

Purpose

This report provides an overview of speaking up cases for Q4 2023/24 and Q1 2024/25, covering the period since the FTSU report was last presented to the SFH Board. Included are developments, improvements and updates from the work of the FTSUG and the wider FTSU agenda. This report also contains the completed NHSE/ NGO Freedom To Speak Up Reflection & Planning Tool that the SFH Executive Team completed in the summer, which has now been collated and provides assurance as well as action points for the speaking up culture at SFH.

Overview

During Q4 23/24 and Q1 24/25 there were 77 concerns raised with the FTSU Guardian.

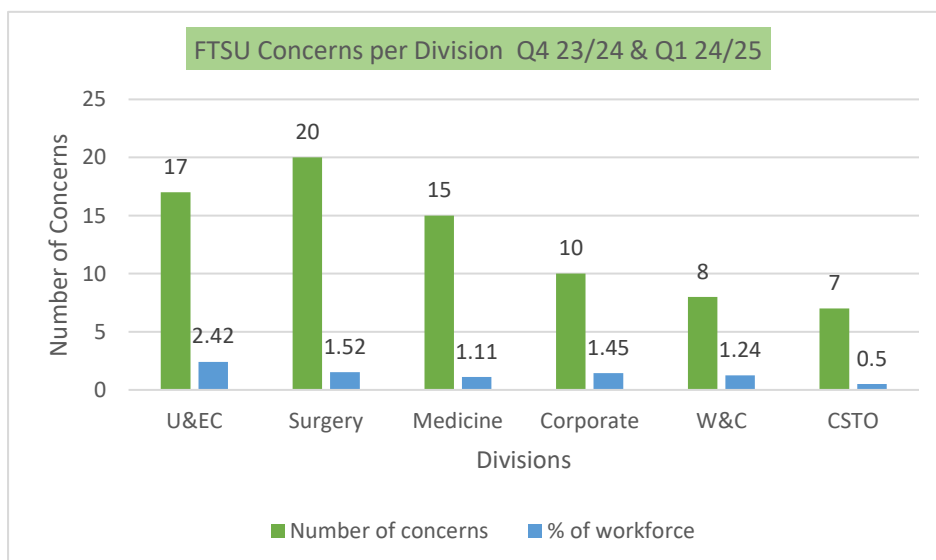
The number of colleagues raising concerns through FTSU continues to demonstrate consistent engagement with FTSU as a route for raising concerns.

Out of the 77 concerns raised in the above periods, 46 were raised openly, 31 were raised confidentially (known to FTSUG only) and there were no anonymous concerns.

The majority of concerns are escalated openly to those in a position to support and follow up FTSU concerns, this suggests colleagues feel psychologically safe in speaking up and trust in sharing the concerns beyond the FTSUG.

All Divisions continue to be represented in using FTSU, demonstrating awareness of FTSU across the organisation. Divisional numbers are presented below. Due to the variance in numbers of workforce within the divisions, cases are also presented as a percentage against the divisional workforce numbers. U&EC continues to increase in concerns raised to FTSU and this is encouraging and with the inception of 2 new FTSU ED Champions this year, will build on visibility and supporting the culture for raising concerns in U&EC.

Concerns have increased from Newark Hospital in this period which is encouraging and with increasing Champion activity on site feel this is empowering colleagues to speak up.



In terms of national benchmarking regarding FTSU concerns raised, the average cases per 1000 workers per year is 17.5 for Acute & Acute Community Trusts (Data from [NGO Annual Data Report 2023/24](#) published July 2024).

SFH had 152 concerns raised in 23/24 - workforce approximately 5500, so compares favourably with this metric.

People Profile

Nursing & Midwifery and Admin/Clerical colleagues continue to raise the most concerns through both quarters; also represented are medical, additional clinical services and AHP colleagues.

There has been an increase in concerns raised by leaders at Band 7 level, these concerns are themed around accessing support in managing challenging behaviour, sense check in support in handling concerns as well as individual concerns. This is welcomed and the FTSUG has been able to signpost support and training for leaders. This reflects the need for leaders with line management responsibility to have the necessary skills and support in listening and following up concerns.

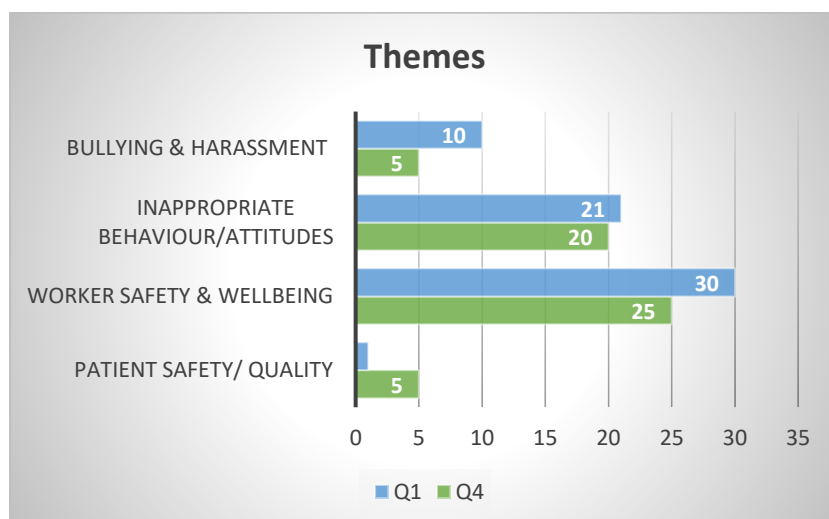
EDI Information

The majority of concerns raised are from females. Ethnicity is predominantly white British however 13% of concerns in this period have been raised from colleagues from an ethnic minority background. FTSU presence remains on the IEN cohorts and preceptorship programmes and FTSU Champions are active within the EM Staff Network and this will continue to support concerns for these colleagues.

Concerns have been raised from colleagues with a disability and usually are around individual health needs and concerns regarding the People Policies not applied to them.

The FTSUG remains engaged with all staff networks.

Themes from Q4 23/24 and Q1 24/25



The NGO updated its recording guidance in Feb 2024 – cases containing more than one theme are to be reported in each theme category the case contains. For example, if a concern about Inappropriate Attitudes & Behaviours has led to impact on colleague wellbeing, then this concern will be logged under both themes. Hence the total of themes may not directly correlate with the number of concerns raised.

Patient Safety & Quality

- Lack of senior support out of hours clinically. Working hours of dept. mean staff feel patients left vulnerable and potentially at risk. Lack of support when patients in dept awaiting transfer out.
- Processes changed without understanding of impacts on care pathways.
- Governance incidents – don't identify learning and hot spots as poor engagement with those closest to the patient or process.
- Burnout means staff concerned they are more likely to make a mistake and fear for registrations and accountability of this impacting them.
- Unresolved poor behaviour in teams affecting working and efficiency.
- Concerns raised re colleagues' practice.

Bullying & Harassment

- Bullying from a colleague/ clique.
- Bullying from a line manager- power imbalance and lack of evidence therefore can't be taken forward. Behaviour excused or mitigated by pressure of work/ bad day.
- Care values – as usually no evidence found, people not held to account for bullying behaviour.
- Power imbalance when raising behaviour concerns – how to seek support if not in unions or if in senior positions.
- Feels discriminated in recruitment process from line managers – has known disability and feels bias played out.
- Negative behaviour towards BAME staff – racism and unkind comments.
- Line managers feeling upward bullying from staff. Barriers in addressing behaviours.

Worker Safety or Wellbeing

- Informal processes to resolve concerns not worked – limited options and limited impact – often feel must leave or take sickness.
- Sickness and absence are viewed negatively and information shared inappropriately – lack of trust.
- Staying beyond finish times, poor break provision and rest areas.
- Staying after shift finishes as patients still in department and unable to get support for them to leave. Impacts next rostered shifts, AL and days off when this happens.
- Line managers not receiving concerns in line with the SFH Speaking Up Policy. Follow up and response times long and feel that this is impacting coming to work especially in informal grievances.

- Unchallenged behaviours have impact on team and individuals – unresolved or feel unsupported. Options aren't favourable to engage with. Futile in reporting as feel some behaviours engrained and easier not to challenge.
- Breakdown in relationships at work, line managers not dealing with behaviour against the Care Values, becomes ingrained and accepted – forces others out or develops culture of futility in trying to raise.
- Unjust application of HR processes by managers – improvement notes without justification or right to reply. Systems and processes the issue not workers.
- Bank staff concerns – feel processes that aren't applicable to bank workers cause detriment. Lack of opportunity – processes could be supportive to help get into substantive roles. Behaviour/ comments - viewed as only bumping numbers up and here for the money. No senior nursing oversight to help support development and understand nursing perspective on issues re bank.
- Inequitable approach from within same teams regarding HR policies and guidance – Carers Leave, S&A, AL application and Flexible Working Requests – if liked gets treated differently.
- Colleagues raising concerns about colleagues' behaviour and practice and accused of racism, upward bullying concerns.
- Protracted handling of concerns by team, leading to breakdown and sickness especially related to behaviour issues.
- Subtle repercussions from raising concerns against leader – micro insults and power imbalance.
- Leaders' health affected by lack of skills / support to manage poor behaviour and felt made wrong decisions.

Elements Of Other Inappropriate Attitudes or Behaviours

- Incivility
- Misogyny / Sexist comments.
- Gaslighting behaviours when hierarchy in roles.
- Leaders unable to challenge poor behaviours – people not taken down disciplinary only if there are practice issues.
- Favouritism / prejudgement – interview panels not inclusive, 'friends interviewing friends', no independence out of local leadership.
- Failure of team leaders and managers to deal with colleagues' poor behaviours. No action as no facts to be found but team knows these behaviours happen – deemed good at their job so no action. "It's not personal – that's how they are".

Learning from FTSU concerns and impacts.

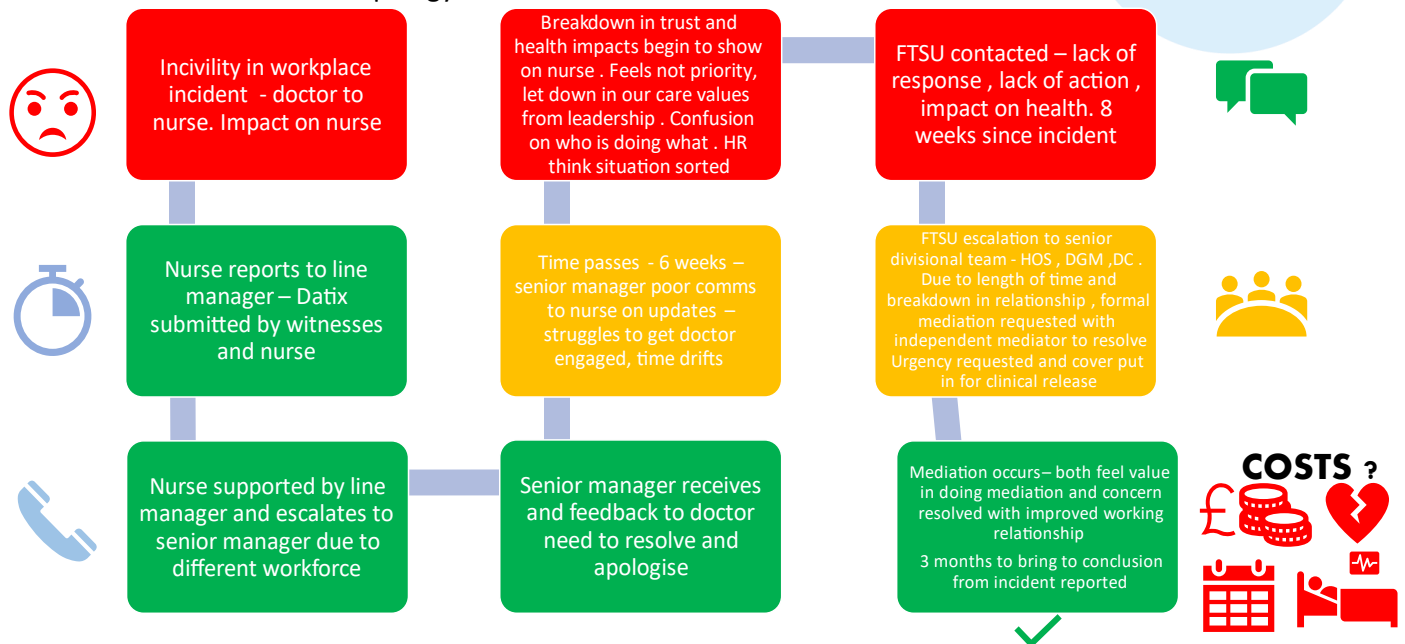
Case study Feedback to Leadership Development Programmes

Outstanding Care,
Compassionate People,
Healthier Communities

The cost of poor response to managing conflict ...

NHS
Sherwood Forest Hospitals
NHS Foundation Trust

Cases raised to FTSU consistently have themes of poor response from leaders regarding managing and acting on concerns . The 3 -month apology case



FTSU Developments, Learning & Triangulation

Patient Safety and Quality Concerns – all referred to relevant executive for action or senior nursing team.

Champions – In response to identifying no cover in U&EC and especially in ED – there are now 2 newly trained Champions active in ED supporting the culture of speaking up. With Newark Champions being in place this year, concerns from Newark have directly increased relating to their activity on the Newark site.

As part of October Speak Up Month, the Champions are having a time out day where they will be updating knowledge, having wellbeing support and opportunity to meet some of the executive team. The group will be upskilled and updated around their role in the Trust’s Sexual Safety Campaign, as a route for colleagues to speak about any experiences they have and to be able to access appropriate support. This is the first face to face event for the Champions and also a great example of not only investing in the Champion group but also to demonstrate how FTSU can support trust wide campaigns and triangulation for learning.

Concerns relating to B&H, Worker Wellbeing and poor behaviours continue to be shared and triangulated with the People Partners, EDI, Wellbeing Team and the OD team. Additionally, an informal intelligence sharing session is held monthly with the EDI, OD and Wellbeing Team. This allows soft intelligence to be used to inform workstreams and visits to areas of concerns for educational and awareness support.

Work focussing on inclusive recruitment and inclusive interview panels are now developing colleagues from an EM background to become Inclusive Recruitment Champions, to sit on panels recruiting at Bandv8A and above. FTSU concerns regarding colleagues feeling panels are not inclusive from this perspective have fed into this workstream. There are FTSU Champions now trained to be an Inclusive Recruitment Champion.

In response to concerns about leadership handling of concerns, protracted time to actions and resolutions, FTSU and the FTSUG are involved in all the Leadership Development Programmes – Fundamentals of Leadership, Emerging Leaders (clinical and non-clinical) and Established Leaders programmes. Started this month, is facilitation on the Fundamentals Of Care for HCAs with FTSU presenting sessions on the value and role of speaking up. This increase in proactive work with the FTSUG and FTSU work enables conduct regarding concerns and lessons learnt, to be fed directly to our leadership teams – existing and future.

FTSU data and the FTSU service is instrumental in the SFH workstream around Sexual Safety commenced this year. The FTSUG is part of this working group and FTSU is advertised as an avenue of support for colleagues who may experience sexual harms. The FTSU team are being upskilled this month in safeguarding processes and how to support colleagues in this domain.

Surgery and CSTO have actively engaged and invited the FTSUG to visit areas of concern to support independence in raising concerns building relationships between FTSU and Divisional teams and work.

The FTSUG is a TRIM manager for the pilot scheme within the Trust. This has enabled learning from incidents reported via TRIM to enact leadership support and awareness where incidents are related to type 2 trauma, as opposed to type 1 trauma.

FTSU Assurance at SFH

360 Assurance audit of FTSU at SFH commenced September 2024. FTSUG is engaged with the audit team.

NGO FTSU Reflection & Planning Tool

In June and July 2024, the SFH Board and members of the Trust Management Team, completed the NGO Freedom To Speak Up Reflection & Planning Tool. This is an improvement tool designed to help the SFH Board identify strengths and areas for improvement within the FTSU and general speaking up culture.

The engagement and populating the tool was driven by a Board Development Session, facilitated by the FTSUG and a survey which was circulated to the Trust Management Team. Outputs were collated and the tool populated.

When the last tool was completed in 2022, the tool generated actions within the scope of the FTSUG. This time the tool is more in-depth due to the new format and the process to complete involved more senior leaders, hence more high-level actions beyond the scope of the Guardian alone.

Following presenting the tool and associated paper to the People Committee on 24th September 2024, the actions were discussed and it was agreed by the committee that the action plan for the tool would be monitored through the People Committee, when the FTSU agenda item is scheduled to attend. This is currently scheduled 6 monthly for this year. The action plan will be developed and have oversight from the executive team to allow actions beyond the scope of the FTSUG to be completed and to maintain impetus.

Tool Findings Summary

Areas of Strength to share -

1. FTSU engagement and support from the SFH Board is strong and valued. Accessible executives and non- executive directors who value the FTSU service and contribute to FTSU concerns and the agenda proactively.
2. FTSU Champion network – The value that the Champions bring is recognised internally and externally. Recruitment and investment in the Champion group is consistent.
3. Data shows consistent engagement with the FTSUG and is a used route for colleagues across SFH, with all Divisions seen in the data.
4. Increase from some Divisions in proactive engagement with FTSU – building bridges and increasing trust and support both ways, in working together to improve the speaking up culture - CSTO & Surgery.

Actions highlighted for improvement -

1. FTSUG resource – single point of failure when on leave, no cover. Perception of barriers in Maternity due to FTSUG previous role. Support – unable now to drive certain projects and actions due to capacity.
2. Leadership skills and knowledge in receiving concerns and following up. SFH hasn't mandated training to all workforce on speaking up. Leaders identified they haven't training or guidance in listening to concerns.
3. Communications around FTSU and FTSU stories. Need to share feedback loop and ensure consistent theme to workforce.
4. Data collection review to ensure most efficient way of recording cases and data. How workforce raise concerns to FTSUG for review – currently only email or phone.
5. Divisional engagements with FTSU to be improved and feedback loop from cases to FTSUG to enable trust wide learning. Including feedback loops from cases involving People processes. Currently patchy and inconsistent.

FTSU Feedback

Feedback from those who use FTSU remains positive. This is requested via MS Forms but mainly consists of personal email feedback to the FTSUG and verbal feedback.

Challenges and Opportunities from feedback-

Concern raisers feedback shows colleagues feel cared for and supported by the FTSUG and those that receive concerns, yet some feel that the length of time or lack of urgency to progress and action their issues could be improved. People value the FTSUG time and space to talk

and value the opportunity to offload to someone out of their teams. Concerns relating to behaviour sometimes feel there is no resolution and listening is welcomed but no action taken.

The FTSUG has observed the impact on colleagues of their concerns is often intense and concerning regarding to mental health, impact on confidence and direct correlation between why colleagues are on sick leave. The amount of time the FTSUG spends with concern raisers is increasing, due to the need to provide wellbeing support and also build trust in being able to take concerns forward.

Recent feedback –

“Always a scary feeling, when you just don't know where to turn to, and who will listen and help. You did. Things have turned around for us. Although I was the one putting my name in as a contact. I never once felt singled out. I thanked you for that. I just wish it hadn't got to the point where everyone was leaving, as we didn't know where to turn to. We're hoping maybe checks continue for us, and we don't become forgotten. Thank you for all your time and input for us.”

“Felt listened to and gave me the confidence to be able to speak to the person I needed to without doing the wrong thing.”

“I found Kerry calm, and full of advice, help and support.”

“It was good to know that there is someone to go to that will listen and have empathy. It did get to the point for me that I had to decide to either put up or shut and for me and my mental health I decided to shut up. There is only so many times that you can face speaking about issues and knowing by the body language and facial expressions that you're not going to get anywhere. Sad but true.”

“Contacting FFTSU was enormously helpful, it opened up avenues for me to discuss my issue and it was so good to feel that I wasn't alone and someone cared.”

National Updates

Thirlwall Inquiry update

To date the Trust's engagement with the Inquiry team has been:

- To complete and return it's response to the Rule 9 Request issued on 31st October 2023
- To complete the data sharing agreement in relation to the Inquiry's requirement for a list of midwives, doctors, nurses and managers in SFH's neonatal unit so they could be asked for their views on the culture in their unit.
- To issue a notice to staff informing them that the Inquiry will commence its sittings on Monday 16th September 2024 and to offer appropriate avenues for staff to discuss any concerns and source support.

Committee members can access the Inquiry website that went live on 22nd November 2023 at [The Thirlwall Inquiry | Examining the events at the Countess of Chester Hospital and their implications following the trial, and subsequent convictions, of former neonatal nurse Lucy Letby of murder and attempted murder of babies at the hospital.](#) The opening statement of

its Chair Lady Justice Thirlwall can be found there together with the schedule of hearings that opened on 10th September 2024.

The Inquiry's terms of reference detail the 3 broad areas it will investigate:

A. The experiences of the Countess of Chester Hospital and other relevant NHS services, of all the parents of the babies named in the indictment.

B. The conduct of those working at the Countess of Chester Hospital, including the board, managers, doctors, nurses and midwives with regard to the actions of Lucy Letby while she was employed there as a neonatal nurse and subsequently, including:

(i) whether suspicions should have been raised earlier, whether Lucy Letby should have been suspended earlier and whether the police and other external bodies should have been informed sooner of suspicions about her

(ii) the responses to concerns raised about Lucy Letby from those with management responsibilities within the trust

(iii) whether the trust's culture, management and governance structures and processes contributed to the failure to protect babies from Lucy Letby

C. The effectiveness of NHS management and governance structures and processes, external scrutiny and professional regulation in keeping babies in hospital safe and well looked after, whether changes are necessary and, if so, what they should be, including how accountability of senior managers should be strengthened. This section will include a consideration of NHS culture.

Recommendation from this report

That the Board receives the report and takes assurance from it and that progress against the actions identified from the collective completion of the NGO FTSU Reflection & Planning Tool on the Freedom to Speak Up Agenda will be monitored through the People Committee.

Freedom To Speak Up

People Committee– Sept 2024

Kerry Bosworth FTSU Guardian

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