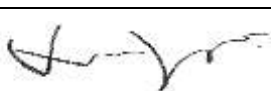


Board of Directors' Meeting 5 August 2021

| | | | | |
|--|---|---|-------------------------------|---|
| Agenda item | 224/21 | | | |
| Report | Freedom to Speak Up (FTSU) Report Q1 Report | | | |
| Executive Lead | Director of Governance and Communications | | | |
| | Link to strategic pillar: | | Link to CQC domain: | |
| | Our patients and community | | Safe | |
| | Our people | √ | Effective | |
| | Our service delivery | | Caring | |
| | Our partners | | Responsive | |
| | Our governance | √ | Well Led | √ |
| | Report recommendations: | | Link to BAF / risk: | |
| | For assurance | √ | | |
| | For decision / approval | | Link to risk register: | |
| | For review / discussion | | | |
| | For noting | | | |
| | For information | | | |
| | For consent | | | |
| Presented to: | | | | |
| Dependent upon (if applicable): | N/A | | | |
| Executive Summary: | <p>The following report provides the FTSU update for Quarter 1 2021/22</p> <p>In total, 100 concerns were raised in Quarter 1, which is a 22% increase on Q4 and a 131% increase on Q1 20/21. A significant factor in the increase in concerns is the visibility and engagement of the FTSU Guardians which has been the main focus of the quarter with visits to 293 areas and 46 team talks and drop-in sessions.</p> <p>If concerns continue to be raised at the current rate the Trust will see a 25% increase in concerns overall in 2021/22.</p> <p>The report provides more details on actions taken as a result of the concerns being raised.</p> | | | |
| Appendices: | Appendix 1 – colleague feedback | | | |
| |  | | | |

1.0 Assessment of issues including themes and trends

- 1.1 In Quarter 1 SaTH received 100 concerns through the FTSU mechanism. The previous year's concerns are contained in the table below to enable quarter and year-on-year comparisons.

| | Q1 | Q2 | Q3 | Q4 | Total | Increase | National Avg Increase |
|---------|-----|-----|-----|-----|------------|----------|-----------------------|
| 2021/22 | 100 | N/A | N/A | N/A | 100 | N/A | N/A |
| 2020/21 | 41 | 82 | 103 | 78 | 302 | □208% | 26% |
| 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 |

- 1.2 As mentioned in previous Trust Board reports, the figures shown we can see clearly that SaTH has higher than average increase in concerns particularly compared to the national average increase of 26%. New data from the National Guardian's office also shows that Trust's with the same CQC rating of inadequate as SaTH's receive higher numbers of concerns through FTSU and on average receive 152 cases per annum.
- 1.3 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:

| Category | Q2 20/21 | Q3 20/21 | Q4 20/21 | Q1 21/22 |
|-------------------------|----------|----------|----------|----------|
| Bullying and Harassment | 8 | 13 | 13 | 8 |
| Patient Safety | 22 | 22 | 17 | 11 |
| Anonymously | 31 | 0 | 1 | 1 |
| Detriment | 1 | 1 | 0 | 0 |

- 1.4 However more granular themes for SaTH can be seen in the chart below:

| Nature of issue | Q2 20/21 | Qtr 3 20/21 | Qtr4 20/21 | Qtr1 21/22 | Total 21/22 |
|------------------------------------|-----------|-------------|------------|------------|-------------|
| Behavioural /Relationship | 15 | 27 | 28 | 46 | 46 |
| Patient Safety /Quality | 22 | 22 | 17 | 11 | 11 |
| Bullying / Harassment | 8 | 15 | 13 | 8 | 8 |
| Staff Safety | 12 | 13 | 11 | 9 | 9 |
| Policies, procedures and processes | 14 | 14 | 4 | 11 | 11 |
| Leadership/Management | 9 | 7 | 2 | 6 | 6 |
| Lack of support Covid-19 | 2 | 1 | 0 | 0 | 0 |
| PPE | 0 | 1 | 0 | 0 | 0 |
| Service Changes | 0 | 0 | 3 | 4 | 4 |
| Cultural | 0 | 0 | 0 | 0 | 0 |
| Other | 0 | 0 | N/A | 5 | 5 |
| Total | 82 | 101 | 78 | 100 | 100 |

| Profession | Qtr2 20/2 1 | Qtr3 20/2 1 | Qtr4 20/2 1 | Qtr1 21/22 | Total 21/22 |
|---|----------------------------|----------------------------|----------------------------|-----------------------|------------------------|
| Nurses | 37 | 30 | 21 | 24 | 24 |
| Administrative / Clerical workers & Maintenance/Ancillary | 15 | 25 | 10 | 21 | 21 |
| Allied health professionals (other than pharmacists) | 9 | 16 | 8 | 24 | 24 |
| Healthcare assistants | 6 | 11 | 10 | 6 | 6 |
| Doctors | 5 | 8 | 10 | 13 | 13 |
| Midwives | 2 | 3 | 15 | 10 | 10 |
| Cleaning/catering/maintenance/ancillary staff | 6 | 5 | 4 | 0 | 0 |
| Corporate service staff | 1 | 1 | 0 | 0 | 0 |
| Other | 1 | 2 | 0 | 1 | 1 |
| Total | 82 | 101 | 78 | 100 | 100 |

1.5 At the May Board, members asked for context in terms of those speaking up in comparison with workforce numbers.

| Profession | Numbers who have spoken up in Q1 | Total head count @ SaTH | % of that profession in Trust who have raised a concern |
|---|---|----------------------------------|--|
| Nurses | 24 | 1683 | 1.4% |
| Administrative / Clerical workers /Maintenance/Ancillary/Cleaning | 21 | 2047 | 1.02% |
| Allied health professionals including pharmacists and health care scientists. | 24 | 690 | 3.5% |
| Healthcare assistants | 6 | 781 | 0.8% |
| Doctors | 13 | 626 | 2.1% |
| Midwives | 10 | 285 | 3.5% |
| Corporate service staff | 0 | Included as admin/clerical staff | Included as admin/clerical staff |
| Other | 1 | N/A | N/A |
| Total | 100 | | |

| <u>Contacts</u> | Qtr 1 20/2 1 | Qtr2 20/2 1 | Qtr3 20/2 1 | Qtr4 20/21 | Qtr1 21/2 2 | Tota l |
|------------------------|-----------------------------|----------------------------|----------------------------|-----------------------|----------------------------|-------------------|
| Open | 3 | 11 | 12 | 39 | 70 | 135 |
| Closed | 38 | 71 | 91 | 39 | 30 | 269 |

- 1.6 Up until the end of Quarter 1, 137 (33%) contacts remain open and we continue to work towards concluding these with colleagues.
- 1.7 We are also reporting more open contacts in this Board report than we did in the previous report due to mis-recording and understanding of data. Of the 135 contacts still to be closed this actually equates to 94 cases in total, meaning that there are multiple people who have spoken up about the same concern. Of these concerns, 1 contact was made in quarter 1 20/21 but not addressed and has resulted in a number of people raising the same concern in 21/22 and concerns raised about an area in quarter 2, 20/21 has been raised in all subsequent quarters by different people. This area is now undergoing a comprehensive review by an external consultant.
- 1.8 Although a large amount of contacts have been closed down and followed up, the 96 concerns remaining open is concerning; particularly as the Trust's awareness of FTSU increases and the likelihood that contacts to FTSU will continue at the same level for some time. To mitigate the risk of overwhelming numbers of FTSU cases the focus for the FTSU team in August is to conclude as many of the cases as possible
- 1.9 Reasons for open cases are:
- Complex employee relations issues.
 - Complex cultural change in areas takes time to embed and therefore following up can be a further three – six months after the issue is dealt with.
 - Sporadic engagement from those who have raised concerns.
 - Lack of engagement from those dealing with concerns.
 - Less than timely follow up in the first instance from FTSU teams.

Themes

1.10 Behaviours/Relationships/Bullying and Harassment

Over half of the concerns raised this quarter are about behaviours and relationships and bullying and harassment, and for the purpose of this report have been combined. The behaviour/relationship issue alone has doubled since the last quarter, a contributing factor is due to concerns raised when FTSU has done team 'drop in' sessions.

Actions taken in response:

- Values and Behaviours workshops rolled out throughout the Trust since September, 93 teams have completed workshop1 and 42 teams have completed workshop 2, 135 workshops in total, 300 teams in the Trust.
- Civility Saves Lives Workshop being used in certain areas.
- 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

- Drop in session feedback has been escalated to matrons, HRBP and Clinical Lead for further actions to tackle cultural issues or if concerns over individuals these have been addressed directly.
- HR processes started if appropriate.
- Management have spoken to individuals whose behaviour has been reported as not in keeping with Trust values, this is being monitored to make sure individuals do not revert to former behaviour
- Apology letters
- Staff encouraged to go to courageous conversation workshops
- Escalation to executives who have visited areas and addressed individual issues.
- Mediation where appropriate
- Trust wide cultural programme 'Making a Difference Together' rolled out.
- Empowering conversations with some staff reporting concerns, to discuss issues with their managers or with the member of staff they are struggling with.
- Appointment of external consultant to investigate the culture of a team

1.11 Patient Safety

Those speaking up about patient safety in Quarter 1 were a mixture of staff groups. Concerns on patient safety were staffing levels; acuity of patients; capability of managers; leadership; ward change planning; capacity; poor care; patient concerns raised to WM but no feedback from them.

Actions taken to resolve patient safety issues

- Potential poor care was reviewed by the patient safety team and Consultant Anaesthetist.
- Staffing levels - regular minimum daily checks by matrons on staffing levels and acuity on wards were issues had been raised, escalation to appropriate channels and cross divisional requests put in were needed.
- New ward manager appointed and in the interim experienced ward manager is cross covering the ward where leadership issues were raised.
- To mitigate acuity of patients Ward 21F and Ward 28 were merged.
- Spot checks by the senior team and also rostered on with the team where capability and leadership issues raised.
- Business plan submitted to deal with capacity and decision has been delayed with NHSE/I, this has been escalated a number of times by the Division.
- Junior Doctor raised concern on protocol of blood transfusion at night, advised to Datix by Consultant, FTSU still awaiting feedback on action taken.
- Anonymous email raised about a ward with patient safety and bullying issues but no further details were given about which ward and which site and they have not responded further to FTSU emails. FTSU continue to maintain a highly visible presence on all wards, as well as doing drop in session and team awareness sessions and working collaboratively with all divisions.
- Delayed referral of patient, AHP advised to Datix and meeting with WM to progress actions to mitigate further recurrences.

1.12 Staff Safety

This is a diverse range of issues with no discernible theme apart from behaviour of members of the public towards staff.

- Escalation to senior managers and actions were taken immediately however there has been a commitment to revise and publicise wider the SOP concerning harassment of staff. This is still to be actioned and is delayed due to staffing shortages.

- Delay in the outcome of a case with RMC – the colleague is being supported by WM and the Trust for both her wellbeing and regular requests for update by RMC.
- Design of reception desk dealt with to ensure staff safety from CoVID

1.13 Policies and Procedures

Issues included improvement suggestions; timely issuing of the rota; staff template queries; improvement suggestions; addressing administrative errors.

Actions taken to address issues

- Four improvement suggestions escalated to relevant teams.
- Apologies and explanation why the rota was delayed.
- Staff template query Head of Nursing has spoken to Ward Manager concerned.
- Overpayments being addressed by finance and team.
- International nursing team improving pastoral support they provide for international nurses

1.14 Leadership/Management

Issues include concerns over the management of changing shift patterns; style of management of a team in general.

Actions taken to address issues

- Team meetings called to discuss issues and resolve concerns
- Bespoke training for management issued.
- Team survey asking for feedback on managers so an action plan could be put in place.

1.15 Professional Groups

In line with national trends nurses are the group of workers who speak up most. In keeping with the Quarter 4 trend, midwives have also spoken up more and Doctors continue to raise concerns at the same level as Quarter 1

1.16 Nurses:

Concerns raised include behaviours of colleagues; international nurse support; capacity issues; staff facilities; nursing template; patient safety;

Actions taken in response:

- Staffing levels - regular minimum daily checks by matrons on staffing levels and acuity on wards where issues have been raised, escalation to appropriate channels and cross divisional requests put in were needed.
- New ward manager appointed and in the interim experienced ward manager is cross covering the ward where leadership issues were raised.
- To mitigate acuity of patients Ward 21F and Ward 28 were merged.
- Meeting between management and staff to resolve issues.
- Enhanced support for our international nurses.
- Courageous conversation training for colleagues.
- Staff facilities escalated to estates.
- Business plan submitted to deal with capacity and decision has been delayed with NHSE/I, this has been escalated a number of times by the Division.
- Datix training for colleagues.

1.17 Midwives

Of the 10 concerns raised, 8 were about attitudes and behaviours.

Actions taken in response:

- Significant cultural work including
 - Human Factors Band 7 training.
 - People and Culture Workstream – current focus ‘retention’.
 - Head of Culture facilitating values and behaviours work and Strength Deployment Inventory, (SDI).
- Extensive support for colleagues struggling with stress.
- Escalation to matrons who have put in support for team members.
- Escalation to senior managers and actions were taken immediately however there has been a commitment to revise and publicise wider the SOP concerning harassment of staff. This is still to be actioned and is delayed due to staffing shortages.

1.18 Doctors

Of the concerns raised half were about bullying and harassment and attitudes of behaviours; Doctors also contacted us about improvement suggestions; patient safety and worker safety.

Actions taken in response:

- Mediation offered to those who had a breakdown in relationships.
- Behaviours addressed with member of staff.
- Potential poor care was reviewed by the patient safety team and Consultant Anaesthetist.
- Junior Doctor raised concern on protocol of blood transfusion at night, advised to Datix by Consultant, FTSU still awaiting feedback on action taken.
- Improvement suggestions including nurses/HCAs should replicate the on-line sepsis training and a suggestion for an on-call triage system is being followed up.

1.19 Administrative/Clerical Workers/Cleaning/Catering/Maintenance and Ancillary Staff

Board are asked to note that due to changes in reporting requirements from the NGO admin and clerical staff and cleaning/catering staff etc. are now combined.

Of the 21 concerns raised, 13 were about bullying and harassment/attitudes and behaviours

Actions taken in response:

- Meeting with Director of Nursing and Chief Executive.
- FTSU doing team awareness raising sessions and drop in sessions to support teams.
- Management met with team to address concerns.
- 6 month review of workload.
- Signposting to HR.
- FTSU coaching staff to raise concerns directly with managers/supervisors
- On-going review of team culture with external investigators.
- Review of COVID-19 safety requirements for team.

1.20 HCAs and Nursing Assistants

Concerns raised were about ward changes; behaviour of line manager; sickness staging

Actions taken in response:

- Action plan to address culture issues on the ward.
- Signposting to HR and Matron
- Escalation to matrons and ward managers to action following drop in sessions

1.21 Allied Health Professionals including pharmacists

Board to note that due to changes in reporting requirements from the NGO, pharmacists are now included with AHPs. Also to note there has been a significant rise in AHPs reporting concerns due to 4 x FTSU drop in sessions for one team, 10 concerns were raised through this mechanism. Of the 24 concerns raised, 14 were about behaviours/bullying and harassment.

Actions taken in response:

- Data from drop-in session being triangulated with other information and then action plan to be put in place.
- Invitation to sit on a bank staff forum to instigate improvement.
- Staffing levels - regular minimum daily checks by matrons on staffing levels and acuity on wards where issues had been raised, escalation to appropriate channels and cross divisional requests put in where needed.
- New ward manager appointed and in the interim experienced ward manager is cross covering the ward where leadership issues were raised.
- To mitigate acuity of patients Ward 21F and Ward 28 were merged.
- Apology letter written to staff member raising concern about behaviours.
- Executive team visit to area where drop-in sessions were held.
- Change management process halted as now deemed unnecessary.
- Appropriate area for staff changing and breaks confirmed.
- Management addressed issues of individuals' poor behaviours.

The Board should be assured that all concerns raised with the FTSU team have been escalated to the relevant teams or person.

2.0 Action taken to improve FTSU Culture

In Q1 a number of actions have been taken to improve FTSU process, culture and visibility, the main focus for the FTSU team has been the team awareness raising and drop in sessions.

- 46 x team awareness and drop in sessions have taken place in Quarter 1.
- 293 x visibility visits to teams across the main sites and community sites in Quarter 1
- 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 monthly 121's with Chief Executive and Workforce Director; Director of Nursing; Director of Governance and Communication; NED Lead for FTSU HR, ER Manager; Head of Nursing, Unscheduled Care; Equality and Diversity Lead; UNISON rep; attendance at Junior Doctor Forums; quarterly attendance at Corporate Nursing Senior Leadership Team meeting.
- Bi-weekly column in Chatterbox

- Presentation at monthly corporate induction
- Refreshed intranet page
- Updated posters
- FTSU mini – communications plan
- Flashcards to leaders
- Head of Culture appointed.
- Impact Newsletter
- 135 values and behaviours workshops delivered across the Trust.
- Executive visits to areas raised through FTSU.
- Attendance at webinar on FTSU Index
- Action plan in place and working with NHSE/I to achieve deadlines
- Inclusion in information bulletin notifying and advertising to staff where the team will be doing talks/drop-in sessions.
- Planning for October speak up month in collaboration with colleagues including OD, HWB and clinical colleagues
- FTSU HEE online training live.
- Monthly catch ups with the on-boarding team to gain feedback on which areas in the trust are seeing a high volume of staff leaving.
- 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.
- Team Time rolled out to support colleague's health and wellbeing, FTSU-Lead sits on the steering group and both FTSU Lead and FTSU Guardian are now facilitators
- National Guardian, Dr Henrietta Hughes led session at Board Workshop

3.0 National Update

3.1 FTSU Index Report

In May the National Guardians Office published the annual FTSU index report which evaluates the speaking up culture of a Trust by calculating the mean average of responses to the following four questions from the 2020 NHS Staff Survey:

1. % of staff "agreeing" or "strongly agreeing" that their organisation treats staff who are involved in an error, near miss or incident fairly (question 16a)
2. % of staff "agreeing" or "strongly agreeing" that their organisation encourages them to report errors, near misses or incidents (question 16b)
3. % of staff "agreeing" or "strongly agreeing" that if they were concerned about unsafe clinical practice, they would know how to report it (question 17a)
4. % of staff "agreeing" or "strongly agreeing" that they would feel secure raising concerns about unsafe clinical practice (question 17b)

This year an additional question was added specifically on FTSU

% of staff "agreeing" or "strongly agreeing" that they would feel safe to speak up about anything that concerns them in their organisation (question 18f)

However Question 18f was not included in this year's FTSU Index – to allow for comparability to previous years.

SaTH was ranked second to bottom of the FTSU index, falling two places from the previous year with a score 0.4% lower than last year.

Given the CQC rating and the cultural issues at SaTH, alongside the poor staff survey results and engagement with the survey the ranking in the index is not surprising.

Contained in the report are three cases studies of organisations who are the most improved in terms of their index score. Actions they had undertaken to improve their 'speaking up' culture included:

- Conversation Cafes
- Visibility of the Guardian and a diverse network of champions.
- A FTSU Communication strategy
- Endorsement of FTSU by the Board and senior leaders
- Mandatory online HEE FTSU training
- Fortnightly 'Learning from Events' sessions
- New Quality Improvement Strategy.
- FTSUG at HWB Group
- Talks on all things 'speaking up' during October speak up month.
- Drop-in sessions with 50 teams in the Trust (this is not included in the report but mentioned as part of a webinar session on the FTSU index)

The Board should be assured that SaTH have already progressed with a number of these actions.

However improvement in the index score is not about the FTSU mechanism alone it is about FTSU culture as a whole Trust approach and should be read in the context of when staff are answering the questions they may not be thinking of FTSU but of raising concerns as a whole within the Trust.

The full report can be found at the link below

[FTSU-Index-Report-2021.pdf \(nationalguardian.org.uk\)](https://nationalguardian.org.uk/FTSU-Index-Report-2021.pdf)

The national office has also published an article on 'The Critical Success Factors to Embedding a FTSU culture in the NHS and why NEDs are essential' the article can be found at this link [National Guardian's Office](#)

Dr Henrietta Hughes – National Guardian

Dr Henrietta Hughes announced in June that she will be leaving the National Guardian's Office in September to take up the Chair of The Institute of Integrated Systemic Therapy – Childhood First. A successor to Dr Hughes is yet to be announced.

4.0 Learning and Improvement

Below is a list of high level detail of learning points from concerns closed in Quarter 1.

4.1 Late Rota

A ward rota was reported on a number of occasions to have not been issued in a timely way. The matron and ward manager have been working together as part of overall ward improvement to make sure the rota is out on time. The senior team are aware how important this is for the team and have assured teams that the aim going forward is to have 6 week minimum rota approved. Follow up with colleagues reporting this has been positive.

4.2 Staff Room

Staff not having a staff room meant they did not have anywhere to have breaks on ward this was raised a number of time. A number of areas were identified to see what was possible and has now been resolved. Follow up visit to the ward and staff felt listened to and thankful that they have a staff room on ward this has had a positive impact.

4.3 Empowering Staff

Empowering staff to raise concerns with their line managers has resulted in positive outcomes for the staff members and department. Previously a number of staff didn't want to raise concerns as they were afraid of reactions from managers. With staff member contacting FTSU and talking about the situation they were able to directly raise this with managers who were very receptive and this has resulted in positive change for staff.

4.5 Behaviours

Staff raised concerns about the way they were being spoken to by another staff member from a different department. This was raised with their line manager who had previously raised concerns directly with their manager however the issue was still not addressed. The manager was signposted to FTSU who escalated the issue and feedback was given to the staff member which resulted in some reflection and support for the individual. Follow up has been positive and no further issues have been raised.

4.6 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"

Responses received up until the end of Quarter 1 can be seen at appendix 1.

5.0 Actions

Board is asked to note that a more detailed FTSU improvement action plan is in progress working in conjunction with NHSE/I

| 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. FTSU Guardian contract extended until September 2022. |
| NGO Case Reviews - Benchmarking | 28 th February 2021 | FTSU Guardian | Complete and action plan being developed. |
| FTSU Database Review and Development | 31 st March 2021 | FTSU – Lead/IT Developer/External FTSUG | Open In talks with Black Country healthcare to replicate their system which may be made available to the wider healthcare system at nil cost. |
| FTSU Communication Plan including visibility plan | 31 st May 2021 | Comms Team/FTSU - Lead | 3 month mini-comms plan developed |
| FTSU Escalation process | 31 st January 2021 | FTSU - Lead | Complete |
| Convene FTSU Steering Group/Summit to triangulate themes with HR/Patient Safety | 31 st December 2021 Date adjusted to in line with agreed action plan with NHSE/I | FTSU-Lead/Deputy Head of Workforce/Patient Safety Lead | Open We are in the process of completing the first review of data for the nursing team. |

| | | | |
|---|---|----------------------------|---|
| Review FTSU Policy | Date tbc – NGO to release further policy guidance at the beginning of 2021, SaTH policy reviewed will be in line with this. | FTSU - Lead | Open |
| 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 | In progress – 21/22 database includes Divisional breakdown. |
| Increase FTSU Board reporting to quarterly to ensure oversight and timeliness of reporting and issues. | On-going | FTSU – Lead/Governance | Complete |
| Refresh FTSU Vision and Strategy in line with Making a Difference Together | 31 st August 2021 date adjusted to be in line with action plan agreed with NHSE/I | FTSU – Lead and | Open |
| Invite National Guardian, Dr Henrietta Hughes to Board Development day post May 2021 | 28 th February 2021 | FTSU Lead/Medical Director | Complete Dr Hughes attended Board Development Day on 17 th June 2021. |

Appendix 1
Responses to Feedback Questions

| | Given your experience would you speak up again | Please explain your answer |
|-------------|---|--|
| Colleague 1 | Yes | Yes if it ever gets to the point when I am not listened to and its effecting my wellbeing or my staffs I would. |
| Colleague 2 | Yes | I am happy to speak up again if this improve safety of our patients as I care for them! |
| Colleague 3 | Yes | My main concern was that the way it was communicated from yourself meant that it was fairly easy for the head of department to work out that it was most probably from one of three members of staff. |
| Colleague 4 | Yes | FTSU gave me somewhere to turn when I was unable to speak to my line manager given the nature of the situation and they quickly got me in contact with the right people to resolve the issue.# |
| Colleague 5 | Yes | The FTSU guardians made me feel comfortable to talk about my issue, they were respectful and asked what I wanted as an outcome. I wasn't sure what I wanted but knew that what I had experienced wasn't right – I just didn't want things to happen again or to someone else. They escalated my issue as they saw it to be important and made me feel that as a Trust it was important to ensure we are all working in line with our Trust Values. It gave me confidence that as an organisation – we wanted things to be better and wanted things to be right. I would thoroughly encourage any of my staff to use the FTSU route for concerns. |
| Colleague 6 | Yes | Yes I would speak up again. I have experienced exclusion, intimidation, verbal abuse and lies, confidential information has been given out and used against me. I have had colleagues inform me that certain individuals are seeking information about my practice, I have informed managers and matrons. I have also witnessed it happen to others and had staff and students sent to me by other staff to talk to me as they know what I've been through and could offer some comfort. Please feel free to use any information I have given if it helps stop what I have endured happening to others. |