Independent Culture Review Report

A report for:

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

CONFIDENTIAL FINAL

November 2025

Contents

1. Executive Summary

This independent culture review was commissioned by Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH) to understand what it feels like to work in the organisation and consider how the DBTH Way in Action can be further developed.

The review recognises the difficult environment that DBTH is currently operating within and the broader NHS financial and operational landscape.

The review sought to assess the Trust's mechanics (systems and processes) and dynamics (relationships, values and behaviours), triangulating both qualitative and quantitative insights gathered during the diagnostic process. The experienced team employed a number of diagnostic tools to inform the review. These tools included a detailed documentation review and onsite fieldwork, including over 20 confidential interviews, 304 short-form survey responses, 465 detailed feedback form submissions, onsite walkabouts engaging 150+ staff across three sites over seven days and 67 staff within listening groups.

This process was conducted in parallel with a developmental well led review which has provided further insight and triangulation for the findings contained within this report.

The review found that most staff are proud of the care they provide and feel positively about their local team. This pride offers a strong foundation for the Trust to build upon during its improvement work. Although the Trust's DBTH Way initiative and related development efforts are seeking to improve staff experience, continued and focused work is needed to develop a supportive, caring, and open culture consistently across the Trust.

To help the Trust achieve this goal, the review team recommends a focus on four cultural strategic themes:

A leadership culture that consistently delivers compassionate visible leadership and accountability through openness and transparency.

A consistent approach to valuing staff, promoting equity, inclusion and maintaining a safe work environment.

An integrated approach to culture and quality, recognising the relationship between staff experience and patient experience.

Systematically engaging with colleagues in reciprocal dialogue and empowering them to innovate and improve.

The review identified ten key findings. These findings comprise the core elements that reflect the insights into the staff experience and culture at DBTH gathered during the review.

Patient Care: Most staff engaged have a strong sense of pride in the care they provide and go above and beyond to meet patients' needs. Many staff engaged in the review caveat this with concern that NHS and Trust operational and financial pressure may compromise safe care.

Belonging & Sense of Community: Many staff engaged felt a strong connection to their immediate team, but describe a disconnect with the wider organisation. They described a network of distinct microcultures with variation significantly impacting on the staff experience of working at DBTH.

Value, Behaviour & Respect: Uneven recognition and poor behaviours, including bullying and discrimination, were suggested to erode the sense that staff contributions are consistently valued. Most staff engaged in the review suggested feeling a sense of mutual respect and valued within their immediate team and with their line manager. This decreased when asking staff in relation to the Trust as an employer.

Physical & Psychological Safety: Many staff engaged described psychological safety being impacted by inappropriate behaviours and operational demands. Physical safety is generally stronger, though staff repeatedly raised personal safety concerns linked to parking at Doncaster Royal Infirmary (DRI).

Wellbeing: Many staff spoke positively about the Trust's wellbeing offer and about teams internally looking after each other. Barriers raised by staff in regard to wellbeing, included time to access support and understanding how to access the offer.

Communication, Coproduction & Raising Concerns: Staff engaged generally knew how to raise concerns and often feel heard at team level. Confidence dropped at Trust level amongst staff, with many describing a top-down communication style, limited coproduction and a broadly ineffective feedback loop.

Freedom To Speak Up (FTSU) Awareness of the FTSU was reasonable, but views held by staff engaged in the review were mixed on the process' effectiveness and confidentiality. Some staff cited confidentiality concerns with examples and suggested these instances reduced trust in the route amongst staff.

Leadership Impact: Most staff engaged during the review described a disconnect between senior leaders and service-level staff, with concerns about visibility, the transparency of decision-making and leadership style. Some reported specific areas of tension, such as the dynamics between senior nursing and medical leaders. Recent changes to the Executive team were perceived by some staff to have made a positive impact.

Environment, Facilities & IT: The condition and utilisation of estates, particularly at DRI, was reported by most of the staff engaged in the review to affect morale, wellbeing and the quality of care delivered. Many frustrations were raised in relation to the prevalence of short-term fixes used to address issues.

Training & Personal Development: Experiences of training and appraisal were mixed across staff engaged in the review. Some staff highlighted the impact of operational pressures limiting time available to dedicate towards their development.

2. Introduction

thevaluecircle (tvc) review team would like to thank all staff at DBTH for the opportunity to undertake an independent culture review for the organisation.

In April 2025, the independent review team, including a number of highly experienced, senior people from multidisciplinary backgrounds, was commissioned to come alongside DBTH staff to understand what it feels like to work at the Trust. The review sought to provide insight into the current culture of the organisation and consider how the DBTH Way in Action can be further developed.

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

Throughout the culture review, the review team examined the current processes and practices in place, as well as the behaviours and relationships relating to the Trust culture. Staff were assured that any feedback into this review would be treated in a confidential and non-attributable way. Protection of staff feedback and providing safe spaces to discuss was a central tenet of the review and remains an imperative.

This approach provided a rich set of empirical data supported by qualitative insights from the group, individual submissions and fieldwork across the Trust. The review team has triangulated these findings and categorised them into ten findings which are presented within this report and provide a framework for improvement.

The review team would like to personally thank each staff member who contributed to this review. They greatly appreciated the warm welcome they received from all staff they engaged with and the open and honest approach taken in sharing their lived experience of working at DBTH.

The team recognise and appreciate the challenges many staff have faced, and the courage required to share them. They hope findings in this report reflect their experiences and the subsequent recommendations support the Trust's development journey to make DBTH the best place it can be to work in.

3. Background and Context

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH) is a major NHS foundation trust serving a population of over 400,000 across South Yorkshire and North Nottinghamshire. The Trust employs over 7,000 staff, trains 25% of the region's medical students and 30% of all other healthcare professional students.

The Trust has recently launched its strategy for 2025-29, shaped by its vision of 'Healthier Together – Delivering exceptional care for all' and underpinned by their 'We Care' values and brought to life through living the 'DBTH Way'. The strategy outlines four strategic priorities or 'Ps':

Patients – We deliver safe, exceptional, person-centred care.

People – We are supportive, positive and welcoming.

Partnerships – We work together to enhance our services with clear goals for our communities.

Pounds – We are efficient and spend public money wisely.

In April 2025, the Trust commissioned thevaluecircle to conduct an independent review of the organisational culture and staff experience. This follows a period of some concern regarding the culture of the organisation being raised publicly. The purpose of the review was to understand what it feels like to work at DBTH by assessing the Trust's current systems, processes, behaviours and relationships and identifying opportunities for improvement.

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

This process was conducted in parallel with a developmental independent well led review which has provided further insight, understanding and triangulation for the findings of the culture review.

4. Approach, Methodology, and Triangulation

The review was designed to capture a range of voices through the assessment of both the mechanics (systems and processes) and dynamics (relationships, values, and behaviours) of the Trust – with a future focused lens for development. The applied approach to culture sought to understand the perspective of the individual, team, and the organisation to develop a more holistic understanding of how it feels to work at DBTH. This report is based on quantitative data, expert observations, one to one semi-structured interviews and triangulated through listening groups and walkarounds. It was peer assessed and reviewed by a highly experienced review team. No findings contained within this report were derived from a single evidence source. It did not seek to replicate or replace the annual staff survey.

4.1 Defining Culture

The review acknowledges there is not a single defining factor of an organisation's culture. It is a dynamic combination of many interwoven formal and informal elements of processes and behaviours that have developed over time. Each organisation's culture is unique, and how this culture is experienced can vary significantly. To capture a rounded perspective, the review team analysed the Trust's culture through three lenses: organisational, team and individual.

The review further built up a detailed picture of the culture at the Trust by coming alongside staff to seek to understand their experience of working at DBTH. The review paid particular attention to psychological safety and cultural competencies.

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

4.2 Overarching Approach

The review's methodology was designed to hear as many voices as possible. This approach was supported by Executives and facilitated by the Trust Communications team to ensure the review had the insight and representation from the whole Trust.

To ensure as many voices as possible were heard, the process was designed to give staff an equal opportunity to engage in an accessible way that suited them. The review employed a range of methods for communication throughout the fieldwork to provide an equitable opportunity to all staff. This included:

- All staff emails
- Dedicated 'HIVE' (intranet) page
- Chief Executive Blogs
- Inclusion in 'The Buzz' (weekly staff newsletter)
- Posts on Trust internal social media
- Targeted staff group emails

- Briefings for managers to disseminate
- Advertisements at 'Bassetlaw Hospital Free Meals Event' and 'DRI Cake Give Away Event'
- Posters with QR codes for staff rooms

The review team would like to thank the Trust Communications team for their continued support and effort in spreading awareness of the review and attempting to secure engagement from as many staff as possible.

The review offered opportunities for engagement with staff from all groups and working arrangements including temporary, locum and the core workforce. This ultimately broadened understanding of how different groups experience the culture from a short-term to long-term basis. This approach intended to include visibility on wards, departments, and other areas of the Trust to ensure those unable to attend the listening groups still had an opportunity to get their voice heard.

The review was guided by an initial set of key lines of enquiry, developed using the review team's experience of conducting culture reviews of other NHS organisations, their significant experience of working in the NHS and good practice from independent international bodies, including the Institute for Healthcare Improvement (IHI) to accurately assess the culture of DBTH. By utilising these evidence-based practices into the approach, it offered a way of understanding how the work environment affects staff well-being and experience.

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

Despite the efforts of the Trust and tvc colleagues, it is disappointing that even more staff did not feedback their experiences.

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

4.3 Desktop Exercise and Documentation Review

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

- how ongoing issues and risks at the Trust are communicated and managed

- the quality of information produced to support decision-making

- how the board prioritises issues at the Trust and divides its attention

- how the Trust captures staff feedback

- arrangements around monitoring and managing staff wellbeing, to provide a comparison against national standards.

Documents reviewed as part of the parallel well led review were also considered where relevant.

4.4 Confidential Interviews

The review team conducted over 20 interviews with senior leaders within the Trust, including the Chair, CEO, Executive and Non-Executive members of the Board, and wider system partners.

4.5 Anonymous Independent Online Feedback

Recognising the importance of capturing as many voices as possible, the review team developed two routes for staff to confidentially share their experience of working at DBTH. These routes were independent of the Trust and information provided was drawn into non-attributable themes prior to sharing. A full breakdown of the non-attributable details of staff who contributed can be found in the appendix section of this report.

4.5.1 Route One: Short Form Staff Survey

The review team designed an online confidential survey that respected the privacy of participants and provided an open platform for candid feedback. This included limiting the amount of personally identifiable data and using non-mandatory questions to encourage responses.

The review team received 304 responses to the survey, providing a useful set of quantitative data to triangulate findings from other sources.

4.5.2 Route Two: Detailed Staff Feedback Form

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

The review team received 465 responses, with each of these offering personal, tangible illustrations of staff experiences and suggestions. Responses enhanced the review teams qualitative understanding and supported the triangulation of findings.

4.6 Onsite Walkabouts

On-site walkabouts were essential for gaining a holistic understanding of the Trust, providing firsthand insight into the daily operations experienced by staff. Observing through walkabouts enabled the review team to listen and hear staff voices, see how processes and procedures are experienced by staff on the ground, and triangulate findings. The team engaged with over 150 members of staff across three sites over seven days from a wide range of disciplines to develop a representative perspective.

4.7 Listening Groups

The review team conducted listening groups and drop-in sessions, engaging 67 staff across:

- Doncaster Royal Infirmary (DRI)

- Bassetlaw Hospital

- Montagu Hospital

The listening groups created an open and safe space for employees to express their honest thoughts, concerns, and suggestions. Providing the review team with an opportunity to facilitate real-time interactive discussions with participants, and allowing for detailed qualitative data to be collated that offered deeper insights into the experiences, attitudes, and emotions of participants. Unfortunately, a small number of listening groups were not attended by DBTH staff.

5. Categorisation of Findings

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

Patient Care: This finding gives a sense of how staff experience their connection to patient care at the Trust and the level of pride staff have working at the Trust.

Belonging and Sense of Community: This finding refers to how included staff feel in their community at work, and how these change between local team level and the wider Trust.

Value, Behaviour & Respect: This statement addresses whether staff perceive their work as valued and whether they experience respect from their team and the broader Trust.

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

Wellbeing: This finding refers to how well staff feel that their wellbeing is supported by their team and wider Trust as this impacts on how valued and connected they feel.

Communication, Coproduction & Raising Concerns: This finding considers effectiveness of communication, including both local and Trust-wide messaging, its efficiency, and its reach. It also considers staff's ability to raise concerns and provide feedback to inform decision-making and coproduce solutions.

Freedom To Speak Up: This finding refers to the effectiveness of the Freedom to Speak up process which is important in helping build an open, transparent and learning culture.

Leadership Impact: This finding highlights how leadership quality at every level shapes workplace culture, relationships, staff morale, and change management. Inconsistent compassionate, coaching-style leadership can hinder a positive work environment and effective improvements.

Environment, Facilities and IT: This finding concerns the physical infrastructure and conditions of the Trust. The state of investment in estates, facilities, and IT and how they impact staff morale, safety, wellbeing, and operational efficiency.

Training and Personal Development: This finding refers to the access and availability of opportunities for training and development within the Trust and at an individual level for staff.

6. Key Findings

6.1 Patient Care

> This finding gives a sense of how staff experience their connection to patient care at the Trust and the level of pride staff have working at the Trust.

Across each feedback route available to DBTH staff during the review, there was a clear sentiment expressed. Staff feel a strong sense of pride in the care they provide to patients. This strong connection to patient care was shared by almost all staff that shared their experience of working at DBTH.

Staff warmly spoke of the care they deliver and shared several examples of colleagues going above and beyond to overcome operational difficulties to provide patients with the care they need. This pride offers a strong foundation for the Trust to build upon during its improvement work.

However, many staff caveated this pride with a concern. They worry the increasing operational pressure on services, in the face of a continued focus on cost improvement, could compromise safety of care. Some staff suggested this is already taking place in certain areas and departments within the DRI and Bassetlaw sites. They raised specific concerns around reductions in staffing levels, increased turnover and vacancies, and the condition of Trust estate as primary drivers of a perceived reduction in safety.
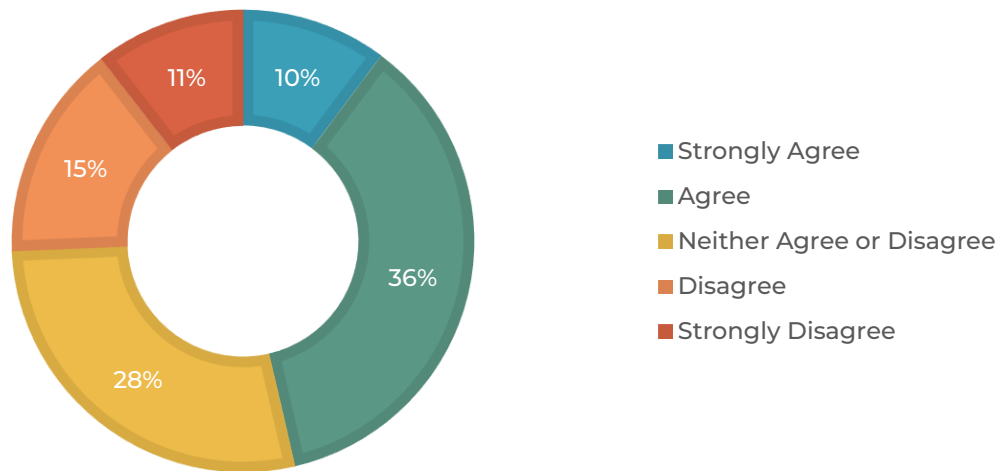
The review team heard examples of staff attempting to absorb the impact of this increased pressure, for example staff described regularly skipping breaks and working late to ensure that patients received the care they needed. Whilst it was suggested this could mitigate the short-term impacts, they warned that reliance on the good will of staff without adequate support was not sustainable long-term. A small number of staff indicated they had worked shifts despite being unwell to avoid intensifying the pressure on their team from operational demands.

Many staff appreciated the need for the Trust to balance the safety and experience of patient care with value for money. However, they feel there is an imbalance in the focus assigned to each of the '4 Ps'. They indicated that in recent years the Trust has become overly focused on the 'Pounds' strategic priority, to the detriment of the other three priorities.

In these discussions, staff highlighted a dissonance between the Trust's communication of its strategic priorities and their practical application. They suggested this created a sense of distrust amongst staff and reduced the extent to which staff bought into the Trust's strategic priorities.

This could explain why staff sentiment regarding pride in patient care remains strong within the Trust, whereas broader pride in working at DBTH remains more mixed. In the short form survey, staff were presented the statement 'I feel proud to work at DBTH'.

I FEEL PROUD TO WORK AT DBTH:

(Figure One: Graph showing responses for 'I feel proud to work at DBTH' from short form survey – July/August 2025)

As shown in figure one, 46% (141) of staff who completed the survey declared a positive response and 26% (78) declared a negative response to the statement. 28% of staff declared they neither agreed or disagreed with the statement, suggesting they held no opinion or mixed views. Whilst the main sentiment displayed in the graph is positive, over half of responses did not declare a positive response.

The review team would suggest that the Trust seeks to further understand the sources of pride staff feel in working at DBTH. By better understanding the underlying sentiment staff hold about their pride for DBTH, the Trust can appropriately celebrate and understand how these sources can be shared more broadly. The Trust should also seek to further understand the reasons underpinning the views of those staff who do not feel pride in working at DBTH. This should be broadened to explore the reasons that staff feel conflicted in declaring a response to the statement to unpack the positive and negative drivers behind their decision.

Furthermore, the review team recommends that the Trust ensure that 4Ps are appropriately balanced in their application within the Trust operating model. This should be proactively led by Board and Subcommittees approach to seeking assurance on the balance of the 4Ps in everything the Trust does.

Following this deeper analysis, the Trust would benefit from addressing the key sources that detract from the pride staff feel in working at DBTH. This should ensure that working at the Trust is a source of pride for as many staff as possible.

6.2 Belonging & Community

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

When exploring to what extent staff feel a sense of belonging within the Trust and if they feel there is a sense of community within the organisation, a clear trend emerged.

Most staff engaged during the review reported feeling a strong connection to their immediate team. Whilst the review team did hear examples of staff experiencing poor internal team relationships, the majority reported a strong sense of belonging within their immediate team, driven by positive relationships. Staff proudly shared examples of teams pulling together for one another to meet demand and deliver a good quality of care for their patients.

However, when exploring the connection staff feel to the broader organisation, a clear contrast emerged.

Many staff described feeling a disconnect between their immediate team and the wider organisation. Some staff suggested the culture of DBTH as an organisation is fragmented into a series of sub or micro cultures. These microcultures reportedly can vary significantly in terms of the staff experience of working within them. Staff indicated this is most notable when moving between areas to address shortages in staff. With some indicating moving between departments can feel like moving to a completely different organisation. It was suggested this variation reduces the clarity of a single organisational culture which reduces the extent to which staff can feel a connection to the wider Trust.

Whilst some staff did express a desire to feel a stronger connection to the wider Trust, many appreciated the unique features of their own departmental culture. Staff also questioned to what extent the Trust could expect to have a single organisational culture due to its scale and spread across a number of locations.

However, this variation was not always viewed as positive by staff. This variation was reported to extend into the mechanics and dynamics of how services are managed and delivered, specifically in the application of policies and procedures. Where policies were not uniformly applied, staff reported a feeling of inequity with colleagues from different areas and departments. A common example of this raised by staff was the application of the flexible working policy. A small number of staff felt there was insufficient consideration of personal circumstances, such as age and mobility, when applying this policy.

The review team recommends that the Trust ensures that it provides leaders with sufficient local human resources support, ensuring local leaders implement staff policies consistently across the Trust. The Trust should also consider what broader development support is required to implement a more consistent leadership approach across the organisation.

Some staff felt that a single consistent culture was not realistic in an organisation of DBTH's size and geography. However, the current level of variation appears to

be impacting on the consistent application of policies and procedures across the Trust. The Trust should explore how it can seek to achieve a more consistent culture throughout the organisation, with an initial focus on these policies.

Staff appeared enthusiastic in engaging in this process and common suggestions shared included; increasing the number of cross-site forums for frontline staff, cross-team shadowing and cross-team social events. The review team would suggest that staff consultation is a core component of this process.

The review team recommends that the Trust takes the opportunity to further build on the DBTH Way to ensure that staff are fully engaged with the values and descriptors.

6.3 Value, Behaviour & Respect

> This statement addresses whether staff perceive their work as valued and whether they experience respect from their team and the broader Trust.

The disconnect between staff and the wider organisation also extended into respect as highlighted in the short form survey. Staff were presented with the statement 'I feel respected by other members of my team'.
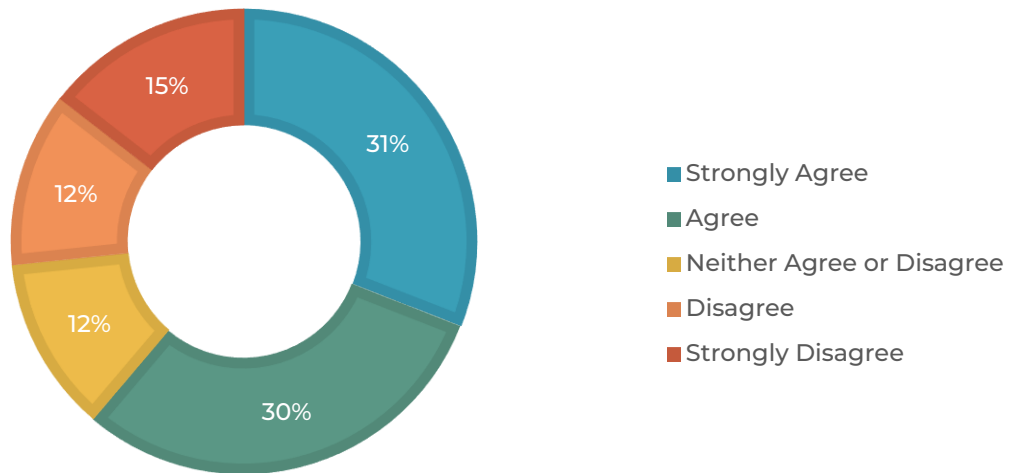
I FEEL RESPECTED BY OTHER MEMBERS OF MY TEAM:

- Strongly Agree
- Agree
- Neither Agree or Disagree
- Disagree
- Strongly Disagree

(Figure Two: Graph showing responses for 'I feel respected by other members of my team' from short form survey – July/August 2025)

Figure two shows the majority of responses (64%/ 194) declared a positive response to the statement whereas, 22% (67) of responses declared a negative response.

When staff were presented with the statement 'I feel respected by my immediate line manager/local leader', responses broadly aligned with this sentiment.

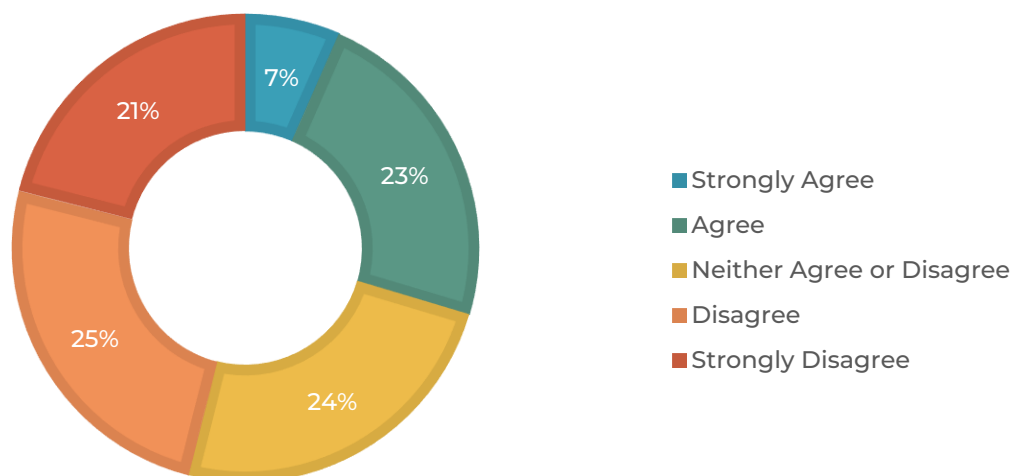## I FEEL RESPECTED BY MY IMMEDIATE LINE MANAGER/LOCAL LEADER:

(Figure Three: Graph showing responses for 'I feel respected by my immediate line manager/local leader' from short form survey – July/August 2025)

As shown in figure three, 61% (186) of staff declared a positive response to the statement whereas, 27% (81) declared a negative response to the statement.

Both figure two and three demonstrate a clear signal that most staff feel a sense of mutual respect with their immediate team and their line manager/local leader. This sentiment was shared by many staff engaged through listening groups and walkabouts of many different areas and departments across three sites.

However, this dynamic shifts significantly when staff were presented with the statement 'I feel respected by DBTH as an employer'.

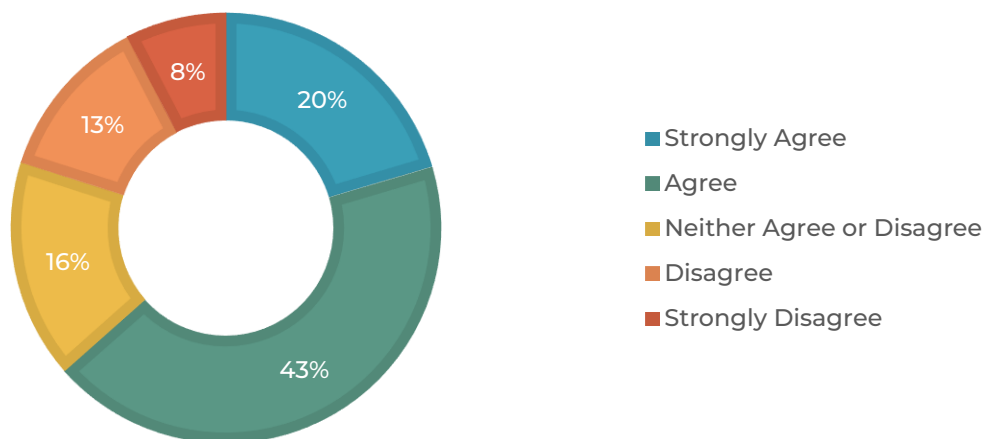## I FEEL RESPECTED BY DBTH AS AN EMPLOYER:

(Figure Four: Graph showing responses for 'I feel respected by DBTH as an employer' from short form survey – July/August 2025)

As shown in figure four, 30% (90) of staff indicated a positive response and 46% (140) of staff provided a negative response to the statement. This is a reduction of 34% in positive response when compared to figure two (respect from immediate team) and a reduction of 31% in positive responses compared to figure three (respect from line manager).

This supports sentiments shared by staff during the review team's onsite walkarounds and listening groups across all three sites, regarding a lack of connection to the wider organisation. A number of staff shared examples of disrespectful behaviours and interactions from varying levels within the organisation.

This disconnect was also highlighted in relation to the extent to which staff feel their work is valued. In the short form survey, staff were presented with the statement 'my work is valued by other members of my team'.

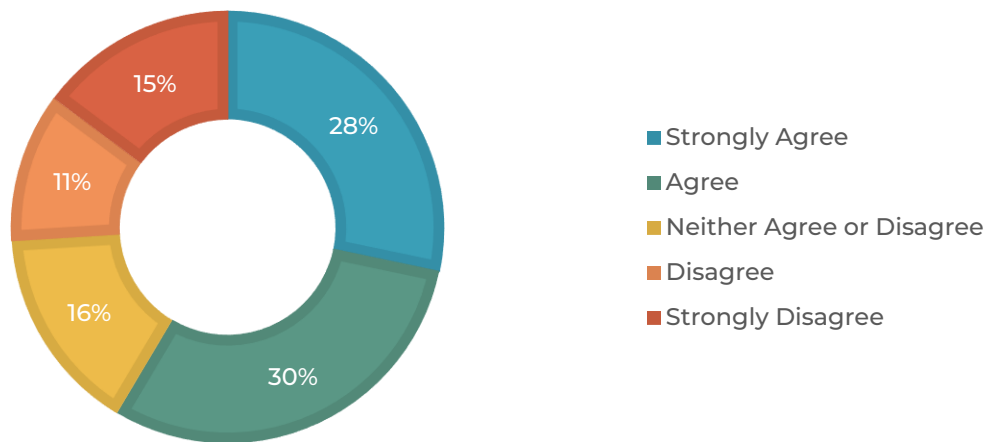## MY WORK IS VALUED BY OTHER MEMBERS OF MY TEAM:

(Figure Five: Graph showing responses for 'my work is valued by other members of my team' from short form survey – July/August 2025)

As shown in figure five, 63% (193) of staff indicated a positive response whereas 21% (61) of staff declared a negative response to the statement.

This trend broadly continued when staff were presented with the statement 'my work is valued by my immediate line manager/local leader'.

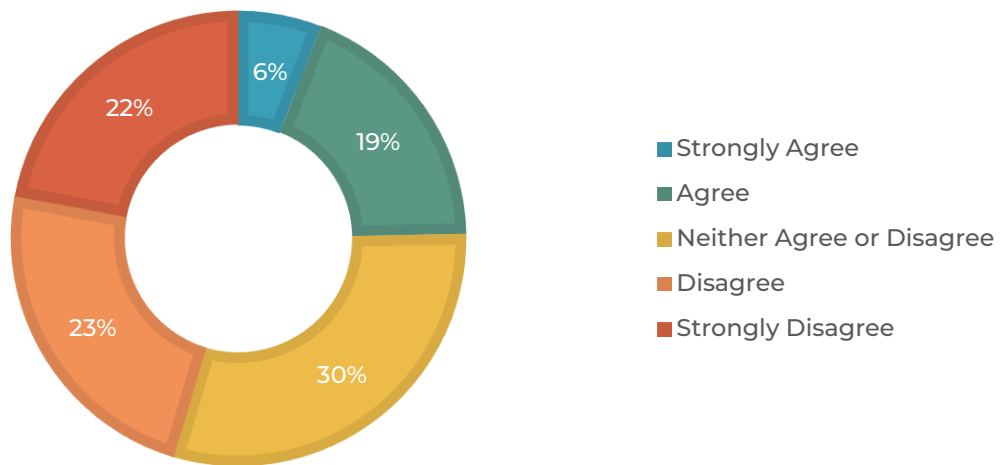## MY WORK IS VALUED BY MY IMMEDIATE LINE MANAGER/LOCAL LEADER:

(Figure Six: Graph showing responses for 'my work is valued by other members of my team' from short form survey – July/August 2025)

As shown in figure six, 58% (178) of staff declared a positive response, whereas 26% (79) of staff indicated a negative response to the statement.

Figure five and six show the majority of staff feel their work is valued by their immediate team and line manager. This further evidences the positive relationships many staff described, during listening groups and walkarounds of various areas and departments across three sites, within their immediate area/department.

However, the disconnect between staff and the wider organisation was also highlighted when staff were presented with the statement 'my work is valued by DBTH as an employer'.

MY WORK IS VALUED BY DBTH AS AN EMPLOYER:

(Figure Seven: Graph showing responses for 'my work is valued by DBTH as an employer' from short form survey – July/August 2025)

As shown in figure seven, 25% (75) of staff declared a positive response, whereas 55% (138) of staff indicated a negative response and 30% (91) neither agreed nor disagreed with the statement.

The sentiments expressed in figures five, six and seven were largely echoed by staff during the review team's onsite visits. Many staff described feeling a strong sense of value from their close colleagues and for the efforts they make to their team and patients. When discussing the extent to which staff feel the Trust as a whole values them, many staff did not feel sufficiently recognised and valued for their contributions. The wider organisation was seen by some staff as separate and distinct, and they indicated this disconnect drove their perspectives around value.

It should be noted that this impression was not uniform across the individuals the review team spoke with. Some staff described negative relationships within their immediate teams and their line manager.

Some staff also suggested a perceived inequity in pay in comparison to neighbouring trusts for certain roles and the Trust's approach to re-banding as further drivers for the diminished sense of value held by certain staff groups.

The current leadership approach to rewarding and recognising the contribution of staff received a mixed response in discussion with staff. Some staff voiced support for the current approaches used to demonstrate their appreciation, recognising the time pressures on leaders across the organisation. However, some staff felt the application of these methods was uneven, for example the 'Staff Wellbeing Trolley' only visiting certain areas of Trust sites. These reports suggest some staff feel overlooked or forgotten by current approaches which creates a

perceived inequity in how leaders valued different staff groups, departments and sites across the Trust.
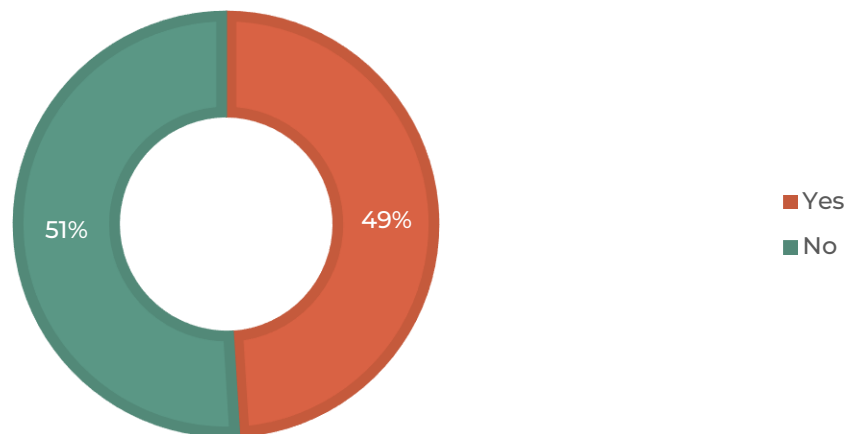
When discussing value with staff during the review team's onsite visits, behaviours from colleagues were often used to illustrate their perspective and lived experience.

Whilst they described many examples of positive behaviours between colleagues across the organisation, many staff shared examples of inappropriate behaviour from colleagues, managers and senior managers within the Trust.

Specifically, a number of concerns were raised by staff during the review's onsite visits regarding bullying within the organisation. They bravely shared their personal experiences of behaviour from individuals within the Trust that resulted in them feeling bullied.
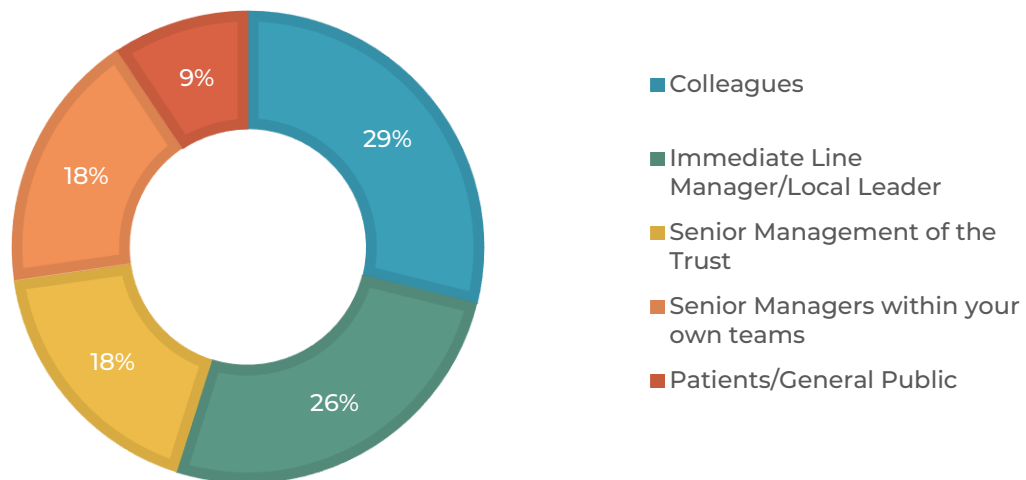
This theme was also raised by staff through the detailed feedback form, where staff openly shared details of their experiences of bullying within the Trust. These appeared to be disconnected examples of this behaviour across the organisation, however when triangulating this with data from the short form survey, a clear trend emerges.

HAVE YOU EVER FELT BULLIED OR HARASSED IN THE WORKPLACE?

(Figure Eight: Graph showing responses for 'Have you ever felt bullied or harassed in the workplace?' from short form survey – July/August 2025)

IF 'YES' WHERE DID THIS COME FROM?

(Figure Nine: Graph showing responses for 'If yes to the previous question, where did this come from?' from short form survey – July/August 2025)

As shown in figure eight and nine, 49% (149) of respondents said they had experienced bullying or harassment within the workplace.

For those respondents that indicated this, they were then asked to identify the source(s) of this behaviour within the Trust. 29% (71) of instances of bullying or harassment were indicated to come from colleagues, 26% (64) from immediate line managers/local leaders, 18% (44) from Trust senior management, 18% (44) from senior managers within teams and 9% (23) from patients or the general public.

The sentiment shared in figure eight was mostly consistent across staff groups and at departmental level. There were a small number of groups that did not align with the average score given, but due to the small number of responses in these groups, this did not have a significant impact on the overall average.

In order to honour the commitment made to staff that their input to the review would be confidential and non-attributable, the data cannot be broken down to a specific departmental and staff group level.

It should be noted that the results of this survey were significantly less positive than those expressed in the 2024 national staff survey.
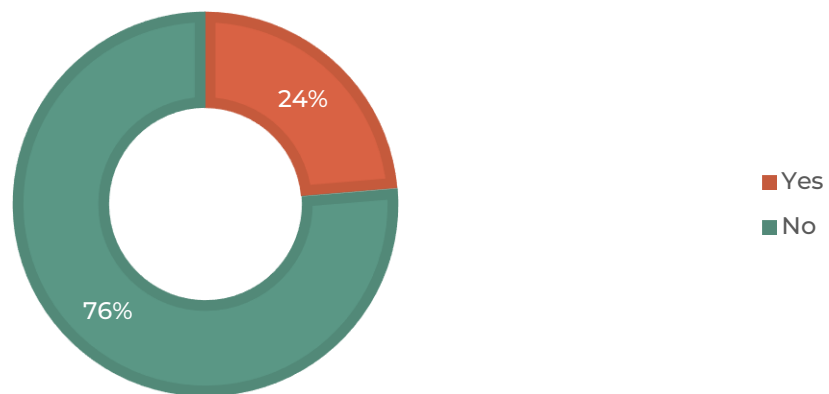
Whilst the information gathered from the short form survey is from a small sample size relative to the Trust, the triangulation with evidence from other sources gathered during the review suggests this could be a more widespread issue that the Trust may want to further explore. The review team conducted listening groups with staff and spoke to staff from a range of groups, roles and bandings during walkarounds across three sites over the course of seven days. Concerns of this nature were raised repeatedly during these discussions and

examples were given on all three sites visited, across a large range of staff groups of behaviour that was described as bullying or harassment.

This clearly indicates a serious cause for concern for the Trust, and the review team are sure the Trust will wish to take action to better understand and address it. The review team recommends that the Trust produces a clear action plan with SMART objectives to consistently tackle bullying and harassment within the Trust. This plan should be communicated broadly and engage staff to provide a feedback loop on the impact of the plan during its delivery. As part of this work, the Trust should seek to understand the frequency, distribution and severity of these behaviours, to identify hotspots and enable targeted interventions where required.

Bullying and harassment were not the only types of inappropriate behaviour raised during the review. Examples of discrimination were shared by a small number of staff during the review's onsite visits. A number of examples were also provided by staff through the detailed feedback form. In the short form survey, discrimination was explored in further detail.

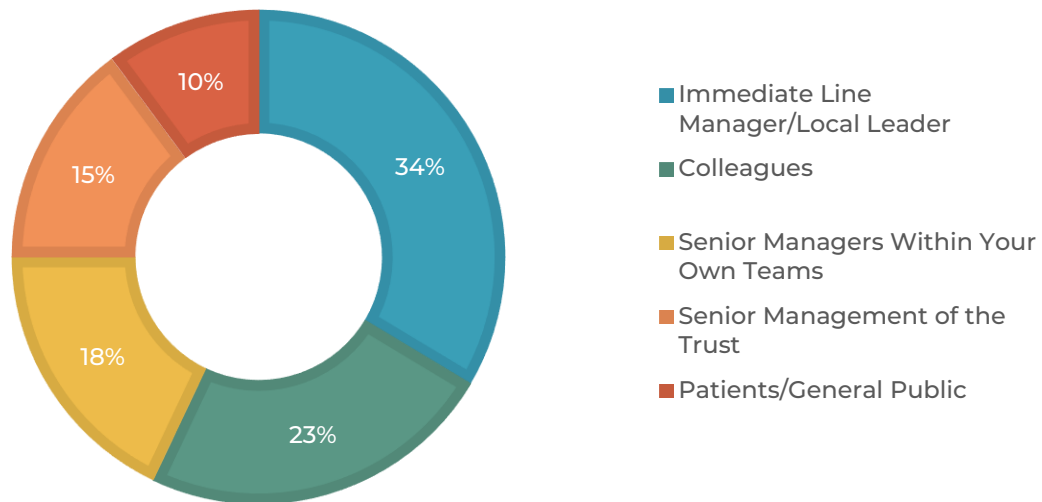## IN THE LAST 12 MONTHS HAVE YOU PERSONALLY EXPERIENCED DISCRIMINATION?

(Figure Ten: Graph showing responses for 'In the last 12 months have you personally experienced discrimination?' from short form survey – July/August 2025)

As shown in figure ten, 24% (72) of staff responses indicated they had personally experienced discrimination in the last 12 months. This discrimination was primarily on the grounds of ethnicity (27%), disability (19%) and age (16%).

When staff declared they had experienced discrimination through the short form survey, they were asked to indicate the source.

IF YES, WHERE DID THIS COME FROM?

(Figure Eleven: Graph showing responses for 'If yes, where did this discrimination come from?' from short form survey – July/August 2025)

As shown in figure eleven, 67% (85) of this discrimination was reported to come from some form of management within the Trust, whereas 23% (30) was indicated to come from colleagues and 10% (13) from patients or the general public.

The review team recommends that the Trust undertake a review of the effectiveness of its implementation of EDI policies. The Trust should consider the benefit of conducting further analysis of the broader organisation to understand if the experiences captured through the short form survey and detailed feedback form are representative of the wider staff base in the Trust.

Given the number of reports indicating management as the primary source of discrimination, the Trust should consider what further training and support is required for Trust managers in relation to EDI.

The review team recommends that the Trust further defines, embeds, and assures a zero-tolerance approach to the unacceptable behaviours identified by staff within this review, shaped by staff engagement. This should include a renewed approach to accountability, ensuring that individuals are appropriately and constructively held to account.

The experiences shared by staff highlighting problematic behaviours links closely to a wider discussion of the Trust's 'We Care' values and 'Behavioural Framework'. During the review's onsite visits, many staff indicated that these values have not made a significant impact on the behaviour of colleagues within the Trust. Some suggested that they do observe behaviours that align with the principles of the Trust values and framework, but this was primarily due to a natural alignment with individual's personal values and principles rather than because of the Trust 'We Care' values. Many staff struggled to articulate the Trust values and as

previously identified, staff highlighted behaviours they felt did not align with the Trust values.

In discussion with individual staff members across the review team's multiple on site visits, the review team raised the 'We Care' values, to which many staff's response was, "Do they?"

In further discussions with staff regarding the Trust values, it was not clear that staff felt a sense of ownership of these values. The way many staff spoke of the values appeared to indicate the values felt disconnected from staff's day-to-day reality of working at DBTH.

The exact source of this disconnect was not immediately clear to the review team and the staff they spoke with. The review team therefore suggest that the Trust seeks to understand how it can increase the sense of ownership amongst staff of the Trust values. This should form part of a wider and deeper focus in the Trust to firmly embed the Trust values and behavioural framework to ensure problematic behaviours are sufficiently challenged and addressed. This could be incorporated into the suggested work to further build on the DBTH Way.
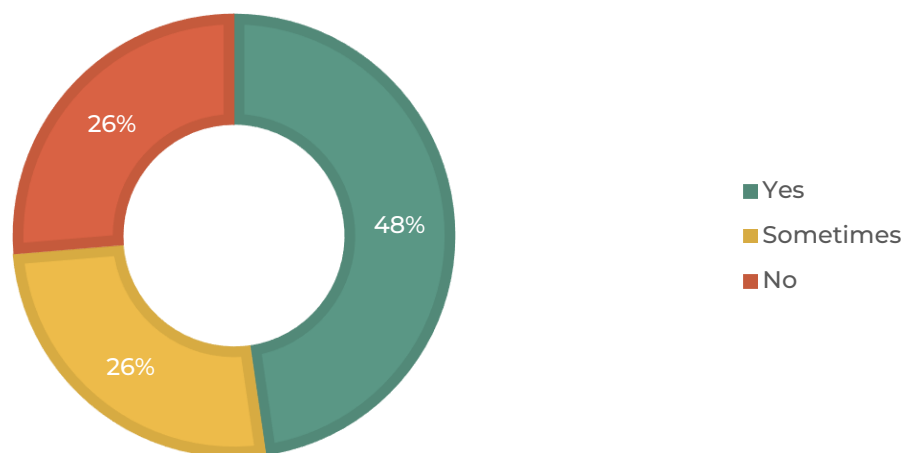
6.4 Psychological & Physical Safety

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

The review team sought to understand how psychologically safe staff felt in their role. This was also a focus of the on-site visits to triangulate with the examples raised by many staff in relation to problematic behaviours within the Trust. Staff reports were mixed on the extent to which they felt psychologically safe.

This sentiment was echoed by responses to the short form survey, where staff were asked 'do you feel psychologically safe at work?'

DO YOU FEEL PSYCHOLOGICALLY SAFE AT WORK?

(Figure Twelve: Graph showing responses for 'Do you feel psychologically safe at work?' from short form survey – July/August 2025)

As shown in figure twelve, 48% (145) of people who responded to the short form survey suggest they feel psychologically safe at work. Whereas 26% (79) reported sometimes feeling psychologically safe at work and 26% (80) indicated they do not feel psychologically safe at work. Whilst it is positive that the most common response to this question indicated staff feel psychologically safe at work, over half of responses suggested there are times where they do not feel psychologically safe.

When staff responded with 'sometimes' or 'no' to the question 'Do you feel psychologically safe at work?', they were invited to share an explanation as to why they feel that way. The responses detailed many individual staff experiences of working at DBTH, however common themes across responses did emerge. The key drivers behind this lack of psychological safety detailed by staff primarily focused on bullying and harassment from colleagues, the management approach

taken by some senior leaders, staff being moved across departments to manage staffing shortages and balancing operational demand against the quality of care.

When triangulating with staff experiences described through the detailed feedback form, at listening groups and walkarounds across three sites, it is clear that there is an opportunity for the Trust to create an environment that further prioritises the psychological safety of staff.

To develop a more rounded view of staff safety, the review team also explored the extent to which staff felt physically safe at work. Most staff engaged during their listening groups and walkabouts, across the three sites visited and a wide range of departments, indicated they felt physically safe whilst at work in the Trust.

During the review team's time onsite, a consistent concern was raised by staff related to parking, particularly at the DRI, regarding staff safety. The current arrangements for parking at the DRI reportedly result in many staff parking on streets surrounding the Trust site to avoid the cost and difficulty of finding a space. This means staff will end shifts and walk to their car through the neighbouring streets around the DRI. Staff reported multiple incidents of being followed by strangers, cars broken into and their cars being stolen. This was a particular concern amongst younger female members of staff when finishing a shift after dark.
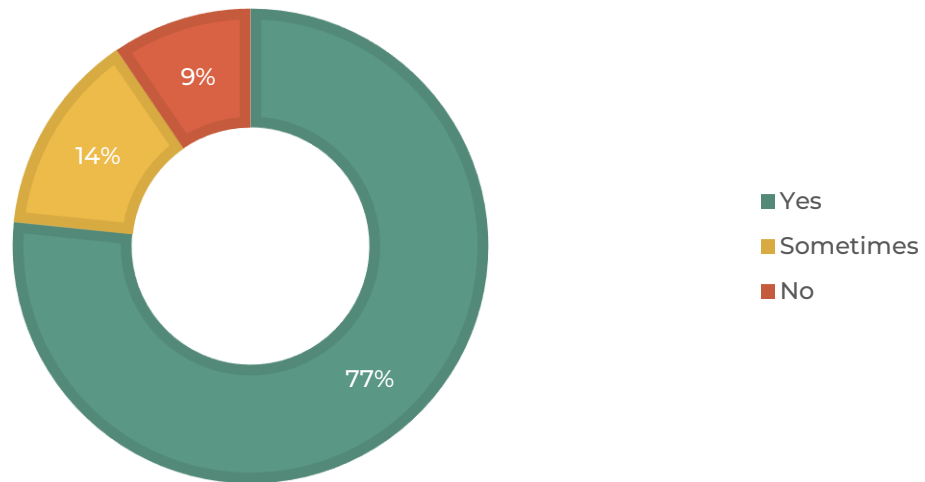
Some staff indicated when these concerns were raised with the Trust, the responses received lacked empathy and they did not feel their concerns were taken seriously. They suggested the 'Park and Ride' service was seen as an adequate solution by the Trust. However, some staff raised concerns regarding the safety of this service's car park. The additional complexity and time required to use the service were identified by staff to be key drivers that result in many seeking alternative parking arrangements.

The review team recommends the Trust conduct a review of the effectiveness of its site parking arrangements, particularly at the DRI. The Trust should seek staff's lived experience to inform its analysis and engage staff to co-create practical solutions that ensure safe and fair access.

The Trust Executive team has advised, following the review, that arrangments are available to staff to support them to feel safe in respect to car parking. The Trust should ensure that staff are aware of these options that could be available to them.

The short form survey also explored the physical safety of staff, by asking respondents 'Do you feel physically safe at work?'

DO YOU FEEL PHYSICALLY SAFE AT WORK?

(Figure Thirteen: Graph showing responses for 'Do you feel physically safe at work?' from short form survey – July/August 2025)

As shown in figure thirteen, 77% (233) of staff indicated they feel physically safe at work, whereas 14% (42) of respondents reported sometimes feeling physically safe at work and 9% (29) reported they did not feel physically safe at work.

When staff responded with 'sometimes' or 'no' to the question posed in figure twelve, they were invited to share an explanation as to why they feel that way. From these insights, a number of key themes emerged. The sentiments around parking were echoed in these responses, along with concerns relating to the behaviour of patients and their families, the condition of the Trust's estates, operational demand and lone working arrangements.

The Trust could benefit from ensuring that risks to staff safety are effectively flowing through the Trust's risk management process. This should ensure that the Trust is sighted on the primary concerns of staff regarding their safety and implement appropriate mitigations.
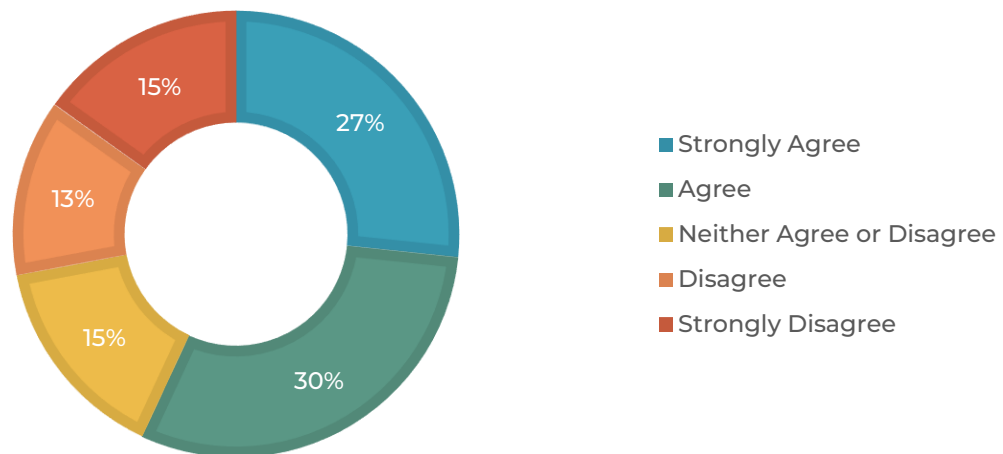
6.5 Wellbeing

> This finding refers to how well staff feel that their wellbeing is supported by their team and wider Trust as this impacts on how valued and connected they feel.

Wellbeing was an area that received praise from many staff the review team spoke with during the review team's listening groups and walkarounds across the three sites visited.

During these discussions, staff who had accessed the Trust wellbeing offer spoke positively of their experience, highlighting the quality of the service and the caring approach taken in its delivery. This sentiment was supported by responses to the short form survey, when respondents were presented with the statement 'DBTH is an employer that cares about my wellbeing'.

DBTH IS AN EMPLOYER THAT CARES ABOUT MY WELLBEING:

Legend:
- Strongly Agree
- Agree
- Neither Agree or Disagree
- Disagree
- Strongly Disagree

(Figure Fourteen: Graph showing responses to the statement 'DBTH is an employer that cares about my wellbeing' from short form survey – July/August 2025)

Whilst figure fourteen shows 28% (85) of respondents declared a negative response, 57% (173) indicated a positive response to the statement posed. In light of the trend presented in previous sections of this report, it is notable that staff broadly feel more positive about the Trust-wide wellbeing offer compared to similar statements regarding value and respect.
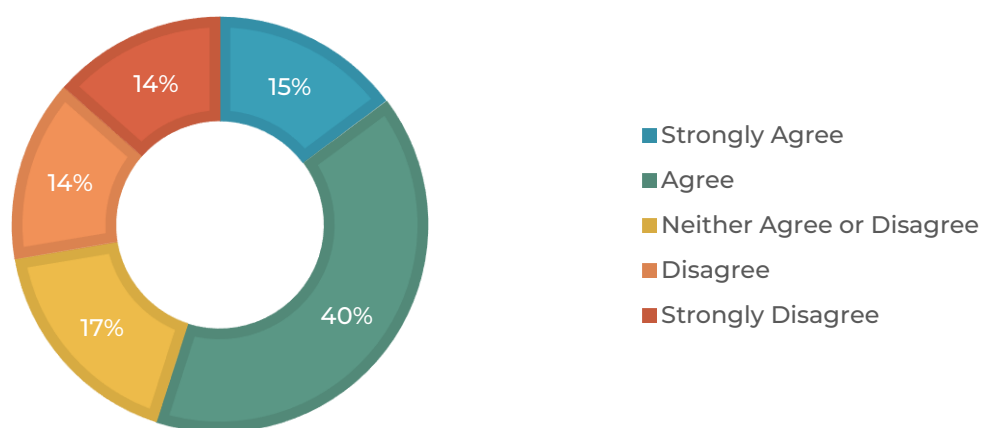
When triangulating in discussions with staff onsite during the review team's walkabouts, a small number of staff did describe negative experiences of the staff wellbeing offer, however the majority largely aligned with the trend in the feedback form and short form survey. There were some staff who held a negative view of the wellbeing offer as they described having insufficient time to access the offer due to operational demand whereas others indicated they did not understand how to access the service.

To ensure staff across all sites feel equipped with the knowledge on how to access the Trust wellbeing offer, the review team would suggest the Trust continue to promote the service and share the positive experiences of staff who have utilised it.

Throughout the review's listening groups and walkabouts across the three sites visited, staff also spoke positively of the extent to which they feel their team cares about their wellbeing. Common phrases shared by staff included, "we all look after each other here" and "our team is like a little family".

This sentiment was broadly shared by respondents to the short form survey when presented with the statement 'my immediate team care about my wellbeing'.

MY IMMEDIATE TEAM CARE ABOUT MY WELLBEING:

Legend:
- Strongly Agree
- Agree
- Neither Agree or Disagree
- Disagree
- Strongly Disagree

Chart values: 15%, 40%, 17%, 14%, 14%

(Figure Fifteen: Graph showing responses to the statement 'My immediate team cares about my wellbeing' from short form survey – July/August 2025)

As shown in figure fifteen, 55% (167) of respondents declared a positive response, with 28% (84) indicating a negative response to the statement. This closely aligns with the sentiments held by staff in regard to figure thirteen.

It should be noted that the short form survey, staff listening groups and onsite walkabouts all captured experiences from some staff that highlighted a negative perception of the extent to which staff feel their immediate team cares about their wellbeing.
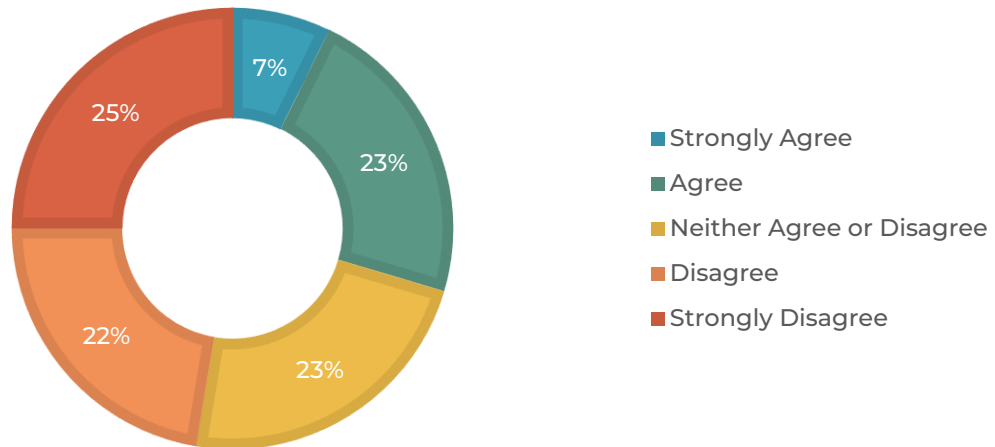
The positive perception held by most staff regarding the Trust wellbeing offer and intrateam wellbeing creates a strong platform for the Trust to continue its work in ensuring all staff feel their wellbeing is prioritised.

Staff perspectives on the extent to which they feel their immediate line manager cared for their wellbeing varied significantly. During the onsite visits to various areas and departments across the Trust and listening groups with various staff groups, most staff described a positive and supportive relationship with their line manager. Whilst not all staff the review team engaged onsite shared this

perspective, there was a large proportion that suggested they felt their line manager did care for their wellbeing.

However when triangulating data collected from the short form survey, this was not corroborated further.

MY IMMEDIATE LINE MANAGER/LOCAL LEADER CARES ABOUT MY WELLBEING:

(Figure Sixteen: Graph showing responses to the statement 'My immediate line manager/local leader cares about my wellbeing' from short form survey – July/August 2025)

As shown in figure sixteen, 47% (144) of respondents to the short form survey indicated a negative response, whereas 30% (90) of respondents declared a positive response and 23% (70) neither agreed nor disagreed with the statement.

The Trust should undertake a focused review to further understand the significant variation in staff views on the extent to which line managers care about their wellbeing. This should include review of relevant policies, management approaches and seek staff's lived experience to ensure a more holisitic perspective is gathered.

6.6 Communication, Coproduction and Raising Concerns

> This finding considers effectiveness of communication, including both local and Trust-wide messaging, its efficiency, and its reach. It also considers staff's ability to raise concerns and provide feedback to inform decision-making and coproduce solutions.

Communication was a core theme of discussions with staff during the review team's onsite visits.

Most staff the team spoke with could detail the various methods, routes and approaches currently in place to communicate messages across the Trust. Some staff spoke positively of the Trust's Facebook page and the Buzz E-Newsletter, and praised the accessibility of these routes. However, most staff the review team spoke with broadly felt that the effectiveness of Trust-wide communication was limited. They suggested that those working at the frontline of service delivery did not have sufficient time to engage with the current approach to Trust-wide communcation. Furthermore, those in roles without regular access to emails often felt "out of the loop" and did not feel they could meaningfully engage with Trust-wide communications.

In discussions with staff who felt disconnected from Trust-wide communications, the review team sought to understand what alternative routes were in place to disseminate messages and communicate with frontline staff. The response from staff highlighted a variable approach across areas and departments. Some staff spoke positively about their team meetings or huddles and provided examples of effective communication. However, some staff indicated that team meetings and huddles were infrequent in their area and a small number of staff suggested they had no team meetings or huddles in place.
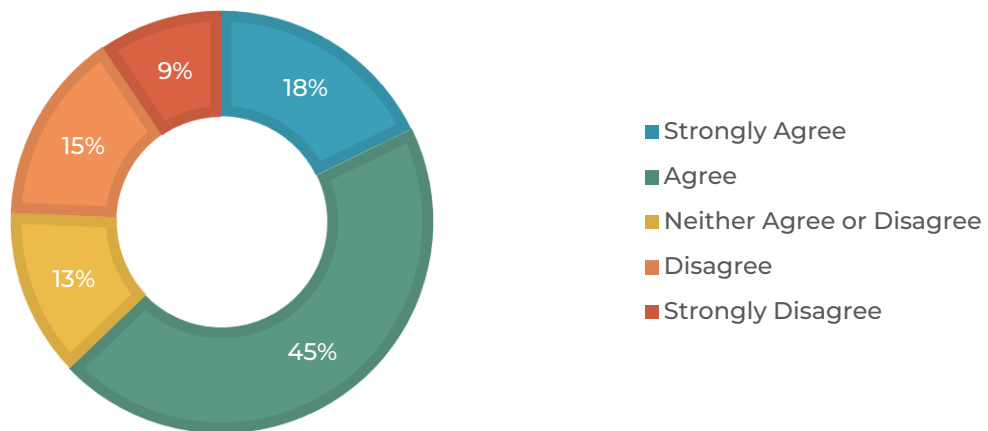
Effective communication with frontline staff is a common challenge in many NHS Trusts. The review team recommends that the Trust ensures all teams establish regular meetings or huddles where they are not already in place. Huddles and meetings should be supported by clear communication routes established to effectively distribute information and collate feedback.

In these discussions the review team sought to also understand how effective staff felt the communication loop within the Trust was.

Many staff the review team spoke during their listening groups and onsite walkabouts felt they understood what routes were available to them to raise concerns and share feedback. In these conversations, most staff could clearly explain the various options available to them for raising concerns and gave examples of forums or routes where they could provide feedback or suggestions.

This sentiment was echoed in the short form survey when respondents were presented with the statement 'I know where to go when things are not going well or I have concerns'.

I KNOW WHERE TO GO WHEN THINGS ARE NOT GOING WELL OR I HAVE CONCERNS:

(Figure Seventeen: Graph showing responses to the statement 'I know where to go when things are not going well or I have concerns' from short form survey – July/August 2025)

As shown in figure seventeen, 63% (183) of respondents declared a positive response, whereas 24% (75) indicated a negative response to the statement. This highlights the positive steps taken by the Trust to disseminate clear guidelines for staff when raising concerns. Throughout the review's listening groups and onsite visits to multiple areas and departments across the three sites visited, many staff shared positive examples of their concerns being considered by their immediate team and line manager. Some staff suggested this perspective came from a feeling of mutual respect between the immediate teams and their line management.

It should be noted that this experience was not uniform across all of the conversations with staff during the review team's onsite visits. Some staff felt their feedback and concerns would not be considered and would likely be met with negativity from their immediate team and line manager.

However when exploring the extent to which staff felt that the Trust as a whole would listen to and consider their feedback, including concerns, there was a shift. Whilst staff broadly felt listened to by their line manager and immediate team, many staff did not feel their feedback would be listened to and considered by the Trust.

Staff shared examples of feedback and concerns raised with the Trust through various official channels and reportedly receiving no or inadequate responses. Some staff the review team spoke with described their feedback and concerns as appearing to "enter a void or black hole" when raised beyond their immediate line management level. These colleagues indicated that the communication loop within the Trust was ineffective which disincentivised them to continue to contribute their thoughts and concerns.

Many staff the review team spoke with suggested that this issue has been more evident post-COVID and that this has created a sense of apathy and frustration. As a result, some colleagues expressed that they feel their input is not valued by the broader organisation.
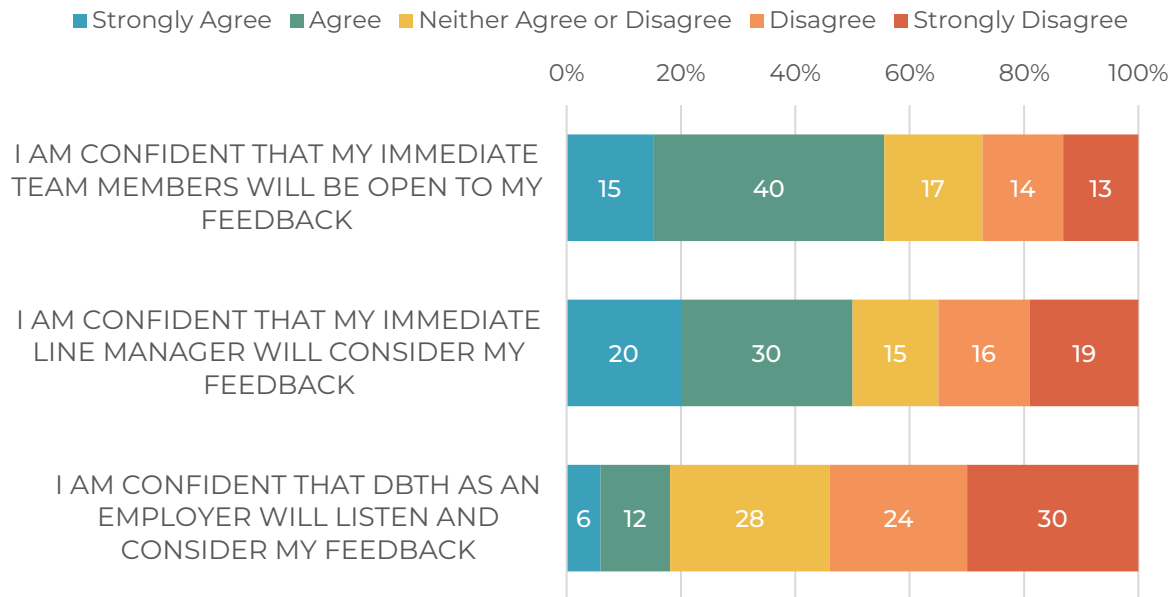
Some staff engaged during the review's onsite visits felt that the clinical voice had been 'lost' in decision making.

In discussions with staff on site, the review team heard many suggestions for improving services and concerns about the current approach to service delivery in their area from staff. When asked by the team if they had raised these thoughts with the Trust, a common phrase used in response was "what is the point in raising things, you never hear back and nothing will change".

It should be noted that the review team did speak to a small number of staff during their onsite visits who had worked with the Trust Improvement team and they uniformly spoke positively of their experience. However, most staff they spoke with were either not aware of this team or did not understand how to access their support.

This perceived lack of engagement in the improvement process from Trust leadership was identified by staff the review team spoke with during their onsite visits as a key driver behind the sentiments they shared regarding the approach, style and tone of communicating decisions across the Trust. Many staff indicated that the current approach to communicating decisions and changes from Trust leadership was "top-down" and did not sufficiently engage staff. They felt coproduction was not a core feature of decision making within the Trust and the rationale behind decisions made were not effectively communicated to staff. Examples shared in these discussions were described by some staff as "orders" or "instructions" that failed to adequately consider the practical impact on service delivery.

This perspective was further triangulated through staff responses to the detailed feedback form and short form survey.

Legend: ■ Strongly Agree ■ Agree ■ Neither Agree or Disagree ■ Disagree ■ Strongly Disagree

Statement	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
I AM CONFIDENT THAT MY IMMEDIATE TEAM MEMBERS WILL BE OPEN TO MY FEEDBACK	15	40	17	14	13
I AM CONFIDENT THAT MY IMMEDIATE LINE MANAGER WILL CONSIDER MY FEEDBACK	20	30	15	16	19
I AM CONFIDENT THAT DBTH AS AN EMPLOYER WILL LISTEN AND CONSIDER MY FEEDBACK	6	12	28	24	30

(Figure Eighteen: Graph showing responses to three statements [1. I am confident that my immediate team members will be open to my feedback, 2. I am confident that my immediate line manager will consider my feedback, 3. I am confident that DBTH as an employer will listen and consider my feedback.] from short form survey – July/August 2025)

The frustrations described by staff with the current approach to communication and staff engagement at the Trust, highlighted a common motivation across nearly all of the staff the review team spoke with during their onsite visits. Their motivation stems from a desire to make DBTH the best Trust it can be for its patients, staff and population. If the Trust can effectively harness this desire and capture the suggestions from staff for improvement across the organisation, this could accelerate and further shape the Trust's improvement journey.

The review team recommends that the Trust continues and prioritises its development of a staff engagement strategy with clear timelines, deliverables and SMART objectives, approved by the board and developed in partnership with staff. This strategy should seek to facilitate the development of open dialogue between staff and leaders, supporting a culture of coproduction within the Trust.

6.7 Freedom To Speak Up

> This finding refers to the effectiveness of the Freedom To Speak Up process which is important in helping build an open, transparent and learning culture.

When exploring specific feedback and communication routes during the review team's visits to the three sites visited, they asked staff to share their thoughts and experiences of the Freedom To Speak Up process. Most staff they spoke with had not used the process themselves but were aware of it. Staff did however, share their perspective on the process based on the experience of their colleagues and its reputation within the Trust. Staff expressed mixed views on the effectiveness and confidentiality of the process. Some staff felt confident if they needed to use the FTSU route, that their concerns would be taken seriously and considered in an appropriately confidential manner. However, others felt a similar feeling to raising concerns of any kind to the Trust and doubted the process' effectiveness. A small number of staff and some staff representatives expressed concerns regarding the perceived confidentiality of the FTSU process.

The review team recommends that the Trust ensures the FTSU process meets its intended purpose, assessing the effectiveness of that process, ensuring feedback is given to those raising concerns and the importance of confidentiality is understood by all. Any actions should be well publicised so staff consistently feel confident in using the FTSU route.

We were made aware that the Trust Executive team have commissioned a peer review of FTSU. The review team regards this as a postive step in addressing staff concerns.

6.8 Leadership Impact

> This finding highlights how leadership quality at every level shapes workplace culture, relationships, staff morale, and change management. Inconsistent compassionate, coaching-style leadership can hinder a positive work environment and effective improvements.

It should be noted that the review's perspective of the Trust's leadership has been informed by thevaluecircle's parallel developmental well-led review, to avoid duplication, this section will focus only on the experience shared by staff engaged through the culture review.

During the review team's listening groups and onsite visits to the three sites, staff openly shared their perspective on the current approach taken by leaders in the organisation. Most staff the review team spoke with and engaged through the detailed feedback form suggested there is a disconnect between senior leadership (Executives, Senior and Middle Managers) and those working at service level within the Trust. Whilst the exact point of disconnect was attributed to different levels within the organisation by staff, the review team consistently received this feedback in nearly every area they visited in the Trust. However, it is important to recognise that recent changes to the Executive team were perceived by some staff to have made a positive impact.

When exploring the disconnect further with staff, the reasons for this sentiment varied but some suggestions were consistently raised.

The first reason to emerge during the review's onsite visits centred around the visibility of senior leaders within the organisation. Some staff recognised the difficulty of balancing visibility with operational delivery and suggested it would be extremely challenging to find a balance that works for all. However, most staff felt this balance has not been found and this has been the case for some time now. Despite some staff recognising the current attempts by the Trust, nearly all staff engaged during the review team's onsite visits felt senior leaders at differing levels were not visible. When staff expressed this perspective to the review team, it was often paired with a strong desire from staff for more visibility from and connection to senior leaders in the organisation. It should be noted that generally the visibility of line managers was well regarded by many staff the review team spoke with.

The second common theme emerging from conversations with staff during the review team's onsite visits, centred around the transparency of decision-making within the organisation. As described in the previous section of this report, many staff feel the difficulties in communication within the Trust create a lack of understanding amongst staff in where and how decisions are made within the Trust. This lack of clarity creates confusion and leads to some staff putting decisions under more scrutiny and scepticism, which could deepen the disconnect many staff feel with senior leaders.

The third area commonly raised by staff during the review team's onsite visits focused on the leadership style taken by management within the Trust. Many

staff indicated the current approach can lack compassion and put unnecessary emphasis on attributing blame when issues arise. Staff shared examples of inappropriate behaviour from many layers of management within the Trust including senior leadership, with some describing this as bullying behaviour. When discussing this issue with managers across the Trust, many felt it was increasingly difficult to hold staff to account for delivery of their professional responsibilities without receiving complaints regarding their approach. When clarifying further with managers, many suggested they had received insufficient training and support during their transition into management. A small number of staff indicated that some line managers avoid holding individuals to account for fear of repercussions. Where this occurred, they suggested this created a sense of inequity within teams, reducing morale and performance.

The final theme raised by staff centred around the level of staff engagement and input into decisions made within the Trust. As described in the previous section of this report, many staff feel they do not have sufficient input into decisions made and there is a lack of coproduction within the organisation. Some staff indicated this reduces the sense of ownership staff feel regarding changes to services and creates a sense of disconnect between leaders who make decisions and those that implement them.

It should be noted many staff described a strong desire to feel more connected to senior leaders within the organisation and welcomed greater opportunities to foster this connection.

To address the concerns raised, the Trust should ensure there is an effective Trust wide leadership development programme that has sufficient resources to be delivered at pace. This should be regularly evaluated to ensure it remains fit for purpose. The Trust should also review its approach to leadership visibility to ensure the efforts from leaders have the intended impact.

In discussions with staff and leaders across the organisation, there were varying views expressed regarding the relationship between nursing and medical colleagues. Many staff operating in frontline service delivery spoke positively of their relationship and experiences of working with their respective medical and nursing colleagues. However, this sentiment broadly shifted in conversations when the review team spoke with more senior members of staff and leaders. Many senior nursing leaders and staff spoke of medical colleagues behaving inappropriately and not being held sufficiently to account by medical leaders. They described a double standard emerging, creating a greater disconnect between the two professions.

In conversations with some leaders across the Trust, it was suggested that there is unequal influence between medical and other clinical and operational colleagues. This dynamic was recognised within the Trust Board and they indicated that work is ongoing to address this.

During the review team's onsite visits, a small number of medical staff reported some serious concerns and allegations in relation to the interactions between the Trust Executive team and Senior Medical colleagues. Due to the low level of

engagement from senior medical colleagues, the review team was unable to effectively test and triangulate these concerns. The review team recommends that the Trust continue to try to resolve the relationship issues between the Executive team and some senior medical staff.

6.9 Environment, Facilities and IT

> This finding concerns the physical infrastructure and conditions of the Trust. The state of investment in estates, facilities, and IT impacts staff morale, safety, wellbeing, and operational efficiency.

It is commonly accepted amongst staff and leaders at DBTH that large parts of the Trust's estates are not ideal for the standard and volume of care the Trust would like to deliver.

However, despite these considerations, many staff indicated that the current condition of estate, particularly at the DRI, was impacting negatively on staff morale, wellbeing and patient care. Most staff understood that the financial position of the Trust puts significant constraints on the extent to which large scale transformation can occur.

There was frustration amongst many staff who felt the Trust took a short-term approach to the management of its estates. They shared examples of quick fixes being implemented to mitigate the impact of issues, but failed to address the underlying cause. Staff suggest they try to work around this approach as best they can, but frustration grows when issues reoccur due to temporary fixes.

The review team noted several examples of these short-term fixes in place during their onsite visits. Examples included an inadequate response to a fly infestation and inappropriate clinical waste management on a public corridor.

It should be noted that some staff did provide examples of the Estates team promptly resolving issues with appropriate solutions that addressed staff concerns.

Some staff in particular areas of the Trust suggested that the current condition of the estate was impacting their health and wellbeing and therefore the quality of care they could deliver. Staff showed the review team areas of the DRI site that were very warm without air conditioning, lacked proper air flow/ventilation and did not have windows. Some staff in these areas described physical health concerns such as finishing shifts with headaches and feeling faint and lightheaded and concerns related to their mental health, attributed to the condition of their working environment.

The review team recommends that the Trust continues its review of the current utilisation of its estates to ensure that staff have a safe working environment, and patients are cared for in appropriate conditions.

Many staff during the review's onsite visits to various areas and departments across three sites raised issues regarding the functionality of IT systems and duplication of records across paper and electronic systems. These sentiments were echoed in views shared from the detailed feedback form. The review team were aware of the ongoing Electronic Patient Record (EPR) workstream at the Trust and asked staff if they felt this would address their concerns. Many staff were not aware of this ongoing work and therefore were unsure if it would resolve the issues they had raised. The review team recommends that the Trust consider

how to disseminate information and engage staff with the development of the implementation of the EPR.

6.10 Training and Personal Development

> This finding refers to the access and availability of opportunities for training and development within the Trust and at an individual level for staff.

Staff engaged during this review held mixed views on their experience of training and development within the Trust.
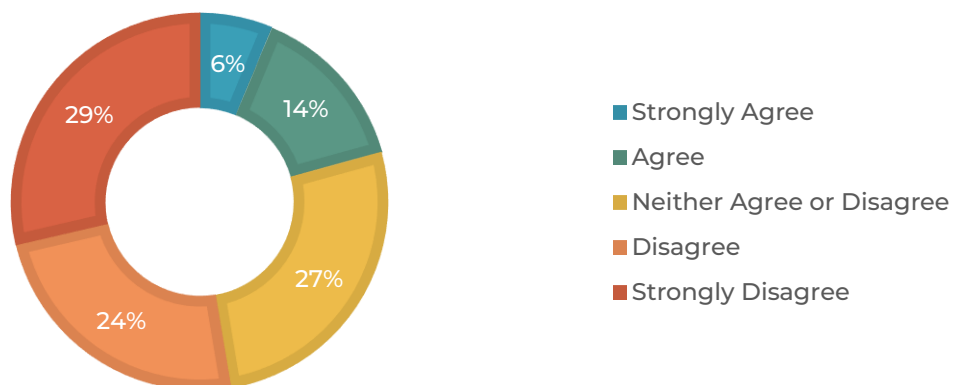
During the review team's onsite visits, some staff described positive examples of receiving quality training and support in their role to develop their skills and knowledge, highlighting examples of formal and informal training. Whereas, other staff suggested they had not received sufficient opportunities for training and development in their role. They also indicated that operational demand and time constraints limited their ability to seek out and engage in opportunities for development.

Staff engaged during these onsite visits also held mixed views in regard to the appraisal process. Some staff shared a positive experience of their appraisals with their line management, whereas others indicated that the appraisal process was a performative exercise and a small number of staff suggested their appraisal was completed without their involvement.

The Trust should ensure its appraisal framework aligns with the revised DBTH Way and helps managers build effective appraisal skills.

Whilst most staff during the review team's onsite visits did not raise specific concerns regarding career progression at DBTH, respondents to the short form survey held a differing view.

I FEEL THAT CAREER PROGRESSION AT DBTH IS A FAIR AND TRANSPARENT PROCESS:

Strongly Agree
Agree
Neither Agree or Disagree
Disagree
Strongly Disagree

(Figure Nineteen: Graph showing responses to the statement 'I feel that career progression at DBTH is a fair and transparent process' from short form survey – July/August 2025)

As shown in figure nineteen, 20% (63) of survey respondents indicated a positive response whereas 53% (160) declared a negative response to the statement and

27% (81) neither agreed nor disagreed. The review team recommends that the Trust considers further exploring this sentiment with staff to understand if this result is representative of the sentiment of the wider staff base.

Some staff raised specific issues related to the re-banding of band 2 and 3 roles and the development opportunities available to these individuals. The Trust should evaluate the current development opportunities available to these staff and ensure clear progression pathways with adequate opportunities are available.

7. Conclusion

The findings of the review outline a complex and mixed perspective of how it feels to work at DBTH.

Staff highlighted positive aspects of working at DBTH. Particularly, the pride they take in patient care and the strong sense of support within local teams. These positive foundations provide a platform for the Trust's continued cultural development.

However, the findings of the review also point to areas where greater consistency and alignment would help strengthen staff experience across the Trust. Staff descriptions of variation in how policies, behaviours and communication are experienced shape how connected they feel to the wider organisation. Addressing these factors will support the Trust in building on the strengths outlined and accelerate their improvement journey.

The recommendations contained within the report findings and summarised in the following section, are intended to help the Trust make these improvements in a structured and sustainable way. The review team has identified four strategic themes across these recommendations, which they suggest the Trust focuses on:

A leadership culture that consistently delivers compassionate visible leadership and accountability through openness and transparency.

A consistent approach to valuing staff, promoting equity, inclusion and maintaining a safe work environment.

An integrated approach to culture and quality, recognising the relationship between staff experience and patient experience.

Systematically engaging with colleagues in reciprocal dialogue and empowering them to innovate and improve.

8. Table of Recommendations

To support effective implementation, the review team has populated the table below with the recommendations contained within the findings section of the report:

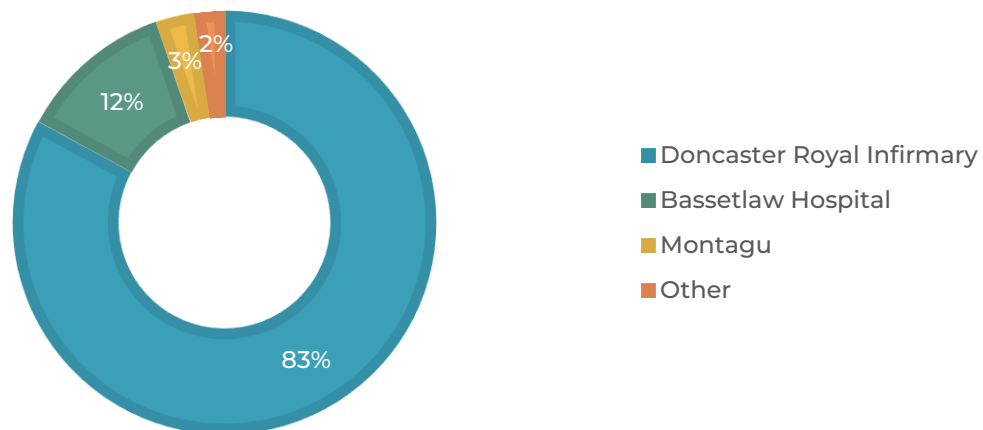| Section	Recommendation
6.1	The review team recommends that the Trust ensure that the 4Ps are appropriately balanced in their application within the Trust operating model.
6.2	The review team recommends that the Trust ensures that it provides leaders with sufficient local human resources support, ensuring local leaders implement staff policies consistently across the Trust.
6.2	The review team recommends that the Trust takes the opportunity to further build on the DBTH Way to ensure that staff are fully engaged with the values and descriptors.
6.3	The review team recommends that the Trust produces a clear action plan with SMART objectives to consistently tackle bullying and harassment within the Trust.
6.3	The review team recommends that the Trust undertakes a review of the effectiveness of its implementation of EDI policies.
6.3	The review team recommends that the Trust further defines, embeds, and assures a zero-tolerance approach to the unacceptable behaviours identified by staff within this review, shaped by staff engagement.
6.4	The review team recommends the Trust conduct a review of the effectiveness of its site parking arrangements, particularly at the DRI.
6.6	The review team recommends that the Trust ensures all teams establish regular meetings or huddles where they are not already in place.
6.6	The review team recommends that the Trust continues and prioritises its development of a staff engagement strategy with clear timelines, deliverables and SMART objectives, approved by the board and developed in partnership with staff.
6.7	The review team recommends that the Trust ensures the FTSU process meets its intended purpose, assessing the effectiveness of that process, ensuring feedback is given to those raising concerns and the importance of confidentiality is understood by all.
6.8	The review team recommends that the Trust continue to try to resolve the relationship issues between the Executive team and some senior medical staff.
6.9	The review team recommends that the Trust continues its review of its current utilisation of estates to ensure that staff have a safe working environment, and patients are cared for in appropriate conditions.
6.9	The review team recommends that the Trust consider how to disseminate information and engage staff with the development of the implementation of the EPR.

9. Appendices

9.1 Short Form Survey Respondent Breakdown

The short form survey received 304 responses from a wide range of DBTH staff. To ensure that the data shared from this survey is taken in its full context, this appendix provides a high level break down of the sources of feedback. The review is unable to break this data down further to maintain the commitment made to staff in ensuring their feedback would be non-attributable and anonymised.

9.1.1 Sites

WHAT BEST DESCRIBES YOUR PLACE OF WORK AT DBTH (WHERE YOU SPEND MOST OF THE TIME IF YOU WORK ACROSS SITES):

(Figure Twenty: Graph showing responses to the question 'What best describes your place of work at DBTH (where you spend most of the time if you work across sites?' from short form survey – July/August 2025)

Site	Percentage of Respondents	Number of Respondents
Doncaster Royal Infirmary	82.9%	252
Bassetlaw Hospital	11.8%	36
Montagu	3.0%	9
Other	2.3%	7

9.1.2 Occupational Groups

WHAT BEST DESCRIBES THE OCCUPATIONAL GROUP YOU ARE ASSIGNED TO:

- Administrative & Clerical
- Nursing & Midwifery Registered
- Allied Health Professionals
- Medical & Dental
- Estates & Ancillary
- Additional Clinical Services
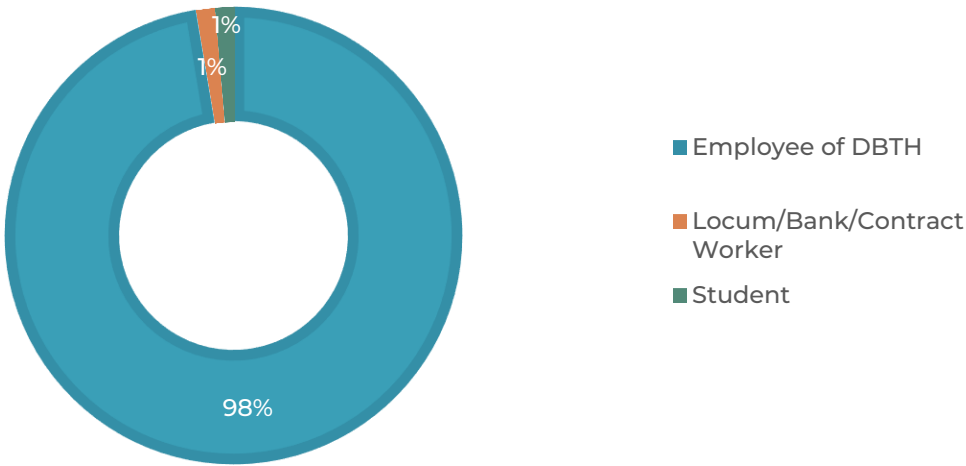- Healthcare Scientist
- Student
- Add'l Professional Scientific & Technical

(Figure Twenty-one: Graph showing responses to the question 'What best describes the occupational group you are assigned to?' from short form survey – July/August 2025)

Occupational Group	Percentage of Respondents	Number of Respondents
Administrative & Clerical	32.2%	98
Nursing & Midwifery Registered	28.3%	86
Allied Health Professionals	14.5%	44
Medical & Dental	14.1%	43
Estates & Ancillary	4.6%	14
Additional Clinical Services	3.0%	9
Healthcare Scientist	1.6%	5
Student	1.3%	4
Add'l Professional Scientific & Technical	0.3%	1

Working Capacity

IN WHAT CAPACITY DO YOU WORK FOR THE TRUST:

(Figure Twenty-two: Graph showing responses to the question 'In what capacity do you work for the trust?' from short form survey – July/August 2025)

Working Capacity	Percentage of Respondents	Number of Respondents
Employee of DBTH	97.4%	296
Locum/ Bank/Contract	1.3%	4
Student	1.3%	4

Working Capacity

9.1.4 Organisational Group

WHAT BEST DESCRIBES THE ORGANISATIONAL GROUP YOU ARE PART OF IN DBTH:

(Figure Twenty-three: Graph showing responses to the question 'What best describes the organisational group you are part of in DBTH?' from short form survey – July/August 2025)

Organisational Group	Percentage of Respondents	Number of Respondents
Clinical Specialties Division	18.6%	58
Medicine Division	18.6%	57
Surgery Division	13.9%	41
UEC Division	8.1%	25
People & OD	8.1%	24
Women's & Children's Division	5.7%	18
Estates & Facilities	5.7%	17
Corporate Nursing	5.4%	17
Digital Transformation	4.1%	12
Deputy CEO Directorate	2.7%	8
Education & Research	2.7%	8
Chief Operating Officer	2.0%	6
Finance, Contracting & Procurement	2.0%	6
Chief Executive Board & Trust Board Office	1.0%	3
Medical Director	0.7%	2
D&B Health Care Services Ltd	0.3%	1
MEOC	0.3%	1