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Date	10.03.22	Agenda item	Bo.3.22.31

FREEDOM TO SPEAK UP (FTSU) QUARTER 3 (Q3) REPORT 2021/22

Presented by	Karen Dawber, Chief Nurse		
Author	Sue Franklin, Associate Chief Nurse, FTSU Guardian		
Lead Director	Karen Dawber, Executive Lead for FTSU		
Purpose of the paper	This paper provides assurance to the Board of Directors in relation to the conduct and outcome management of the Freedom to Speak Up arrangements in the Trust		
Key control	This paper is a key control for the strategic objectives to provide outstanding care for patients and to be in the top 20% of NHS Employers		
Action required	For information		
Previously discussed at/informed by	Details of any consultation - None		
Previously approved at:	Committee/Group	Date	
	People Academy PA.2.22.9	23.02.22	
Key Options, Issues and Risks			
This paper provides the 2021/22 Q3 update for the Board of Directors on Freedom to Speak Up (FTSU) at Bradford Teaching Hospitals (BTHFT).			
Analysis			
This paper describes the number of FTSU concerns that have been raised during Q3 2021/22 at BTHFT, the main themes from these concerns and the groups of staff who have reported a concern. (Appendix 1).			
It also includes the FTSU App data for Q3 2021-22. (Appendix 2).			
In addition the report includes the Equality monitoring data for Q3 2021-22. (Appendix 3).			
It includes feedback received in Q3 from staff who have accessed FTSU. (Appendix 4).			
In Appendix 5 there is a case review of the FTSU arrangements at Blackpool NHS Foundation Trust.			
In Appendix 6 there is an independent review by NHSE and NHSI at West Suffolk NHS Foundation Trust.			
Recommendation			
For the Board/Academy to note the contents of the report and the FTSU concerns that have been raised at BTHFT during Q3 2021/22.			
For the Board/Academy to note the work of the FTSU Guardian and Associate Guardians at BTHFT.			

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Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients			g			
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers					g	
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

Risk Implications (see section 5 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Resource implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal/regulatory implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diversity and Inclusion implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Performance implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Benchmarking implications (see section 4 for details)	Yes	No	N/A
Is there Model Hospital data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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Regulation, Legislation and Compliance relevance
NHS Improvement: (please tick those that are relevant) <input type="checkbox"/> Risk Assessment Framework <input type="checkbox"/> Quality Governance Framework <input type="checkbox"/> Code of Governance <input type="checkbox"/> Annual Reporting Manual
Care Quality Commission Domain: Well Led
Care Quality Commission Fundamental Standard: Good Governance
NHS Improvement Effective Use of Resources: People
Other (please state):

Relevance to other Board of Director's academies: (please select all that apply)			
People	Quality	Finance & Performance	Other (please state)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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1	PURPOSE/ AIM
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- 1.1 This paper provides assurance to the Board of Directors in relation to the conduct and outcome management of the FTSU arrangements in the Trust by:
- Providing an update, using the National Guardian's Office (NGO) template, on FTSU and the number of FTSU concerns that have been raised at BTHFT in Q3 2021/22 (Appendix 1).
 - Providing an update on the FTSU App data (Appendix 2).
 - Providing the Equality monitoring data for 2021/22 (Appendix 3).
 - There was one piece of feedback received from staff in Q3; this is shown in Appendix 4.

2	BACKGROUND/CONTEXT
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- 2.1 Freedom to Speak Up is vital in healthcare. When workers feel psychologically safe, they will speak up to avoid harm, bring great ideas and be able to express their concerns. The National Guardian's office (NGO) believes a good speaking up culture makes for a safer workplace, for workers, patients and service users. Here at BTHFT we are working to make speaking up business as usual across the Trust. Some of the work has included developing, promoting and supporting the Freedom to Speak up team to support workers to speak up and to effect culture change to make speaking up business as usual.
- 2.2 One of the recommendations from Sir Robert Francis' *Freedom to Speak Up* review of the NHS, published in April 2015, was that each NHS Trust should appoint a FTSU Guardian. The review sets out 20 principles and actions to ensure that NHS workers can speak up freely at work, without fear of detriment, to create a safer and more effective service for everyone.
- 2.3 Effective speaking up arrangements help to protect patients and improve the experience of NHS workers. Having a healthy speaking up culture is an indicator of a well-led Trust. The Care Quality Commission (CQC) assesses a Trust's speaking up culture during inspections under key line of enquiry (KLOE) 3 as part of the well-led review.
- 2.4 The FTSU Guardian has a key role in helping to raise the profile of raising concerns in their organisation and provide confidential advice and support to staff in relation to concerns they have about patients' safety and/or the way that the concern has been handled.

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2.5 The Trust's FTSU Guardian is Sue Franklin, Associate Chief Nurse for Quality Improvement, and the Deputy FTSU Guardian is Laura Jones, Head of Clinical Information. Karen Dawber, Chief Nurse, is the Executive Lead for FTSU and there is an identified Non-Executive Director Lead, Karen Walker. There are also a number of Associate Guardians who have completed the National FTSU training. These are:

- LeeAnne Elliott – Deputy Chief Medical Officer Quality.
- Sarah Freeman – Associate Director of Nursing.
- Amandeep Singh – Partnership Lead.
- Rupert Allen – Principal Dietitian.
- Anthony Doggett – Business Support Lead.
- Simon Kirk – General Manager.

The FTSU group have just recruited some new FTSU Associate Guardians – their training is booked at the end of February. The new Associate Guardians are from different areas of the Trust and have a variety of different roles. In Q4, once the training is completed the author will go into more details of who they are. We have currently appointed 9 more people to join the team

- 2.6 The FTSU group meets monthly. This meeting is to update the FTSU group on any new updates from the National Guardian's Office (NGO) and also to discuss and monitor any ongoing FTSU concerns and issues. Any new data is also discussed.
- 2.7 The FTSU group have a Human Resources (HR) link who they liaise with as/when necessary to discuss certain concerns that need HR support.
- 2.8 Following any case review published by the NGO, the FTSU group discuss the review and check each recommendation to ascertain which ones are relevant to BTHFT. These recommendations are actioned to ensure we meet the expected standards. The NGO published 'Learning from Case Reviews' in December 2021 which is a tool to support gap analysis to improve speaking up arrangements. Going forward this will be used to support review of any case reviews.
- 2.9 The FTSU Guardian attends the FTSU regional network; Yorkshire and Humber monthly meeting, where there is attendance from the NGO.
- 2.10 The NGO requests regular updates and currently requests quarterly reports (in a standard template) on the concerns raised from each NHS Trust. We have complied with every submission.
- 2.11 In November 2021 a new National Guardian has been appointed, Dr Jayne Chidgey-Clark who is a registered nurse.
- 2.12 There are two FTSU modules on the Trust's E-learning platform. The first module is for all workers and is called 'speak up'. The second module is for managers and is called 'Listen up'. All staff are encouraged to complete these modules. The National Guardian said that we need to encourage all staff to complete the relevant modules if

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we truly want to make speaking up business as usual, speaking up, listening up and following up are fundamental in saving lives.

- 2.13 The Equality monitoring form has been developed with the support of Kez Hayat, Head of Equality, Diversity and Inclusion. The form is sent out to any member of staff who raises a concern through FTSU. It is important to note that the form is not compulsory for staff to complete and secondly, there will always be a gap in return numbers for those staff who raise a concern anonymously. The current data for Q3 is shown in Appendix 3.
- 2.14 There is a FTSU App that staff can download onto their mobile devices and report concerns. This report includes some data from the App which shows how many staff have downloaded the App. There is also a table that shows how many times staff log into the App once downloaded. The third table shows which sections are most viewed by staff in the protection section. (Appendix 2).

3	PROPOSAL
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- 3.1 The FTSU Guardian is currently updating all the induction material for FTSU with the support of the Education department. This has been completed and is going to be shared at staff induction from February.
- 3.2 The FTSU team at BTHFT are working hard to truly make speaking up business as usual but the National Guardian states that the system as a whole now needs to go beyond rhetoric and firmly commit to living up to the values of supporting and listening to workers. FTSU is an additional route for workers to speak up to, but they cannot improve the speaking up culture on their own.

4	BENCHMARKING IMPLICATIONS
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- 4.1 Alongside the data headlines for each quarter, the NGO publish on their webpages the data submitted by all the Trusts in England. This enables each organisation to benchmark against similar types and sizes of organisations. This data is varied, but on average at BTHFT (classified as a medium sized Trust in the NGO data set) the data is consistent with other medium sized Trusts. There are however some examples of 'medium sized Trusts' reporting a lot more concerns than BTHFT.
- 4.2 In addition the annual NHS staff survey on safety culture about raising concerns provides an opportunity to monitor how BTHFT is performing in relation to other organisations classified as the best, average and worst performing.
- 4.3 At the FTSU meetings there is a standard item on the agenda where the group discuss current NGO data, BTHFT data, board reporting and the annual staff survey results when published.

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- 4.4 Audit Yorkshire completed an audit into the speaking up arrangements within the Trust in September 2021. The final report carries a 'significant assurance' opinion.
- 4.5 The model hospital has a Culture and Engagement compartment which enables us to compare metrics and identify areas of opportunity and improvement.

5	RISK ASSESSMENT
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- 5.1 The FTSU Guardian has 12 hours protected time within their substantive role to perform their FTSU duties. The deputy and Associate Guardians currently have no protected time within their substantive roles; this could be a potential weakness in the system. Currently the level of concerns can be managed adequately.

6	RECOMMENDATIONS
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- 6.1 To note the main themes and the important issues raised through FTSU during Q3.
- 6.2 To support the work of the FTSU group to continue with the FTSU campaign including raising awareness sessions for staff and education for Guardians.
- 6.3 To continue with quarterly reports to the Board of directors and the People academy to update on progress with FTSU.
- 6.4 To note the Equality monitoring data.
- 6.5 To note the FTSU App data and the recent feedback.
- 6.6 To support staff across the organisation to complete the FTSU training.
- 6.7 To note the Case reviews carried out by the NGO into speaking up arrangements at Blackpool NHS Foundation Trust and NHSE/NSHI independent review of West Suffolk NHS Foundation Trust.

7	Appendices
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- Appendix 1 - Analysis of FTSU concerns raised at BTHFT in 2021-22 Q3.
- Appendix 2 – FTSU App data Q3.
- Appendix 3 – Equality monitoring feedback table Q3.
- Appendix 4 – Feedback in Q3.

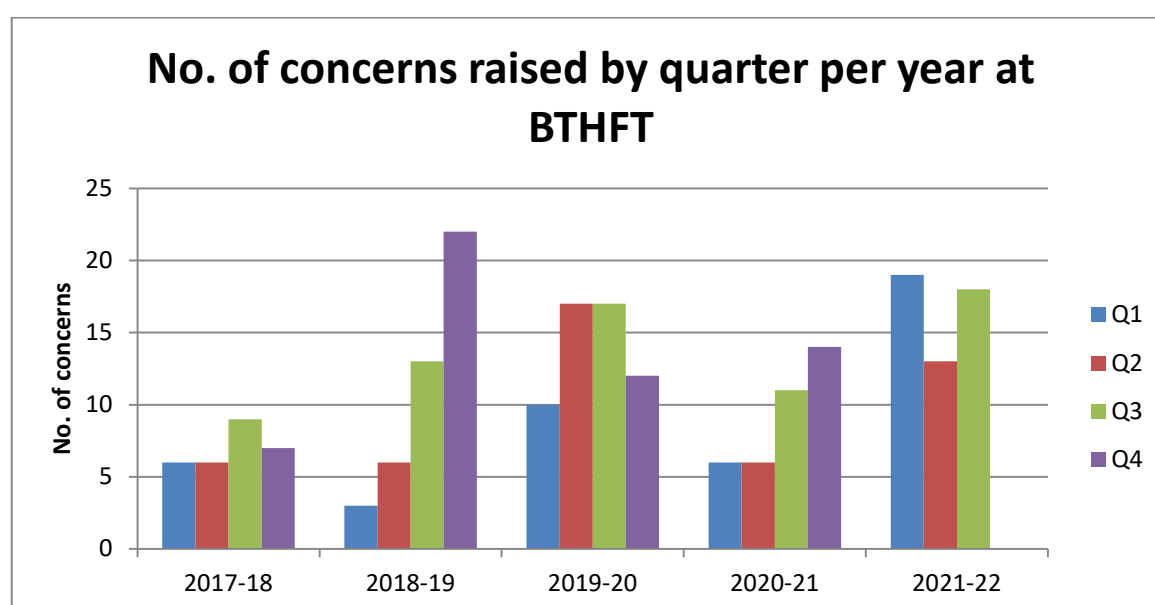
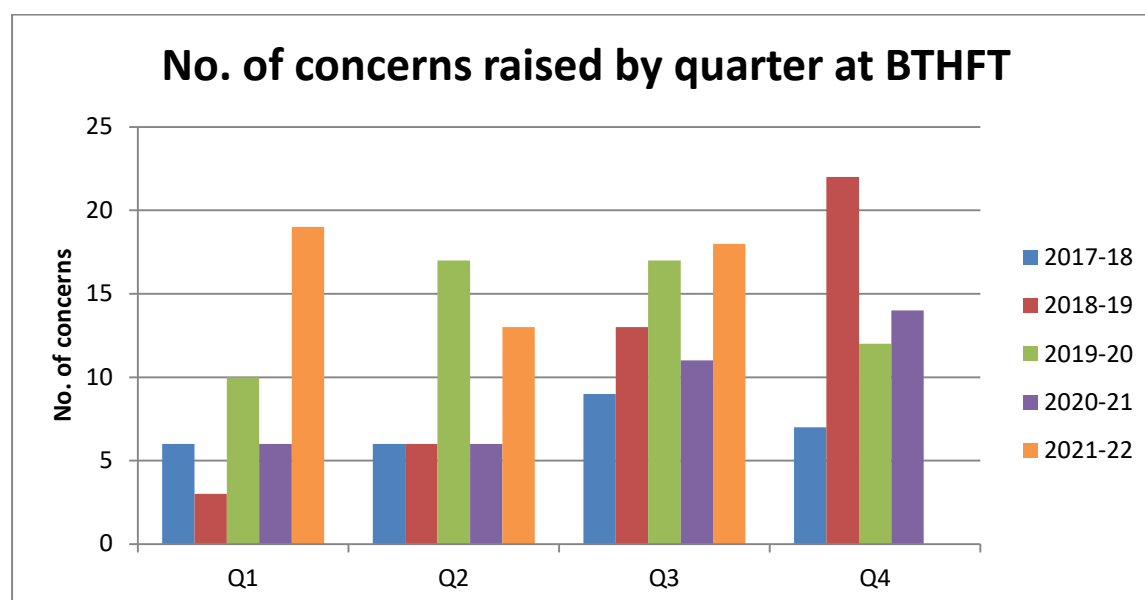
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Appendix 5 – Blackpool case review by the NGO.

Appendix 6 – West Suffolk review by NHSE and NHSI and the NGO's response.

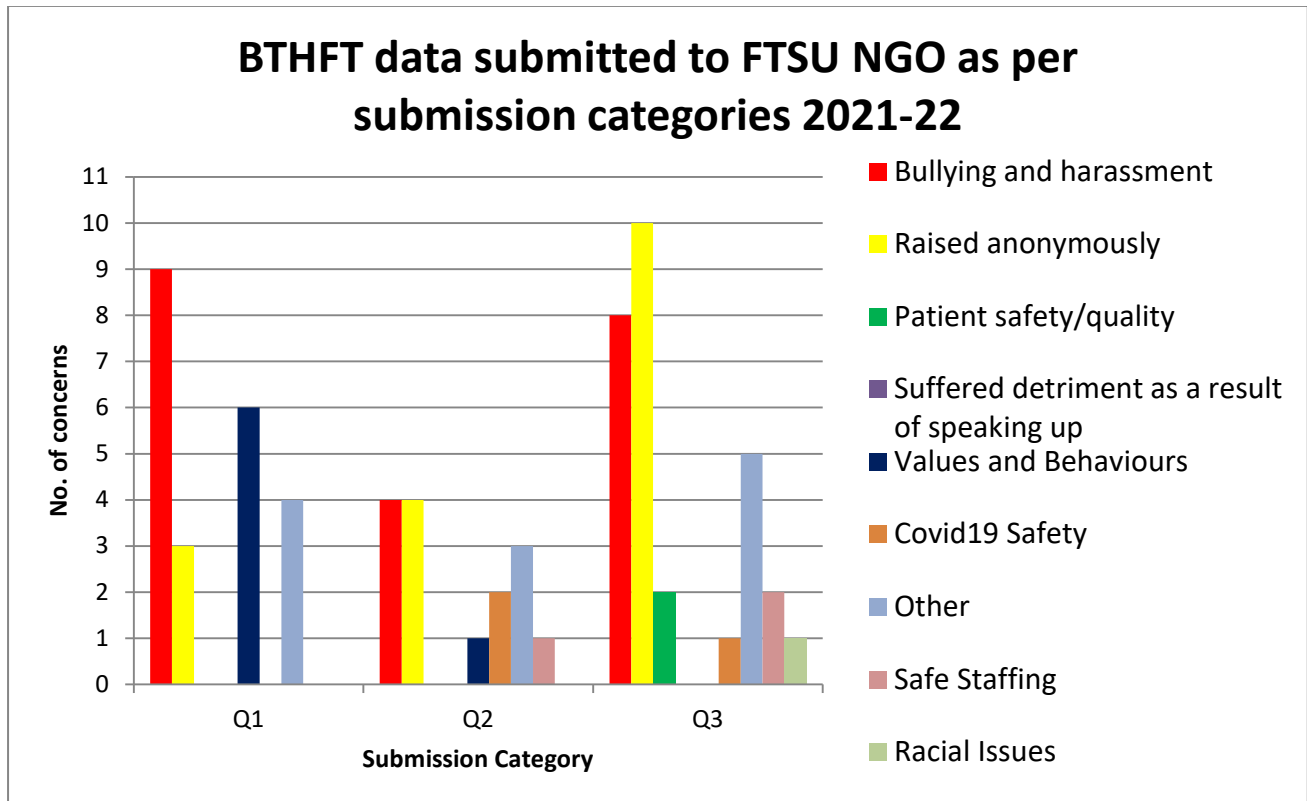
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Appendix 1 – FTSU concerns raised at BTHFT in Q3 2021-22



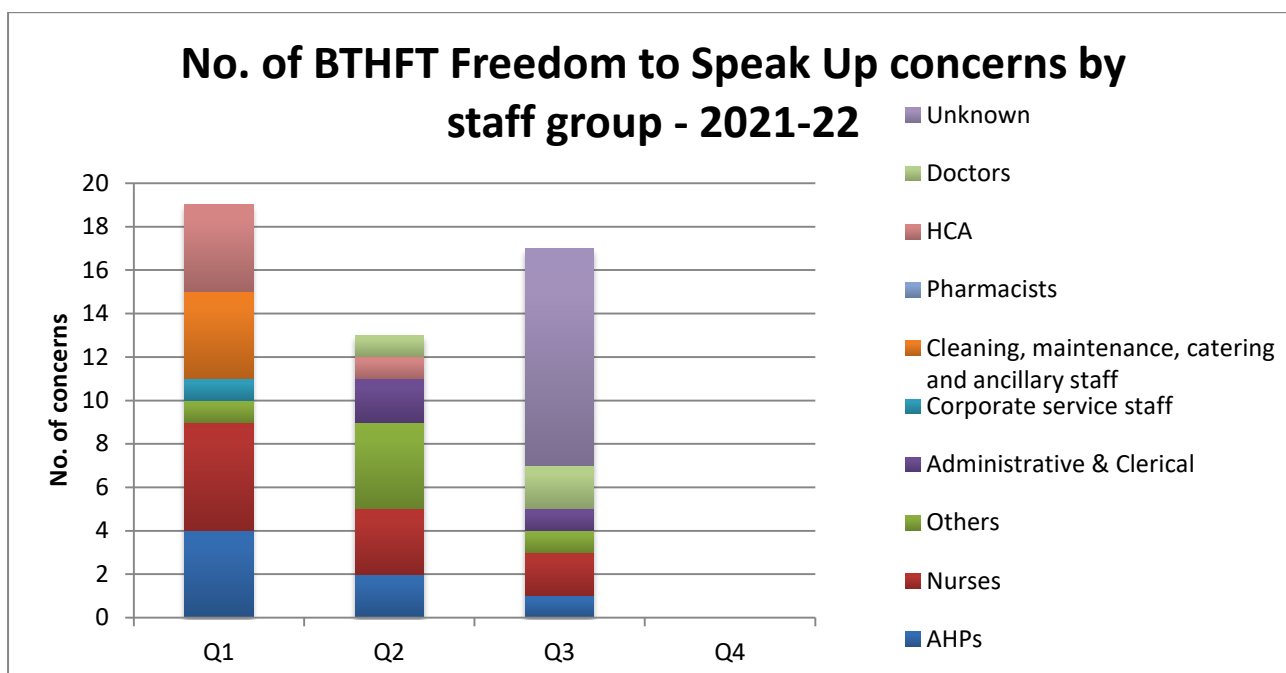
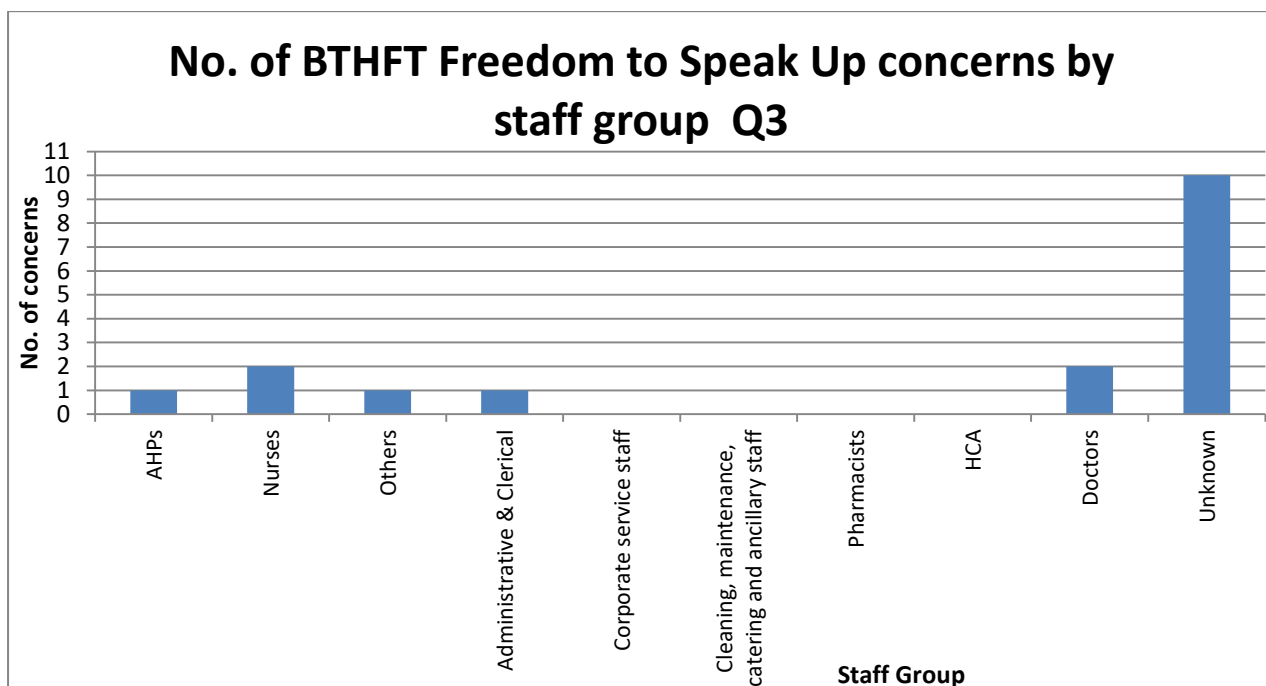
- 1.1 The graphs above indicates the number of concerns raised in Q3 at BTHFT in 2021-22. It is displayed alongside previous years' data to facilitate comparison.
- 1.2 There were eighteen concerns raised in Q3.
- 1.3 Ten of the eighteen concerns were reported anonymously via the FTSU App. An anonymous concern can be difficult in that you cannot support the staff member or give any feedback on progress. They are dealt with on an individual basis and followed through when possible. The NGO advocate that staff should be able to raise concerns anonymously if necessary.

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- 1.4 The graph above demonstrates the categories of concerns raised at BTHFT in Q3, using the NGO data set 2021-22.
- 1.5 In Q3 there were 8 concerns raised that were due to the staff member feeling bullied or harrassed. Of these, five were from staff in the same area and this has formed part of an ongoing HR investigation.
- 1.6 No person raising a concern has reported suffering detriment for doing so in Q3.
- 1.7 There was one concern in regards to Covid19. This member of staff was concerned with the number of times they were being moved and their own professional practice issues. This is a recent concern and is being looked into by the Assisstant Director of nursing to support this individual.

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- 1.8 The charts above demonstrate the staff groups at BTHFT that have raised concerns in Q3 and 2021-22 to date, (using the NGO data sets for staff).
- 1.9 This data is utilised to identify areas where promotion/education around FTSU may be required.
- 1.10 The 10 unknown were the anonymous ones where it is difficult to determine which group of staff has reported the concern.

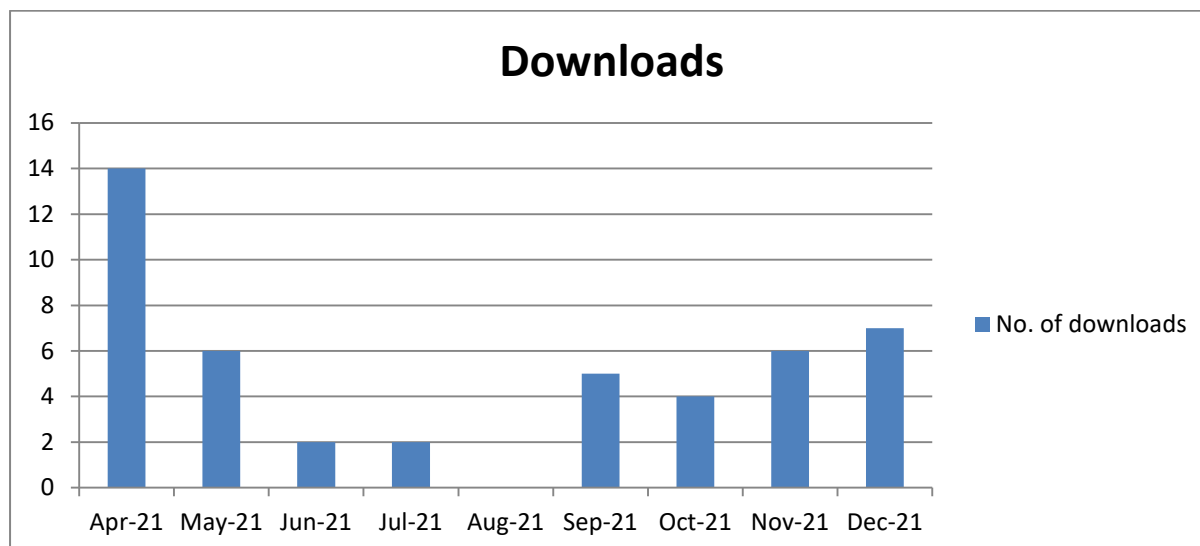
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- 1.11 There were two issues raised by medical staff this quarter. One of which is now closed and the second case is ongoing.

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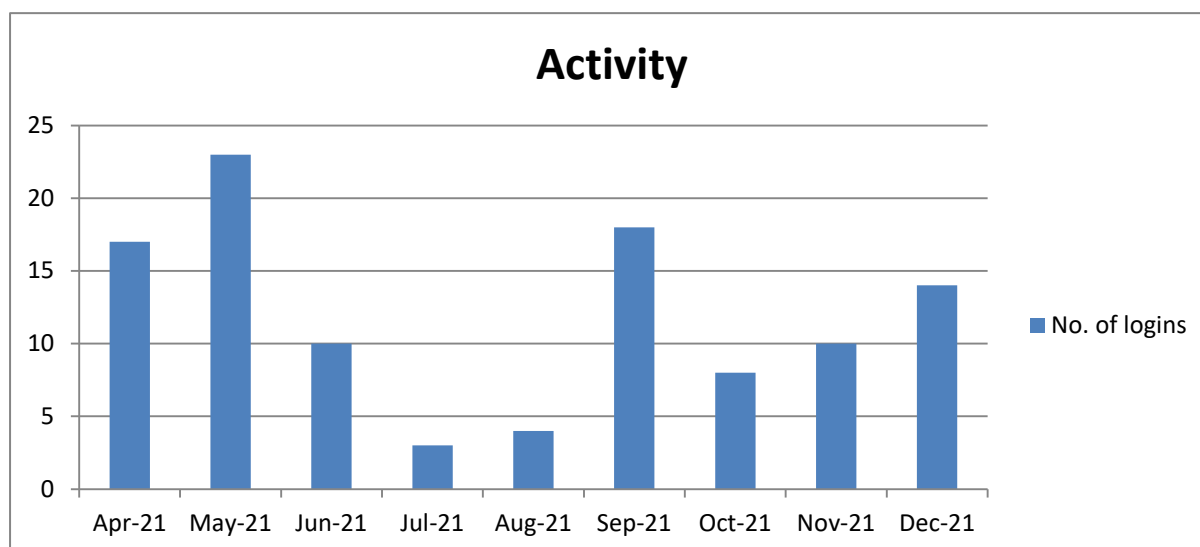
Appendix 2 – FTSU App data

2.1 – The graph below shows the number of downloads of the App per month



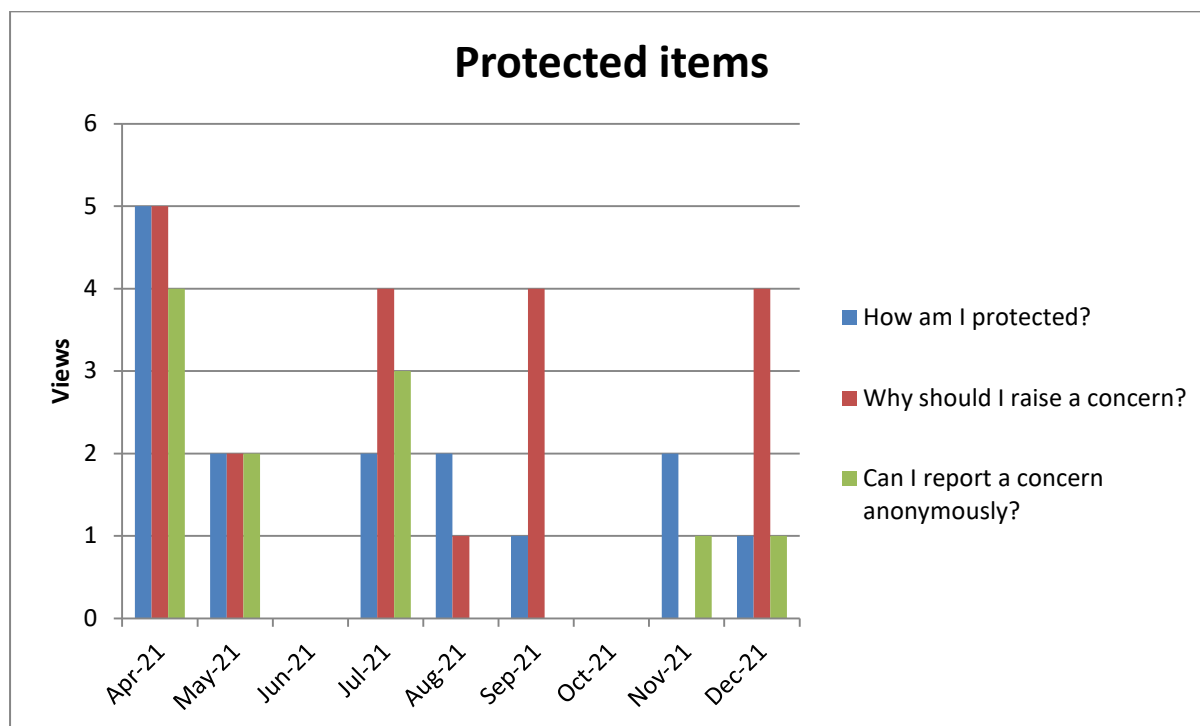
2.2 The FTSU App was downloaded 17 times this quarter.

2.3 The graph below shows the number of times, once downloaded, that staff have logged in and accessed the FTSU App. This is to view different aspects of the App.



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2.4 This graph from the App data shows the 'protected items' category viewed by staff through the App in Q2 2021-22.



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Appendix 3 – Equality monitoring data 2020/21/22 (started in Dec 2020)

Ethnic Origin	Age	Gender	Religion or belief	Sexual orientation	Do you consider yourself as having disability?	Do you have a physical, mental or sensory impairment that seriously affects your day to day activities?
White British	57	Female	Christian	Heterosexual	Yes	Yes
White British	63	Female	Christian	Heterosexual	No	No
Pakistani	31	Male	Muslim	Heterosexual	No	No
Bangladeshi		Male	Muslim	Heterosexual	No	No
White Other	45	Female	Muslim	Heterosexual	No	No
White British	24	Female	No religion	Heterosexual	Yes	No
Pakistani		Female	Muslim	Heterosexual	Yes	No
White British	59	Male	Christian	Heterosexual	No	No
Quarter 1 2021-22						
British	32	Female	No religion	Heterosexual	No	No
White & Asian but classify myself as British		Female	Christian	Heterosexual	No	No
British	42	Female	No religion	Heterosexual	No	No
Quarter 2 2021-22						
Pakistani		Male	Muslim	Heterosexual	No	No
White British	49	Female	None	Heterosexual	No	No
White British	59	Female	Christian	Heterosexual	No	No
White British	35	Female	Christian	Heterosexual	Yes	Yes
Pakistani		Female	Muslim	Heterosexual	No	No
White British	40	Female	Christian	Heterosexual	No	No
Quarter 3 2021-22						
White British	52	Female	No answer	No answer	No	No
Arab	32	Male	Muslim	Heterosexual	No	No

The above table gives an insight into the Equality monitoring data that the FTSU team has collected. The team started to collect this data in December 2020, it is planned to be used more consistently going forward as more data is gathered. The forms are being sent out for to everyone that raises a concern (the exception is the anonymous concerns).

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Appendix 4

Feedback in Q3

I would definitely speak to FTSU again; this is because it has made a huge positive impact in my case. As I explained before, your efforts have successfully solved my problem and released a significant stress that I had on an almost daily basis. I found all the support I needed and more when I spoke to you, plus that I did not feel that I am facing such a problem on my own.

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Appendix 5 – Attached separately

A case review of speaking up culture and arrangements at Blackpool Teaching Hospitals NHS Foundation Trust.

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Appendix 6 – Attached separately

NHS England and NHS Improvement report of the independent investigation to review raising concerns at West Suffolk NHS Foundation Trust and the NGO's response.