

Board of Directors' Meeting

Report	Freedom to Speak Up (FTSU) Report [Q3]			
Executive Lead	Dr Arne Rose			
	Link to strategic pillar:		Link to CQC domain:	
	Our patients and community		Safe	
	Our people	X	Effective	
	Our service delivery		Caring	
	Our partners		Responsive	
	Our governance	X	Well Led	X
	Report recommendations:		Link to BAF / risk:	
	For assurance		BAF 423 IF we do not have positive staff engagement THEN we cannot support a culture of safety and continuous improvement.	
	For decision / approval		Link to risk register:	
	For review / discussion	X		
	For noting			
	For information			
For consent				
Presented to:	Directly to the Board of Directors			
Dependent upon (if applicable):	N/A			

Executive Summary

Section 1. Assessment of issues including themes and trends

Up to the end of Quarter 3 SaTH has received 224 concerns through the FTSU mechanism. The previous year's concerns are contained in the table below to enable year on year comparisons.

	Q1	Q2	Q3	Q4	Total	Increase	National Avg Increase
2020/21 Q1 – Q3	41	82	103	N/A	224	↑235% Q1,Q2 & Q3	33.7% Q1, Q2 & Q3
2019/20	22	17	57	49	145	↑119%	32%
2018/19	10	18	18	20	66	↑106%	73%
2017/18	4	7	12	9	32	N/A	N/A

To give further national context to the SaTH numbers National Guardians Office (NGO) data tells us that in 2019/20:

Avg - Medium sized Trusts (5,000-10,000)	81 concerns raised per annum
Avg -Trust rated inadequate	88 concerns raised per annum
Avg - Acute Trusts	72 concerns raised per annum

Given the figures in both tables above we can see clearly that SaTH is an outlier but most importantly we need to understand why and act upon it.

One of the reasons for the increase in concerns raised Q2 and Q3 pertinent to SaTH is the increased visibility of the FTSU team since July 2020 and the activities undertaken to raise their profile and improve culture as outlined in section 2 of this report.

The NGO requires all Trusts to submit their data to the national portal following the close of a quarter and is submitted in the following categories.

<u>Category</u>	<u>2017/18</u>	<u>2018/19</u>	<u>2019/20</u>	<u>2020/21 YTD</u>
Bullying and Harassment	2	56	12	22
Patient Safety	2	10	40	26
Anonymously	2	0	20	41
Detriment	1	6	0	1

Points to note about the above chart is that:

1. Reporting of anonymous concerns by SaTH has been mostly incorrect due to the understanding of the difference between confidential and anonymous. This is not uncommon and recent guidance released by NGO to clarify.
2. More work to understand detriment at SaTH and making sure the FTSU team recognise, report and act on the issue. Again this has been a focus for the NGO in 2020.
3. Reporting years 19/20 and 20/21 show more patient safety reported than bullying and harassment this is not in keeping with national trends where the opposite trend prevails.
4. Whilst NHSI Board guidance asks us to report under these categories and include as part of the Board report they don't give much granular information about SaTH because of the high amount of concerns raised. The National Guardians Office also recognise that nationally the categories may not be fit for purpose any longer.

More granular themes for SaTH can be seen in the chart below:

Nature of issue	Qtr1	Qtr2	Qtr3	Total
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Patient Safety /Quality	4	22	22	48
Behavioural /Relationship	4	15	27	46
Staff Safety	3	12	13	28
Leadership/Management	11	9	7	27
Bullying / Harassment	4	8	15	27
System / Process	1	14	14	29
Lack of support Covid-19	8	2	1	11
PPE	4	0	1	5
Pregnancy concerns re Covid-19	2	0	0	2
Infrastructure / Environmental	0	0	1	1
Cultural	0	0	0	0
Total	41	82	101	224

The headings for the concerns/nature of the issue raised are not in line with NGO recommendations and from Q4 these will be changed to reflect the guidance.

Profession	Qtr1	Qtr2	Qtr3	Total
Nurses	14	37	30	81
Administrative / Clerical workers	20	15	25	60
Allied health professionals (other than pharmacists)	1	9	16	26
Healthcare assistants	1	6	11	18
Cleaning/catering/maintenance/ancillary staff	4	6	5	15
Doctors	0	5	8	13
Corporate service staff	0	1	1	2
Midwives	0	2	3	5
Other	0	1	2	3
Pharmacists	1	0	0	1
Board members	0	0	0	0
Dentists	0	0	0	0
Manager	0	0	0	0
Total	41	82	101	224

	Qtr1	Qtr2	Qtr3	Total
Open	0	15	27	45
Follow up (feedback emails to be sent)	7	16	26	49
Closed	34	51	45	130
	41	82	101	224

Up until the end of Q3, 42 cases remain open and we continue to work towards closing these in as timely a way as possible. Cases that remain open are in the following areas:

1. Women's and Children's (action plan in place but paused due to COVID pressures)
2. Theatres (Fact finding complete and plans to consider next steps will resume once COVID pressures subside)
3. Corporate Services
4. Wards
5. Midwifery

Themes

Patient Safety

1. As would be expected during the pandemic there was an increase in patient safety concerns with the majority raised about safe nurse staffing levels on the ward and staff reporting that they can't provide the care they want to because of lack of staffing and acuity of patients.

Actions taken in response

Reported to Heads of Nursing, Chief Nurse and addressed through recruitment drives; international nurses recruited to close the gap; recruited more administration staff and increased to 7 day cover to free nursing staff to attend to patient care; pay uplift in CoVID areas; redeployment hub put in place. However the situation remains a challenge for the Trust and nationally.

Behaviours/Relationships/Bullying and Harassment

1. Poor communication eg not informing staff in a timely way of restoration of services or ward changes
2. Redeployment and the manner in which it was done staff felt coerced/bullied.
3. Those working from home have reported poor treatment when returning back to work.

Actions taken in response

Behaviour workshops rolled out throughout the Trust since September, 78 teams have completed workshop 1 and 32 teams have completed workshop 1 and 2, 110 workshops in total. 300 teams in the Trust.

"Making a Difference Together" launched 13th January 2021

Fostering a Culture Free From Bullying project led by Nick Dowd

Full review of leadership development across the organisation starting with Triumvirate Leadership development that will cover roles, responsibilities, giving and receiving feedback, behaviours etc.

Organisational Development plan

Human Factors project

Leadership/Management

1. Teams not sharing plans in a timely fashion eg changing ward identity as per above.

Actions taken in response

Actions as per above

General Themes

1. Staff are speaking up but have not had confidence in timely responses from those the concerns are escalated to.
2. Lack of facilities for wards to have breaks at RSH.
3. Staff are reporting they are fragile and tired.

Actions taken in response:

1. The FTSU team are prioritising chasing actions for concerns raised, feeding back to those who have raised concerns and once the case is closed, asking for feedback and then escalating learning through the appropriate channels. For example FTSU now has a dedicated monthly slide as part of Cascade which includes numbers of concerns raised YTD and any learning.
2. External pods being created as well as internal reconfiguration for staff breaks at RSH.
3. Various mechanisms available for staff support from psychological services, peer to peer listening, Hamar Centre, home working guidance etc. FTSU team working with HWB/OD team to signpost wards/team who may need more direct help.

Professional Groups

In line with national trends nurses and administrative/clerical workers are the group of workers who speak up most, themes of the concerns raised by professional group are below.

Nurses:

1. Staffing levels - impacting on both patient safety and their safety i.e. stress levels and professional PINs and not being able to give the care they want to.
2. Increased acuity of patients and staffing levels not reflecting this.
3. Confusion over PPE national guidelines.
4. Bullying/behaviours between colleagues.
5. International nurses and lack of support to embed the nurses due to lack of substantive nursing staff.

Actions taken in response

Escalated to senior nursing staff for action; rolling programme of recruitment for staff nurses; education for all staff on appropriate PPE guidelines.

Administrative workers

1. Lack of support to work from home from managers and problems with equipment when working from home.

Actions taken in response:

Trust wide communication from Workforce Director enforcing the message of support for working from home; purchasing of laptops and equipment to enable working from home.

AHPs

1. Therapies – lack of nursing staff therefore picking up nursing duties.
2. Lack of equipment i.e. phones on ward to plan for discharge.
3. New process through discharge hub not working effectively.

Actions taken in response

Escalated to senior nursing staff and working on recruitment; volunteer group being set up to aid with basic ward duties, eg housekeeping duties, improvement of family liaison processes.

Mobile phones have been ordered for therapists.

Cleaning Staff/Catering/Maintenance/Ancillary staff

- 1 Lack of availability of Lateral Flow Tests
2. Pay issues amongst catering staff.

Actions taken in response

Lateral Flow Tests were limited and as such prioritised for frontline staff working in CoVID Red Zone.

The pay issues are still on-going but we have escalated to HR who are following up.

HCA's

1. Rotas not out on time
2. HCAs having to undertake ward clerk/housekeeper duties
3. Acuity of patients and numbers of staff

Actions taken in response

Escalated to senior nursing team for action; importance of timeliness of rotas reinforced to Ward Managers; staffing templates for wards reviewed; rolling recruitment drive.

Doctors

1. Junior Doctors raising concerns about lack of regular Consultants on the ward.
2. Working additional hours.
3. Patient care.

Actions taken in response

Escalated to the Guardian of Safe Working and advised to exception report on additional hours. Locum Consultants appointed to cover shifts daily. Patient care escalated to relevant clinical lead.

Midwives

1. Problems with management cover Monday – Friday.
2. Rotation lists between hospital and community midwife centres.
3. Behaviours of management.
4. Relationship issues between two members of the team.

5. Cultural/bullying issues within the Maternity team.

Actions taken in response

Escalated to senior management; rotation list put on hold due to CoVID and Ockenden recommendations pending review; management cover resolved; behaviour workshops being rolled out in maternity areas; Director of Midwifery open door every Wednesday for concerns raised, as well as OD safe spaces being created for staff to speak out. In Q4 FTSU are organising a programme of team awareness sessions with all teams.

Given the issues within maternity at present there would be an expectation to have more concerns raised. The FTSU team recognise this part of the organisation as a priority and have been working with the Professional Midwife Advocates (PMA) to raise the FTSU profile within the team and four FTSU maternity ambassadors have been recruited.

The Board should be assured that all concerns raised with the FTSU team have been escalated to the relevant teams or person. Due to previous processes in place, experience of the team previously; lack of resource and the number of concerns raised following up to ensure action has taken place has not been as robust as necessary. This will form part of the improvement work currently being undertaken by the team.

Going forward the Board reports will also begin to show concerns raised by Division and hotspots for teams as well as time taken from reporting to closing of concern.

Section 2. Action taken to improve FTSU Culture

FTSU Survey

A FTSU survey was launched in December to establish the SaTH baseline, full results and themes can be seen at appendix 3.

The main themes were:

1. 97% of staff aware of FTSU.
2. Only 54% of staff thought the process for raising concerns was clear
3. Staff felt there was a lack of meaningful action when a concern is raised.
4. Psychological safety was a barrier to raising concerns.
5. Visibility of FTSU needed improving
6. Improve communications on how to raise concerns
7. Staff felt that we needed to improve how we shared learning from concerns raised.

Actions following the survey are included in section 4 of this report.

Since Q1 a number of actions have been taken to improve FTSU process, culture and visibility.

- Recruitment of 38 new Freedom to Speak Up ambassador building diversity into the FTSU ambassador team and expanding representation throughout the organisation.
- NGO training for the FTSU ambassadors enabling them to give team awareness raising session.
- Improvement of escalation and following up of concerns. Escalation now happens directly from the FTSU team to the relevant manager for action and the team remains in touch with the person handling the case until the case is complete and then following up with the person who has raised concerns for feedback as per

section 4. However there is still work to be done to streamline the process and ensure adequate and timely action taken.

- Improved relationships and regular meetings with stakeholders for action and to provide oversight of concerns raised. These include HR, ER Manager; Head of Nursing, Unscheduled Care; Equality and Diversity Lead; Director of Midwifery; UNISON rep; Triumvirate Scheduled Care; attendance at Junior Doctor Forums; quarterly attendance at Corporate Nursing Senior Leadership Team meeting.
- Increased visibility of the FTSU team through walk-arounds which take place a minimum of 4 times per week across both sites.
- Medical Leadership Programme.
- FTSU presentation disseminated to nursing and corporate teams.
- Working with the on-boarding team to gain feedback on which areas in the trust are seeing a high volume of staff leaving.
- Close working with the Professional Midwifery Advocates (PMAs) to raise the FTSU profile in maternity.
- Presenting FTSU role to our international nurses.
- Concerns raised have been acted upon in a timely and appropriate manner and recorded as per the National Guardian Office Guidelines.
- FTSU Lead appointed w/c 23rd November 2020.
- Raised profile of FTSU through October Speak up month, weekly articles in chatterbox; the Chief Executive's message.
- Improved Board reporting in line with national guidance.
- FTSU Lead part of the Cultural Steering Group.
- Executive pledges as part of poster campaign.
- Improved dissemination of learning through CASCADE
- FTSU survey to assess baseline for FTSU.

Resourcing

Currently SaTH has in post for FTSU 1 x WTE FTSU Lead and 2 x 0.2 WTE equivalent FTSU Guardians whose posts are due to end in April and July 2021.

Due to the amount of concerns raised, the current focus on cultural work at SaTH through a number of mechanisms including Making a Difference Together, a business case has been put together to strengthen the FTSU team for 2 X WTE Band 6 posts on a 2 year fixed term contract.

The structure will allow one full time Guardian to be based on each main site, with the FTSU – Lead working across both sites. Funding for 6 months for one of the posts has been granted by NHSE/I to concentrate on maternity and we require another 18 months funding.

Contained within the business case is also a request for funding for a communications budget and a FTSU database. Currently all concerns raised are kept on an excel spreadsheet with access by the FTSU Lead and 2 X FTSU Guardians, however it is not fit for purpose given the high amount of concerns raised. The FTSU-Lead has made contact with Black Country Health who have designed a purpose built FTSU database which may provide the solution SaTH requires.

Section 3. Learning and Improvement

Below is a list of high level detail of learning points from concerns raised since Q1.

1. Junior Doctor

A junior doctor on a medical ward raised patient safety concerns and unacceptable behaviours from colleagues. The concerns were investigated and acted upon by the Medical Directors office as well as additional support from the doctor's clinical supervisor.

2. Equipment

A concern was raised by a medic about the lack of working suction during an emergency intubation in the emergency department. The issue was resolved by the team working with ITU leads and it was identified that the suction mounts were too high on the wall, this was addressed to ensure safety and compliance.

3. Medical Cover

Concerns over the lack of medical cover at the weekend was raised by nursing colleagues who reported that this was impairing patient safety. The senior nursing team resolved the concerns by confirming that the ward was general medicine and therefore would be staffed appropriately for that cohort of patients. Feedback from staff following the changes, confirmed that the situation for both patients and staff had been improved.

4. COVID and PPE

Concerns were raised about COVID and correct PPE. Interventions from the senior nursing team meant that nursing colleagues could be supported with PPE education and psychological support as and when needed, this provided assurance and support to colleagues and meant that returning to work for staff reporting sick could be facilitated sooner rather than later.

5. International Nurses

FTSU has been able to assist with learning from our first cohorts of international nurses...feedback from our international colleagues meant improvements have been made in the following areas:

- An educational video has been made to show a typical day on a ward which will be shown to all international nurses on induction.
- Ward manager contact details given to nurses and instruction on what to do if they need to be off sick.
- Assistance with accommodation due to delays in Band 5 examinations

FTSU continues to support the international nurses alongside the International Nurse Lead and we have four nurses as ambassadors

Feedback from the International Nurse Lead

“The international nurse education team have worked closely with the freedom to speak up guardians for approximately the last 6 months. We have found their support invaluable in the pastoral care of our international nurses and the OSCE preparation programme has been enriched by their involvement. Working together we have tackled many of the themes which cause consternation for our new international recruits and our programme has benefitted from their input. We look forward to continuing our collaborative work going forward.”

6. Fact Finding

Following concerns raised through FTSU 3 x fact finds by HR have been instigated and are on-going.

SaTH Feedback

NGO guidance expects that all those who have raised concerns to the FTSUG and ambassadors are expected to be asked the following questions:

1. Given your experience would you speak up again?" Yes/No/Maybe/Don't know
2. Please explain your response"

Previously these questions have not been asked. In December 2020 the FTSU team began contacting those in the database whose cases are considered closed with the feedback questions, unfortunately the consistency of the details in the current database does not allow us to contact everyone. The responses we have received up until the end of Quarter 3 can be seen in appendix 4.

Section 4. Actions and Recommendations

Recommendations

1. Target hotspots within the organisation for intensive development cultural work in partnership with the 'Making a Difference Together' to demonstrate commitment to supporting colleagues who 'speak up' by the Trust listening and acting.
2. Executive Director pledges and commitment to colleagues to 'listen up' and 'follow up' following their 'speak ups'
3. Board Development session against FTSU self-assessment BoD tool.
4. Board to note and support the actions proposed below to improve FTSU culture and process at SaTH

Action	Timescale	Who	Status
FTSU Survey to establish baseline views amongst staff.	Live 14 th – 28 th December 2020	FTSU – Lead/Comms Team	Complete
FTSU Resourcing Business Case	11 th February 2021	FTSU Lead	Business Case complete. Await decision from I & I Committee
NGO Case Reviews - Benchmarking	28 th February 2021	FTSU Guardian	Open
FTSU Database Review and Development	31 st March 2021	FTSU – Lead/IT Developer/External FTSUG	Open
FTSU Communication Plan including visibility plan	28 th February 2021	Comms Team/FTSU - Lead	Open
FTSU Escalation process	31 st January 2021	FTSU - Lead	Complete
Convene FTSU Steering Group/Summit to triangulate themes with HR/Patient Safety	31 st March 2020	FTSU-Lead/Deputy Head of Workforce/Patient Safety Lead	Open
Review FTSU Policy	Date tbc – NGO to release further policy guidance	FTSU - Lead	Open

	at the beginning of 2021, SaTH policy review will be in line with this.		
From Q1 data will be divided into Divisions to monitor more robustly hotspots and where colleagues are not speaking up.	1 st April 2021	FTSU - Lead	Open
Increase FTSU Board reporting to quarterly to ensure oversight and timeliness of reporting and issues.	On-going	FTSU – Lead/Governance	Quarterly dates added to the BoD planner
Refresh FTSU Vision and Strategy in line with Making a Difference Together	31 st April 2021	FTSU - Lead	Open
Invite National Guardian, Dr Henrietta Hughes to Board Development day post May 2021	28 th February 2021	FTSU Lead/Medical Director	Open

Appendix 1

Executive pledges



The Shrewsbury and
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NHS Trust



**SPEAKING UP
ISN'T ALWAYS
EASY BUT IT IS
THE RIGHT
THING TO DO.
WE PLEDGE IF
YOU SPEAK UP,
WE'LL LISTEN
UP AND
FOLLOW UP**

Contact your FTSU Guardians and Advocates if you have concerns or suggestions about: **Patient Care, Bullying, Misconduct, Staff Safety, Harassment, Misconduct, Quality, Improvement**

For more information visit intranet/hr/freedomtospeakup/

Freedom to
SPEAK up

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Louise Barnett
Chief Executive

Contact your FTSU Guardians and Ambassadors if you have concerns or suggestions about: **Patient Care, Bullying, Harassment, Misconduct, Staff Safety, Quality or Improvement**

For more information visit intranet/hr/freedomtospeakup/

Appendix 2

Cascade slide

Freedom to Speak Up

Creating a strong speak-up culture

It is very important that we work in a supportive culture where you feel safe to raise concerns. **244 concerns have been raised since April 2020, with the main themes being:**

- Nursing shortages
- Patient safety due to nursing shortages and skill mix
- Poor behaviours, bullying and harassment

Listed below are examples of recent improvements as a result of concerns being raised:

1. A concern was raised by a medic about the lack of working suction during an emergency intubation in the emergency department. The issue was resolved by the team working with ITU leads and it was identified that the suction mounts were too high on the wall, this was addressed to ensure safety and compliance.

2. Concerns over the lack of medical cover at the weekend was raised by nursing colleagues who reported that this was impairing patient safety. The senior nursing team resolved the concerns by confirming that the ward was general medicine and therefore would be staffed appropriately for that cohort of patients. Feedback from staff following the changes, confirmed that the situation for both patients and staff had been improved.

3. A junior doctor on a medical ward raised patient safety concerns and unacceptable behaviours from colleagues. The concerns were investigated and acted upon by the Medical Directors office as well as additional support from the doctor's clinical supervisor.

Speaking up isn't always easy, but it is the right thing to do. We have Freedom to Speak Up Guardians and Ambassadors to help you. **For further information please email sath.fts@nhs.net or visit intranet/hr/freedomtospeakup/**

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Appendix 3

FTSU Survey Results

FTSU Survey

Q1 – Have you heard of Freedom to Speak Up?

Yes 96.7%

No 3.3%

Q2 – Would you consider going to a FTSUG?

Yes – 70%

No - 30%

Why

Main themes for not going to the FTSUG

1. Fear of reprisal
2. Have raised concerns but nothing gets done
3. Concerns ignored/blocked by managers

Q3 – Do you think the process for raising concerns in the Trust is clear?

Yes – 54%

No – 46%

Q4 - Are there any barriers you feel stop you from raising concerns in the workplace? If so, what are they?

Answered - 77

Skipped – 14

Themes

1. No action
2. Lack of faith in managers
3. Spoken up and there's been retribution and no action
4. Fear of backlash
5. Confidentiality

Q5 Do you have any other comments, feedback or questions about the Freedom to Speak up process? If you'd like us to contact you please make sure you include a phone number or email address.

Answered – 32

Skipped – 59

Themes

8. Lack of meaningful action when a concern is raised.
9. Psychological safety as a barrier to raising concerns
10. Visibility
11. How to raise concerns
12. Improving sharing and learning

Appendix 4

Responses to Feedback Questions

	Given your experience would you speak up again?	Please explain your response.
Colleague 1	Yes	<p>I would speak up again because I believe it is vital for staff to be able to speak up & to feel comfortable in doing so.</p> <p>You and the rest of your team do an excellent job. I believe that you are a vital service in the trust who give staff support & a voice when they are perhaps not being listened too</p>
Colleague 2	Yes	<p>I feel that it is important that people have the opportunity to speak up, without fear of any repercussions, to someone about any concerns/behaviours about a person/s within the Trust. It may be that it's a simple conversation that solves the issue or it may be something that requires further work that helps improve either flow/experience/safety for staff and patients.</p> <p>The FTSU teams are amazing and easy to talk to.</p>
Colleague 3	Yes	<p>Yes I would speak up again. Chan, you have been very supportive and your work with ITU has been invaluable. Thank you. I look forward to continuing to work with Freedom to Speak Up</p>
Colleague 4	Yes	<p>Incredibly helpful with advice and reassurance which helped me through my situation and kept me level headed, Thank you!</p>
Colleague 5	Yes	<p>I would definitely speak up again if I felt the need to! I was happy with the response and advice that I received and all within an adequate time frame.</p> <p>Thank you again for your help and support you gave me! I felt it made a difference and I'm happy to say I didn't have any further issues for the remainder of my first rotation</p>
Colleague 6	Yes	<p>I would speak up again but would contact Freedom To Speak Up sooner than I did previously and think from doing so would make me feel a lot more confident about returning to work.</p>
Colleague 7	Yes	<p>Yes, I would use the speak up process again, because my experience allowed me to express the concerns in a manner where I felt reassured, they would be listened to. Furthermore, the concerns were able to be to</p>

		<p>be raised leading to the individual apologising to my colleague and myself for the events. In previous experiences where I have either not reported issues or had gone through internal pathways alone, I had felt worried about what the reactions would be on myself and my team. I feel the role by working in an independent capacity highlights the importance of speaking up allowing for a catalyst for the change as a positive. My experience has encouraged me to support the service and become an advocate, with the aim of ensuring staff are aware and can speak up.</p>
Colleague 8	Yes	<p>I found the FTSU service very helpful and supportive. It was the first time I had contacted your team and will ensure I do again in the future if required and also signpost staff towards it when appropriate.</p>
Colleague 9	Maybe	<p>Depends on the situation.</p>