

Meeting title:	Trust Board	Public Trust Board paper L				
Date of the meeting:	11.4.24					
Title:	Escalation Report from the People and Culture Committee (PCC): 28 March 2024					
Report presented by:	Mr Ballu Patel – PCC Non-Executive Director Chair					
Report written by:	Ms Kate Rayns – Corporate and Committee Services Project Support					
Action – this paper is for:	Decision/Approval	x	Assurance	x	Update	x
Where this report has been discussed previously	None.					

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which		
Yes. BAF risks within the remit of PCC are listed below:		
BAF Ref	Risk Cause	Risk Event
10-PCC	Failure to recruit, retain, redesign and transform the workforce	Insufficient workforce capacity, capability and lacking diversity

Impact assessment	
N/A	
Acronyms used: BAF – Board Assurance Framework CMG – Clinical Management Group FTSU – Freedom to Speak Up	MHPS – Managing High Professional Standards NED – Non-Executive Director PCC – People and Culture Committee

1. Purpose of the Report

To provide assurance to the Trust Board on the work of the Trust’s People and Culture Committee (PCC), and escalate any issues as required.

2. Recommendations

There was 1 item from PCC requiring Trust Board approval at the April 2024 Trust Board.

3. Summary

The PCC meeting was quorate. The following items from the PCC meeting of 28 February 2024 are summarised for the 11 April 2024 Trust Board:-

Recommended items:

3.1 Freedom to Speak Up Reflection and Monitoring Toolkit

The Director of Corporate and Legal Affairs presented the draft FTSU reflection and monitoring toolkit, briefing the Committee on the degree of input received from the wider organisation and the specific review and contributions made by the FTSU Guardians. Appendix 1 identified 9 proposed actions for improvement and development and target completion dates had been identified which were all due to be completed within the next 6-12 months. Particular discussion took place regarding the following key points:-

- (a) the requirement to review the Trust's FTSU arrangements every 2 years which had been assessed as partially compliant. A further review of the service was planned for September 2024 (to assess the impact of transferring the service to an external provider), at which point the Toolkit would be updated to reflect full compliance in this area;
- (b) confirmation that the F2SU NED lead would definitely be involved in overseeing any investigations that related to the Trust Board; this had previously been marked as a 'no' because there had been no such cases reported to date but it would now be updated to a 'yes';
- (c) the importance of ensuring equity of access for all staff who wished to speak up and the need to improve data collection to understand the protected characteristics and ethnicity of individuals (without compromising the current emphasis on listening to concerns by seeking excessive amounts of data);
- (d) strengthening the reporting of outcomes data following completion of each case, and
- (e) incorporating the qualitative outputs from the staff survey into the annual review of the FTSU service to ensure that it meets the needs of UHL's workforce going forwards.

Subject to the amendments identified above, the FTSU Toolkit was endorsed and recommended for Trust Board approval. Following the meeting, the Director of Corporate and Legal Affairs updated the FTSU Toolkit to reflect the changes requested by PCC and the updated (final version) is now appended to this meeting summary.

Discussion items:

3.2 UHL NHS Staff Survey 2023

Ms Z Marsh, Deputy Chief People Officer provided an update on the full results of the NHS Staff Survey following the lifting of the embargo on 7 March 2024. Appendix A provided thematic breakdowns by (1) Clinical Management Group (CMG) and Corporate Directorates (as a whole) and (2) by professional staff group. Appendix B provided benchmarking data and historical results back to 2019 aligned to the 7 People Promise elements and themes, as well as the data required for workforce race equality and disability equality standards and guidance notes on reviewing the trend data to identify those measures which had been consistently improving for the Trust. A thematic analysis was also being undertaken in respect of 2,284 free text responses which had been received.

Discussion took place regarding the need for setting aside some dedicated time to thank staff for participating in the survey and for providing them with feedback on the results. A further update would be reported to PCC in May 2024 and this report would include a focus on the key themes identified and the next steps/actions to be taken to address areas for further improvement. Ms E Meldrum, Deputy Chief Nurse commended the positive results for the registered nursing and midwifery staff group and she requested the detailed breakdown for the Corporate Nursing Directorate (disaggregated from the other Corporate Directorates). The Chief Operating Officer noted the importance of referring to the average scores of other NHS Trusts within the report (instead of suggesting that the Trust had scored significantly better than other NHS Trusts across 78 of the questions). Ms V Bailey, Non-Executive Director noted the importance of ensuring that the relevant actions were highlighted in the appropriate staff forums to ensure that they gained sufficient traction. The PCC Non-Executive Director Chair commended the report and recorded his thanks to everyone involved. He looked forward to the Committee reviewing the action plan in May 2024 and requested that this next update included a focus on proportionate workforce representation by age and ethnicity and he sought assurance that the substantial number of international nurses had been supported to complete their surveys (where required).

3.3 UHL Behaviours Framework

Ms T Francis, Senior People Partner introduced a report setting out UHL's Behaviours Framework which had previously been considered and agreed by the Executive Planning and Trust Leadership Team meetings in February 2024 and approved by the Trust Board in March 2024. The Framework had then been launched at the Leadership Event on 20 March 2024 and it was scheduled to be shared at the Operational Briefing later that day (alongside the associated toolkit). During discussion on this item, PCC members noted the importance of providing appropriate training and support to those staff who would be required to hold difficult conversations under the Framework, and it was agreed that an implementation and roll-out plan would be presented to a future meeting of the Trust Leadership Team.

The Associate Director of Occupational Health, Mental Health and Wellbeing highlighted an opportunity to triangulate the application of the Behaviours Framework with other processes surrounding Occupational Health

referrals, referrals to AMICA, and Employee Relations processes to ensure that they were all congruent with each other, suggesting that some difficult conversations with employees could begin with identification of which value(s) had been breached by the employee.

A further report was requested for the May 2024 PCC meeting to provide the Committee with assurance in respect of the arrangements for embedding and evidencing the effectiveness of this new Framework and the Deputy Chief People Officer noted an opportunity to align the arrangement for embedding the Behaviours Framework with the staff survey next steps.

3.4 Employee Relations Report

The Head of Employee Relations presented an overview of disciplinary, capability, resolution and employment tribunal activity levels and the distribution of cases. She particularly highlighted the arrangements for embedding a 'just and restorative' culture through the Responsible Officer Advisory Group, the introduction of a Case Manager role for all formal investigations and forthcoming changes to the way that data was recorded in order to capture more in-depth statistics. The Trust's Policy on Maintaining High Professional Standards (MHPS) was in the process of being updated and a 2 day training course was being arranged to support Case Managers and Case Investigators in their roles.

Discussion took place regarding the arrangements for collating feedback on how the employee relations process felt and whether the Trust Leadership Team had been sighted to the new arrangements. It was agreed that a report would be presented to a future meeting of the Trust Leadership Team. At the end of each employee relations hearing, the final 30 minutes were dedicated to identifying the learning outputs from each case and how these could be shared effectively. The new Bank Case Investigators would also be allocated some dedicated time to disseminate any key learning points within the organisation.

The Associate Director of Occupational Health, Mental Health and Wellbeing reflected on the need to acknowledge the stress and anxiety caused by employee relations cases (both on the individual member of staff and the case workers). It was confirmed that all staff were given information on the various support mechanisms available, but it was not recorded when such offers of support were taken up. Ms V Bailey, Non-Executive Director supported the mechanism for eliminating unconscious bias within the employee relations process, but she noted that it would be helpful to understand any trends or repeated referrals from the outset. The Deputy Chief People Officer confirmed that the 'just and restorative' questions were always pre-populated in the case of any known habitual issues.

3.5 Agency Compliance, Usage and Reduction

Ms C Whyman, Head of Recruitment and Resourcing provided the Committee with assurance surrounding the programme of work to ensure compliance and governance surrounding agency usage, expenditure and reporting in accordance with the NHS England Agency Rules as at month 10 (January 2024). PCC members noted that agency expenditure had reduced between month 1 (April 2023) and month 9 (December 2023) by approximately £1.5m, but the reported increase in pay shown in month 10 was now the result of the off-framework agency costs being recoded from non-pay expenditure to pay. There had been some slippage in the procurement of a framework provider for enhanced one-to-one patient observations, but it was expected that this contract would transition to a framework provider during April 2024. The Trust was now in a good position to cease all off-framework agency expenditure by the end of June 2024 (with the exception of one specific non-clinical agency worker who was undertaking a time-limited specialised project with the Trust).

Ms V Bailey, Non-Executive Director suggested that it would be helpful to update the Board Committees' terms of reference to provide greater clarity about which Board Committee was charged with reviewing overall workforce costs and pay expenditure (to avoid any potential areas of duplication). In discussion on this point, it was noted that the Finance and Investment Committee held overall accountability for monitoring UHL's pay expenditure, but it was felt that there would be some scope for useful cross-Committee discussions on workforce controls.

Dr A Haynes, Non-Executive Director queried whether the Trust had reached a position where it was able to accurately identify what proportions of temporary staffing expenditure related to (a) vacancy cover; (b) elective recovery, and (c) industrial action, noting in response that improvements in the data collection meant that the Trust could now track agency usage against vacancies and that effective rostering arrangements were in place to comply with CQC recommendations on safe staffing. The Chief Nurse reported on the improvements across

the Trust in terms of reducing agency staffing costs in most clinical areas, with the exception of theatres, children's services and enhanced one-to-one patient observations where demand remained high.

3.6 Flu Vaccination Programme

The Associate Director of Occupational Health, Mental Health and Wellbeing presented an overview of operational delivery and progress of the staff Influenza and Covid-19 vaccine update for the Autumn/Winter 2023/24 programme and the impact on workforce health protection and population health across Leicester, Leicestershire and Rutland. He particularly highlighted the emerging risks in terms of nursing capacity to administer the immunisation programme and funding to purchase the vaccine stocks in 2024/25. Seasonal immunisation programmes had been devolved to Integrated Care Boards with effect from April 2025 which had resulted in a lack of clarity about funding of the programme going forwards. Measles prevalence and infections had become a high-risk area nationally and this had impacted upon delivery of the Influenza and Covid-19 programme due to emergency measles track and trace activity. In addition, nationally led changes to the booking, recording and reporting of uptake for Influenza and Covid-19 vaccines meant that the demographic details or details of professional groups, ethnicity or CMG were no longer available for local analysis.

PCC supported the recommendation outlined in the paper for the Head of Service for Occupational Health to work with the Associate Director of Occupational Health, Mental Health and Wellbeing and Mr R Binks, Deputy Chief Nurse to form a task and finish group to prepare an appropriate action plan to enhance the likelihood of immunisation uptake across the Trust. It was agreed that a follow-up report on this subject would be presented to PCC in July 2024.

Consideration of BAF risks in the remit of People and Culture Committee:

4. Board Assurance Framework

The Committee reviewed strategic risk 10 on the BAF (re: insufficient workforce capacity, capability and lacking diversity) which was aligned to the Committee and its work plan, noting that some of the key issues such as the FTSU Toolkit and Healthcare Support Worker banding had been considered at today's meeting. There were no matters of concern from the strategic risk to be escalated and no significant changes proposed to the content or risk scores. The current rating stood at 20 (likelihood of almost certain x impact of major), with a target rating of 9 and tolerable rating of 12.

5. Any Other Business

None.

6. Reports for noting – Draft Internal Audit Plan 2024/25

The Committee received and noted the draft Internal Audit Plan for 2024/25 noting that two of the proposed reviews related to the PCC work programme.

7. Supporting documentation

Freedom To Speak Up Reflection and Monitoring Toolkit (appended).

8. Date of Next Meeting

Thursday 30 May 2024 at 10am – Board Room, Leicester Royal Infirmary.

Freedom to Speak up

A reflection and planning tool



Introduction

The senior lead for FTSU in the organisation should take responsibility for completing this reflection tool, at least every 2 years.

This improvement tool is designed to help you identify strengths in yourself, your leadership team and your organisation – and any gaps that need work. It should be used alongside Freedom to speak up: [A guide for leaders in the NHS and organisations delivering NHS services](#), which provides full information about the areas addressed in the statements, as well as recommendations for further reading.

Completing this improvement tool will demonstrate to your senior leadership team, your board or any oversight organisation the progress you have made developing your Freedom to Speak Up arrangements.

You may find that not every section in this tool is relevant to your organisation at this time. For this reason, the tool is provided in Word format to allow you to adapt it to your current needs, retaining the elements that are most useful to you.

If you have any questions about how to use the tool, please contact the national FTSU Team using england.fts-u-enquiries@nhs.net

The self-reflection tool is set out in three stages, set out below.

Stage 1

This section sets out statements for reflection under the eight principles outlined in the guide. They are designed for people in your organisation's board, senior leadership team or – in the case of some primary care organisations – the owner.

You may want to review your position against each of the principles or you may prefer to focus on one or two.

Stage 2

This stage involves summarising the high-level actions you will take over the next 6–24 months to develop your Freedom to Speak Up arrangements. This will help the guardian and the senior lead for Freedom to Speak Up carry out more detailed planning.

Stage 3

Summarise the high-level actions you need to take to share and promote your strengths. This will enable others in your organisation and the wider system to learn from you.

Stage 1: Review your Freedom to Speak Up arrangements against the guide

What to do

- Using the scoring below, mark the statements to indicate the current situation.

1 = significant concern or risk which requires addressing within weeks

2 = concern or risk which warrants discussion to evaluate and consider options

3 = generally applying this well, but aware of room for improvement or gaps in knowledge/approach

4 = an evidenced strength (e.g., through data, feedback) and a strength to build on

5 = confident that we are operating at best practice regionally or nationally (e.g., peers come to use for advice)

- Summarise evidence to support your score.
- Enter any high-level actions for improvement (you will bring these together in Stage 2).
- Make a note of any areas you score 5s in and how you can promote this good practice (you will bring these together in Stage 3).

Principle 1: Value speaking up

For a speaking-up culture to develop across the organisation, a commitment to speaking up must come from the top.

Statements for the senior lead responsible for Freedom to Speak Up to reflect on	yes/no
I am knowledgeable about Freedom to Speak Up	Yes
I have led a review of our speaking-up arrangements at least every two years	Partially
I am assured that our guardian(s) was recruited through fair and open competition	Yes
I am assured that our guardian(s) has sufficient ringfenced time to fulfil all aspects of the guardian job description	Yes
I am regularly briefed by our guardian(s)	Yes
I provide effective support to our guardian(s)	Yes

The Director of Corporate and Legal Affairs is the Executive with responsibility for Freedom to Speak up. In October 2023 the Freedom to Speak Service was transferred to an external provider called The Guardian Service. This decision was made by senior leaders and the Trust Board to enhance the independence of the service whilst at the same time increasing the capacity of the service. Whilst the recruitment is conducted by The Guardian Service, I am assured an open and transparent process took place to ensure the Trust had guardians who were appropriately skilled and reflected the diversity of our organisation. UHL have 2 full time Guardians, this is improved capacity since October 23. I meet formally every month with the Guardians to review each months data and any steps to take forward. The Guardians contact me whenever they have a significant issue to raise or they need my support. Full training and development is provided through the Guardian Service to each of the Guardians. UHL will conduct a review of the service in the late summer to assess the impact it is having.

The Guardians have full access to the Executive Team and meeting regularly with the Chief Executive. Reporting of trends and themes are taken through the People and Culture Committee and onwards to the public Trust Board. This happens on a quarterly basis. A Non-Executive lead for FTSU is identified.

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)
1 - Conduct annual review of the service to ensure it is being delivered to meet our workforce needs. This will include a qualitative review of the staff survey results

Statements for the non-executive director lead responsible for Freedom to Speak Up to reflect on	yes/no
I am knowledgeable about Freedom to Speak Up	Yes
I am confident that the board displays behaviours that help, rather than hinder, speaking up	Yes
I effectively monitor progress in board-level engagement with the speaking-up agenda	Yes
I challenge the board to develop and improve its speaking-up arrangements	Yes
I am confident that our guardian(s) is recruited through an open selection process	Yes
I am assured that our guardian(s) has sufficient ringfenced time to fulfil all aspects of the guardian job description	Yes
I am involved in overseeing investigations that relate to the board	Yes
I provide effective support to our guardian(s)	Yes
Enter summarised evidence to support your score.	
High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)	
1 – Board Development session to look at wider culture and speaking up	

Principle 2: Role-model speaking up and set a healthy Freedom to Speak up culture

Role-modelling by leaders is essential to set the cultural tone of the organisation.

Statements for senior leaders	yes/no
The whole leadership team has bought into Freedom to Speak Up	Yes
We regularly and clearly articulate our vision for speaking up	Yes
We can evidence how we demonstrate that we welcome speaking up	Yes
We can evidence how we have communicated that we will not accept detriment	Partially
We are confident that we have clear processes for identifying and addressing detriment	Yes
We can evidence feedback from staff that shows we are role-modelling the behaviours that encourage people to speak up	Yes
We regular discuss speaking-up matters in detail	Yes
<p>Enter summarised evidence to support your score.</p> <ul style="list-style-type: none"> • Quarterly reporting through PCC and Trust Board • Speaking up features in CEO Friday focus weekly • FTSU Guardians are part of Trust induction • FTSU Guardians have direct access to all Executive team, CEO, Chair and NED responsible for FTSU • Monthly speaking up reports issued to Executive Team • Trust Strategy reflects the vision to foster an inclusive culture and one where colleagues feel psychologically safe to speak up • Staff survey results show improvement to people feeling able to speak up. Recognise there is more to do • Feedback through the speaking up service that colleagues feel more able to speak up through having independent service • Feedback from colleagues that their concerns have been heard and responded to making them feel more able and willing to speak up • Within the last 6 months we have not identified any detriment to staff due to speaking up • We have a clear policy approved by the Board which details that there is no tolerance of detriment when speaking up. There is a process identified on how to investigate and manage any allegations of detriment 	

High-level actions needed to bring about improvement (focus on scores 1 ,2 and 3)

1 - Communication to wider organisation on our zero tolerance of detriment as a result of speaking up. This will also be incorporated into the revised and refreshed online FTSU training.

Statements for the person responsible for organisational development

yes/no

I am knowledgeable about Freedom to Speak Up

Yes

We have included creating a speaking-up culture (separate from the Freedom to Speak Up guardian process) in our wider culture improvement plans

Yes

We have adapted our organisational culture so that it becomes a just and learning culture for our workers

Yes

We support our guardian(s) to make effective links with our staff networks

Yes

We use Freedom to Speak Up intelligence and data to influence our speaking-up culture

Yes

Enter summarised evidence to support your score.

- We have developed a partnership group between FTSU, Employee relations, OD/Staff experience to allow theme triangulation to inform our culture improvement plans.
- We have embedded a just a restorative approach through our policies and practice, particularly in respect of case handling, which only seeks to investigate when we have considered wider environmental factors using a Just and restorative framework as part of case triage.
- We regularly review FTSU data to inform trust-wide and divisional level improvement activities.
- We have seen an increased positive response from staff feeling safe to speak up in our annual staff survey results (2023)

High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)

Statements about how much time the guardian(s) has to carry out their role	Score 1–5 or yes/no
We have considered all relevant intelligence and data when making our decision about the amount of ringfenced time our guardian(s) has, so that they are able to follow the National Guardian’s Office guidance and universal job description and to attend network events	Yes
We have reviewed the ringfenced time our Guardian has in light of any significant events	Yes
The whole senior team or board has been in discussions about the amount of ringfenced time needed for our guardian(s)	Yes
We are confident that we have appropriate financial investment in place for the speaking-up programme and for recruiting guardians	Yes
<p data-bbox="152 794 931 826">Enter summarised evidence to support your score.</p> <ul data-bbox="206 833 1966 1056" style="list-style-type: none"> <li data-bbox="206 833 582 865">• Two full time guardians <li data-bbox="206 871 784 903">• Increase of 1 wte since October 2023 <li data-bbox="206 909 1209 941">• Externally provided and the Guardian role is their only responsibility <li data-bbox="206 948 1966 1011">• The freedom to speak up service was reviewed in summer 2023 and the Senior leadership team and Trust Board made a decision to outsource the service to an external provider to strengthen the independence of the service <li data-bbox="206 1018 1491 1050">• Recent financial investment was made to increase the number of guardians at the Trust 	
<p data-bbox="152 1117 1415 1149">High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)</p>	

Principle 3: Make sure workers know how to speak up and feel safe and encouraged to do so

Regular, clear and inspiring communication is an essential part of making a speaking-up culture a reality.

Statements about your speaking-up policy	yes/no
Our organisation's speaking-up policy reflects the 2022 update	Yes
We can evidence that our staff know how to find the speaking-up policy	Yes
Enter summarised evidence to support your score. <ul style="list-style-type: none">• Speaking up policy was reviewed and aligned to the 2022 national changes.• This policy was discussed and supported by the People and Culture Committee and the Trust Board. The policy is available on the external and internal website.	
High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)	

Statements about how speaking up is promoted	yes/no
We have used clear and effective communications to publicise our guardian(s)	Yes
We have an annual plan to raise the profile of Freedom to Speak Up	Yes
We tell positive stories about speaking up and the changes it can bring	Partially
We measure the effectiveness of our communications strategy for Freedom to Speak Up	Yes
<p data-bbox="152 485 931 520">Enter summarised evidence to support your score.</p> <ul data-bbox="206 561 1254 753" style="list-style-type: none"> • Regular ward and department walks giving a visual presence • Distribution of posters and leaflets of the FTSU service • Linked with sexual safety working group • Staff survey shows improvement to how people feel about speaking up • Increase in number of speaking up concerns received 	
<p data-bbox="152 810 1415 845">High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)</p>	
<p data-bbox="152 884 1953 951">1 - Communications strategy including video series linking in patient safety and highlighting processes for those that may suffer detriment</p>	
<p data-bbox="152 967 1191 1002">2 – incorporate 1 board story annually which is connected to speaking up</p>	

Principle 4: When someone speaks up, thank them, listen and follow up

Speaking up is not easy, so when someone does speak up, they must feel appreciated, heard and involved.

Statements about training	yes/no
We have mandated the National Guardian's Office and Health Education England training	Yes
Freedom to Speak Up features in the corporate induction as well as local team-based inductions	Yes
Our HR and OD teams measure the impact of speaking-up training	Yes
Enter summarised evidence to support your score. <ul style="list-style-type: none">• Both Guardians have completed their NGO training, been to the Midlands NGO networking event and attended the NGO conference 2024• FTSUG's attend Jnr Dr inductions• Attendance at reinstated face to face Corporate induction starting in June 2024.• All concerns raised by staff are regularly engaged with and updates/feedback is provided.	
High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)	

Statements about support for managers within teams or directorates	yes/no
We support our managers to understand that speaking up is a valuable learning opportunity and not something to be feared	Yes
All managers and senior leaders have received training on Freedom to Speak Up	Yes
We have enabled managers to respond to speaking-up matters in a timely way	Yes
We are confident that our managers are learning from speaking up and adapting their environments to ensure a safe speaking-up culture	Yes
<p data-bbox="152 560 931 595">Enter summarised evidence to support your score.</p> <ul data-bbox="203 619 1771 810" style="list-style-type: none"> • Briefings for CMG Senior Management teams completed • CMG and team leadership away days attended by FTSU Guardians and briefings given. • Agreed escalation framework in place for concerns. All “red” concerns escalated to executive team member • Supported leaders and leadership teams with how to manage concerns • FTSU Guardians regularly meet with Guardians of Safe Working to triangulate data and share intelligence 	
<p data-bbox="152 868 1413 903">High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)</p>	

Principle 5: Use speaking up as an opportunity to learn and improve

The ultimate aim of speaking up is to improve patient safety and the working environment for all NHS workers.

Statements about triangulation	yes/no
We have supported our guardian(s) to effectively identify potential areas of concern and to follow up on them	Yes
We use triangulated data to inform our overall cultural and safety improvement programmes	Yes
Enter summarised evidence to support your score. <ul style="list-style-type: none">• Monthly meeting with HR, People Services, Organisational Development and Occupational Health.• 6 weekly meetings with EDI• Monthly meetings with Director of Corporate and Legal Affairs (Executive FTSU Sponsor)• Monthly reports analysed to look at targeted areas• Quarterly reporting to People and Culture Committee and Trust Board• High Level - Triangulation analytics to be created using key data from teams.• 2 scheduled visits per annum• CEO quarterly meetings	
High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)	

Statements about learning for improvement	yes/no
We regularly identify good practice from others – for example, through self-assessment or gap analysis	Yes
We use this information to add to our Freedom to Speak Up improvement plan	Yes
We share the good practice we have generated both internally and externally to enable others to learn	Yes
<p>Enter summarised evidence to support your score.</p> <ul style="list-style-type: none"> • FTSU Guardians meet weekly with Guardians from the Guardian Service to share best practice, national reports, key learning and strategy • National reports and information from the Guardian Service shared with key contacts at UHL • FTSU Guardians attend NGO networking events to share best practice and learn from others. 	
<p>High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)</p>	
<p>1 – case studies of best practice to be shared as part of formal reporting through committee and to Board</p>	

Principle 6: Support guardians to fulfil their role in a way that meets workers' needs and National Guardian's Office requirements

Statements about how our guardian(s) was appointed	yes/no
Our guardian(s) was appointed in a fair and transparent way	Yes
Our guardian(s) has been trained and registered with the National Guardian Office	Yes
<p>Enter summarised evidence to support your score.</p> <ul style="list-style-type: none"> • Both FTSU Guardians have completed their NGO training. • Both Guardians were interviewed along with 3 other candidates after applying for the role of FTSU Guardian through an external employment agency. 	
<p>High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)</p>	

Statements about the way we support our guardian(s)	yes/no
Our guardian(s) has performance and development objectives in place	Yes
Our guardian(s) receives sufficient one-to-one support from the senior lead and other relevant executives or senior leaders	Yes
Our guardian(s) has access to a confidential source of emotional support or supervision	Yes
There is an effective plan in place to cover the guardian's absence	Yes
Our guardian(s) provides data quarterly to the National Guardian's Office	Yes
<p data-bbox="152 576 931 611">Enter summarised evidence to support your score.</p> <ul data-bbox="203 616 2069 842" style="list-style-type: none"> <li data-bbox="203 616 1715 651">• Both Guardians have weekly 1 to 1 check ins with their operations manager from the Guardians Service <li data-bbox="203 655 2069 727">• Both Guardians have performance management targets set by the Guardian service and at their recent reviews both received an excellent gradings <li data-bbox="203 732 1402 767">• Both Guardians have access to a psychologist as and when they feel they need it <li data-bbox="203 772 1709 807">• Guardian absence is covered by the Guardian service to ensure there are always 2 Guardians for UHL. <li data-bbox="203 812 1077 847">• Our Guardian's uploaded their quarterly data early in 2024 	
<p data-bbox="152 900 1413 935">High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)</p>	

Statements about our speaking up process	yes/no
Our speaking-up case-handling procedures are documented	Yes
We have engaged with managers and other key stakeholders on the role they play in handling speaking-up cases	Yes
We are assured that confidentiality is maintained effectively	Yes
We ensure that speaking-up cases are progressed in a timely manner within the teams or directorates we are responsible for	Yes
We are confident that if people speak up within the teams or directorates we are responsible for, they will have a consistently positive experience	Yes
<p data-bbox="152 651 931 687">Enter summarised evidence to support your score.</p> <ul data-bbox="203 691 1794 842" style="list-style-type: none"> <li data-bbox="203 691 1352 727">• We have RAG related agreed time scales for all categories of concerns raised <li data-bbox="203 730 517 767">• Feedback surveys <li data-bbox="203 770 1794 807">• Communications via emails / telephone and in person with Executive Team and wider senior leadership team <li data-bbox="203 810 1039 847">• Confidentiality policy in place with the Guardian Service 	
<p data-bbox="152 884 1413 920">High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)</p>	

Principle 7: Identify and tackle barriers to speaking up

However strong an organisation's speaking-up culture, there will always be some barriers to speaking up, whether organisation wide or in small pockets. Finding and addressing them is an ongoing process.

Statements about barriers	yes/no
We have identified the barriers that exist for people in our organisation	Yes
We know who isn't speaking up and why	Partially
We are confident that our Freedom to Speak Up champions are clear on their role	N/A
We have evaluated the impact of actions taken to reduce barriers?	Yes
<p>Enter summarised evidence to support your score.</p> <ul style="list-style-type: none"> Improved barriers around independency of the service and now have 24/7 access to a FTSU Guardians 	
High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)	
<p>1 – Work is already underway to improve the data we capture in relation to the experiences of those who speak up. Broader monitoring information is being collected to understand the protected characteristics and ethnicity of individuals and their experience. The reporting of outcomes data will also be strengthened. This will be reported and triangulated through committees and Board</p>	

Statements about detriment	yes/no
We have carried out work to understand what detriment for speaking up looks and feels like	Yes
We monitor whether workers feel they have suffered detriment after they have spoken up	Partially
We are confident that we have a robust process in place for looking into instances where a worker has felt they have suffered detriment	Yes
Our non-executive director for Freedom to Speak Up is involved in overseeing how allegations of detriment are reviewed	Yes
<p>Enter summarised evidence to support your score.</p> <ul style="list-style-type: none"> • Our policy defines how we will investigate detriment/suspected detriment as a result of speaking up • Where detriment occurs we will ensure the NED FTSU champion has oversight of this • We analyse staff survey data to assess if people have experienced detriment • Follow up conversations on closed cases by the FTSU Guardians assesses any detriment • Suspected/actual detriment is escalated from FTSU Guardians to Director of Corporate and Legal Affairs 	
<p>High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)</p>	
<p>1 – See action under Principal 2 regarding detriment</p>	

Principle 8: Continually improve our speaking up culture

Building a speaking-up culture requires continuous improvement. Two key documents will help you plan and assess your progress: the improvement strategy and the improvement and delivery plan.

Statements about your speaking-up strategy	yes/no
We can evidence that we have a comprehensive and up-to-date strategy to improve the speaking-up culture	Yes
We are confident that the Freedom to Speak Up improvement strategy fits with our organisation's overall cultural improvement strategy and that it supports the delivery of related strategies	Yes
We routinely evaluate the Freedom To Speak Up strategy, using a range of qualitative and quantitative measures, and provide updates to our organisation	Partially
Our improvement plan is up to date and on track	Yes
<p>Enter summarised evidence to support your score.</p> <ul style="list-style-type: none"> • Speaking up culture is incorporated into the Trust Strategy • New values and behaviours framework being embedded • Building and inclusive culture where people feel able to speak up 	
High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)	
1 – formally write improvement plan and report through committee and Board	

Statements about evaluating speaking-up arrangements	yes/no
We have a plan in place to measure whether there is an improvement in how safe and confident people feel to speak up	Yes
Our plan follows a recognised 'plan, do, study, act' or other quality improvement approach	Yes
Our speaking-up arrangements have been evaluated within the last two years	Yes
<p data-bbox="152 469 931 504">Enter summarised evidence to support your score.</p> <ul data-bbox="203 509 2029 730" style="list-style-type: none"> <li data-bbox="203 509 763 544">• Analysis of data carried out monthly <li data-bbox="203 549 775 584">• Seeing less anonymous speaking up <li data-bbox="203 588 2029 655">• Staff survey free text comments reflect out people feel about speaking up. Still more improvement but this gives us a sense of how it feels <li data-bbox="203 660 1991 730">• We have reviewed the service within the last 12months. A further review will take place late Summer to assess the external provision of this service 	
<p data-bbox="152 793 1413 828">High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)</p>	

Statements about assurance	Score 1–5 or yes/no
We have supported our guardian(s) to structure their report in a way that provides us with the assurance we need	Yes
We have we evaluated the content of our guardian report against the suggestions in the guide	Yes
Our guardian(s) provides us with a report in person at least twice a year	Yes
We receive a variety of assurance that relates to speaking up	Yes
We seek and receive assurance from the relevant executives/senior leaders that speaking up results in learning and improvement	Yes
<p data-bbox="152 635 931 667">Enter summarised evidence to support your score.</p> <ul data-bbox="206 711 1240 785" style="list-style-type: none"> <li data-bbox="206 711 922 743">• Monthly reporting shared to all Executive Team <li data-bbox="206 750 1240 785">• Quarterly reporting to People and Culture Committee and Trust Board 	
<p data-bbox="152 842 1415 874">High-level actions needed to bring about improvement (focus on scores 1, 2 and 3)</p>	
<p data-bbox="152 912 1370 944">1 – Agree learning and improvement metrics and report through committee and board</p>	
<p data-bbox="152 960 174 992">2</p>	

Stage 2: Summarise your high-level development actions for the next 6 – 24 months

Development areas to address in the next 6–12 months	Target date	Action owner
1 - Conduct annual review of the service to ensure it is being delivered to meet our workforce needs. This will incorporate a qualitative review from the staff survey results	Sept 2024	Director of Corporate and Legal Affairs
2 – Board Development session on Culture	December 2024	Chief People Officer and Director of Corporate and Legal Affairs
3 - Communication to wider organisation on our zero tolerance of detriment as a result of speaking up. This will also be incorporated into the revised and refreshed online FTSU training.	June 2024	Director of Corporate and Legal Affairs
4 - Communications strategy including video series linking in patient safety and highlighting processes for those that may suffer detriment	June 2024	FTSU Guardians
5 - incorporate 1 board story annually which is connected to speaking up	October 2024	Director of Communications and Engagement
6 - case studies of best practice to be shared as part of formal reporting through committee and to Board	June 2024	FTSU Guardians
7 - Work is already underway to improve the data we capture in relation to the experiences of those who speak up. Broader monitoring information is being collected to understand the protected characteristics and ethnicity of individuals and their experience. The reporting of outcomes data will also be strengthened. This will be reported and triangulated through committees and Board	March 2025	Director of Corporate and Legal Affairs and FTSU Guardians
8 - formally write improvement plan and report through committee and Board	September 2024	Director of Corporate and

		Legal Affairs and FTSU Guardians
9 - Agree learning and improvement metrics and report through committee and board	September 2024	Director of Corporate and Legal Affairs and FTSU Guardians

