

REPORT TITLE:	Freedom to Speak Up annual report
SPONSORING EXECUTIVE:	Martin Sandler- Executive director Information Technology and Digital
REPORT AUTHOR:	Jamil Johnson- Interim lead for Freedom to Speak Up
MEETING:	Public Trust Board
DATE	8 th May 2024

1. Suggested discussion points [two or three issues you consider the PublicTB should focus on in discussion]

The paper will provide the Public Trust Board with assurances the Freedom to Speak Up team, have made progress in relation to the internal audit.

The paper will also provide an overview of the concerns received via Freedom to Speak Up, the actions taken to address the concerns raised and the partnership work being undertaken to promote wider organisational learning.

2. Alignment to our Vision [indicate with an 'X' which Strategic Objective[s] this paper supports]

OUR PATIENTS	- To be good or outstanding in everything that we do	X
OUR PEOPLE	- To cultivate and sustain happy, productive and engaged staff	X
OUR POPULATION	- To work seamlessly with our partners to improve lives	

3. Previous consideration [at which meeting[s] has this paper/matter been previously discussed?]

People Committee (24th April 24).

4. Recommendation(s)

The Public Trust Board is asked to:

- a) **RECEIVE** the contents of the report
- b)
- c)

5. Impact [indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]

Board Assurance Framework Risk 01	X	Deliver safe, high-quality care.
Board Assurance Framework Risk 02		Make best strategic use of its resources
Board Assurance Framework Risk 03		Deliver the MMUH benefits case
Board Assurance Framework Risk 04	X	Recruit, retain, train, and develop an engaged and effective workforce
Board Assurance Framework Risk 05		Deliver on its ambitions as an integrated care organisation
Corporate Risk Register [Safeguard Risk Nos]		

Is Quality Impact Assessment required if so, add date:

Is Equality Impact Assessment required if so, add date:

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board on 8th May 2024

Freedom to Speak Up Annual Report.

1. Introduction or background

1.1 Following on from Sir Robert Francis' review of the speaking culture within the NHS, which was published in 2015, Freedom to Speak Up remains a business-critical component to provide safe effective care for our patients. To provide such care we must promote a psychologically safe working environment for our colleagues to thrive in.

1.2 The report will provide the Trust Board with an overview of the current progress of our actions from the findings of the internal audit, which reviewed our speaking up mechanisms following on from the review undertaken by NHS England in 2021. These findings formed the organisations strategy in the form of our 30,60 and 100-day plan to ensure our mechanisms are compliant with national requirements set out by the National Guardians' Office.

The report will provide the Public Trust Board with our current strategies of encouraging colleagues to raise concerns and a thematical overview of the concerns raised with a breakdown of the top three. The Board will be advised of the action being taken or taken to address these top three concern areas and the collaborative work being undertaken for wider organisational learning.

2. Progress from Internal audit and development of new strategy

2.1 The Freedom to Speak Up (FTSU) team have made tangible progress with the Internal audit actions as demonstrated in **annex 1**. Most of the actions have been completed with evidence provided to the internal auditors, this is awaiting verification.

2.2 The Freedom to Speak Up strategy has been scoped and gaps identified through our staff engagement and reflection and planning tool. Consequently, we have drafted the strategy, which is currently awaiting comments from key stakeholders, before this can progress to finalisation.

2.3 The gaps were identified through staff engagement and the reflection and planning tool undertaken by the executive team. In summary the gaps identified were; training provided to colleagues in relation to speaking up, role modelling of behaviours conducive to speaking up, the resourcing of the FTSU agenda and triangulation to aid targeted resourcing. This has influenced the following three priorities;

- Empowering all to raise concerns and in turn promoting psychological safety (Speak Up).

- Demonstrating commitment to investigating concerns consistently (Listen Up)
- Ensuring lessons are learnt trust wide from concerns and/or patient safety incidences (Follow up).

2.4 Relatability plays a crucial role in enabling colleagues to raise concerns, we have therefore recruited over 20 Freedom to Speak Up guardians with the aim of them being representative of our diverse workforce.

3. Concerns raised via FTSU

3.1 The FTSU team had a total of 12 concerns raised during the reporting period of **April 23- June 23 (Annex 2, Figure 1)**. The top 3 themes reported were inappropriate attitudes or behaviours (9), with the largest reporting group being registered nurses or midwives (5). Followed by worker safety or wellbeing (4) and bullying and harassment (4) the largest reporting professional group for worker safety or wellbeing, being registered nurses or midwives (3) and for bullying or harassment being, allied health professionals (2) and administrative and clerical (2).

3.2 During the reporting period of **July 23- September 23 (Annex2, Figure 2)** 27 concerns were raised. The top 3 themes reported were worker safety or wellbeing (16), with the largest reporting group being registered nurses or midwives (9). Followed by inappropriate attitudes or behaviours (15), with the highest professional group being registered nurses or midwives (8) and bullying and harassment (5) the largest reporting group being, allied health professionals (2) and administrative and clerical (2).

3.3 The team received 45 concerns raised during the reporting period of **October 23- December 23 (Annex 2, Figure 3)**. The top 3 themes reported were inappropriate attitudes or behaviours (16) and bullying and harassment (16), with the largest reporting group being allied health care professionals (9). Followed by patient safety or quality (12) with the largest reporting group being medical and dental (9).

3.4 The FTSU team had a total of 66 concerns raised during the reporting period of **January 24- March 24 (Annex 2, Figure 4)**. The top 3 themes reported were worker safety or wellbeing (51), with the largest reporting group being registered nurses or midwives (19). The second highest raised concern was inappropriate attitudes or behaviours (27) with the largest reporting group being registered nurses or midwives (11). Patient safety and quality was

the third highest raised concern (12), with largest reporting group being registered nurses or midwives (8).

- 3.5 There is a continued increase in concerns that relate to inappropriate attitudes and behaviours, perceived bullying and harassment and worker safety and wellbeing as a consequence of this and in partnership with Chief People Officer, the FTSU team will be supporting the ARC compassionate, inclusive and restorative people management group as key stakeholders. The aim of this will be to strengthen the triangulation of data, understand the potential barriers to aligning to the organisational values and in turn provide targeted support to the 'hot spot' areas. A summary is provided in **Annex 3** to provide an overview of the actions taken to aid resolution and/or escalation for each theme.
- 3.6 We currently have 20 concerns that remain unresolved, this is due to the following; colleagues undertaking a formal process and due to the severity of the concern/s the FTSU team are continuing to provide pastoral support, assurances not being provided by managers, awaiting facilitated meetings to be arranged and awaiting feedback from external partners regarding specialist advice.

4. Recommendations

- 4.1 The Public Trust Board is asked to:
- a. **RECEIVE** the contents of the report

Martin Sadler
Executive director Information and Technology and Digital.
Jamil Johnson
Interim Lead for Freedom to Speak Up

25/04/24

Annex 1: Internal Audit actions/progress

Annex 2: Quarterly concerns

Annex 3: Actions taken for resolution or wider organisational learning.

Owner	Actions	Variable Target	Fixed Target	Status
Martin Sadler	A Freedom to Speak Up Strategy will be developed in line with the guidance issued by NHSE/I.	28/07/2024	21/12/2022	In progress
Martin Sadler	The updated Freedom to Speak Up Policy will be approved by the Joint Local Negotiating Committee (JLNC) and the Trust's formal route for Policy approval. The Policy will be relaunched to raise awareness and will be published on the Intranet 'Connect' page.	31/12/2023	31/12/2022	Completed
Martin Sadler	The Trust will consider creating a Standard Operating Procedure for the FTSU Team including the key stages and steps when receiving a concern. The document will outline key timescales for responses to concerns and how these should be logged.	31/12/2023	31/12/2022	Completed
Martin Sadler	The Trust's webpage for FTSU will be updated to include the following good practice: <ul style="list-style-type: none"> • Routes of raising a concern, including contact details of the FTSU Team, including the Non-Executive Director; • Details of the Local Counter Fraud Specialists (LCFS); • Links to the FTSU Policy and other related Policies; and Definition of FTSU and the ways in which it can help a staff member.	31/12/2023	31/12/2022	Completed
Martin Sadler	All documentation referring to the FTSU Guardians including the internet, intranet, policy etc will be updated to refer only to the current Guardians.	31/12/2023	31/12/2022	Completed
Martin Sadler	A centralised logging system will be implemented for case details to input into. Information within the log will be kept up to date as each case progresses. This will help to ensure that regular reporting both internally and externally is up to date and inclusive of all FTSU concerns raised.	01/04/2024	31/12/2022	Completed

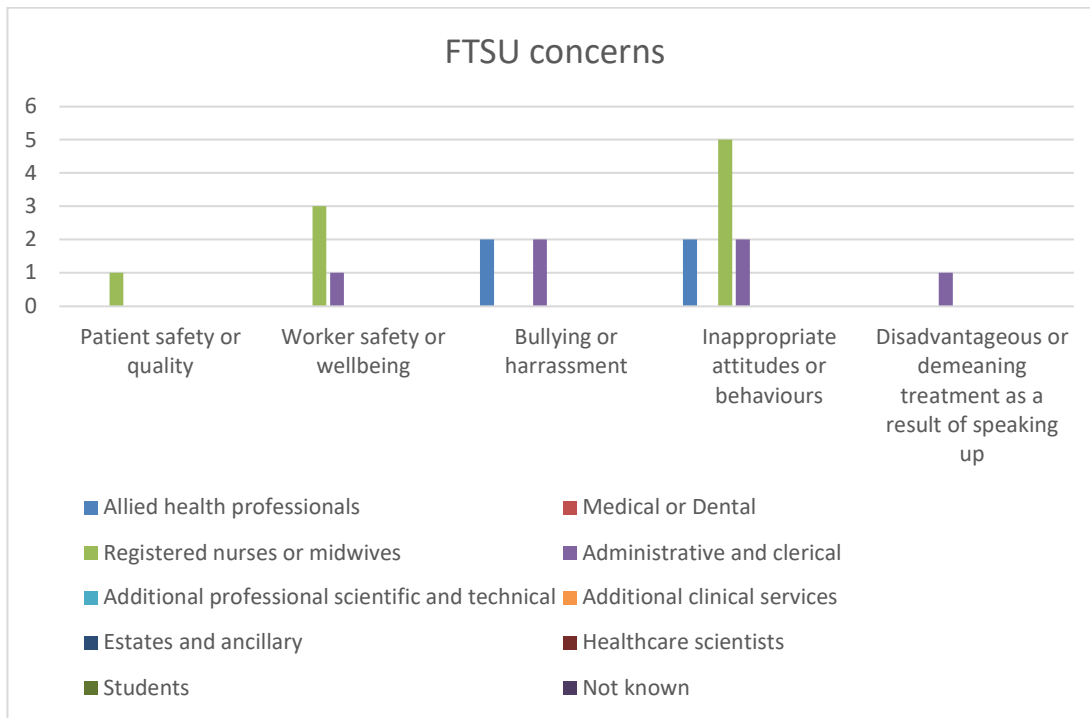


Figure 1 Quarter 1

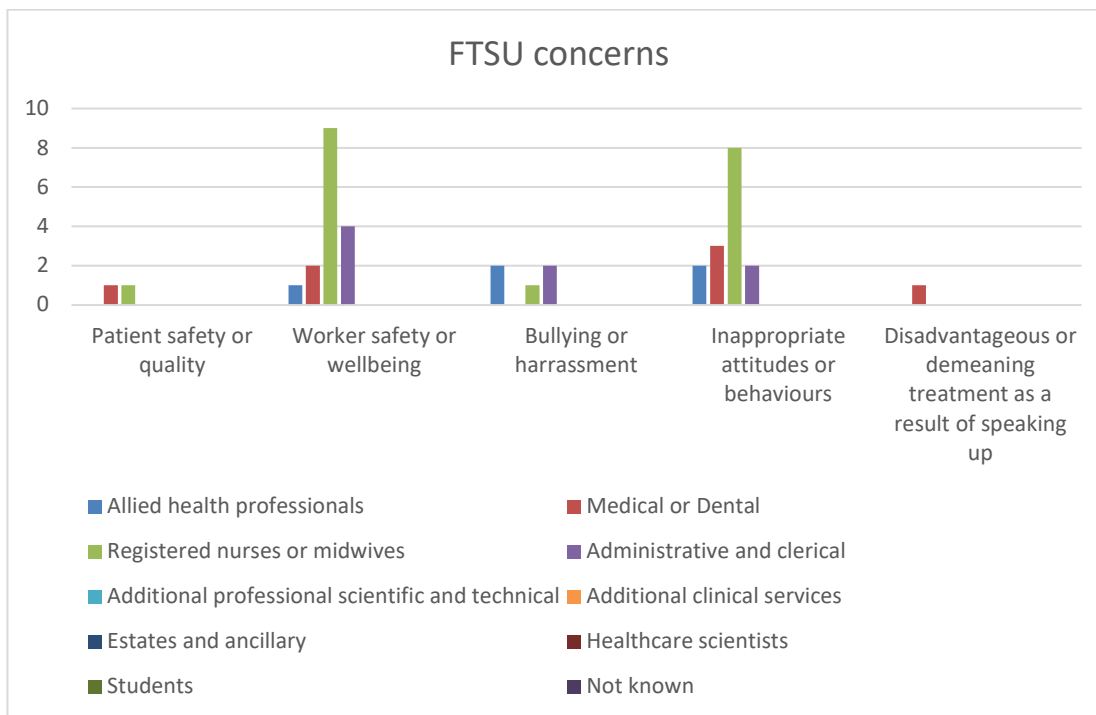


Figure 2 Quarter 2

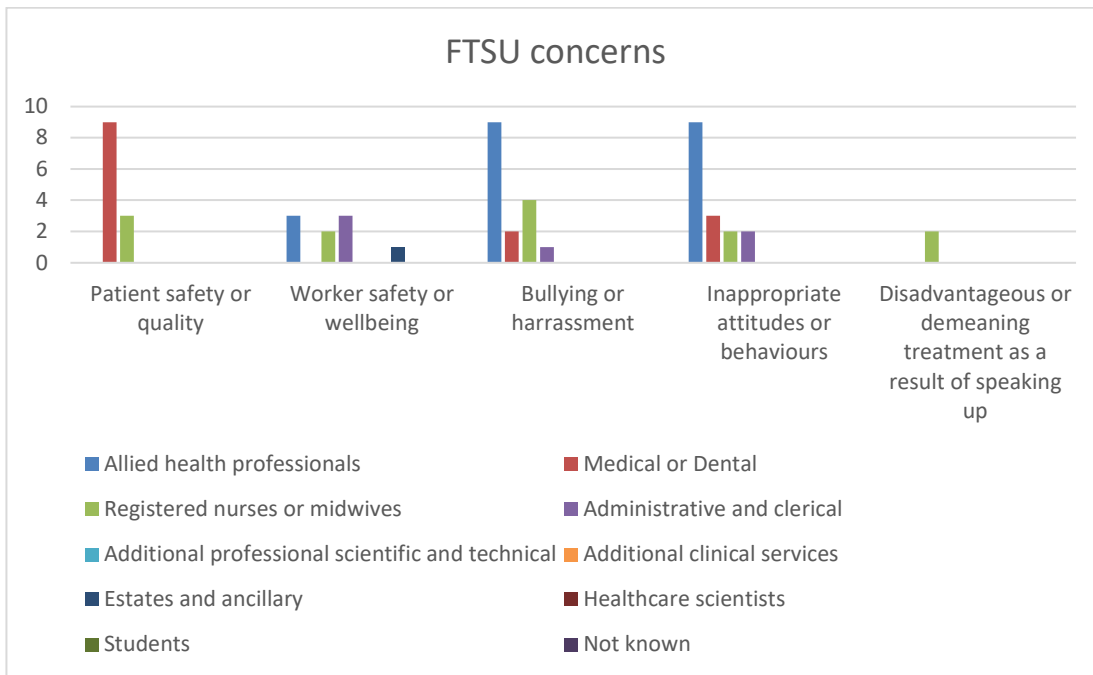


Figure 3 Quarter 3

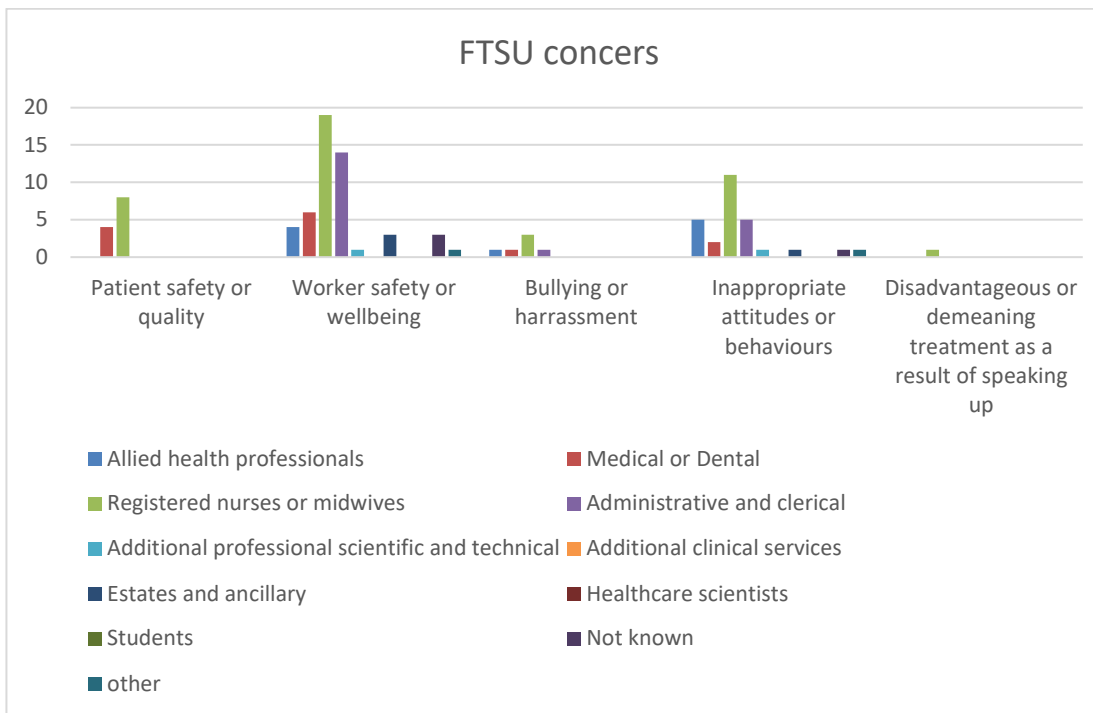


Figure 4 Quarter 4

Themes	Action/s taken
<p>Patient safety or Quality</p> <ul style="list-style-type: none"> • Concerns regarding the competency relating to Advanced Clinical Practitioners (ACP) within a team as don't appear to have to level of competence expected from Trainee ACPs which is causing guidelines not to be followed. • Multiple concerns raised by senior clinicians, nursing colleagues lack competence and training to assist with specialist surgery at Sandwell site. • Lack of ward leadership resulting in colleagues unable to seek support regarding procedures, lack of assurance in relation to skill mix therefore compromising the quality of care provided to patients. 	<ul style="list-style-type: none"> • The director of Advanced Clinical Practice has scoped trust wide, the gaps in competencies and is developing a new framework to provide stronger governance and assurances of competence. • The team have developed bespoke training for the area to develop competence and have implemented this within their local induction with colleagues are moved within theatres. • The FTSU team supported colleagues with targeted resourcing- increase ward visits. The Matron for the area supported the FTSU team and was based on the ward to reviewed skill mix and staffing.
<p>Worker safety or Wellbeing</p> <ul style="list-style-type: none"> • Inappropriate recruitment practices. • Roster allocation undertaken unfairly. • Poor Human Resources (HR) experience, feeling matters are not fully explored and often HR colleagues are supportive of managers. 	<ul style="list-style-type: none"> • FTSU team in conjunction with colleagues from People and organisational have commenced a Talent Management & Resourcing Group, which will explore in depth the areas of improvement required to ensure our recruitment practices are inclusive and equitable for all colleagues, this is co-chaired by the Director of People and Organisational Development and the non-executive director lead for FTSU. • Isolated concern raised via FTSU, this has resolved for the colleagues who raised the concern, with FTSU team

	<p>reinforcing the organisational expectations.</p> <ul style="list-style-type: none"> • The People and Organizational Development director, has ,commenced a 'deep dive' into this, to explore learning and in turn mitigations moving forward.
<p>Bullying or harassment</p> <ul style="list-style-type: none"> • Perceived behaviours by managers or leaders towards colleagues which aligned to bullying or harassment. • Belittling colleague in front of peers. • Behaviours aligned with bullying experienced by staff on a ward and specialist area, no action despite raising this through leadership structures. 	<ul style="list-style-type: none"> • As per 3.5. • The FTSU team are liaising with HR colleagues to ensure we are not
<p>Inappropriate attitudes or behaviours</p> <ul style="list-style-type: none"> • Defensive behaviours by managers when a colleague has challenged them. • Racial discrimination experienced by a colleague, conducted by a registered practitioner. • Defensive behaviours by managers when a colleague has challenged them. 	<ul style="list-style-type: none"> • As per 3.5
<p>Disadvantageous or demeaning treatment (DDT) as a result of speaking up.</p> <ul style="list-style-type: none"> • Experienced unfavourable behaviours from her Matron and unit manager since raising a concern, was off work due work-related stress. 	<ul style="list-style-type: none"> • With work undertaken with our FTSU regional network, we have defined what DDT may look like, have developed a standard operating procedure to

<ul style="list-style-type: none">• Colleague felt colleagues were attempting to formally manage her due to concerns she had had raised.• Raised concerns with manager and was presented with intimidating and aggressive behaviours.	<p>ensure we appropriate escalate this to the appropriate leaders.</p> <ul style="list-style-type: none">• We have liaised with HR colleagues to obtain assurances colleagues were not experiencing DDT, when it felt there may have been, the teams were challenged in relation to this and the trust expectations reinforced.
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