agreed on the basis of the outcomes of phase 1. The details of our approach to each phase are as follows:

Phase 1 was a neutral assessment of leadership and culture across the Trust and HIF. No activities or questions were targeted at any specific individual, team, service or staff group and all conversations held were treated as non-attributable. Our approach consisted of:

1. Undertaking 1 hour, non-attributable, one to one interviews with key individuals (including Executive Directors, Directorate leadership teams, key individuals in a control group, staff side and Local Negotiating Committee (LNC) representatives and key individuals in governance roles such as the Freedom to Speak up Guardian (FTSUG));
2. Running a series of drop in sessions for staff at a variety of times and locations (seven were held in total) to provide the opportunity for staff to share positive stories around and to raise any concerns about leadership and culture directly with the review team. These were publicised to staff by the Trust's communications team (using newsletters, emails and screen savers);

3. Undertaking one to one interviews with any individuals who wished to raise or discuss concerns in relation to leadership and culture directly with the review team. These interviews were by open invitation to all staff, as publicised by the Trust's communication team; and
4. Conducting a review of key documentation, including but not limited to:
 - The Fair and Just Culture diagnostic results;
 - The BMA local member survey results;
 - The NHS Staff Survey results;
 - The results and findings of local pulse surveys and staff surveys undertaken by the Trust in the past 12 months; and
 - The Trust values statement and staff/Board Member code of conduct/behaviours framework.

Phase 2 Upon completion of the interviews and documentation review listed above, we met with the Chief Executive (CEO) and Director of Workforce and Organisational Development to feedback the themes which had emerged from our work. At this time we jointly agreed which of these we would undertake a deeper dive into to better understand the issues or concerns raised during the work carried out in Phase 1 of our review. It was agreed that our deep dives would focus on:

- Medical Leadership;
- Radiology;
- Harrogate Integrated Facilities;
- Sunderland 0-19 Service; and
- Complaints and Risk Management Group.

Our deep dives consisted of:

1. Re-publicising our review to the services and staff groups selected along with extending the opportunity for staff to raise any concerns or issues with the review team directly (responsibility for communicating our drop in sessions and availability was held by the HDFT HR and communications teams);

Introduction and scope (continued)

2. Running drop in sessions in the services / teams or staff groups targeted specifically at the areas/themes identified for follow up;
3. Undertaking interviews with key individuals;
4. Running a survey, distributed to all staff in the areas for follow up based upon the NHSI/Kings Fund culture diagnostic tool;
5. Observing a meeting of the Complaints and Risk Management Meeting (CORM) in November 2019; and
6. As per our Change order dated 24 October 2019 we also undertook a review of recruitment and appointments to posts since the creation of HIF. To ensure a manageable sample size we agreed to review all appointments to posts at Band 3 and above since March 2018, along with specific posts where concerns had been raised about the rigour and probity of the recruitment process during our interviews.

Basis of our work and limitations

Our findings in this Summary Report are based on the views expressed by Board Members and members of staff during interview, drop in sessions and focus groups. As such the themes presented are drawn from the views of staff who spoke to the review team during the course of our review only.

As per the terms of reference specified in the contract agreed on 22 August 2019, we have not pursued any lines of enquiry in relation to individuals or cases which are already subject to formal procedures by the Trust. Furthermore, where findings in this Summary Report are based on the views expressed by Board Members and members of staff who individually wished to take any new concerns or allegations that come to light through our work further, we have signposted them to access the Trust's / NHS processes and procedures. We also signposted staff to the support available through the Trust and the NHS should they wish to avail themselves of this.

It is important to be clear that we have not sought to further investigate any specific concerns or instances of poor behaviour or perceived bullying and harassment described to us by individuals during our work. As such our work (and no aspects of this report), does not constitute a formal HR process or investigation, and nor should it be relied upon as such. It will be for the Trust to determine whether and how any formal investigation regarding the issues identified in this report should be conducted.

Maxwellisation

Key individuals who were referred to directly in our Final Report dated February 2020, either in use of quotes from staff or reporting of themes from the views or concerns reported to us by staff, have participated in a 'Maxwellisation process'. These individuals have been afforded and taken the opportunity to review our report in its draft state to respond on any points of factual inaccuracy.

Summary

Summary

Key findings

As part of our review we have held one to one conversations and interviews with 176 members of staff across HDFT and HIF. In addition to this we have also facilitated a focus group with the Fairness Champions and supported surveys in some targeted areas to which 156 members of staff responded. It is important to make clear from the outset that this piece of work was commissioned as a neutral review of culture rather than an investigation, and therefore the summary of findings presented below is based purely on the views of those staff who spoke to the review team or responded to our survey,

It is not based upon any investigation of concerns raised and it will be for the Trust to determine whether and how any formal investigation regarding the issues identified in this report should be conducted.

We have separated the findings of our report into two main areas, general findings which are not specific to an individual, team, service or staff group, and thematic findings, where we received consistent and corroborative concerns about individuals, teams, services or staff groups. We have summarised our key findings in each of these areas below.

A. General findings from phase 1 of our review.

One of the most often repeated points made to us by staff during our work was that the Trust was 'a great place to work' and that staff felt 'proud to work at the Trust'. Most of the HDFT staff who came to us to report concerns wished to caveat these with a view that they were isolated in nature, and that the majority of staff at the Trust were friendly, open and supportive.

Another notably positive feature of our review was the comments made about the leadership behaviours displayed by the Board and the Directorate Leadership teams. The values displayed by the Board were the subject of particular praise, as was the consistency of positive role modelling across the Directorate leadership teams, which in our experience of undertaking governance, leadership and culture reviews, is unusual.

Similarly, the Executive Team were frequently described as an open and inclusive team, who are highly visible and foster a positive leadership culture in the organisation.

Whilst most of the staff that we spoke to felt that 'acting on concerns regarding behaviour and culture' was an area where the Trust could improve, a number of services were cited frequently where it was felt issues had been recognised, acknowledged and acted upon, with noticeable improvement. Theatres was one such area. the Directorate team explained their use of a culture diagnostic tool in this and other services where there were known cultural or leadership challenges. We feel there is scope to adopt this approach more widely across the Trust. This point should be balanced however, by the fact that some staff described a sense of fatigue regarding raising concerns regarding poor behaviour or bullying and harassment, explaining that when they had done this in the past they had observed no action or improvement and therefore had been discouraged from doing so again. Staff did generally report some positive signs regarding the issue of openness to raising concerns more broadly, with many referencing the visibility of the CEO and his commitment to the staff well-being agenda as encouraging staff to raise issues they may not have previously.

A significant feature of our work was the number of both medical and nursing staff who reported apprehension or fear regarding the incident reporting and investigation approach in place at the Trust. Staff specifically cited the Complaints and Risk Management Group (CORM) as a source of fear, either as a result of personal experience or reputation. This was particularly (but not exclusively) felt to be an issue for the medical staff we spoke to. It is unusual for us to receive such consistent feedback that a single governance entity is a source of trepidation, as a result it would appear wise to revisit the governance structures around patient safety and particularly in relation to CORM.

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Key findings

A. General findings from phase 1 of our review (continued)

The Freedom to Speak Up arrangements in place at the Trust were frequently commented on by the medical staff interviewed as part of our work, with many feeling that current arrangements presented an actual or potential barrier to openness. Whilst no individual questioned the integrity of the FTSUG (who was frequently described as accessible, approachable, compassionate and helpful), our view is that the potential conflict of interest that exists under the current arrangement is such to act as a deterrent to some who may wish to raise concerns.

We have been unable to undertake targeted work to evaluate the views of minority or hard to reach groups of staff due to the lack of diversity and inclusion structures, forums and arrangements in place at the Trust. In our experience not having such arrangements in place is unusual, as most NHS Trusts have implemented and well established such structures. Whilst some racist attitudes were present in free text comments in response to the survey of HIF staff, we had no direct issues raised with us regarding equality and diversity related bullying during our work.

Whilst it is not unusual for some staff to criticise the responsiveness or level of service provided by corporate services during our reviews, human resources support at HDFT was frequently criticised by staff during our work. The HR department was described variously as:

- Providing variable advice (dependent upon who in the HR department a line manager spoke to);
- Adhering rigidly and inflexibly to policy;
- Being slow to act on issues, with cases dragging on in some instances for years; and
- Leaving staff with a feeling that the HR position regarding behavioural issues is to try to 'make them go away'.

We asked all those in line management positions what level of training and development they had received in relation to performance management, managing difficult conversations and resolving conflict. In all cases staff told us that they felt the current offer in place at the Trust in this area to be inadequate. Our work also found concerns regarding the quality of HR policy and procedure currently being applied at the Trust. For example, a number of staff described instances where they had been placed on an 'informal capability plan' by the HR team with no prior discussion or communication and that they had been denied any representation at the meeting scheduled to discuss and agree this plan. We understand that a programme of work to review HR policies has now been commenced.

Whilst we acknowledge that more recently the Trust have begun to develop this area (for example in nursing, the Trust this year introduced the RCN clinical leadership programme). The Trust has also recently introduced the First Line Leaders programme to develop leadership skills amongst line managers at the Trust which is now in cohort seven. There is, however, scope to develop a more holistic training and support offer aimed at developing the leadership skills of the workforce which incorporates coaching, mentorship and other tools with classroom based learning.

Finally, we found limited oversight and visibility of cultural and organisational development based assurance and indicators at Board and committee level. The Executives and Non Executive Directors interviewed reflected that this was a gap in the governance and assurance arrangements in place at the Trust. There is in our view scope to undertake work to strengthen this aspect of governance and provide greater opportunity to explore assurance on organisational culture at Board level.

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Key findings

B. Thematic / specific findings arising from both phase 1 and 2 of our review

Upon conclusion of the majority of our scheduled interviews and activities at phase 1, we met with the CEO and Director of Workforce to feedback the thematic issues that had arisen as of 01 August 2019. It was agreed at this meeting that in phase 2 of our review we would focus on a selection of areas where concerns were repeatedly raised during phase 1 of our work. These were determined by the CEO and Director of Workforce and OD as areas where; the Trust was not already implementing a programme of intervention or development to address culture / behavioural issues; and there were no active formal proceedings in relation to an issue.

We have summarised the key thematic concerns arising from our review in these areas as follows:

B.1 Medical Leadership

A significant number of individuals raised concerns with us about the culture amongst medical staff at the Trust, in particular relating to medical leadership (it is important here to state that we received almost universal praise from staff in relation to the behaviour and leadership of the Clinical Directors). The staff reporting these concerns were of all grades and from a broad range of specialties. The concerns raised ranged from general issues about poor behaviour not aligned to the Trust's values, to direct accusations and descriptions of bullying and harassment. Of the 35 staff raising these concerns with us 26 explicitly used the term 'bullying' or 'bully' to describe behaviour and a number of these individuals relayed instances where they felt they themselves, or others had been bullied. We have detailed some of the examples of bullying cited by staff in the full version of this report.

A number of the staff we spoke to during our review referenced what they felt was the impact of the medical leadership culture upon engagement, openness and incident reporting from medical staff. These individuals explicitly stated that there was a negative impact upon the patient safety reporting culture at the Trust, to the extent that some behaviours were a deterrent to reporting.

Acknowledging the views of the 35 individuals citing concerns regarding the culture in relation to medical leadership it is also important that we relay the positive descriptions provided by a number of staff in relation to this area of the Trust. In particular, Executives and Directorate leadership teams were broadly positive about the medical leadership culture within the Trust.

B.2 Radiology

During phase 1 of our review a number of staff raised concerns about Radiology, either in general terms about Radiology as a department, or specifically regarding the practice and behaviour of individuals within Radiology. In all of these instances the concerns raised related to behaviours towards medical staff from specialties outside of Radiology when requesting scans. In phase 2 of our work we spoke to 14 members of staff from within Radiology directly, and a further 51 members of staff from Radiology responded to the survey based on the NHSI / Kings fund culture diagnostic tool.

A number of staff raised general concerns with us about the culture in Radiology, referring to a department with a 'poor culture', and describing Radiology as being an 'unhelpful', 'unfriendly' and/or obstructive department. Some staff from outside of Radiology (particularly the doctors in training who spoke to us) compared the department to others where they had worked, reflecting that they had not experience such problems requesting scans in other Trusts. In our own experience of undertaking leadership, governance and cultural reviews at NHS Trusts, we have rarely come across such strength of feeling about the approach of a Radiology department to requests. We found this issue to be mirrored within Radiology, where we found staff to use combative language when describing their department's relationship with the wider organisation. Triangulating this point, 60% of survey respondents within Radiology did not agree with the statement "the Trust values the service we provide".

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Key findings

B.2 Radiology (continued)

A number of the staff we spoke to both within and from outside Radiology told us that they felt the negative culture towards the wider organisation in Radiology had been fostered by some senior consultants within the department. This was described as fostering what is perceived as a negative culture which 'champions rejection of scans'. A number of staff members from within Radiology raised concerns with us about bullying taking place within the department.

A small number of staff reported specific patient safety concerns regarding the clinical practice of some individuals within Radiology. We have passed details of these and the identity of those raising these concerns to the CEO to ensure that should it be deemed necessary, these can be investigated to ensure that the safety of the service is maintained.

B.3 Harrogate Integrated Facilities (HIF)

Whilst not initially within the scope of our review, the culture and behaviours of staff within HIF were described to us as a concern by several HDFT members of staff during phase 1 of our work. As a result we escalated this to the attention of the CEO of HDFT and Chair of HIF who requested that our contract be amended to incorporate HIF services within the scope of our review.

Phase 2 of our work therefore included HIF services as an area of focus, specifically relating to Portering, Estates, and Domestic Services. We interviewed 52 members of staff from HIF, with 63 members of HIF staff also responding to a survey based on the NHSI / Kings Fund Culture Diagnostic Tool. The scope of our work was further extended via a Change Order on 24 October 2019 to include a review of recruitment and appointments to posts since the creation of HIF.

Of the 52 members of staff interviewed at HIF, 45 raised concerns about the senior management and leadership of the company. These concerns varied in nature but consistently cited:

- A lack of visibility of senior leadership, with many staff stating that they rarely if ever saw or came into contact with the senior management of the company;
- An 'us and them' scenario whereby the management of the company had isolated themselves from the rest of the workforce;
- Poor communication, with many staff stating that they rarely if ever received communications about the company or its priorities, progress or performance; and
- Poor decision making and policy making with limited explanation. This was cited by staff in relation to areas such as waste management, recruitment, organisational structure, shift patterns and staff rotas.
- Finally, a number of members of staff across each of the services we reviewed (21 in total) described relationships between senior managers as nepotistic and a barrier to raising concerns about leadership and management of the company.

The volume of concerns raised about the leadership of HIF and the local management of some services leads us to find that there are significant issues regarding the confidence of staff in the leadership of HIF. These concerns clearly point to a disconnect between front line staff and the management team at HIF.

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Key findings

B.3 Harrogate Integrated Facilities (continued)

Our interviews raised widespread concerns about bullying, poor behaviour and cliques within the Estates department, with a number of staff describing the present culture within Estates as 'toxic'. A significant number of those interviewed (21 in total) described members of staff as being, or as having been, bullied by a group of individuals within the Estates Team. These individuals either explicitly stated that bullying was taking place, or described instances or events which could be labelled as bullying. The individuals subject to the bullying described instances which clearly fall within the ACAS definition of bullying and include:

- Collectively ignoring and ostracising people;
- Defacing tools, equipment and belongings with offensive graffiti;
- Mocking individuals openly in front of the team using posters;
- Intimidating behaviour; and
- Damaging belongings and equipment belonging to some individuals, including gluing of equipment and lockers.

We find it concerning that a significant number (over 20) of those interviewed from within Estates dismissed the issues described above as 'banter', 'childish pranks' and 'fine, a bit of a laugh'. We were also concerned at the number of staff during interview who felt that some of the behaviours identified above could be excused, on the basis that it was felt recruitment processes had been mishandled or people 'weren't up to the job' or 'didn't fit in'.

We were surprised at the number of staff who spoke to us who were able to refer confidently to the proceedings and outcomes of recruitment processes of individuals within the Estates Team. Over 15 people within Estates described individuals as having got 'less than 50% and failed in their interview' or having 'no qualifications for the job'. Many of these individuals held no line management responsibilities and would not have sat on or normally be privy to the confidential detail of recruitment processes.

This triangulates with broader concerns raised that the local management within Estates are too close to certain individuals on the shop floor, the degree that they are unwilling or unable to effectively address the cultural, behavioural and bullying issues being reported.

The above issues also align clearly with the survey responses to the statement 'unacceptable behaviour is consistently tackled', to which 86% of respondents did not agree. On the basis of the above issues and the detailed examples and triangulation between interviewees at different levels it is our view that there are significant cultural issues within the Estates Team, and that these issues extend to:

- poor behaviour from multiple members of staff;
- a lack of empathy with colleagues and others; and
- bullying and harassment over an extended period of time.

Through our review of HR records and processes we have identified a number of areas of poor practice in relation to adherence to recruitment policy and the processes, including:

- A number of applicants were shortlisted for and subsequently appointed to posts for which they did not demonstrate (via listed experience and qualifications in their application form or CV) the essential criteria for the post as per the job description or advert;
- A number of posts appear not to have been advertised appropriately in line with policy; and
- We identified a number of posts where there are significant risks in relation to the probity of appointments.

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Key findings

B.3 Harrogate Integrated Facilities (continued)

We have found the approach to recruitment within HIF does not demonstrate good recruitment practice and does not meet the requirements and processes stipulated in both HDFT and HIF policy. The widespread use of an 'internal expression of interest' approach to recruitment and the lack of HR involvement and support in a number of appointments has left staff within HIF feeling that recruitment within the company is unfair. In conclusion we recommend a thorough review and overhaul of HIF recruitment practices and policies.

B.4 Sunderland 0-19 Service

During phase 1 of our review we did not feel that our planned drop in sessions at this service were facilitated in a manner which would encourage openness and transparency, we therefore recommended that the survey based upon the NHSI/Kings Fund culture diagnostic tool be run in the Sunderland service to ensure any concerns staff had could be raised confidentially (42 members of staff responded).

Whilst some of the survey results were relatively positive, in a number of areas the responses pointed to the need to further understand the challenges being described by this team regarding leadership and culture and to provide some organisational development support to help to address these.

B.5 Other thematic areas of focus

As part of phase 2 of our review we also agreed to facilitate a focus group with the Trust's Fairness Champions. We completed a session at which 9 Fairness Champions attended and offered some useful insights into the culture of the Trust which are detailed in the body of this report. We feel that better use could be made of the collective, thematic intelligence gathered by the Fairness Champions to provide more triangulated and accurate assurance information to the Board and committees regarding the culture of the organisation. Some of the broad conclusions drawn from our discussions with fairness champions were:

- That there is a need to do more to recruit more junior staff into the Fairness Champion roles, the seniority of many Fairness Champions was felt to be a potential barrier to individuals coming forward;
- The 'kitchen table' meetings held between the Fairness Champions are really helpful and highly valued, but are too infrequent, difficult to attend and not sufficiently focussed on themes; and
- There is a need to more effectively link the soft intelligence gathered by the Fairness Champions with the assurance received by the Executive and Board to triangulate intelligence to build a more accurate picture of culture at this level. One suggestion is to ask the CEO to attend the last 30 minutes of 'kitchen table' meetings to listen to themes from feedback.



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