

<b>REPORT TITLE:</b>	Freedom to Speak Up Report		
<b>SPONSORING EXECUTIVE:</b>	Dinah McLannahan, Chief Finance Officer		
<b>REPORT AUTHOR:</b>	Jamil Johnson, Interim Freedom to speak up lead		
<b>MEETING:</b>	Public Trust Board	<b>DATE:</b>	12 <sup>th</sup> July 2023

<b>1. Suggested discussion points</b> <i>[two or three issues you consider the Trust Board should focus on in discussion]</i>
<p>The Trust Board last received a report in relation to Freedom to Speak Up (FTSU) in May 2023. The Trust Board is asked to review the national picture on speaking up in comparison to the Sandwell and West Birmingham's speak up appetite.</p> <p>In addition to the breakdown of the top three concerns and the hot spot areas and reinforce its commitment to speak up and its commitment to its people by continuing to support and engage with the streams of work to improve the culture throughout the trust.</p>

<b>2. Alignment to our Vision</b> <i>[indicate with an 'X' which Strategic Objective[s] this paper supports]</i>										
<table border="1"> <thead> <tr> <th>OUR PATIENTS</th> <th></th> <th>OUR PEOPLE</th> <th></th> <th>OUR POPULATION</th> </tr> </thead> <tbody> <tr> <td>To be good or outstanding in everything that we do</td> <td>X</td> <td>To cultivate and sustain happy, productive and engaged staff</td> <td>X</td> <td>To work seamlessly with our partners to improve lives</td> </tr> </tbody> </table>	OUR PATIENTS		OUR PEOPLE		OUR POPULATION	To be good or outstanding in everything that we do	X	To cultivate and sustain happy, productive and engaged staff	X	To work seamlessly with our partners to improve lives
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<b>3. Previous consideration</b> <i>[at which meeting[s] has this paper/matter been previously discussed?]</i>
NA

<b>4. Recommendation(s)</b>
The Public Trust Board is asked to:
a. <b>NOTE</b> the contents of the report.
b. <b>COMMENT</b> on the actions to address previous themes

<b>5. Impact</b> <i>[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]</i>					
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]					
Equality Impact Assessment	Is this required?	Y	N	X	If 'Y' date completed
Quality Impact Assessment	Is this required?	Y	N	X	If 'Y' date completed

# **SANDWELL AND WEST BIRMINGHAM NHS TRUST**

## **Report to the Public Trust Board on 12<sup>th</sup> July 2023**

### **Freedom to Speak Up Update**

#### **1. Introduction or background**

- 1.1 The Review finding of the freedom to speak up review undertaken by Sir Francis in 2015 noted that although there were some examples of good handling of concerns, many organisations required improvement and a recurring theme of deeply embedded negative culture towards responding to concerns was noted. This in turn was not conducive to speaking up regarding concerns relating to staff health and wellbeing, and patient safety. Sandwell & West Birmingham NHS Trust (SWB) remains committed to providing a psychologically safe place to voice concerns and for these to be acted upon appropriately and through an equitable process.
- 1.2 This is the first report from the interim lead freedom to speak up guardian who is on a 6 month secondment to assist in driving the freedom to speak up agenda forward and to continue to make tangible progress with the action plan to address areas of improvement to improve the compliance with freedom to speak up against the standards provided by the National Guardians Office.
- 1.3 The report will provide an overview of the national picture of speaking up, the local picture with a thematic overview and the FTSU team will facilitate wider learning throughout the organisation.

#### **2. National picture on speaking up - Fear and Futility 2023**

- 2.1 The Fear and Futility report 2023 published by the National Guardians office analysed the staff survey findings nationally, finding 2 in 5 workers within the NHS do not feel they are able to speak up about concerns or matters which act as barriers to doing their job.
- 2.2 The freedom to speak up Sub-score further declined from 6.5 in 2021 to 6.4 this year - Declining perception of over 9,000 workers.
- 2.3 Main barriers to speaking up are due to Fear of detriment, speaking up is risky thing to do and the belief speaking up is futile - that nothing will happen as a result.

2.4 53,000 workers report they do not feel able to speak up about unsafe practice, figure 1 demonstrates the change over time.

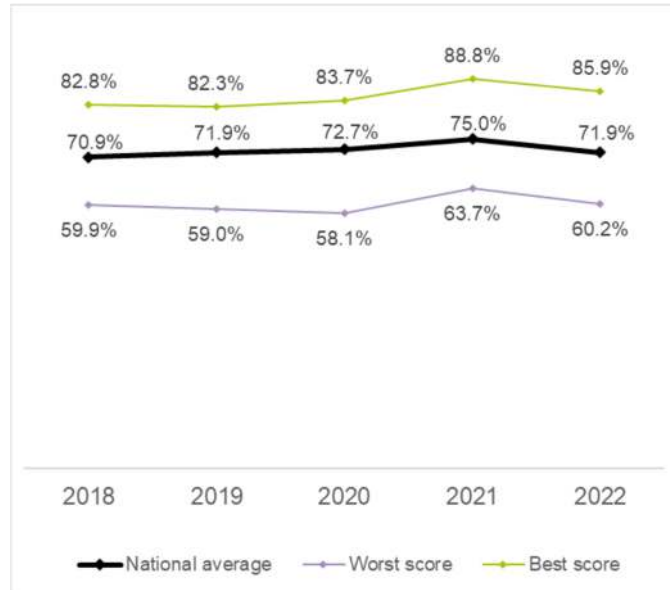


Figure 1: Change over time

2.5 38.5% of colleagues across the NHS did not feel safe to speak up about any concerns, although this is a slight drop from 2022 it is to be of note the NHS should have started to recover from this position, figure 2 demonstrates the change over time.



Figure 2: Change over time

- 2.6 55% of colleagues did not feel confident their organisation would address their concerns within an acute and acute community organisation, below the national average of 56.7%

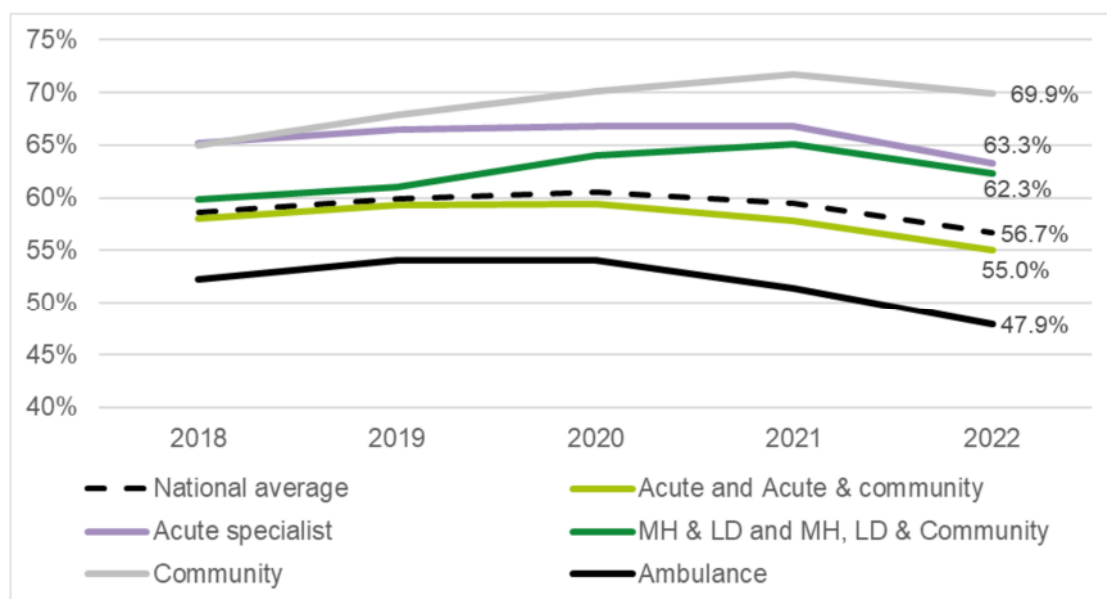


Figure 3 Change by sector

- 2.7 46.7% of colleagues nationally feel if they spoke up about something that concerned them, they would feel confident their organisation would address their concern.

### 3. Sandwell and West Birmingham NHS Trust staff survey regarding speaking up.

- 3.1 69.9% of Colleagues at SWB feel secure raising concerns about poor clinical practice, a drop of 3.5% from 2021.

	2020	2021	2022
<b>SWB</b>	70.6%	73.4%	69.9%
<b>Best</b>	77.9%	83.2%	79.4%
<b>Average</b>	71.9%	74.1%	70.8%
<b>Worst</b>	62.8%	66.4%	61.8%
<b>Responses</b>	<b>2757</b>	<b>2871</b>	<b>2825</b>

- 3.2 55.1% of colleagues feel safe to speak up about anything that concerns them a drop of 0.4% from 2021 (55.5%), however it is of note the 2022 staff survey had more respondents.

	2020	2021	2022
<b>SWB</b>	60.1%	55.5%	55.1%
<b>Best</b>	77.6%	75.5%	73.6%
<b>Average</b>	65.0%	60.7%	60.3%
<b>Worst</b>	53.4%	47.6%	49.0%
<b>Responses</b>	<b>2270</b>	<b>2682</b>	<b>2727</b>

- 3.3 53.7% of colleagues felt confident we would address their concern, drop of 1.3% from 2021 (55.0%). It is of note there was a smaller respondent group for 2022. SWB has remained fairly static.

	<b>2020</b>	<b>2021</b>	<b>2022</b>
<b>SWB</b>	56.6%	55.0%	53.7%
<b>Best</b>	74.2%	76.2%	69.1%
<b>Average</b>	59.2%	57.7%	55.7%
<b>Worst</b>	45.3%	44.1%	42.2%
<b>Responses</b>	<b>2747</b>	<b>2862</b>	<b>2817</b>

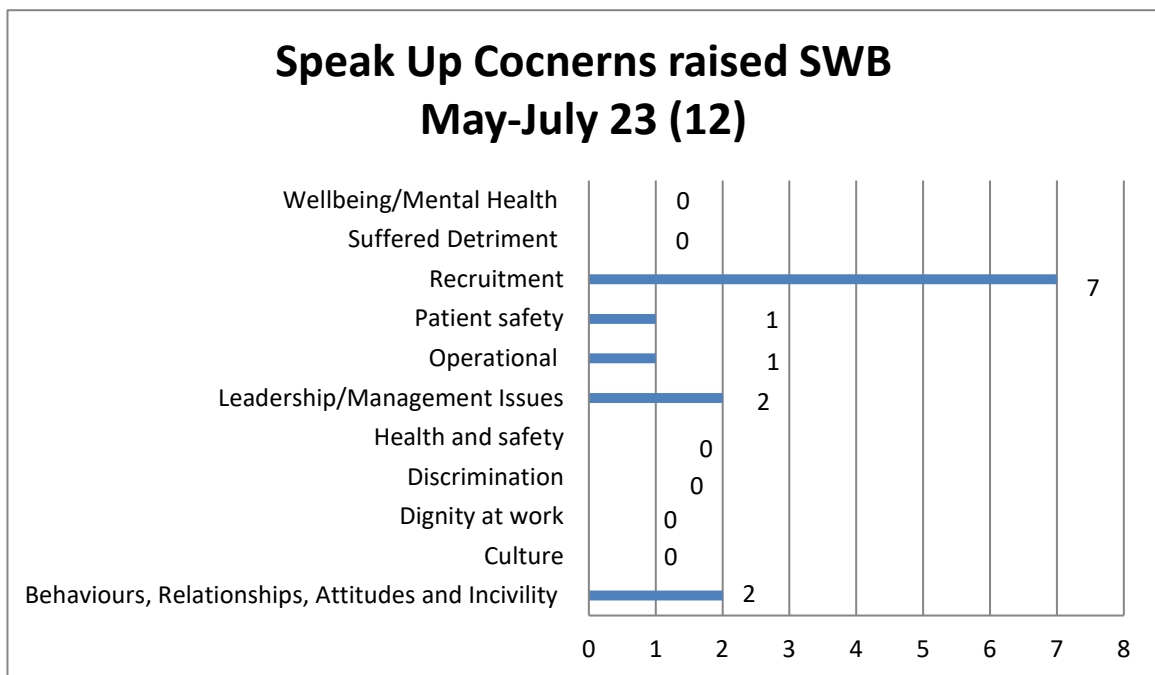
- 3.4 42.8 % of colleagues at SWBH feel if they spoke up about something that concerned them, they would feel confident SWB would address their concern. This is a drop of 1.1% from 2021 (43.9%) with a larger respondent group.

	<b>2021</b>	<b>2022</b>
<b>SWB</b>	43.9%	42.8%
<b>Best</b>	67.4%	63.9%
<b>Average</b>	48.0%	55.7%
<b>Worst</b>	32.0%	33.7%
<b>Responses</b>	<b>2681</b>	<b>2721</b>

#### 4. FTSU team activity

- 4.1 Regular meetings with Equality, Diversity and inclusion team and staff side leads to ensure we are capturing and working in partnership to share concerns raised and collectively support processes in addressing the concerns to improve colleague experiences.
- 4.2 New FTSU Policy updated made with the development of a standard operating procedure to accompany the policy, staff side colleagues will kindly review this and bring it to Staff terms and conditions committee planned for end of July 2023.
- 4.3 Black Country healthcare NHS foundation trust FTSU team have kindly agreed to support SWB with sharing their speak up portal to implement, as this was one area highlighted where colleagues did not feel safe raising concerns via safecall, Currently discussing how this can be done and if there will be a cost implication.
- 4.4 FTSU team to partake in a task and finish group due to recurring themes relating to the culture within the Accident and Emergency departments, with key network lead colleagues to enable a collaborative approach.

- 4.5 The FTSU team are continuing to make tangible progress with the action plan which is monitored by ARMC. We are hoping to complete a new self-assessment by Jan/Feb 24 with a score indicating a conducive positive speaking up culture.
- 4.6 The FTSU team are closely working with our communication colleagues to update the FTSU information and resources on the connect page and also the public site.
- 4.7 As well as the above progress, the FTSU team has continued to receive and handle speak up concerns. Volume and themes are as follows;



**4.8 Breakdown of top three themes**

**4.8.1 Recruitment**

Recruitment processes remain a top area of concern raised via the FTSUG team. The concerns relate to processes not being equitable, and individuals having unfair opportunities provided to them.

Concerns include people being preselected for jobs before they are advertised and given unfair advantages.

At a recent Black Asian Minority Ethnic (BAME) and Muslim liaison group management event the FTSU lead and FTSU Executive lead heard experiences of our colleagues who have felt they have felt they had experienced unfair recruitment processes due to their ethnicity.

There have been times whereby colleagues from a BAME background have been asked to partake in an interview process but their views or options have not been taken into consideration as they were only asked to ‘tick a box’.

The hot spot directorate is currently Primary Care Community and Therapies.

The hot spot professional group is currently nursing, with the majority of concerns being raised is by nursing colleagues.

#### **4.8.2 Leadership/Management Issues**

When questioning practices, managers get defensive and feel the questioning is obstructive, resulting in staff not wanting to raise concerns directly within their management structures.

Managers don't appear to cope well when under pressure and behaviours they demonstrate during this time is authoritarian and lacks compassion and consideration.

Leadership language on teams not translating into the reality, colleagues feel a disconnect- Unannounced walk around by the Interim lead for FTSU and Non-Executive director lead, feedback suggested staff wanted more visibility.

EDI and Network chairs feel a recent email has not been handled or resolved correctly, behaviours continue.

Hot spot directorate of concern is Medicine and Emergency Care.

#### **4.8.3 Behaviours, Relationships, Attitudes and Incivility**

Colleagues feel they are faced with unsupportive language when raising issues at work, there is little compassion and there appears to be a 'put up' attitude.

There appears to be a distinct division between management and colleagues on the 'shop floor' which colleagues feel acts as a barrier to forming a good working relationship with managers to then freely raise concerns.

#### **4.9 Recurring Themes**

Recruitment

Leadership/Management

Lack of time to complete meaningful clinical supervisions (Nursing)

#### **5. FTSU team plan to address SWBs Speak up culture (Staff Survey)**

The FTSU team have recognised the staff survey in relation to speaking up and will be implementing communication strategy and increase visibility.

The appetite to speaking up has begun with the Interim lead doing 'Walk arounds' exercises in clinical and non-clinical areas to raise the profile of speak up, this will be followed by a communication strategy with a soft relaunch of speak up in late august to ensure staff are aware of the speak up month in October.

In relation to psychological safety of speaking up, the FTSU team have commenced engaging with the equality, inclusion and diversity team and network leads and colleagues within the wider people and organisational development team to reinforce speak up remains a positive tool for change, this will be complimented with wider work in adapting a culture shift.

In addition to this the Interim lead, Executive lead and Non-Executive lead will be timetabling monthly walk arounds of all the acute and Non acute site as a triumvirate to continue to raise the profile and to ensure we remains visible and can demonstrate to staff there is committed leadership of speak up.

## 6. Actions to address previous themes

Colleague's concerns	Actions taken/Ongoing
<p><b>Recruitment:</b></p> <ul style="list-style-type: none"> <li>• Lack of open process and transparency</li> <li>• Unfair advantage given to preferred candidates</li> <li>• <i>Recruitment processes, process of redeployment and processes in recruitment team to fill roles</i></li> </ul>	<ul style="list-style-type: none"> <li>• There is currently an end to end review of the recruitment process being undertaken to identify the process errors which will generate actions for HR team to implement.</li> <li>• The cultural ambassador (CA) programme will be reviewed and if functioning well, consideration will be given to existing CAs to attend additional training to enable them to sit on recruitment panels.</li> </ul>
<p><b>Health and safety:</b></p> <ul style="list-style-type: none"> <li>• <i>Care navigation centre accommodation not fit for purpose</i></li> </ul>	<ul style="list-style-type: none"> <li>• There is currently an options appraisal being finalised that secures a new single location for the CNC from later this year</li> </ul>
<p><b>Culture:</b></p> <ul style="list-style-type: none"> <li>• <i>Incident reporting – part of a blame culture and not learning, also selective reporting Cliques within teams impacting overall morale</i></li> <li>• <i>Culture in team</i></li> </ul>	<ul style="list-style-type: none"> <li>• PSIRF model being implemented, FTSUG part of the working stream for this, and model is based around the just learning culture and civility charter which will be incorporated throughout the organisation.</li> <li>• Anyone member of staff can report an incident and we encourage them to do so if you they see or hear about something that might be an incident or even a near miss. They do this by clicking on the link from the front page of the intranet (CONNECT), that gives them access to Safeguard. If they prefer, staff can ask their manager or a colleague to report the incident for them.</li> </ul>



	<ul style="list-style-type: none"> <li>• 22,128 incidents were reported in 2022/23 showing a good reporting rate by staff. There does need to be focus on wards/departments with low incident reporting to understand if there are any barriers to staff doing so.</li> <li>• It is important that staff get feedback about an incident they have reported on the events and action taken/to be taken. For incidents reported using the link on Safeguard, staff will receive an email when a manager has looked into the incident telling them what they have done in response to the issue raised. Lots of clinical areas give the whole team feedback about incidents which have happened at their daily safety brief and people can learn from incidents that have happened elsewhere on the intranet, newsletters etc. With around 22,000 incidents reported each year there may be occasions when this doesn't always happen so staff are encouraged to ask their line manager for feedback.</li> <li>• The Trust's Incident Management Policy requires that management ensure appropriate support is provided to all staff involved in an incident. Any support offered or provided should be documented within the staff member's personal file. They should also ensure feedback and shared learning from incident investigations (local and corporate) is made available to staff.</li> </ul>
<p><b>Discrimination:</b></p> <ul style="list-style-type: none"> <li>• <i>Consistent application of sickness policy.</i></li> <li>• <i>Development opportunities and issues with HR not responding to colleagues</i></li> </ul>	<p><b><i>What we are doing to ensure that the sickness policy is being applied consistently across the Trust</i></b> - To support managers to understand and implement the revised 'Attendance at Work (Sickness Absence) Policy', an online training course has been developed. All managers and supervisors responsible for managing sickness absence/attendance are asked to</p>

	<p>undertake this online training and that all modules are completed. The course takes approximately one hour to complete. We also have a range of supporting documents to support understanding and implementation of the policy. The HR team have confirm and challenge meetings monthly with all managers to review sickness absence.</p> <p><b>How we know that it is</b> – This is not a mandated course but the team encourage this for all managers. ESR and E-roster are used for the logging of absence and this is where reports are received. If a manager does not record this in ESR, then this is difficult for us to monitor as we would have no feasible way of knowing this. However we could cross reference this with bank bookings for sickness and measure this against the levels of sickness absence recorded and establish if this is comparable.</p> <p><b>What we are doing about it when we discover it isn't</b> - if the policy is not being applied to all colleagues this is escalated to the their line manager for an informal review in the first instance.</p> <p><b>Ensuring sickness is recorded correctly so that we know when someone hits a trigger?</b> The HR team receive a monthly report from the ESR team which confirms triggers for long term sickness and they utilise this to support managers and ensure staff are being managed in accordance with the policy. The team also run a report from ESR for long term sickness. They then utilise this information at Confirm and challenge meetings with managers to ensure that colleagues are being managed in accordance with the policy.</p>
<p><b>Operational:</b></p> <ul style="list-style-type: none"> <li>• <i>Concerns regarding meetings that continue when trust is on a Level 4.</i></li> <li>• <i>Lack of join up to understand the Trust's strategic plan in relation to patient flow, Issues with clarity and timing of decision making in the group and directorates. "Normalisation" of Level 4.</i></li> </ul>	<ul style="list-style-type: none"> <li>• In recent weeks the Trust has taken the decision to stand down meetings when this is appropriate to manage patients safely. However, this should be an exception rather than a rule. A review of the escalation policy is currently underway to look at sustainable next steps.</li> </ul>

<ul style="list-style-type: none"> <li>• <i>Weakness of weekend plans, communication between discharge hub and wards, use of different systems.</i></li> </ul>	
<p><b>Leadership/Management</b></p> <ul style="list-style-type: none"> <li>• <i>Unrealistic deadlines</i></li> <li>• <i>Subtle bullying leading behaviours</i></li> <li>• <i>Expectations and understanding of role- no clear objectives set.</i></li> <li>• <i>Attitudes and behaviours of senior managers in front of peers which undermine colleagues.</i></li> <li>• <i>Alleged criticism by a director of a senior nurse in another meeting, not direct constructive, lack of training opportunities, lack of promotional opportunities nepotism, lack of support after several long term sickness episodes.</i></li> <li>• <i>Culture in the team, leadership style.</i></li> <li>• <i>Governance issues, ownership of risk, relationship with group leadership team.</i></li> <li>• <i>Delays on team restructure, lack of clarity on roles and responsibilities, absence of manager</i></li> </ul>	<ul style="list-style-type: none"> <li>• The new leadership programme has completed the pilot with good feedback, this incorporates the trusts values of 'Ambition, Respect and compassion'.</li> <li>• The programme aims to embed a compassionate leadership style throughout the organisation.</li> <li>• "The organisational values will be recurrent theme in all induction, pdrs, leadership development programmes which will clearly outline the specific expectations of our leaders in modelling these behaviours. We will endeavour to encourage all people who are on the receiving behaviour to escalate and indeed anyone who observes inappropriate behaviour to intervene."</li> <li>• External cultural consultancy work continues be to utilised, with the aim of completing this in December 2023 within the accident and emergency (A+E) department due to numerous concerns raised via multiple streams.</li> <li>• Safety summits commenced within A+E to promote a collaborative approach to safety concerns.</li> <li>• Newly appointed clinical director to commence who will aim to focus on the improving on collaborative working and strengths the governance processes within the A+E department.</li> <li>• Line managers are responsible for ensuring significant risks are</li> </ul>

	<p>subject to the risk assessment process. They are required to involve and consult with staff in the risk assessment process. They should also make sure that staff are aware of the hazards, risks and controls affecting their health and safety. Risks are escalated, ultimately to the Trust Board, based on pre-determined criteria.</p> <ul style="list-style-type: none"> <li>• Risk management training is available to managers to ensure consistency in approach and adherence to Trust Policy. More work is planned in this area when a revised Risk Management Framework is introduced in the Autumn. The consultation process will involve staff and managers.</li> </ul>
<p><b>Suffered Detriment</b></p> <ul style="list-style-type: none"> <li>• <i>Concerns of victimisation after raising concerns</i></li> </ul>	<ul style="list-style-type: none"> <li>• The National speak up policy is in the final stages of ratification, this should provide staff with what to do if they feel they have suffered detriment.</li> <li>• Visibility of the interim FTSU lead has commenced to provide assurances to our colleagues and hold managers to account when colleagues have felt they have suffered detriment to change the attitudes often faced.</li> </ul>
<p><b>Wellbeing/Mental health</b></p> <ul style="list-style-type: none"> <li>• “The organisation is data hungry anxious beast and this is what mostly affects staff wellbeing”</li> </ul>	<ul style="list-style-type: none"> <li>• Data is required to assist the organisation to plan services for our patients, we acknowledge sometimes request for data can be within a tight time frame, we will endeavour to be open and transparent with colleagues when this is the case and advocate for compassionate leadership to be incorporated in such cases.</li> <li>• Staff are encouraged to call out behaviours which they feel are impeding on the wellbeing so this can be addressed accordingly</li> </ul>

<p><b>Behaviours/Relationships/Attitudes and incivility</b></p> <ul style="list-style-type: none"> <li>• <i>Treatment of colleagues and workloads</i></li> </ul>	<ul style="list-style-type: none"> <li>• The action noted for leadership/Management would apply to this concern, especially with compassionate leadership.</li> </ul>
<p><b>Human resources</b> Working from home and expenses</p>	<ul style="list-style-type: none"> <li>• The new working from home policy guides colleagues on how to claim expenses from HMRC and also how to claim tax refund.</li> </ul>
<p><b>Finance</b></p> <ul style="list-style-type: none"> <li>• Over-reliance on spreadsheets as opposed to automation</li> </ul>	<ul style="list-style-type: none"> <li>• This is an active piece of work in the finance function specifically allocated to a new member of the team with experience in this area.</li> </ul>

## 7. Recommendations

7.1 The Public Trust Board is asked to:

- a. **NOTE** the contents of the report
- b. **COMMENT** on the actions to address previous themes

Jamil Johnson  
Interim lead Freedom to speak up guardian  
05<sup>th</sup> July 2023