

## Board of Directors' Meeting 12 May 2022

<b>Agenda item</b>	086/22																				
<b>Report</b>	Freedom to Speak Up (FTSU) Quarter 4 Report																				
<b>Executive Lead</b>	Director of Governance and Communications																				
	<b>Link to strategic pillar:</b>		<b>Link to CQC domain:</b>																		
	Our patients and community		Safe																		
	Our people	√	Effective																		
	Our service delivery		Caring																		
	Our partners		Responsive																		
	Our governance	√	Well Led	√																	
	<b>Report recommendations:</b>		<b>Link to BAF / risk:</b>																		
	For assurance	√																			
	For decision / approval		<b>Link to risk register:</b>																		
	For review / discussion																				
	For noting																				
	For information																				
	For consent																				
<b>Presented to:</b>																					
<b>Dependent upon (if applicable):</b>	N/A																				
<b>Executive Summary:</b>	<p>The following report provides the FTSU update for Quarter 4 2021/22 and the annual total.</p> <p>In total, 66 concerns were raised in Quarter 4, which is a 27% decrease on the previous quarter and a 15% decrease on Q4 20/21.</p> <p>It also continues the pattern of a decline in concerns raised through the mechanism since Q3 21/22.</p> <p>However overall, the concerns raised in 21/22 are 369 an increase on the previous year of 22%.</p> <p>The below tables show a % comparator of themes and professions speaking up between this year and the previous year.</p> <table border="1" data-bbox="470 1803 1404 2027"> <thead> <tr> <th><b>Themes</b></th> <th><b>20/21</b></th> <th><b>21/22</b></th> </tr> </thead> <tbody> <tr> <td>Behaviours/Attitude</td> <td>24.5%</td> <td>37%</td> </tr> <tr> <td>Patient Safety</td> <td>21.5%</td> <td>15%</td> </tr> <tr> <td>Policies, processes and procedures</td> <td>11%</td> <td>21%</td> </tr> <tr> <td>Staff Safety</td> <td>13%</td> <td>10%</td> </tr> <tr> <td>Bullying and Harassment</td> <td>13%</td> <td>7%</td> </tr> </tbody> </table>			<b>Themes</b>	<b>20/21</b>	<b>21/22</b>	Behaviours/Attitude	24.5%	37%	Patient Safety	21.5%	15%	Policies, processes and procedures	11%	21%	Staff Safety	13%	10%	Bullying and Harassment	13%	7%
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<b>Profession</b>	<b>20/21</b>	<b>21/22</b>
Nurses	36%	30%
Admin/Clerical/Cleaning/Catering/Maintenance/Ancillary	17%	28%
AHP	11%	19%
HCA	9%	8%
Midwives	7%	7%
Doctors	6%	7%

The report provides more details on actions taken as a result of the concerns being raised. Further analysis will be provided in the annual report at the June Board meeting.

**Appendices:**

Appendix 1 – colleague feedback

## Executive Summary

### 1. Assessment of issues including themes and trends

In Quarter 4, SaTH received 66 contacts through the FTSU mechanism. This is lower than the previous quarter and both Q3 and Q4 quarter have seen a decrease in concerns coming through which bucks the trend of the consistent increase in concerns since Q1 20/21. We are not able to say at this point why there has been a decrease and it maybe a natural plateau, as more concerns are dealt with locally. However, given that our working hypothesis has been the more concerns coming through the mechanism the better it would be unwise to make this assumption.

The previous year's contacts are contained in the table below to enable quarter and year on year comparison.

	Q1	Q2	Q3	Q4	Total	Increase	National Avg Increase
2021/22	100	113	90	66	<b>369</b>	N/A	N/A
2020/21	41	82	103	78	<b>302</b>	↑208%	26%
2019/20	22	17	57	49	<b>145</b>	↑119%	32%
2018/19	10	18	18	20	<b>66</b>	↑106%	73%
2017/18	4	7	12	9	<b>32</b>	N/A	N/A

The NGO has not yet released the complete data for the 21/22 period so we are unable to benchmark the increase of concerns at SaTH against the national rise and this should hopefully be available for the annual 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:

Category	Q1 21/22	Q2 21/22	Q3 21/22	Q4 21/22
Bullying and Harassment	8	4	4	11
Patient Safety	11	33	11	12
Anonymously	1	3	0	1
Detriment	0	0	1	1

However more granular themes for SaTH can be seen in the charts below:

Nature of issue	Qtr1 21/22	Qtr2 21/22	Qtr3 21/22	Qtr4 21/22	Total 21/22
Behavioural /Relationship	46	31	37	21	135
Patient Safety /Quality	11	21	11	12	55
Bullying / Harassment	8	4	4	11	27
Worker Safety	9	12	11	5	37
Policies, procedures, and processes	11	33	22	12	78
Leadership/Management	6	5	1	0	12
Lack of support Covid-19	0	0	0	0	0
PPE/Equipment	0	1	1	0	2
Service Changes	4	2	2	1	9
Cultural	0	0	0	0	0

Other	5	4	1	4	14
<b>Total</b>	<b>100</b>	<b>113</b>	<b>90</b>	<b>66</b>	<b>369</b>

**Concerns raised by profession**

<b>Profession</b>	<b>Qtr1 21/22</b>	<b>Qtr2 21/22</b>	<b>Qtr3 21/22</b>	<b>Qtr4 21/22</b>	<b>Total 21/22</b>
Nurses	25	30	29	25	109
Administrative / Clerical Workers & Cleaning/Maintenance/Ancillary	21	20	41	20	102
Allied health professionals (other than pharmacists)	24	24	10	12	70
Healthcare assistants	6	15	3	5	29
Doctors	13	7	3	1	24
Midwives	10	14	1	0	25
Corporate service staff	0	0	3	0	3
Other	1	3	0	3	7
<b>Total</b>	<b>100</b>	<b>113</b>	<b>90</b>	<b>66</b>	<b>369</b>

<b>Profession</b>	<b>Number s who have spoken up in Q4</b>	<b>Total head count @ SaTH</b>	<b>% of that profession in Trust who have raised a concern Q1</b>	<b>% of that profession in Trust who have raised a concern Q2</b>	<b>% of that profession in Trust who have raised a concern Q3</b>	<b>% of that profession in Trust who have raised a concern Q4</b>
Nurses	25	1683	1.4%	1.8%	1.7%	1.4%
Administrative / Clerical workers /Maintenance/Ancillary /Cleaning	20	2047	1.02%	1.03%	2%	1%
Allied health professionals including pharmacists and health care scientists.	12	690	3.5%	3.5%	3.5%	1.7%
Healthcare assistants	5	781	0.8%	0.8%	0.4%	0.6%
Doctors	1	626	2.1%	2.1%	0.5 %	0.2%
Midwives	0	285	3.5%	3.5%	0.35%	0%
Corporate service staff	Included as admin/cleric al staff	Included as admin/cle	Included as admin/cleric staff	Included as admin/cleric staff	Included as admin/cleric staff	0%

		rical staff				
Other	3	N/A	N/A	N/A	N/A	3
Total	<b>66</b>					

<b>Contacts</b>	<b>Qtr2 20/21</b>	<b>Qtr3 20/21</b>	<b>Qtr4 20/21</b>	<b>Qtr1 21/22</b>	<b>Qtr2 21/22</b>	<b>Qtr3 21/22</b>	<b>Qtr4 21/22</b>	<b>Total</b>
Open	3	2	14	23	35	44	54	174
Closed	79	99	64	77	78	47	12	496

Overall, up until the end of Quarter 4, 174 contacts remain open. Broken down by year; 19 contacts out of 302 in 20/21 remain open, which is three less open than reported last quarter and out of 369 contacts in 21/22 at the close of the quarter 174 contacts remain open and we continue to work towards concluding these with colleagues.

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.
- Patient care issues due to challenged staffing levels exacerbated by COVID19 pandemic
- Sporadic engagement from those who have raised concerns.
- Lack of engagement from those dealing with concerns.
- In a few cases unrealistic expectations of outcomes.

## **Themes**

### **Behaviours/Relationships/Bullying and Harassment**

Nearly half of the contacts made this quarter are about behaviours and relationships and bullying and harassment, and for the purpose of this report have been combined. There has been a notable rise in those reporting bullying and harassment rather than behaviours.

The main staff group speaking up about behaviours are registered nurses of the 32 contacts FTSU received this equates to 25 individual concerns.

Triangulation of data with EDI, staff survey results and the Ockenden report has resulted in an urgent meeting being convened in May to discuss and re-assess our approach to bullying and harassment and behaviours.

### **Actions taken in response:**

1. Reports of racism/othering, and FTSU with Workforce colleagues are working towards an 'inclusion ambassador' for the Trust.
2. Drop-in sessions by senior managers to be more visible and understand issues of team.
3. Colleague escalated to Ward Manager who dealt with the matter promptly.
4. Colleagues keeping a 'watching brief' and will raise at 121 with their manager.
5. Action plans in place to include leadership training
6. Mediation and TRiM support offered to colleagues
7. Escalation to senior medical staff for action.
8. Meetings with senior nursing colleagues to discuss issues raised.
9. Early stages of actions to improve longstanding poor culture in a team.

10. There were also requests of no action as colleagues just wanted to have their voices heard.

### **Patient Safety**

Those speaking up about patient safety in Quarter 4 were a mixture of staff groups. Concerns on patient safety were staffing levels; acuity of patients; working outside of clinical remit; patient care.

8 individual concerns were raised from 12 contacts.

### **Actions taken to resolve patient safety issues**

1. Review of ward and interviews with all staff undertaken by senior nursing colleague with associated action plans.
2. 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 were needed. Uplifts in areas were needed, better communication about actions being taken to improve staffing levels.
3. Improvement suggestion box instigated on ward.
4. Dissemination and awareness raising of Care after Death Policy and training provided following gap analysis by the End of Life Team.
5. Escalation to senior team and preliminary actions in place.
6. Reminder to colleagues about wearing PPE correctly.

### **Worker Safety**

All of the 5 contacts made in Quarter 4 all were individual concerns. A diverse range of issues has been raised which includes health and wellbeing; inappropriate use of Microsoft Teams; compulsory vaccinations; low morale; staffing moves and medical staffing levels.

### **Actions taken to address issues**

1. Reminder to colleagues of appropriate use of Microsoft Teams
2. Conversations with Divisional Director of Nursing to support staff when faced with abuse by patients.
3. Signposting to counselling service
4. Repeal of compulsory vaccination for all NHS staff by Department of Health

### **Policies and Procedures**

There was a downturn in concerns coming through, the main staff group raising concerns in this category were nurses, of the 12 contacts FTSU received this equated to 12 individual concerns. Issues included access to mediation; finalising of policies; lack of policies/SOPs etc; understanding of various policies and improvement suggestions

### **Actions taken to address issues**

1. Thematic review of an area where SOPs and processes are part of the improvement plan.
2. Signposting to mediation
3. Finalising and communicating policy.
4. Signposting to workforce team to facilitate an exit interview.
5. Signposting to relevant teams re: policy explanation
6. Assurance around a change management process.
7. Signposting to workforce around pay and shift issues
8. Improvement suggestion for utilisation of existing estate escalated.
9. Temporary staffing team exploring improvements to transfer of DBS checks.

## **Professional Groups**

The professional group to raise most concerns in this quarter were nurses followed by administrative/clerical workers/cleaning/catering/maintenance and ancillary staff.

### **Nurses:**

Over half the contacts in this category were about behaviours and relationships and bullying and harassment followed by policies and procedures; patient safety and worker safety. Of the 25 contacts made this equates to 24 individual concerns.

#### **Actions taken in response:**

1. Early stages of senior management dealing with culture in a team.
2. Supportive and reflective conversations with colleagues to deal with concerns raised
3. Consideration being given to an IVF/fertility treatment policy.
4. Policy explanation to our international nurse recruits.
5. Drop-in sessions on wards to flush out issues.
6. Review of ward and interviews with all staff undertaken by senior nursing colleague with associated action plan.
7. 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 were needed. Uplifts in areas where needed, better communication about actions being taken to improve staffing levels.
8. Improvement suggestion box instigated on ward.
9. Exploring inclusion ambassador to combat racism and support BME colleagues to speak up.

## **Administrative/Clerical Workers/Cleaning/Catering/Maintenance and Ancillary Staff**

Over half the contacts in this category were about behaviours and relationships and bullying and harassment. Of the 20 contacts made this equates to 16 concerns.

#### **Actions taken in response:**

1. Thematic review of area and associated project plan.
2. Escalated to senior management and preliminary action taken.
3. No action required, colleagues asking to have their voices heard.
4. No escalation required by FTSU team, as colleague keeping a watching brief on behaviour.
5. Meeting with Executive colleague to express concerns.
6. Clear guidance on sharing colleagues' vaccination status.
7. Fact-find by management due to breakdown in relationship between 2 colleagues.
8. Escalated to senior medical colleagues.
9. Self-referral to Occupational Health
10. Signposting to Workforce Team for exit interview.
11. Signposting to Counselling services
12. Signposting to Workforce Advisory Line.
13. Reminder to colleagues of appropriate use of Microsoft Teams
14. Colleague raised concerns directly with manager on COVID contact policy
15. Improvement suggestion for utilisation of existing estate escalated.

## **Allied Health Professionals including pharmacists**

AHP colleagues raised concerns mainly about patient safety, of the 12 contacts made this equates to 6 concerns.

### **Actions taken in response:**

1. Substantive member of staff being recruited to assist with culture on the ward.
2. Meeting with Clinical Lead to escalate behaviours
3. Reassurance given around change management process
4. Escalation to senior team and preliminary actions in place to explore reports of working outside clinical remit.
5. Colleague raising directly with manager about behaviours of colleague in the team.
6. Reminder to colleagues about correct use of PPE.

### **HCA's and Nursing Assistants**

In this category behaviours and relationships and bullying and harassment was highest followed by patient safety policies and procedures and worker safety. Of the 5 contacts made this equates to 5 concerns.

### **Actions taken in response:**

1. Signposting to HR advisory line
2. Moved HCA to ward where short but also a rolling recruitment for a pool of HCAs is under way.
3. Colleague raised concern with senior nursing colleague

### **Midwives**

There were no concerns raised in Quarter 4 by midwives, which is the first time there has been no approaches to FTSU since Quarter 1 2020. Given the emphasis of speaking up in the Ockenden Report the FTSU team in partnership with our Professional Maternity Advocates have once again begun raising awareness of our services and the multiple routes for speaking out in the Trust.

### **Doctors**

1 concern raised about worker safety.

### **Action taken in response:**

1. Discussed through senior Junior Doctor team and the Guardian of Safe Working wrote to all Junior Doctors to offer support.

### **Others**

This category has 3 concerns raised within it about patient safety and one behaviour, it was also in this category that the anonymous concern falls.

### **Actions taken in response:**

1. Dissemination and awareness raising of Care after Death Policy and training provided following gap analysis by the End of Life Team.
2. Escalation of behaviours to the senior HRBP for the team.
3. No response from colleague who initially contacted the FTSU team.

## **2.0 Action taken to improve FTSU Culture**

In Q4 the FTSU team actively stepped back from being as a visible as they had previously been to focus on the concerns that were coming through and other activities. Nevertheless, in total for the year the FTSU team has done over 800 visits to teams, awareness raising and drop-in sessions.

### **Other actions taken to improve speaking up culture within the Trust**



- Board Development session with FTSU Board Self-Assessment Tool
- Drop-in sessions with Director of Nursing and Chief Executive open to all staff
- Developing Civility and Respect 'social movement' with Head of Culture and Dr Chris Turner currently finalising details.
- FTSU session at Leadership Development 2
- Over 800 visibility visits, awareness raising sessions and drop in for teams in 21/22 from FTSU team.
- 139 values and behaviours workshops have taken place across the trust, 302 teams in total.
- Mandating of speaking up training from 1<sup>st</sup> June 2022.
- Reviewing and improving of processes – more to be done and will be re-evaluating again when new guidance from regulators is released.
- 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, Divisional Director of Nursing, Equality and Diversity Lead; attendance at Junior Doctor Forums; attendance at weekly nursing meeting.
- Presenting at twice monthly corporate induction.
- Improvement of feedback to those who raised concerns.
- Presentations at international nurses and student midwife inductions
- Concerns raised have been acted upon in a timely and appropriate manner and recorded as per the National Guardian Office Guidelines.
- Enhanced promotion of the staff survey which resulted in 45% of colleagues completing the survey.
- Health and wellbeing actions by the Trust through the HWB team - Wednesday walk-arounds

## **National Update**

### **Ockenden Review**

The publication on the 30<sup>th</sup> March of the Ockenden Review into Shrewsbury and Telford Maternity Services focussed on a number of areas. Pertinent to this report is the culture which led to the failings in care and in particular the psychological safety of staff in feeling able to speak up.

Consequently, following this, a number of actions have been taken to consolidate arrangements at the Trust; including:

- Formalising arrangements with PROTECT, formerly Public Concerns at Work; an external, cross sector organisation specialising in speaking up in organisations.
- Further promotion through the Chief Executive's message of the many routes within the organisation where colleagues can raise concerns.
- Discussion with the National Guardians Office on further improvements, which will include a re-evaluation of processes and policy on publication of new guidance.
- Non-recurrent funding secured for a 12 month fixed term additional FTSU Guardian
- The Board should be assured that the FTSU team have made contact with other external partners for additional support and advice should we need it.
- Mandating of on-line FTSU training to all staff within the Trust from 1<sup>st</sup> June 2022.
- Messages to colleagues that it is everyone's duty to speak up and everyone's duty to listen up.

Whilst all the actions above are important and we will do more from a FTSU cultural perspective the most important difference in addressing the speaking up culture positively in maternity has been the appointment of a Director of Midwifery. Of the three tenets of FTSU to embed a great speaking up culture the National Guardian at the time, Dr Henrietta Hughes spoke about to the Board of Directors in June 2021, was that leadership was the most important.

## **[OCKENDEN REPORT - FINAL \(ockendenmaternityreview.org.uk\)](http://ockendenmaternityreview.org.uk)**

### **Staff Survey**

The staff survey results have once again shown that there are significant problems with behaviours and bullying and harassment. At the time of writing this report the more granular results by Divisions and Teams had not been published.

Whilst the National Guardians Office has decided not to publish the FTSU Staff Survey Index again this year due to the removal of three of the questions it has historically used, and since 2021 the addition of a new question specific to a Trust's speaking up culture. This report includes the questions which are directly related to speaking up in an organisation, although it must be noted there are other questions which could also be used as indicators too.

YOUR ORGANISATION (CONTINUED)						
<b>21e. I feel safe to speak up about anything that concerns me in this organisation.</b>						
	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	173	6%	202	7%	9,713	5%
Disagree	382	14%	474	16%	22,290	10%
Neither agree nor disagree	703	26%	835	28%	52,154	24%
Agree	1,123	42%	1,198	40%	98,272	46%
Strongly agree	303	11%	278	9%	31,319	15%
Missing	27		24		2,275	
<b>Positive Score</b>	<b>53%</b>		<b>49%</b>		<b>61%</b>	
<b>Negative Score</b>	<b>21%</b>		<b>23%</b>		<b>15%</b>	
Base	2,684		2,987		213,748	
<b>21f. If I spoke up about something that concerned me I am confident my organisation would address my concern.</b>						
	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	-	-	284	10%	13,120	6%
Disagree	-	-	570	19%	27,767	13%
Neither agree nor disagree	-	-	1,100	37%	70,685	33%
Agree	-	-	840	28%	77,868	36%
Strongly agree	-	-	195	7%	24,144	11%
Missing	-	-	22		2,439	
<b>Positive Score</b>	<b>-</b>		<b>35%</b>		<b>48%</b>	
<b>Negative Score</b>	<b>-</b>		<b>29%</b>		<b>19%</b>	
Base	-		2,989		213,584	

Disappointingly, despite the engagement work by the FTSU team to raise awareness of the FTSU as a culture and mechanism alongside all other routes for speaking up and promotion of the speaking up message through other mediums e.g. Chief Executive's message; monthly Cascade; drop in sessions by the Chief Executive and the Director of Nursing; psychological safety overall within the workplace has reduced by 4%. Whilst the reasons for this are unclear at this point, there is much more to be done and addressing the issue must be a Trust wide cultural and leadership response. Improvements should be considered alongside the three tenets of good speaking up cultures, leadership, engagement, and communication.

To what extent do you agree with the following statements about unsafe clinical practice?						
<b>17a. I would feel secure raising concerns about unsafe clinical practice.</b>						
	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	99	4%	105	4%	6,093	3%
Disagree	252	9%	222	7%	11,671	5%
Neither agree nor disagree	672	25%	665	22%	37,752	18%
Agree	1,249	47%	1,372	46%	105,545	49%
Strongly agree	411	15%	623	21%	53,106	25%
Missing	28		24		1,856	
<b>Positive Score</b>	<b>62%</b>		<b>67%</b>		<b>74%</b>	
<b>Negative Score</b>	<b>13%</b>		<b>11%</b>		<b>8%</b>	
Base	2,683		2,987		214,167	
<b>17b. I am confident that my organisation would address my concern.</b>						
	2020		2021		Comparator	
	n	%	n	%	n	%
Strongly disagree	148	6%	194	6%	10,079	5%
Disagree	328	12%	420	14%	20,574	10%
Neither agree nor disagree	1,000	37%	980	33%	59,567	28%
Agree	959	36%	1,031	35%	88,305	41%
Strongly agree	248	9%	360	12%	35,159	16%
Missing	28		26		2,339	
<b>Positive Score</b>	<b>45%</b>		<b>47%</b>		<b>58%</b>	
<b>Negative Score</b>	<b>18%</b>		<b>21%</b>		<b>14%</b>	
Base	2,683		2,985		213,684	

Despite poor scores in question 21e and f as discussed above, encouragingly colleagues feeling safe to raise concerns about unsafe clinical practice has risen, and again looking at the three tenets of good FTSU culture perhaps learning from how our clinical leaders are approaching leadership, engagement and communication could be transferred to other sectors of the organisation.

### **3.0 Learning and Improvement**

Below is a list of high-level detail of learning points from concerns raised with FTSU.

#### **Twilight Senior Nurse Shift**

Following concerns raised about staff moving to different wards due to staffing pressures and the uncertainty that ensued, a twilight senior nurse shift was created between 1pm – 9pm on both PRH and RSH sites. The senior nurse would deal exclusively with staffing issues therefore taking the pressure of the Clinical Site team. Feedback from colleagues was that this was working positively.

#### **Volunteers ED**

It was highlighted via the Freedom to Speak Up Guardians that delays in flow cause patients to spend longer in the ED department than would normally be required. Often patients are spending an extended period within the department without adequate food or drink. An idea to help overcome this problem was to enlist the assistance of the volunteer team to provide patients with refreshments as required.

The teams engaged with the ED Matron to understand what support volunteers would be able to give. Food hygiene training was then arranged for the volunteers to ensure that they were following the correct procedures when dealing with patients. A team of volunteers were introduced to the department to support patients with their nutrition and hydration requirements.

#### **Resumption of Service**

The FTSUG's were approached regarding a service that had been stopped due to COVID. However, 18 months later colleagues raised that the service had provided a great support to the public but there were no talks agreed to reinstate it. After escalating it, it was recognised that the service could be restarted and the service resumed at the beginning of the year.

#### **SaTH Feedback**

NGO guidance expects that all those who have raised concerns to the FTSUG and ambassadors are 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 4 can be seen at appendix 1.

## 1.0 Actions

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

<b>Action</b>	<b>Timescale</b>	<b>Who</b>	<b>Status</b>
Complete Board FTSU Self-Assessment	January 2022	FTSU Lead, Executive Team and NEDs	Complete following Board Development Session 17 <sup>th</sup> February 2022
FTSU Vision and Strategy	February 2022	FTSU Lead, Executive Team and NEDs	Open – Vision and Strategy to come to June 2022 Board
FTSU Database Review and Development	31 <sup>st</sup> March 2022	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. Black Country Health Care are looking at a third party provider to host the portal and once commissioned, we will pursue this option.

<p>Convene FTSU Steering Group/Summit to triangulate themes with HR/Patient Safety</p>	<p>31<sup>st</sup> December 2021 Date adjusted to in line with agreed action plan with NHSE/I</p>	<p>FTSU-Lead/Deputy Head of Workforce/Patient Safety Lead</p>	<p>Open – Triangulation template agreed with NHSE/I. Second tranche of triangulation data currently being worked upon.</p>
<p>Review FTSU Policy</p>	<p>Date tbc – NHSE/I to release further policy guidance, February 2022, SaTH policy reviewed will be in line with this.</p>	<p>FTSU - Lead</p>	<p>Open</p>

**Appendix 1**  
**Responses to Feedback Questions**

Colleague 1	Yes	You do a wonderful job
Colleague 2	Yes	At last I feel I can get my life back in order. Thank you so much for all your support, you have been brilliant.
Colleague 3	Yes	Thank you for your support over the last year Chan and we know where you are if we need to revisit it.
Colleague 4	Yes	Thank you Chan for the brilliant support you gave to me. Thanks to you and your service I have a workable solution.