

## Board of Directors' Meeting 12 October 2023

|                                       |   |                            |                                |
|---------------------------------------|---|----------------------------|--------------------------------|
| <b>Agenda item</b>                    | 126/23  |                            |                                |
| <b>Report Title</b>                   | Freedom to Speak Up Guardian's Report Q1 2023/24  |                            |                                |
| <b>Executive Lead</b>                 | Anna Milanec, Director of Governance  |                            |                                |
| <b>Report Author</b>                  | Helen Turner, Freedom To Speak Up Lead  |                            |                                |
|                                       |   |                            |                                |
| <b>CQC Domain:</b>                    | <b>Link to Strategic Goal:</b>  |                            | <b>Link to BAF / risk:</b>     |
| Safe                                  | √   | Our patients and community | BAF ID                         |
| Effective                             |   | Our people                 |                                |
| Caring                                | √   | Our service delivery       | <b>Trust Risk Register id:</b> |
| Responsive                            |   | Our governance             |                                |
| Well Led                              | √   | Our partners               |                                |
| <b>Consultation Communication</b>     |   |                            |                                |
|                                       |   |                            |                                |
| <b>Executive summary:</b>             | <p>The following report provides the FTSU update for Quarter 1 2023/24.</p> <p>In total, 47 concerns were raised in Quarter 1, which is a 18% decrease on the previous quarter and a 35% decrease on Q1 22/23.</p> <p>The trend of attitudes and behaviours and bullying and harassment being the most widely recorded theme, continues at 45% of all concerns raised</p> |                            |                                |
| <b>Recommendations for the Board:</b> | The Board is asked to note the report.  |                            |                                |
| <b>Appendices:</b>                    | None  |                            |                                |

## 1. Assessment of issues including themes and trends

In Quarter 1 SaTH received 47 contacts through the FTSU mechanism. This continues the decline from the previous quarter. Average contacts over a 2-year period up to Q1 23/24 are 78. Board should note these are the lowest amount, of contacts/concerns recorded since Q1 2020/21 and in Q2 the pattern looks set to continue.

Nationally there was a rise of 25% concerns reported to Guardians but with the advent of Guardians in primary and private healthcare settings this needs to be considered and benchmarking from similar Acute Trusts would be more beneficial.

Contacts versus concerns is contained in the table below.

| Qtr. 1 April-June 23 |    |
|----------------------|----|
| Number of Contacts   | 47 |
| Number of Concerns   | 40 |

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/Decrease | National Increase |
|---------|-----|-----|-----|----|---------------|-------------------|-------------------|
| 2023/24 | 47  | NA  | NA  | NA | <b>47(Q1)</b> | NA                | Not available yet |
| 2022/23 | 72  | 73  | 76  | 59 | <b>282</b>    | ↓23%              | ↑25%              |
| 2021/22 | 100 | 113 | 90  | 66 | <b>369</b>    | ↑18%              | 0%                |
| 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               |

Previous reports have commented on the decline of concerns from their peak of 113 in Q2 21/22 and supposition on why this may be the case - decrease in drop in sessions; natural plateau; more support at a local level therefore quicker resolution of concerns.....

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 with one addition of policies, procedures and processes

| Category                                   | Q2    | Q3    | Q4    | Q1    |
|--|-------|-------|-------|-------|
|  | 22/23 | 22/23 | 22/23 | 23/24 |
| Bullying and Harassment                    | 1     | 14    | 8     | 3     |
| Patient Safety                             | 23    | 10    | 5     | 5     |
| Worker Safety or Wellbeing                 | 12    | 14    | 16    | 5     |
| Other inappropriate behaviours / attitudes | 22    | 24    | 16    | 18    |
| Policies, procedures, and processes        | 12    | 8     | 10    | 13    |
| Unknown/Other                              | 3     | 8     | 2     | 3     |
| Anonymous                                  | 3     | 1     | 3     | 0     |
| Detriment                                  | 0     | 2     | 0     | 0     |

## Concerns raised by profession

| Professional Group               | Q2<br>(22/23) | Q3<br>(22/23) | Q4<br>(22/23) | Q1<br>(23/24) |
|----------------------------------|---------------|---------------|---------------|---------------|
| Nursing and midwifery registered | 14            | 26            | 17            | <b>16</b>     |
| Administrative and clerical      | 14            | 20            | 7             | <b>11</b>     |
| Estates and ancillary            | 9             | 8             | 11            | <b>8</b>      |
| Additional clinical Services     | 7             | 6             | 8             | <b>5</b>      |
| Medical and dental               | 16            | 8             | 7             | <b>3</b>      |
| Allied health professionals      | 7             | 7             | 2             | <b>3</b>      |
| Additional Clinical Services     | 7             | 6             | 8             | <b>0</b>      |
| Healthcare Scientists            | 1             | 0             | 1             | <b>0</b>      |
| Not Known/Other                  | 3             | 4             | 6             | <b>1</b>      |
| <b>Total</b>                     | <b>73</b>     | <b>76</b>     | <b>57</b>     | <b>47</b>     |

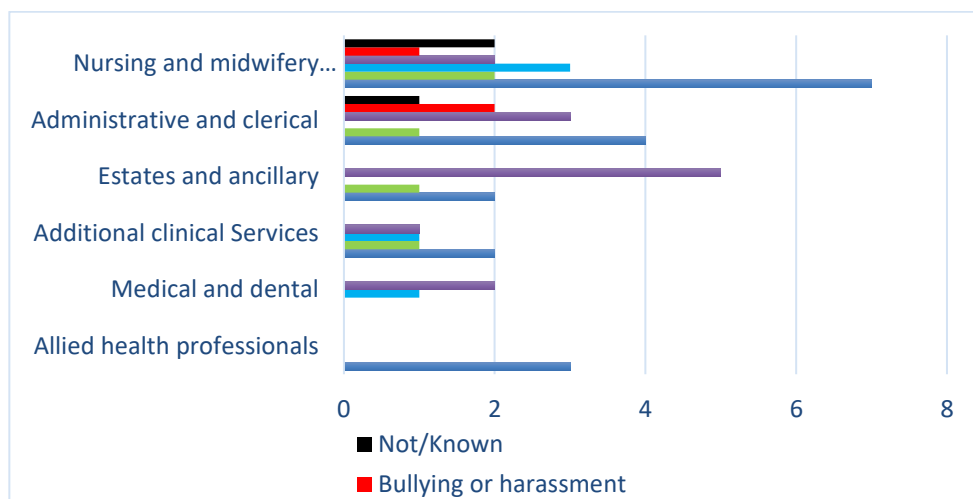
## Contacts Per Division

The report is now including cases per Division in quarterly reports which was first introduced in the 22/23 annual report.

Medicine and Emergency and Corporate continue to have the highest proportion of cases raised alongside Corporate.

| Number of Contacts April - June 23 |           |
|------------------------------------|-----------|
| <u>Divisions</u>                   | Qtr1      |
| Medicine & Emergency Care          | 15        |
| Corporate                          | 11        |
| Women & Children's                 | 10        |
| Clinical Support Services          | 6         |
| Surgery, Anaesthetics & Cancer     | 4         |
| Unknown/Other                      | 1         |
| <b>Total</b>                       | <b>47</b> |

The graph above gives the overview of the themes raised by profession, with attitudes and behaviours continuing to be the largest theme for nurses. Policies, procedures and processes the largest issue for estates and ancillary and also medical and dental.



## Contacts Raised Proportionally

| <u>Themes</u>                      | <u>20/21</u> | <u>21/22</u> | <u>22/23</u> | <u>23/24 Q1</u> |
|------------------------------------|--------------|--------------|--------------|-----------------|
| Inappropriate behaviours/attitudes | 24.5%        | 37%          | 33%          | 38%             |
| Patient Safety                     | 21.5%        | 15%          | 21%          | 11%             |
| Policies, processes and procedures | 11%          | 21%          | 13%          | 28%             |
| Worker Safety                      | 13%          | 10%          | 22%          | 11%             |
| Bullying and Harassment            | 13%          | 7%           | 11%          | 6%              |
| Unknown/Other                      | Not recorded | Not recorded | 4%           | 6%              |
| Anonymous                          | 1.7%         | 1.4%         | 2.5%         | 0%              |
| Detriment                          | 0.7%         | 0.5%         | 0.7%         | 0%              |

## Open/Closed Contacts

Overall, up until the end of Quarter 1, 23/24 77 contacts remain open, at the same point last year 125 contacts remained open.

The Board are also asked to note the reduction of the total of outstanding open concerns compared to previous reported totals. The reason for this reduction is the drop in concerns overall, signposting, colleagues raising the concern themselves and better escalation and responses from those raising concerns.

|                        | <u>Qtr2</u>         | <u>Qtr4</u>         |
|------------------------|---------------------|---------------------|
| <b><u>Contacts</u></b> | <b><u>20/21</u></b> | <b><u>20/21</u></b> |
| Open                   | 0                   | 1                   |
| Closed                 | 82                  | 77                  |

Reason for open case

1. Delay in responding and confusion around the ask of the case
2. Sporadic engagement from those who raised concerns\

|                        | <u>Qtr1</u>         | <u>Qtr2</u>         | <u>Qtr3</u>         | <u>Qtr4</u>         |
|------------------------|---------------------|---------------------|---------------------|---------------------|
| <b><u>Contacts</u></b> | <b><u>21/22</u></b> | <b><u>21/22</u></b> | <b><u>21/22</u></b> | <b><u>21/22</u></b> |
| Open                   | 3                   | 1                   | 6                   | 7                   |
| Closed                 | 98                  | 111                 | 84                  | 59                  |

Reason for open cases in 21/22

1. FTSU delay with rounding off case and gaining feedback.
2. Culture and care in an area still a cause for concern and programme for improvements underway but slow progress given challenges.
3. Slow escalation of issues and then lack of timeliness of response, reported areas of improvement but FTSU still need feedback from individuals involved.

|                        | <u>Qtr1</u>         | <u>Qtr2</u>         | <u>Qtr3</u>         | <u>Qtr4</u>         |
|------------------------|---------------------|---------------------|---------------------|---------------------|
| <b><u>Contacts</u></b> | <b><u>22/23</u></b> | <b><u>22/23</u></b> | <b><u>22/23</u></b> | <b><u>22/23</u></b> |
| Open                   | 2                   | 14                  | 17                  | 8                   |
| Closed                 | 69                  | 59                  | 62                  | 51                  |

### Reason for open cases in 22/23

1. FTSU delay with rounding off case and gaining feedback due to sickness etc.
2. Ongoing issues with culture within teams
3. Culture and care in an area still a cause for concern and programme for improvements underway but slow progress given challenges.
4. Slow escalation of issues and then lack of timeliness of response, reported areas of improvement but FTSU still need feedback from individuals involved.
5. Poor management response and timeliness to concerns raised.

|                 | Qtr 1        |
|-----------------|--------------|
| <u>Contacts</u> | <u>23/24</u> |
| Open            | 18           |
| Closed          | 29           |

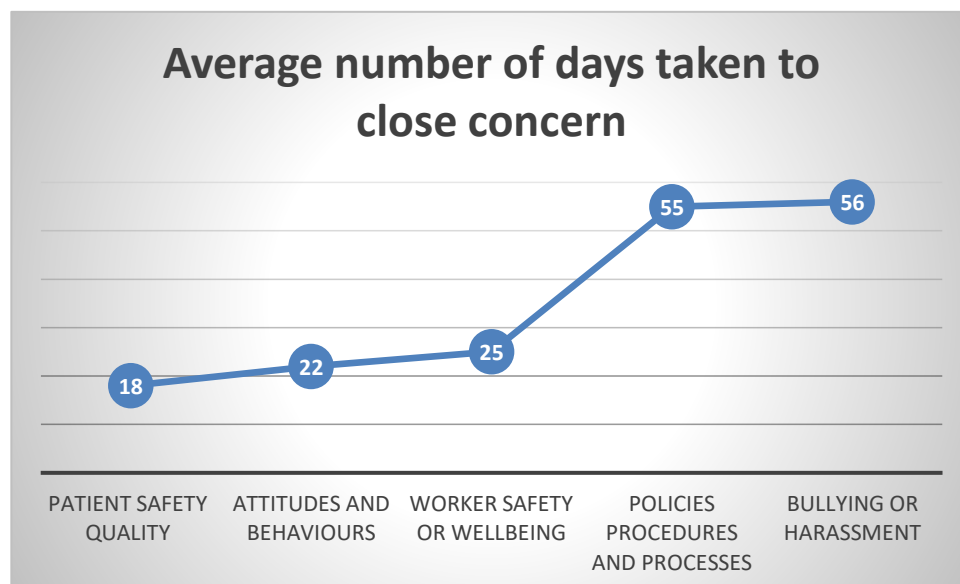
### Reason for open cases in 23/24

1. Ongoing issues with culture within teams
2. Internal investigation ongoing.
3. FTSU still need feedback from individuals involved.
4. Poor management response and timeliness to concerns raised.
5. FTSU delay with rounding off case and gaining feedback.

### Average number of days taken to close concerns

The FTSU team have now begun to monitor the average length of time from opening and closing of cases data for Quarter 1 is as the below table. However, it is too soon to be able to understand what the data means, however we will continue to report in each quarterly paper.

The Improvement Hub will also assist with the analysis of the data to gain meaningful insights.



### Themes and Professional Groups

In previous reports there has been a separation between the themes and professional groups but for clarity and brevity have now been combined. Tables clearly show which professions are raising the themes.

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

As per previous quarters 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. Numbers per professional group are illustrated in the table below:

| <b>Professional Group<br/>(Attitudes, Behaviours, Bullying)</b> |           |
|---|-----------|
| Nursing and midwifery registered                                | 8         |
| Administrative and clerical                                     | 6         |
| Allied health professionals                                     | 3         |
| Estates and ancillary   | 2         |
| Additional clinical Services                                    | 2         |
| Medical and dental  | 0         |
| Healthcare Scientists   | 0         |
| Not Known/Other   | 0         |
| <b>Total</b>  | <b>21</b> |

Nurses continue to raise the most speaking up about bullying and harassment and attitudes and behaviour.

Of the 21 contacts to FTSU 21 were individual cases.

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

Following conversations a colleague was empowered to speak with line manager this resulted with the behaviour towards the colleague improving from the individual once feedback was shared.

Empowering colleagues to speak directly with matron resulted with positive outcome. FTSUG was available for guidance and support which was appreciated by colleague.

Colleague was signposted to her union representative they were happy to close concern and was grateful for a safe space to be listened to by the FTSUG.

Empowering colleagues to have open conversations with line manager resulted in a positive outcome. Colleague feedback was that the FTSUG provided that safe space to talk through concern and give direction to take that step to approach manager.

Concerns were escalated to HRBP with follow up conversations with individual raising concerns this resulted with colleague feeling listened to and EDI interventions part of the cultural review work.

We did have colleagues who decided to not take further action and to monitor situation however felt grateful for having a space to share concerns and not being judged.

### **Policies and Procedures**

| <b>Professional Group<br/>(Policies, Procedures and Processes)</b> |           |
|--|-----------|
| Nursing and midwifery registered                                   | 2         |
| Additional clinical Services                                       | 1         |
| Medical and dental   | 2         |
| Administrative and clerical  | 3         |
| Allied health professionals  | 0         |
| Estates and ancillary  | 5         |
| Healthcare Scientists  | 0         |
| Not Known/Other  | 0         |
| <b>Total</b>   | <b>13</b> |

Of the 13 contacts to FTSU 11 were individual cases

### **Actions taken to resolve the concerns**

Several concerns were raised were colleagues felt that the process was not robust, and they were not kept informed with timeline and progress this resulting with negative feeling about speaking up. This feedback was shared further with HR colleagues.

Concerns were raised about the way bank shifts were being allocated to colleagues. Bank shifts were applied for by filling in a paper-based availability form. The electronic system is now in place, this means that colleagues can book bank shifts directly through the system without the need to submit an availability sheet. The other advantage to this is that colleagues are not restricted to what they submitted on the paper base forms and can pick up extra shifts as they become available.

### **Patient Safety**

| <b>Professional Group<br/>(Patient Safety)</b> |          |
|--|----------|
| Nursing and midwifery registered               | 3        |
| Additional clinical Services                   | 1        |
| Medical and dental                             | 1        |
| Administrative and clerical                    | 0        |
| Allied health professionals                    | 0        |
| Estates and ancillary                          | 0        |
| Healthcare Scientists                          | 0        |
| Not Known/Other                                | 0        |
| <b>Total</b>                                   | <b>5</b> |

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

Colleague witnessed poor care from another colleague the individual was signposted to raise this with ward manager and submit Datix following this the ward manager addressed this with individual.

Colleague raised about unsafe staffing levels, the individual felt they had been raising this but couldn't see action to resolve it. This was further discussed with Head of Nursing and assurance was given to individual that they are aware and assess the situation daily and would make sure ward is not left unsafe.

Follow up feedback from individual was additional staff were rostered to cover shift on the day.

Board are to note that 2 x contacts dropped out of pursuing patient safety issues, however due to the nature of the issues, the Director of Nursing and patient safety team have continued to investigate the concerns, the drop outs were due to concerns about detriment

Of the 5 contacts to FTSU 4 were individual cases

## Worker Safety or Wellbeing

| Professional Group<br>(Worker Safety/Wellbeing) |          |
|---|----------|
| Nursing and midwifery registered                | 2        |
| Additional clinical Services                    | 1        |
| Medical and dental                              | 0        |
| Administrative and clerical                     | 1        |
| Allied health professionals                     | 0        |
| Estates and ancillary                           | 1        |
| Healthcare Scientists                           | 0        |
| Not Known/Other                                 | 0        |
| <b>Total</b>                                    | <b>5</b> |

Of the 5 contacts to FTSU 4 were individual cases

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

Colleagues raised concerns about feeling overwhelmed with the workload due to staffing levels. FTSUG supported colleagues to discuss this further with their line manager and HRBP. This resulted with support being provided for individual to be able to manage workload.

Several colleagues have shared feedback with us that having a safe space to discuss how they are feeling gave them direction to raise concerns directly themselves which resulted in a positive outcome.

*"I would just like to say thank you so much for listening to my concern and giving me the confidence to act on it".*

*"Having a platform has enabled me to speak up when I previously may not have done. This will now be part of my own values, to speak up at every moment".*

*"It was useful to know that help and support is there outside of your working area. Someone to talk to*

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

### **1. Mandatory Training**

In June 2022, Shrewsbury and Telford Hospital were one of the first Trust's in the country to mandate FTSU online training. Whilst response rates are decent, they are still not where they should be. The FTSU team are working with the Education Team to increase compliance of all FTSU training modules to 90%. The 'worker' module is the current focus and we are targeting specific teams whose non-compliance is high through additional assistance such as workbooks and presentations.

At 8<sup>th</sup> July the compliance rate for all modules is

- Freedom to Speak Up Worker Training – 81.09%
- Freedom to Speak Up Listen Up for All Leaders – 67.53%
- Freedom to Speak Up Follow Up for Senior Leaders – 35%



## 2. Divisional Annual Summaries

Following the close of 22/23 the FTSU team for the first time produced an annual report for each division. All reports were presented at the Divisional Committees except for Corporate as this does not have a Divisional Committee. The purpose of the reports are to:

- Understand in more granularity the themes that are coming from the Divisions to FTSU.
- Give the Division more data/intelligence for action and triangulation with other sources, primarily patient safety and workforce.
- To highlight areas of concern as appropriate.
- To highlight responses to the speaking up questions in the annual staff survey and target interventions at a local level.

All have been well received and FTSU have welcomed input to strengthen the reports and partnership working.

- FTSU presentation at twice monthly Corporate Induction.
- FTSU session at STEP Programme – Leadership training for new managers/supervisors
- Visibility visits, awareness raising sessions and drop in for teams in Q1 from FTSU team.
- Regular meetings with stakeholders for action and to provide oversight of concerns raised. These include monthly 121's with Chief Executive; Director of Nursing; Director of Governance; Medical Director; NED Lead for FTSU, Equality and Diversity Lead; attendance at Junior Doctor Forums; regular contact with Guardian of Safe Working.
- Improvement of feedback to those who raised concerns.
- Presentations at international nurses and student nurse and midwife inductions
- Concerns raised have been acted upon in a timely and appropriate manner and recorded as per the National Guardian Office Guidelines.
- Attendance at PSIRF away day.
- FTSU now attends RALIG and Divisional PACE meetings as well as the weekly Nursing, Midwifery and Facilities Forum.
- Membership of EDI Steering Group
- Membership of PNA/PMA Steering Group
- Membership of ED Cultural Workstream 2
- Sister Kerry Brotherton Ward 28 improvement included in IMPACT.

### **3.0 Learning and Improvement**

Sister Kerry Brotherton – Ward 28

Kerry Brotherton is a sister on Ward 28, Frailty and General Medicine. Last year she spoke up about concerns and issues she was facing and has been instrumental in implementing positive change, not only on Ward 28, but across the whole organisation.

Having worked at SaTH for almost 25 years, starting as a health care assistant (HCA), she has worked across a number of wards and specialties in different roles and at different levels. In 2021 she started her role on Ward 28.

She said: "Patients are my number one priority and I take pride in everything I do. Upon starting my new role, I quickly realised that we simply did not have enough staff, specifically

HCAAs, to look after our patients. This was severely impacting on the quality of care being provided and staff morale. It was a vicious cycle because that meant more people were leaving and the issues just snowballed. I couldn't see a way out of it.

"I don't come to work to do a bad job. I come to work to look after people who are poorly and help them through, what is quite often, a crucial moment in their life. I felt like I couldn't do that, and it was affecting my own mental health."

Everything came to a head one day in October 2022 when Kerry realised they were unable to provide adequate care. She said: "It was frightening. It dawned on me that if I didn't speak up for my patients, then no-one would."

Kerry had come across Freedom to Speak Up (FTSU) and contacted the service straight away. She spoke to Helen Turner, FTSU Lead, and following a discussion and agreeing next steps, with permission from Kerry the concerns were escalated to senior nursing within half an hour she was visited by the head of nursing.

Kerry said: "I didn't think much would come from picking up the phone, but within seconds was made to feel like I wasn't fighting this battle alone, and I felt a huge sense of relief. A problem shared is certainly a problem halved."

Kerry was immediately supported by people across the organisation to help make positive change.

Kerry supported a large-scale recruitment campaign for health care assistants across our two hospitals. She took part in an open day, took prospective candidates on tours, spoke at length about the profession and helped with the interview process. 117 HCAs were recruited, with 17 of them hired to work on Ward 28.

Kerry implemented a suggestion box on the ward for colleagues to put forward improvement ideas, so they could tackle issues early on and work to resolve them as a team. Improvements include signage on the ward, workload planning and communication with the introduction of a ward newsletter.

Kerry said: "If I could go back in time and tell myself to speak up sooner, I would. I feel listened to, supported, equipped to do a good job, and as a result, can now provide care that I am proud of to my patients."

Kerry is now training to be a FTSU ambassador where she will raise awareness of speaking up as well as signpost and support colleagues who wish to raise concerns.

## **National Picture**

The National Guardians Office published in June 2023, Fear and Futility Report – What does the Staff Survey tell us about speaking up in the NHS.

Below are the key findings taken verbatim from the report, however the full report gives a much fuller and nuanced picture with much work to be done.

The report has been circulated to the Board on publication and it also be accessed at the link below.

Fear-and-Futility-NHS-Staff-Survey-1.pdf ([nationalguardian.org.uk](https://nationalguardian.org.uk))

- The Freedom to Speak Up sub-score declined from 6.5 in 2021 to 6.4 in this year's NHS Staff Survey5. This fall equates to a 1.5% change. Given the size of the survey (over 600,000 workers) this equates to a declining perception of over 9,000 workers.
- There was a marked fall for raising concerns relating to clinical practice (following 2021 when there was a marked improvement).
- For the first time, bank staff completed a bank staff survey. The results were in line with the core survey results for all four speak up questions.
- By sector, ambulance trusts continue to score least well (and are continuing to worsen) whereas community trusts continue to perform best.
- The gap between community and ambulance/acute trust results is widening, potentially indicating the impact of pressures on frontline services.
- The Freedom to Speak Up sub-score positively correlates with Care Quality Commission ratings.
- There is a marked disparity between the highest and lowest scoring organisations, and this has increased for three out of the four Freedom to Speak Up questions since the 2021 survey.
- The North East and Yorkshire, North West and South East regions scored the highest. East of England scored least well for all four Freedom to Speak Up questions. In particular, the results for both questions about workers feeling that their organisations will address concerns were markedly low.

## **Listening to Workers – A Speak Up Review of Ambulance Services**

In February 2023, the National Guardians Office published a review into England's ambulance services. The reason for this was that there was an anomaly between their CQC ratings most were rated 'good' and the scores for their staff survey speaking up questions which were universally low. The full report can be found at the link below. The report has much in it and the following paragraphs from the Executive Summary are worth reflection.

These paragraphs are not just applicable to Board members but to all middle/senior leaders within the Trust too particularly with the multiple pressures SaTH finds itself under.

*At the time of conducting this Speak Up review, ambulance services had been under immense pressure for an extended period of time, with ambulance workers bearing some of the consequences of systemic and operational issues affecting the whole of the NHS. I do not underestimate the daily courage and moral injury and distress felt by people working in these conditions. Because of these pressures on ambulance trusts, there is a considerable focus on targets – response times, call answering, handovers – all measured in minutes and seconds.*

*A focus solely on targets can – especially under pressure – make us blind to how those measures are achieved and at what cost. I fear that a focus on targets may inadvertently be having a negative effect on the culture of ambulance trusts – just as it did at Mid Staffs. As one senior leader told the review: “When I first started, everyone I spoke to said we have a culture problem. Sexism, racism, homophobic, cliquey. We are going to fix it but not yet. We need to sort out other things like wait times.”*

*We also found that senior leaders and boards did not always understand the benefits which fostering an open speaking up culture can bring. We heard examples from workers and senior leaders, where board members would focus on the positives and ignore the negatives in speaking up reports. I would like to see a shift from a position of ‘comfort seeking’ to curiosity about speaking up, where leaders and board members are inquisitive*

*about the data that is presented to them and are keen to embrace the learning which listening to those who speak up can bring.*

## **Listening-to-Workers-Speak-Up-Review-of-Ambulance-Trusts.pdf (nationalguardian.org.uk)**

### **Silence**

Good speaking up cultures also look at the 'silences' within teams, in the multiple reports that have been submitted to the Trust Board there has been no references to silence or work undertaken by FTSU to look for the silences.

I include the reference here for a number of reasons

1. We are seeing a downturn in concerns raised to FTSU.
2. The focus has been on dealing with the 'noise' and concerns raised and getting that right.
3. As concerns fall, we don't make the hasty assumption that 'all is okay'
4. And for Board to consider silences at the self-reflection session on 1<sup>st</sup> November

### **FTSU Priorities 23/24 – Progress Q1**

In October, the FTSU vision and strategy was signed off by board with four key priorities which the FTSU team were already progressing.

1. Ensure all groups who face barriers to speaking up are supported to raise concerns, in particular working with our BAME colleagues.
  - 30 voices project complete – actions outstanding and should form part of the EDI retention group.
  - We are seeing increased reports of racism which are monitored through the weekly discrimination meeting to ensure timely and robust responses.
  - Work closely with our EDI team and support promotional activities
  - Membership of ICS EDI Steering Group
  - Work from Fear Flowchart published and distributed.
2. Ensure FTSU processes are fit for purpose and in line with best practice.
  - The internal review of processes is now complete and the FTSU team are working on embedding the recommendations/better practice.
3. Working with our leaders to 'listen up' and 'follow up'
  - FTSU deliver on STEP programme, the training programme for first time supervisors and managers
  - Divisional Annual Summaries presented to Committees.
  - Mandated online training for all staff, current figures can be seen in the actions for improving FTSU culture
4. Alongside our cultural team colleagues, lead the Civility and Respect social movement.
  - Over 900 staff have now received the training

### **4.0 SaTH Feedback**

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

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

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

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

|       |   |
|-------|---|
| Yes   | Personally speaking I found FTSU very helpful, with support and advice given. It was good to have a bridge to HR and advice on other help available. It also helped to be able to talk about any concerns I had at the time, knowing that anything discussed would be treated in a sensitive and confidential manner  |
| Yes   | You reassured me and guided me to the correct people, being HR. You also offered to have the conversation with them if I didn't feel comfortable or confident to do so. Above all, I felt listened to. Thank you for what you did for me.   |
| Yes   | Chan made me feel instantly better and made me feel safer in my role immediately. She gave me really good, helpful advice and guidance and followed up after to make sure everything was resolved.  |
| Yes   | Speaking up means I get to express my fears and get support when needed. When I spoke up, The FTSU representative treated me with dignity, listened without showing judgement and supported me to take measures to discuss with my manager. I was able to address my concerns with the manager and we are on a recovery path where I am still watching and learning as well.  |
| Yes   | <p>Yes i would absolutely speak up again, it was reassuring to know that someone was there at the end of the phone, and someone who actually listened to what my concerns were. i have worked here for years, and never felt the need to raise a concern, especially around safe staffing levels. Within an hour of doing so i had the head of nursing on the ward who continued to listen and communicate all of the plans that were in place to improve on my concerns and queries. This was hugely reassuring and gave me the opportunity to feedback to the rest of the team who had the same concerns. Had this information been passed to me as a B6 i would have been able to disseminate to the team and this would have removed a lot of staff anxiety.</p> <p>I then took part in a recruitment drive, which introduced over 100 applicants at HCA level who after the interviews and recruitment process are slowly starting to appear on the wards. The process has been lengthy, but the patients and staff are soon to see the rewards of the last few months</p> |
| Maybe | I found it very useful to talk to someone out of my division and to have the time to feel listened to and it enabled me to collate my thoughts and feeling. This empowered me to continue to raise this issue within my own area. I felt valued and that my concerns were valid. Also, I am aware you also raised my concerns on my behalf which validated them when I continued to discuss them  |

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| Yes | Very supportive. Good listener.<br>It was good to have an objective opinion in order to gain some clarity on the situation. Excellent communication, always getting back to me and making themselves available. Offered the help and support I needed in a situation I was not feeling supported in locally. |
| Yes | Its important to speak up - on behalf of others or for the organisation to recognise areas of improvement for patient care and staff well-being  |
| Yes | We feel as a ward that the FTSU Guardian raised our concerns and helped us resolve the issue when we felt no-one was listening   |
| Yes | <i>“Overall, I am very glad I spoke up ( and am happy to share that ) and although I hope that nothing like that ever happens again I would do so again and strongly encourage others to do so.”</i>   |
| Yes | It was useful to know that help and support is there outside of your working area. Someone to talk to  |