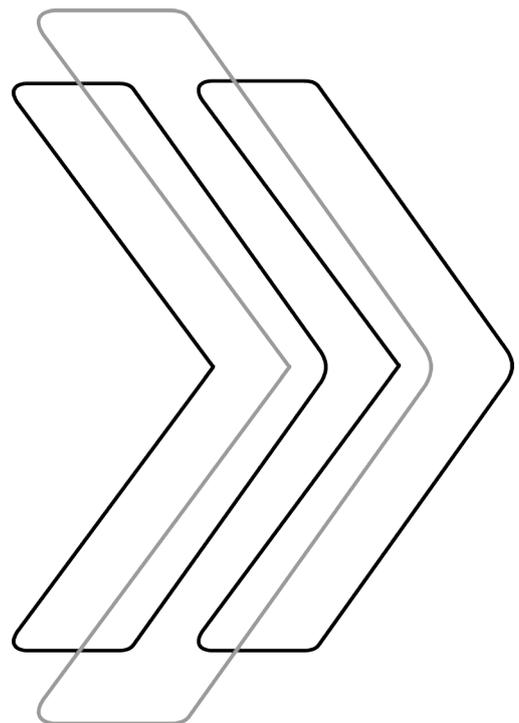


# **Cultural and leadership development review of Healthcare Safety Investigations Branch**

## **Authors**



January 2022



This independent report was commissioned by NHS England and NHS Improvement. The views in the report are those of the authors and all conclusions are the authors' own.

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# Contents

1	Background and overview of the review approach	2
2	Summary of preliminary findings	4
3	Response to the preliminary findings from HSIB staff	6
4	Reflections from The King's Fund review team: what needs to change	10
5	A plan for the future	17
	References	21
	Annex 1 Data analysis methodology	22

# 1 Background and overview of the review approach

- The Healthcare Safety Investigations Branch (HSIB) is on a path to becoming a fully independent organisation. The Health and Social Care Bill includes provisions to establish a new Health Services Safety Investigations Body (HSSIB) as an independent statutory organisation.
- Against this background, The King's Fund was commissioned by NHS England to undertake a review of HSIB's leadership and culture, including the culture and leadership needed for success as the organisation moves towards a steady state of independence.
- The approach The King's Fund has taken for this review is a best practice methodology in the profession of Organisation Development. The principal philosophy behind this was to appreciate and understand what works well within the culture at HSIB and what might need to change – by hearing from people who work in the organisation. The terms of reference specified that any themes and responses to the initial findings should be co-created with the people who contributed and used to inform our recommendations about the changes needed.
- The King's Fund team worked through three phases during the review: inquiry and analysis; development of themes; and co-creation of priorities and recommendations for the future. A steering group was established to oversee the review which included the sponsors from NHS England and NHS Improvement and the Department of Health and Social Care. The objectives of the review were to:
  - review previous reviews, staff surveys and other available information relating to the organisation's culture, and consider how any findings or recommendations were responded to by the HSIB leadership and NHS Improvement, NHS England and the Department of Health and Social Care
  - use inquiry-based approaches to:
    - explore how the current culture is perceived and experienced by staff

- assess whether people wanting to raise a concern were aware of or had access to appropriate policies and support identifying any actual or perceived barriers to reporting, making complaints, using Freedom to Speak Up Guardians or other mechanisms of raising concern – although the quality of the policies and their application is outside of the scope of this review
  - consider and comment on HSIB as a place of work with regard to ensuring the treatment of staff with dignity and respect and maintaining an open and supportive culture, specifically considering those with protected characteristics.
  - consider, and make recommendations, for any other matters the steering group considers are directly related to the purpose of this review, particularly at each milestone review.
- We shared preliminary findings with all staff on 2 November 2021. These findings were based on individual interviews, focus groups and staff survey results, previous reports and other relevant information shared with us by HSIB.
  - This final report contains five core recommendations for cultural and leadership improvements at HSIB and for the transition to HSSIB presented to NHS England and NHS Improvement (as the commissioner of the review) in January 2022. The Department of Health and Social Care has oversight of HSIB and their senior representative on the steering committee has also received a copy of this report.
  - The Steering Group have agreed that this report should be distributed to all staff at HSIB during the week commencing 10<sup>th</sup> January 2022.

## 2 Summary of preliminary findings

Following the data-gathering inquiry, headline preliminary findings were shared with staff during an all-branch meeting on 2 November 2021 and are summarised below.

- HSIB has a very committed and skilled staff team who do great and important work.
- The organisation exists in a very uncertain current and future context, with confusing accountability and the added complexity of being subject to legislation currently going through Parliament.
- Unclear governance and accountability are compounded by confusion about organisational policies and processes not being followed, while HR support has been lacking.
- We heard mixed views about leadership and culture in different teams. Many staff report poor behaviours from the executive team, individually and collectively, and the team's leadership is regarded by many as poor.
- This manifests itself through a perceived command-and-control approach to leadership, lack of openness to challenge, hierarchical approaches to management and behaviour that is out of step with the organisation's values.
- Bullying, sexism, racism and other forms of discrimination and unprofessional behaviours appear to be prevalent and tolerated – this goes right to the top of the organisation.
- The national and maternity teams retain different identities and ways of working, with widespread perceptions of unfair treatment and favouritism.
- All of this is very damaging to the health and wellbeing of staff, diminishes the culture and undermines the potential of the organisation.

- There is a breakdown in trust and lack of confidence that these issues will be addressed by the executive team.

### 3 Response to the preliminary findings from HSIB staff

The next phase of work was focused on co-creation and development of the priorities for improvement from the preliminary findings. Following the all-branch meeting on 2 November and the subsequent sharing of the recommendations with all staff, a voluntary questionnaire was sent to HSIB staff. 44 people responded to this.

The workshops were designed so staff had the opportunity to co-create the recommendations and priorities to help support the development of the culture and leadership needed as the organisation moves toward an independent state. Four workshops were held concurrently during November where additional feedback was collected. These were attended by 103 people. In addition, a Mentimeter survey was open for staff comments during November 2021.

The following sections represent the views, ideas and suggestions put forward by the staff through this phase of the work with regards to improving leadership; promoting equality, diversity and inclusion; and supporting good governance. Many of the suggestions relate to the senior leadership, though some refer to the organisation as a whole.

#### Leadership

- All senior leaders including maternity senior leadership should acknowledge what has been said by many staff about their work experience at HSIB, acknowledge their part in the culture and commit to developing and modelling good leadership and behaviours.
- New leadership should have the skills and experience in change management and cultural improvement.
- For the senior leadership team to establish a clear focus and direction for the organisation and a roadmap to establishing HSSIB.
- Trust should rebuilt through:

- creating a culture of speaking up so that staff can feel psychologically safe in their ability to do so and be heard
- all staff and teams playing their part in addressing bullying and poor behaviours
- committing to communicating openly and transparently, respecting all views equally and improving communication between different parts of the organisation
- ensuring individual and team responsibility and accountability for developing a positive culture
- helping leaders and teams to develop their emotional intelligence
- uniting the organisation in a common cause, respecting the strengths of different professional groups, and removing the 'us and them' dynamic between teams
- considering restructuring for a flatter hierarchy
- having a consistent approach to investigations.

## Equality, diversity, and inclusion

- Build an inclusive organisation with individual, team and organisational focus on equality, diversity and inclusion actions.
- Provide education and support for all staff to understand, recognise and address discrimination of all types including sexism and racism.
- Commit to recruiting for improved diversity, especially at leadership levels.
- Ensure fair access for all to development, skills training and job opportunities.
- Review pay-band equivalence for identified roles (ie, investigatory posts).
- Accept what has been said as the lived experience of people working at HSIB, even in cases where they have not had the same experience.
- Everyone should acknowledge their own part in the culture and of the organisation and that they have a role to play in improving it.
- Understand that while some people may not have directly witnessed or recognised racist, sexist, or bullying behaviours, this does not mean

they do not exist, nor that they may have contributed in some way to them.

- Develop a shared understanding of what represents good and bad behaviours and accept individual accountability for modelling good behaviours and challenging bad behaviours in others in a timely manner
- Collaborative behaviours, kindness, empathy and listening need to be prioritised, seeking to develop respect for everyone in the organisation, and renewed sense of professionalism within HSIB.
- Revisit the organisational values and ensure organisational processes support them being lived in everyday work.
- For all to commit to rebuilding trust between and within teams by working together to heal the past, creating enough time to address these issues alongside delivery. This should involve supportive training including how to have authentic conversations.

## Good governance

- Establish clear governance and process for the oversight of the transition to independence overseen by the Department of Health and Social Care.
- A transition plan with clear timelines and milestones and indicators of success and the expert skills to lead it is needed.
- The need for permission and a necessary structure within which to act while the uncertainty associated with the Health and Care Bill continues.
- Ensure internal engagement but also provide additional external support to work through the processes needed to support cultural change.
- During this period of transition, HSIB would benefit from consistent and enhanced HR support and regular presence, leadership, and support from Department of Health and Social Care and NHS England and NHS Improvement senior representatives
- Frequent communications from NHS Improvement/NHS England and the Department of Health and Social Care and HSIB leadership regarding transition is needed, to avoid a vacuum to fill with worry, even if there is nothing new to say.

- Strategy development will be required during transition to support clarity and focus. The strategy should:
  - incorporate the response to this review
  - include a transformation strategy to support all aspects of the organisation to transition to its future
  - include a longer-term vision and strategy for HSSIB as an independent body.

## 4 Reflections from The King's Fund review team: what needs to change

*Heightening cultural awareness is a powerful precursor to cultural change – once cultural patterns have been identified and named, change becomes more possible and often happens spontaneously.*  
(McLean, 2013)

Over six months, The King's Fund team gathered data through interviews, focus groups and surveys, and presented the data and themes back to the organisation. We have helped people within the organisation to make sense of the information and decide on next steps to influence change.

The engagement with staff has generated ideas, energy, and momentum for change. These sessions have also provided an opportunity to model some of the changes needed within HSIB and in the transition to HSSIB, eg, time and space to discuss aspects of culture, ideas, and action to influence new directions; connection and communication across the organisation; listening, appreciating, and acknowledging each other; working as one team and the ideas of staff being heard, appreciated, and incorporated into agreed actions.

Dixon-Woods and colleagues in the largest multi-method study on culture and behaviour in the English NHS (Dixon-Woods *et al* 2014) found both 'light spots' in teams and individuals who demonstrated 'caring, compassion, cooperation and civility, and a commitment to learning and innovation' and also 'dark spots' within the same organisations. Through the process of this review, as well as 'dark spots', we heard several examples of 'light spots' at HSIB, including evidence of positive teams that were functioning well and more widely, of the strong commitment of staff to the work of HSIB.

The further phase of listening we conducted in response to the preliminary findings enabled us to gather additional organisational information, undertake further sense-making with staff and continue refining our understanding of the current HSIB culture. Alongside the workshops and survey, we had multiple informal conversations with HSIB staff at different levels, and the

same patterns that are reflected in the analysis above were prevalent throughout those conversations.

Our key reflections from this part of the work are provided below.

- The preliminary findings resonated with many people who described them as reflecting their experience, or what they heard of from others, and were relieved that they had been surfaced. Some reported a different experience – including shock and surprise at the findings – where their teams are content and functioning well.
- Among the ideas for culture change voiced in the workshops, there was an emphasis on people not knowing each other, working in silos and a desire to get to know people better in other teams. The lack of communication and connection across the organisation could account for some of the different responses to the preliminary findings and there was an emphasis that this needs to improve.
- Many people voiced their sadness, discomfort and/or shame about the findings. Where this has been the case, there has been frustration from staff about denial or dismissal of the findings or methodology. To move on from the issues surfaced through this work, the lived experience of many must be acknowledged, understood and discussed, even if some staff have not had the same experience.
- Despite the criticism, we heard expressions of care for the executive team in this process, a wish to protect them from the preliminary findings, and a view that they had been unfairly blamed. We have also heard many people say that the issues identified as part of the preliminary findings were not new and have been highlighted in previous reports.
- At the beginning of the work, staff had been clear that they would not trust the report outcomes if they were first shared with the executive team, owing to a perception that the findings of previous reviews had been changed before publication, or not shared at all. It was therefore agreed with the executive team and the steering group that the findings for this review would be shared **without** prior engagement with the executive team to build trust in the report and the process for beginning change. However, some staff expressed surprise and even 'shock' that the findings were shared with everyone at the same time.

- Staff talked about the findings relating to leadership beyond the executive team; that leadership behaviours that influence HSIB's culture sit both with the executive, and with many other teams, individuals and leaders throughout the organisation. They spoke about the importance of both individual responsibility for behaviour, and action to tackle systemic factors influencing the organisation's culture. We agree with this. The external factors mentioned in this report and from the staff feedback relayed within it are all part of the cultural picture, and there is never a single influence on culture. Nevertheless, leaders in organisations are responsible for what goes on within them and hold great power and influence to drive change. The purpose of this report is to highlight patterns, and support understanding about how to go about changing those behavioural patterns in the service of creating a different culture.
- There was a very strong voice from staff regarding senior maternity investigation team leaders not being held accountable for behaviours that had a very negative impact on staff. We found a mixed picture with some team leaders being seen as creating a positive culture in their teams. The veracity of statements from within the maternity division about parts of its leadership is important to acknowledge and further attention needs to be paid to it in the work that follows.
- In response to the findings, there was a pattern of some staff asking for more emphasis to be placed on particular teams or leaders, on clinical dominance or investigative dominance, or on particular levels of the organisational structure.
- We heard the importance of more emphasis on the positives within the organisation regarding sense of purpose, teamwork and things that are already working well. Focusing on the positives that can be amplified and emulated, while not denying and addressing the problems that currently exist, will be hugely beneficial for changing cultural patterns in HSIB and HSSIB.
- We heard some acknowledgement and sadness regarding racism and sexism in people's response to the findings. These are not issues that are unique to HSIB and are found in many organisations. However, the level to which they were prevalent in HSIB means inclusion needs to be at the centre of organisational development work going forward. There is a risk that a lack of awareness or lack of understanding of the issues, or uncomfortable feelings of shame and guilt, could push the issues under the surface again. We strongly recommend HSIB address how to

develop a culture of inclusivity where all staff are actively involved as allies.

## Main themes for change

### *Sustaining staff engagement, building understanding, confidence and trust*

The preliminary findings identified concerns about the senior leadership of the organisation. As the most senior leaders, the executive team were seen as having overall responsibility for the poor experiences of staff and having failed to address the culture. While changes are required in senior leadership behaviours, since sharing the preliminary findings there has also been a clear call from staff for everyone in the organisation to pull together and get behind the required cultural and behavioural changes. Essential to this is visible commitment from all senior leaders in the organisation to co-own the issues raised through this review and commitment to act including on their own behaviours and in challenging unhelpful behaviour from others.

Creating a psychologically safe climate for individuals to share experiences and for others to listen without reacting is a key concern of many in the organisation. The workshops hosted in November 2021 began to model some of this approach and resulted in calls for further opportunities for staff during 2022 as the organisation starts to address the recommendations of this review. Given the findings of this review and the lived experience of many staff at HSIB, it is evident that external expert (independent) help will be required to support the required cultural change.

### *Inclusive leadership and compassionate behaviours*

The most significant change needed to build confidence amongst people at HSIB is the style and tone of leadership present throughout the organisation. Embracing compassionate and inclusive leadership that has equality, diversity, and inclusion (EDI) at its core will support the changes the people in HSIB want and need to see.

Targeted organisational development work which includes a specialist EDI partner will be needed to help individuals and teams to change behaviours and help to embed a culture of inclusion. There have also been several suggestions of needing a clearer articulation of HSIB values and what 'good' and 'bad' behaviours look like. The use of language is key in this and extends

to avoiding jargon or abbreviations that may not be understood by all, thus creating in and out groups.

People at HSIB are asking for their leaders to be seen acting as one, working together, embarking on democratic decision-making, and embodying listening, clarity and support as the norm. While the requests are clear, achieving such behaviour is challenging, and a community-orientated task.

HSIB has an opportunity to draw a line with this review and to engage with the empathetic and other relational skills their staff employ in work with NHS trusts to build engagement, offer challenge and influence each other. This may also require externally facilitated support at least in the early stages. People within HSIB have recognised there is a need to get better at having difficult conversations and holding each other to account. Training for the former has already been procured by HSIB, and as ever it is the witnessing of different behaviours and the courage/permission to call out those that are not displaying them, that staff say will demonstrate real impact.

One of the strengths highlighted in the findings was the diversity and depth of expertise held throughout the organisation, along with a theme of those differences being untapped and sometimes actively quashed or silenced. The behaviours needed to turn the culture around are generally perceived to be kindness, respect and transparency. This should not be confused with a 'fluffy', conflict avoidant, superficially harmonious environment. There is a need to call out poor behaviour and work within the challenges of the continued uncertainty as the organisation goes through further changes. It will take considerable courage, vulnerability, and humility to help people to move through this period.

### *Supporting wellbeing and repair*

During the interviews it was clear that there are individuals within the organisation who are carrying unresolved trauma because of their experiences and who would benefit from tailored support. Some are also the subject of unresolved grievances or other employee relations cases.

As well as reviewing, clarifying and consistently observing HR policies, organisational leaders will need to be supported to help heal and repair fractured relationships, many of which may also have been exacerbated by the continued period of remote working. Without attention and commitment to this, hurt, fear and resentment may linger and undermine efforts to improve the culture, and affect productivity and performance.

Repairing interpersonal issues and resolving bullying and harassment or other grievance claims will help build confidence in the HR function as well as the leadership and support a healthier culture. The work to be undertaken on inclusive behaviours will support the rebuilding of interpersonal relationships and trust.

There is a further concern regarding support and containment for staff faced with undertaking traumatic investigations in the course of their work. The combination of an often-hostile environment beyond, and for some within, their local team, with stressful work content can be a significant test of resilience, particularly when coupled with the enduring impact of the pandemic. Proactively supporting those individuals and teams who are vulnerable to help them rebuild their strength of voice will aid the organisation to hear and understand the issues it faces.

Some of this will require expert support in the form of counselling and mediation. There will also be a great deal the organisation can do to encourage a greater sense of community, building on what is already working in terms of informal spaces online and cross-organisation conversation. Staff have also expressed frustration that specific interventions intended to support wellbeing, for example, have not been well attended as they have struggled to prioritise attendance due to workload pressures. Leadership messaging around priorities could help build confidence that issues of wellbeing are a genuine concern.

### *HR infrastructure, policy and procedures*

It is evident that the issues raised by staff identified through this review have been exacerbated by inadequate HR support from NHS England and NHS Improvement, inconsistent, out-of-date policies and non-conformity to stated HR processes. This has added unhelpful ambiguity to an already uncertain environment for people working at HSIB. There is a clear need to invest in HSIB's HR function to ensure that staff have confidence in its work and that HSSIB has sufficient HR support of its own in future.

### *Maximising learning and building on strengths*

Many of those engaged in the future-focused phase of the culture work during November 2021 have recognised that there is a need for individuals and teams to reflect on the part they have played in contributing to the culture and its impacts. There have also been honest reflections that some may not know how to achieve this and/or what to change in themselves.

Programmes of both equality, diversity and inclusion and leadership development as well as aligned management training can help to build the confidence in individuals to address issues of concern as they arise.

At the same time there is recognition that the organisation has a great deal of experience in supporting health care organisations to learn from events of the past and make positive change happen. The people at HSIB have a huge range of expertise and we found examples of highly supportive, open and diverse teams, while some staff in workshops spoke of their own productive, well-led teams that allowed for challenge, support, care and critique and healthy relationships. A sense of common purpose and drive to improve health care bound many in the organisation together. These are strengths to build on.

Developing organisational learning as a core activity and consistently using improvement language and approaches can help the organisation to address the issues it faces, and will give individuals confidence that there is a willingness to change. An 'appreciative' approach to change should be adopted that recognises the strengths of the organisation and builds on the best of what already exists (Cooperrider *et al* 2008, 2016).

## 5 A plan for the future

### Recommendations

#### *To resolve and confirm the interim senior leadership arrangements for HSIB*

Responsibility for action: the Department for Health and Social Care and NHS England and NHS Improvement

- Clear interim leadership and governance is essential for the effective functioning of HSIB, to support the people who work there and initiate demonstrable action on the recommendations from this review. We recommend that following the retirement of the current chief investigator, any interim chief investigator should ideally be an experienced healthcare chief executive with significant experience of cultural change. A senior interim leader and their leadership team should be confirmed no later than end March 2022.
- The executive leadership team must be supported with regular, healthy dialogue with senior sponsors from NHS England and NHS Improvement and the Department of Health and Social Care. The interim leadership arrangements are essential to support the transition to HSSIB as proposed in the Health and Social Care Bill. The form and rhythm of support needs to be determined but could be achieved through a regular presence at the HSIB executive meetings during the transition.
- Although beyond the remit of this review, it is evident that HSIB requires a formal transition plan, with new governance arrangements for HSSIB (eg, a shadow board) and that should be developed as a priority.

#### *To commit to developing a compassionate, inclusive leadership culture at HSIB (and HSSIB)*

The culture change programme to support delivery must address the feedback from HSIB staff to the review findings (see Section 2) and incorporate the change priorities that staff identified.

This must be supported by some immediate actions on equality, diversity, and inclusion in the first six months of 2022.

Responsibility for action: HSIB executive team with input from NHS England and NHS Improvement as supporting organisation.

- A leadership and cultural change programme should be developed, to help implement the desired changes identified by staff during this review. The culture change programme should build on the strong sense of purpose to improve investigations and drive significant improvements in patient safety.
- This new programme should be sponsored by the new interim chief investigator, overseen by the Department of Health and Social Care, and led by a senior leader with proven experience of leading organisational and cultural change. We recommend this is supported by a cross-organisational culture change team to ensure diverse staff engagement and co-design throughout the process. NHS England and NHS Improvement has an existing national culture and leadership change programme for NHS organisations, with an evaluated model, and a team that could provide advice on the design and infrastructure required to make this work within HSIB.
- Direct and urgent action must be taken in response to the racism, sexism and discrimination experienced by people in HSIB. This work must be a priority for the executive team and senior leadership of HSIB. NHS England and NHS Improvement as the employing organisation has a responsibility to support this, while the Department of Health and Social Care should be responsible for overseeing progress against this recommendation. We recommend specialist external equality, diversity and inclusion expertise be secured as part of this organisation development support early in 2022 to work in partnership with the interim senior leadership team.
- Additional dedicated senior HR and organisation development leadership resources will be required to provide the necessary support within HSIB to address the findings of this review. This includes support to address unresolved trauma among staff because of their experiences and resolve outstanding grievances and other employee relations cases. All staff should have access to confidential workplace support including provision of independent counselling, which should be made available as a priority from early 2022. Several staff have unresolved

trauma as a result of their experience working at HSIB and will need a tailored package of support. The Department of Health and Social Care should provide oversight to ensure this provision is in place no later than 31 March 2022.

- The review found people not willing to speak up due to mistrust in the leadership of the organisation. The Freedom to Speak Up arrangements should be strengthened to help restore trust and ensure that staff experience is heard and acted upon.
- The development of a formal leadership strategy for HSIB (and HSSIB) should be a high priority for the incoming interim chief investigator and executive team. This should include work to develop and sustain a compassionate, inclusive leadership culture and should include how HSIB can truly become a learning organisation that supports staff to be at their best, to innovate and to celebrate success.

*To address the uncertainty about the future of the organisation, specifically to provide clarity about the future of the maternity division and share the timeline for the decision-making and implementation.*

Responsibility for action: the Department of Health and Social Care

- While we understand that the status, governance, and functions of the new organisation are subject to legislation currently before Parliament, it would be a mistake to wait for it to pass before acting, particularly as there will be a delay in implementing the Bill. It is essential to provide as much clarity as possible to staff about the future of the maternity division as soon as possible, and a clear need for comprehensive HR support to support people through the significant change process to HSSIB.

*To review the organisational governance, policies and processes as part of the transition arrangements*

Responsibility for action: HSIB executive team

- Although out of scope for this review, it is evident that some management attention is required to review aspects of current governance, and to ensure all HR and other policies and procedures are up to date and communicated clearly. Staff have referenced examples of inconsistent and outdated policies and confusion between different

approaches between HSIB and NHS England and NHS Improvement. Attention to this will help provide greater clarity and support to managers and staff during the transition to the new organisation.

*Implementation of these recommendations during 2022*

Responsibility for action: HSIB executive team

We recommend that all recommendations are accepted and a timetable for delivery is developed and shared with staff no later than 31 March 2022. We recommend that a senior responsible officer from the Department of Health and Social Care is nominated for the oversight on delivery of these recommendations.

Given the level of mistrust expressed by staff that senior leaders had failed to act on previous review recommendations, it is important that the HSIB executive team, supported by NHS England and NHS Improvement and with oversight from the Department of Health and Social Care, commit to responding to this report with HSIB staff and confirm the timescale for implementation of these recommendations.

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# Annex 1 Data analysis methodology

The HSIB headcount was validated with HSIB Freedom to Speak Up team based on HR records, as of September 2021 and Cochran's formula was used in the analysis.

Structured interviews were conducted with 59 people with proportional representation from all parts of the organisation and four people who had left HSIB. 56 people attended focus groups, where structured questions were used with participants in groups, with proportional organisational representation. Only four people who were interviewed also attended a focus group. Interviews and focus groups were available to anyone within the organisation, over a period of three months. Focus groups and interviews covered 45.8 per cent of the population, giving this data a 99 per cent sample size confidence level and margin of error of 9 per cent. Industry standard is sample size confidence level of 95 per cent and 10 per cent margin of error.

Concurrently, an anonymous staff survey was run. This was compiled of quantitative and free text questions. The response rate was 172 people, 68.5 per cent of the organisation population. This provided a 99 per cent sample size confidence level and margin of error of 6 per cent. Samples for focus groups, interviews and surveys therefore provided a good confidence level and have strong validity.

Qualitative data was then analysed through reading all interviews, focus groups and free text questionnaire responses, identifying themes and grouping data together under those themes. Supporting and opposing views to themes were grouped. Themes and the supporting data were then peer reviewed. A new consultant was brought into the team at this stage who had not been involved in data gathering, to moderate possibility of cognitive bias. Themes were moderated, to test inter-rater reliability and ensure all themes had sufficient strength and breadth in their instances to be reliable and valid. Secondary data was reviewed and triangulated against our findings to cross validate, consider perspectives, and increase understanding of the context of the data.

**Table 1 Response rates and sample size**

Data source	Response rate	Organisation headcount	Percentage of the organisation	Sample size confidence level	Margin of error
Questionnaire	172	251	68.5	99	6
Focus groups and interviews	115	251	45.8	99	9

**Table 2 Percentage of the organisation in each unit of the organisation compared to headcount**

Unit	Headcount	Percentage of organisation
Executive team	4	1.6
Corporate services	42	16.7
Education	9	3.6
Intelligence unit	9	3.6
National	18	7.2
Maternity operations	169	67.3
Total	251	100.0

**Table 3 Interview and focus group participant organisational units as a proportion of the sample group**

Organisational unit	Participants from organisational unit	Percentage of total sample group	Percentage of organisation
Executive team	4	3.5	1.4
Corporate Services	17	14.8	16.7
Education	2	1.7	3.6
Intelligence unit	5	4.3	3.6
National	10	8.7	7.2
Maternity operations	73	63.5	67.3
Outside of organisation	4	3.5	0.0
Total	111	100.0	100