

Report Title	Speak Up Scorecard		
Sponsoring Executive	Kam Dhami, Director of Governance		
Report Author	Kam Dhami, Director of Governance		
Meeting	Trust Board (Public)	Date	4 th June 2020

1. Suggested discussion points *[two or three issues you consider the Trust Board should focus on]*

The Speak Up Scorecard is intended to complement existing mechanisms and flag where managers and staff may require additional support to create an environment where it is safe to speak up, always. This is the second viewing at the Board and of course has been COVID-19 interrupted.

The scorecard gives the Board overview sight of the various indicators that we have. There is some good practice notable in directorates and the author recognises the work to be done in maternity, which was also reflected in Board discussions about mandatory training and some other people related indicators.

2. Alignment to 2020 Vision *[indicate with an 'X' which Plan this paper supports]*

Safety Plan	<input type="checkbox"/>	Public Health Plan	<input type="checkbox"/>	People Plan & Education Plan	<input type="checkbox"/>
Quality Plan	<input type="checkbox"/>	Research and Development	<input type="checkbox"/>	Estates Plan	<input type="checkbox"/>
Financial Plan	<input type="checkbox"/>	Digital Plan	<input type="checkbox"/>	Other <i>[specify in the paper]</i>	<input checked="" type="checkbox"/>

3. Previous consideration *[where has this paper been previously discussed?]*

None

4. Recommendation(s)

The Trust Board is asked to:

- a. COMMENT** on the Speak Up scorecard and recognise planned actions

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

Trust Risk Register		n/a				
Board Assurance Framework		n/a				
Equality Impact Assessment	Is this required?	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>	If 'Y' date completed
Quality Impact Assessment	Is this required?	Y	<input type="checkbox"/>	N	<input checked="" type="checkbox"/>	If 'Y' date completed

SANDWELL AND WEST BIRMINGHAM HOSPITALS NHS TRUST

Report to the Trust Board: 4th June 2020

Speak Up Scorecard

1. Introduction

- 1.1 Within the Trust's previous discussions about our Speak Up strategy we agreed that a "red flag" scorecard might assist in determining areas of under reporting and departments that could be hot spots. The Board received the first Speak Up Scorecard last November, which covered the first 6 months of 2019. The scorecard is presented again at **Annex 1** for the October 2019 to March 2020 period.
- 1.2 Launched in November 2019, the new Star of the Week recognition programme replaces the Compassion in Care award and allows both clinical and non-clinical colleagues to be recognised for their amazing work on a weekly basis in their departments, with managers taking the lead to appreciate, acknowledge and award at a local level. It is great to see 126 nominations put forward in the first six months of the programme, a clear indication that managers are embracing recognition as a positive factor to help raise engagement within their teams. Each week, a worthy winner is chosen who upholds our nine care promises.

2. Interpretation

- 2.1 To note the headcount values have increased in size since the Q1 and Q2 report, which was expected because we have fewer vacancies. Also the number of short term sickness cases has risen which we would expect given it covers the start of COVID-19.
- 2.2 In respect of grievances, dignity at work and conduct cases a reduction has been seen following introduction of a new triaging process within the Case Investigations Unit (CIU) which encourages local resolution and prevents things unnecessarily escalating into a formal process. A fast track disciplinary procedure has recently been introduced during the time of COVID-19 that lets managers issue warnings up to a final written warning following some central fact finding which, if an employee is agreeable to accept it, prevents formal investigation and a disciplinary hearing being convened.
- 2.3 For exit interviews the main themes have been poor work life balance (this contributes to about 13% of the reasons for leaving) even with the work undertaken around flexible working pledges. Where interventions are achieved, for example through the Chief Nurse for nursing staff, it has been possible to offer more flexible working patterns but some managers remain reluctant to offer anything different to the traditional working patterns. This will change in the future given the flexibilities introduced during the pandemic and alternative ways of working, including working from home.

- 2.4 The other primary reasons for leaving supported by exit interview feedback is external promotion which accounts for about 12% of all the people who leave because people in senior roles in the Trust tend to stay in them for longer so there are less vertical career progression opportunities available. This is borne out by the analysis which shows that on average 47% of the people who leave in total are under the age of 35. This presents the opportunity to look at creating more lateral opportunities for colleagues to expand their skills, knowledge and expertise to ensure we retain them and support succession planning.
- 2.5 Within exit interview feedback in particular there are still a small number of people around 2% who leave due to incompatible working relationships but about half of these are poor relationships with colleagues rather than managers.
- 2.6 Since the last report the new electronic system for reporting concerns directly to one of our six Freedom to Speak Up Guardians has gone live. 3 concerns have so far been raised this way suggesting that there is a need for additional publicity about this route to raise issues. The capacity of the FTSUGs to deal with any increase in workload requires consideration, given they work whole-time.
- 2.7 Our **weconnect** engagement scores continue to rise and are above the NHS average of 3.7. During this reporting period another seven teams were surveyed. Ambulatory Therapies and General, Breat, Urology and Vascular Surgery received the highest engagement scores out of 5, 3.98 and 3.94 respectively, with corporate Operations achieving the highest score of all with 4.01. These results are to be congratulated while at the same time steps are taken to try to achieve the future response rates.
- 2.8 The main local area of focus suggested from this scorecard is the Maternity, health visiting and perinatal medicine directorate which has high relative rates of long term sickness, and relatively weak **weconnect** results. Discussions continue between the local management team, various executive colleagues and the Chief Executive about scope for improvement and a final plan signed off by the Group will come to the review in July.
- 2.9 Shout Out numbers suggest really good use of this system in some parts of the Trust, notably operations. Imaging and the Surgical Services directorate have work to galvanise this particular format into action.

3. Next steps

- 3.1 The scorecard since first publication has had limited chance to become something used in the organisation owing to COVID-19 albeit it is routinely discussed in the Executive Quality Committee. We would expect real gains in the year ahead as we build towards our revised values and promises work.
- 3.2 The Clinical Group Reviews in July will discuss with each leadership team their work to raise this awareness and to ensure that all routes of speaking up are understood and supported.

4. Recommendations

The Trust Board is asked to:

4.1 COMMENT on the Speak Up scorecard and recognise planned actions

Kam Dhami
Director of Governance

29th May 2020

Annex 1: Speak Up Scorecard: October 2019 – March 2020