

Purpose

This report provides an overview of speaking up cases for 2024/2025 YTD, 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 locally and nationally.

Overview

During 2024/2025 YTD (25th March) there were **202** concerns raised with the FTSU Guardian. The previous year 2023/2024, there were **152** concerns raised. This represents an increase of 33% from previous year.

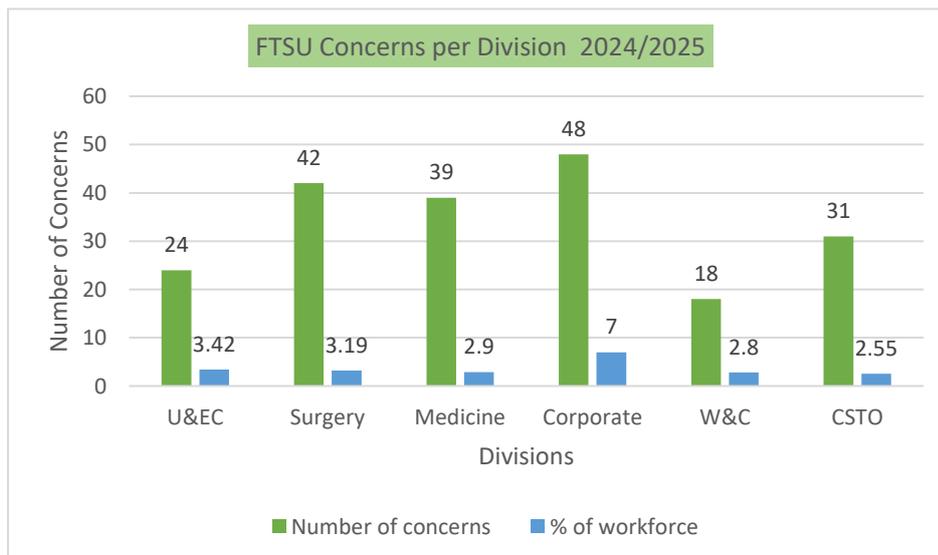
The number of colleagues raising concerns through FTSU continues to demonstrate consistent engagement with FTSU as a route for raising concerns.

Out of the 202 concerns raised ,148 were raised openly, 48 were raised confidentially (known to FTSUG only) and there were 6 anonymous concerns.

The majority of concerns are escalated openly and this suggests workers using FTSU are searching for a resolution to their concerns and to allow escalation to those in a position to support and follow up FTSU concerns. This also suggests that workers feel psychologically safe to progress through the FTSUG and shows increasing confidence in trust within the process.

Currently from 2024/25 Quarters 2 & 3 there are 24 and Quarter 4 there are 26 concerns that remain open, which means they are awaiting feedback to the FTSUG or awaiting feedback to the concern raiser or are in ongoing processes.

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 current divisional workforce numbers. Corporate Division are raising the most concerns via FTSU, per workforce percentage.



In terms of national benchmarking on how many FTSU cases raised per provider type, this will be included in the NGO FTSU Annual Data Report 2024/25 scheduled for summer 2025 publication. Data from last year's [NGO Annual Data Report 2023/24](#) published July 2024 shows on average, NHS trusts reported 36.3 cases in each quarterly submission. For Acute

& Acute Community Trusts the average is 40 per quarter. From these statistics SFH cases for 2023/2024 were in line with this figure at 152 cases per year.

There is a low relationship between the size of an organisation and the number of cases submitted and organisations with a larger number of workers do not necessarily have more cases.

People Profile

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

There has been an increase in concerns raised by workers who have already consulted a line manager and have been signposted to FTSU via this conversation by the manager, due to lack of a resolution at divisional level. There are also managers accessing FTSU directly for themselves. This reflects the need for leaders with line management responsibility to have the necessary skills and support in listening and following up concerns and could suggest managers have their own barriers to raising concerns or need developing in skills regarding receiving concerns and their responsibilities.

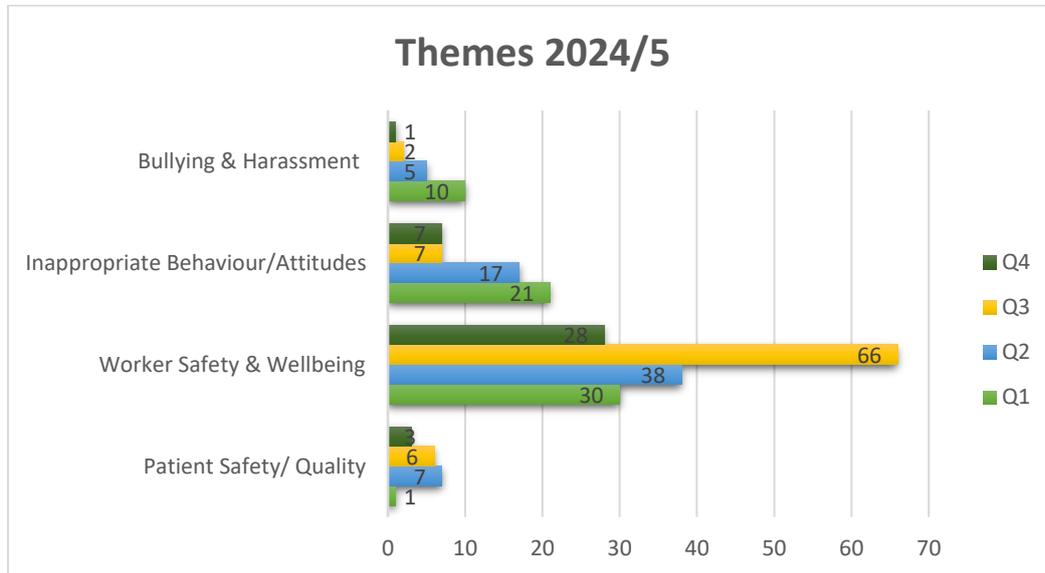
EDI Information

The majority of concerns continue to be raised are from females. Ethnicity is predominantly white British, with 11% of concerns in this period raised from colleagues from an ethnic minority background.

Of the 2024/25 FTSU concerns – 5.5% of these relate to a colleague with a disability and this being the direct theme of their concern.

Colleagues identifying as LGBTQ are also represented. FTSU Champions/ Guardian are active within the Ethic Minority Staff Network, the WAND Network and this will continue to support concerns for these colleagues. The FTSUG remains engaged with all the staff networks.

Themes from 2024/25- reported as per NGO theme categories.



SFH Themes Comparison to National Data

Worker Safety & Wellbeing is SFH’s largest reported category of concerns. Patient Safety & Quality is the least reported category of concerns. Comparing this with the national data for 2023/24, this is in line with the national picture of what workers choose to report through FTSU.

Patient Safety & Quality Concerns at SFH for 2024/25 = 8.5% of total concerns raised. With this low number , further consideration regarding this metric could be explored through appropriate routes. NSS 2024 indicates a decrease in confidence in workers confidence in speaking up about clinical concerns being addressed.

Freedom To Speak Up

SFH Board Report Aug 2022

Kerry Bosworth FTSU Guardian

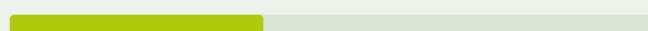
What are people speaking up about to guardians?

32.3%



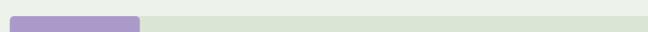
One in every three cases raised (32.3 per cent) involved an element of worker safety or wellbeing. An increase from one in every four cases (27.6 per cent) in 2022/23.

38.5%



Two in every five cases raised (38.5 per cent) involved an element of inappropriate behaviours and attitudes - the most reported theme in 2023/24.

19.8%



19.8 per cent of cases reported included an element of bullying or harassment. A two-percentage point fall compared to 2022/23.

18.7%



18.7 per cent of cases raised included an element of patient safety/quality, a marginal drop compared to 2022/23 (19.4 per cent).

NGO Speaking Up Data
Report 2023/4 (July 2024)

Examples of concerns raised related to the reported themes -

Patient Safety & Quality

- Clinical concerns regarding safety of patients
- Resource wasted around on call arrangements not working for the patients
- Lack of consistency and standard in patient administration tasks.
- Engrained outdated practices relating to patient care affecting quality of care
- Unable to provide standard of care required and ward practices in best interest of flow and capacity, not the patients best interest.
- Leadership changes and decision-making impacting patient care and pathway
- Cover on call arrangements may impact patient care as not trained in speciality
- Change in process, unintended quality consequences
- Environment safety concerns
- 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.
- Unresolved poor behaviour in teams affecting working and efficiency.
- Concerns raised re colleagues' practice.

Bullying & Harassment

- Racially abused by patient / relative / visitor
- 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.

- Fact finds after bullying concerns raised come to nothing as no facts found – no resolution
- Workers disabilities – feels managed out, nuanced comments, not valued, conscious and subconscious bias. Access To Work support / funds not actioned or equipment purchased – feels personal.
- Negative behaviour towards EM staff – racism and unkind comments.
- Line managers feeling upward bullying from staff. Processes not supported.

Worker Safety or Wellbeing

- Physical abuse from visitor
- Lack of support and ongoing care after having experienced violence and aggression at work
- Employee Relation Policies and Processes not followed – impact on workers
- Inconsistent application of processes – managers discretion not applied for some but others
- Lack of resolution, welfare support and impact from raising concerns to managers
- Team dynamics described as toxic – no interventions
- Sickness absence due to lack of resolution in behaviour/ breakdown with manager or colleagues in teams
- Sickness and Absence process not managed in line with policy
- Lack of care values and compassion from managers
- Protracted time, fact finds and informal concerns take – lack of feedback and communication poor
- Informal processes to resolve concerns not worked – limited options and limited impact – often feel must leave or take sickness.
- Disability – managers lacking knowledge in Access To Work pathway, poor support, equipment not purchased.
- Disability – lack of flexible working adjustments, OH recommendations not adopted
- Disability – being highlighted in team by manager, told they are impacting others, feel unsupported
- Line managers not receiving concerns in line with the SFH Speaking Up Policy and poor follow up response to FTSU issues raised from FTSUG.
- Individuals said that they have been told that they have raised concerns inappropriately when gone to a senior manager- feel told off and to follow line management. Hierarchy
- 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
- Bank staff concerns – feel processes are manipulated to benefit permanent staff - cancelling shifts and reassigning, ward staff have favourites and relatives who get more shifts.

- Humiliation in front of team – told off in public, nuanced conversation, leaked confidential information
- Colleagues raising concerns about colleagues' behaviour and practice and accused of racism, upward bullying concerns.
- Subtle repercussions from raising concerns against leader – micro insults and power imbalance.
- Managers feeling unsafe when workers raised previous grievances and complaints against them and have to continue to work with them

The impacts of all the above concerns in this category reflect culture which underpins patient safety and can have direct consequences on recruitment and retention , financial costs to service lines, reputation, capacity of OH and Wellbeing services as well.

Elements Of Other Inappropriate Attitudes or Behaviours

- Incivility
- Gaslighting behaviours
- Vaping in internal buildings / rest areas / wards
- Smoking on site
- Racism – racial slurs between colleagues – said in jest/ banter, not challenged
- Leaders unable to challenge poor behaviours – people not taken down disciplinary or capability, only if there are practice issues.
- Favouritism / prejudgement – interview panels not inclusive, 'friends interviewing friends', no independence out of local leadership.
- Care Values not considered to be part of professional practice therefore poor behaviour is tolerated as "good at their job", "It's not personal – that's how they are".

Learning and triangulation from FTSU concerns

Patient safety and quality concerns are all referred to senior nursing or have executive oversight.

Triangulation of themes and areas of concern are shared regularly with the Wellbeing Team, OD Team, EDI Team and OH, via 1-1s or monthly intelligence sharing catch ups. This is to support a joined-up approach to concerns and support colleagues who may not want to take formal steps with concerns but to ensure support and guidance is available. Signposting individuals to OD has enabled individual access to coaching and mediation in circumstances where colleagues couldn't take a formal path. This a positive resolution for those who feel unable to take speaking up further, through fear or feeling it would be futile but can develop themselves and gain new skills in building resilience and potentially in the future feel they can speak up.

Themes related to Worker Safety & Wellbeing commonly involve a people process or informal concern raising through their line manager. Numerically these are the largest category of concerns. There remains variance in consistency in quality and care values applied from line managers and this is a leading cause of concerns. The FTSUG spends a significant amount of time signposting and engaging with people processes advice and escalation. The FTSUG continues to liaise and ask for support from the People Teams with these types of concerns.

In order to progress and learn from these types of concerns we are establishing a regular FTSU operational meeting. In the initial phase this will involve the FTSUG, the Director of People and the Director of Corporate Affairs who will review the management and progress of concerns in order to improve their timely management, communications with concern raisers and to take forward and embed learning from them. Importantly where there are patient safety and quality concerns, the Director of Nursing Quality & Governance will be invited, alongside divisional representatives as required. The first meeting will be on 28th April 2025.

Line managers response and timely action is highlighted in these concerns. Therefore, introduction of a FTSU Process & Timescale guidance document, referencing timescales and responsibilities of the receiving manager and feedback of outcomes / learning to FTSUG, has been developed and is going through consultation and approval routes currently. This is also a recommendation from the recent FTSU 360 Assurance and Grant Thornton Well Led audits, to ensure timely follow up of concerns and that local and organisational learning is shared for improvement.

Due to the standing down of non-essential training, the training route for FTSU learning feedback and upskilling of colleagues hasn't been possible. This is due to the leadership, nursing training programmes and the FTSU Champion training being stood down.

FTSU have been promoted and signposted to, as first line contacts for the SFH Sexual Safety Campaign and are actively supporting this agenda. The FTSU Champions were upskilled and trained to ensure confidence and correct pathways used. Intelligence from FTSU is being used in partnership with key stakeholders in this workstream.

FTSU is involved in the upcoming Protection From Harm Conference in May – where FTSU will feature and present a case study for learning and reflection around Violence & Aggression at work.

Concerns regarding disabilities and disabled colleagues, specifically around Access To Work have been shared with the EDI team and colleagues connected for further support and action. This has highlighted the significant disparity in the line managers' understanding of the legal requirements and their application. This will help improve these pathways for colleagues and ensure organisational learning.

FTSU Developments and Assurances

What does the 2024 NHS Staff Survey show at SFH?

Freedom To Speak Up

SFH Board Report Aug 2022

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Question	2023	2024	Percentage difference
Q20a I would feel secure raising concerns about unsafe clinical practice (Agree/Strongly agree).	74.2%	74.6% (National 71.5%)	+0.4%
Q20b I am confident that my organisation would address my concern (Agree/Strongly agree).	64.7%	62.5% (National 56.8%)	-2.2%
Q25e I feel safe to speak up about anything that concerns me in this organisation (Agree/Strongly agree).	69.6%	68.5% (National 61.8%)	-1.1%
Q25f If I spoke up about something that concerned me, I am confident my organisation would address my concern (Agree/Strongly agree).	59.7%	57.6% (National 49.5%)	-2.1%

(NSS Survey SFH 2024 Picker)

At SFH there is a growing gap between confidence in raising concerns and being confident that concerns will be followed up and resolutions happen.

SFH remains above the national average in the speak up questions in the NSS 2024.

[NGO NSS Survey 24 Blog](#) -NGO updates on the national results from the NSS 2024 indicate a plateau in confidence with a sub score of 6.45 to 6.46 in 2023 relating to the speak up questions. NGO highlights the trust of concern raisers about the action gap which needs to be improved, by recommending –

- Leadership training that goes beyond awareness – equipping leaders with the skills and accountability to respond effectively
- Clear , standardised processes so that leaders at all levels understand and fulfil their responsibility to act

It is anticipated that with the introduction of the FTSU Process and Timescale Guidance and the restoration of leadership training programmes at SFH , this will help address the above 2 points and will offer assurance to the NGO, that these points have been recognised.

FTSU Assurance at SFH

360 Internal Audit FTSU Review

Since FTSU was last presented to the SFH Board meeting, the 360 Assurance audit for FTSU has been presented to the trust and progress continues with the five actions within the report. Their themes are:

- Frequency of reporting – 1 Low recommendation – **Completed Jan 25**
- Improvement of awareness of Trust wide Staff training - 1 Medium recommendation- **Completed Feb 25**
- Training for FTSU Champions- 1 Low recommendation
- Investigation timescales - 1 Low recommendation
- Checking of data returns to the National Guardian's Office - 1 Low recommendation – **Completed Jan 25**

The action around investigation timescales will be addressed when the new FTSU Process and Timescale Guidance is finalised and approved. This will also offer assurance on findings from FTSU concerns involving poor response and protracted time to follow up concerns, that a new process will ensure line managers will have a reference guide for follow up and understand accountability in handling concerns.

The action around training for FTSU Champions will also be addressed when the mandated instruction is lifted around cessation of non-essential training.

Currently in development stage is a new digital FTSU database, in collaboration with NHIS, to design a more efficient, accurate and real time dashboard for FTSU concerns. This will replace the outdated Excel FTSU database and allow improved function of data collection and case management system and enable learning to be recorded for FTSU cases. It is predicted that by the end of April 25 this will go live. This will assist the recording process and learning for the operational FTSU meeting discussions as well.

FTSU Feedback

Feedback from those who use FTSU remains positive. There is however evidence in feedback in some cases, that the concern raisers feel nothing is changed and that although grateful to having the FTSUG listen and support escalation, that their concern felt futile and prejudged the outcome.

Workers value the FTSUG time and space provided to share, some as they plan to leave the organisation and from this the FTSUG has been able to directly link them to the new exit interview workstream to collect that feedback for improvement.

Observations from the FTSUG are that the toll to mental health where workers have concerns is very evident. Some are on sickness absence already and this impacts the resolution further, as can't progress whilst off work, so it highlights the importance of line managers responding to concerns before they reach this point. This has financial costs to the individual as well as the organisation alongside the health impacts to the individual.

Recent feedback –

Freedom To Speak Up

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“I would like to thank Kerry, Sarah & Chris from FTSU for listening, their much-needed support & guidance - thank you.” (2 FTSU Champions)

“I am more than happy for my experience to be shared. Unfortunately, a lot of people don't want to speak up because they fear the repercussions on them. I want the Trust and others to learn from this in the hopes that I can prevent this happening to others.”

“Thank you for your support and kindness – I feel FTSU is vital to help people like me who feel they have no other place to go for someone to actually listen and help”

Recommendation from this report

That the Board receives the report and notes the 2024/25 speaking up data , including the themes and comparisons to national data. The developments and the assurances are noted about the ongoing concerns raised and the way learning can be derived from them.

Assurances also from implementation of the new operational process including the new Process & Timescale Guidance and the introduction of a new FTSU database to support the management and learning from concerns.