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DEVELOPING A PATIENT SAFETY CULTURE THROUGH FREEDOM TO SPEAK UP

ROtherham, doncaster and south humber NHS Foundation Trust

Overview

Rotherham, Doncaster and South Humber NHS Foundation Trust (RDaSH) has done a significant amount of work to adopt measures which enable and empower staff to speak up about issues that concern them, taking into account equality, diversity and inclusion.

Work led by its Freedom to Speak Up (FTSU) guardian over the last three years has focused on developing partnerships with board members and other parts of the organisation, with a view to enhancing the organisation’s patient safety culture.

This has included connecting with neighbouring trusts to share processes and learning to understand barriers to speaking up and adopting good practice. Taking such an integrated approach will be essential to help them meet the visions of the National Guardian’s office and priorities outlined within the NHS People Plan.

Key benefits and outcomes

1. Clear escalation systems ensure that FTSU concerns are appropriately shared within hours of receipt to ensure rapid action and risk triangulation with patient and other safety measures.
2. Reporting systems are regularly reviewed with engagement from the board, care teams and staff to ensure continual service improvement which is responsive to cultural changes within the organisation.
3. Connecting and sharing processes with other neighbouring trust leads on FTSU has meant learning and good practice has been embedded with a view to making systematic improvements to patient care internally and outside our organisational boundaries.

4. Taking an integrated approach has led to the trust seeing an improvement in its Care Quality Commission (CQC) rating which has shifted from ‘requires improvement’ to ‘good’.

What the organisation faced

Following the Mid Staffordshire enquiry and the subsequent publications, NHS trusts were challenged with taking up a guardianship approach to making improvements to their local policies and protocols, to ensure staff felt confident and competent to raise concerns as part of the NHS Standard Contract. RDaSH was one of the early implementers of this approach, not only did this mean the trust was able to share valuable learning with other organisations as part of the FTSU movement, but it was also able to embed the core FTSU principles as part of a large-scale reorganisation in order to improve staff engagement and safety.

At this time, the organisational focus was not only on internal improvement, but also on establishing enhanced patient pathways from a multi-provider perspective, which was essential for them to meet the challenges in developing the sustainability and transformation partnerships and integrated care systems. Having led the way in taking such an approach, the RDaSH guardian was asked to chair the newly formed Yorkshire and Humber Regional Network and also engaged with the National Guardian Office in order to inform FTSU developments and in supporting greater joined-up working.

What the organisation did

The organisation carried out a significant piece of work to ensure inclusivity in its FTSU offer to staff. This focused on developing the culture within the organisation and the trust, working closely with FTSU leads in neighbouring trusts to share learning and good practice. It is using this to drive systematic improvements to patient safety outside its traditional organisational boundaries.

The work has been led by its local FTSU team which comprises of a lead guardian, a deputy, a director/non-exec director for FTSU, and the chief executive. The trust also introduced a new advocate role. There are 15 advocates within the FTSU team from a diverse skill mix, seniority and geographical location, to ensure visibility and easy access to support for staff across departments and sites.

In addition to developing these new roles, RDaSH restructured existing teams in response to feedback from FTSU leads in other organisations, which found that without the necessary infrastructure in place, the advocate role could often feel isolated and insufficient time was given to investigating concerns which limited the action that could be taken.
The trust has established a range of routes that staff can take to speak up about issues that concern them. This includes speaking to line managers and clinical leads as the first port of call but where this is not possible, making sure staff know how to raise issues with the FTSU team, staff-side representatives, safeguarding team, spiritual support and the health, wellbeing and security support teams.

In addition, there are also digital routes for staff to raise issues, including an anonymous `speak up button’ on the staff intranet, text, email or through social media. This collective approach has been critical in enabling the early detection and escalation of issues and in ensuring consistency in the approach and ease of access to support provided to staff.

Once a concern is raised, it is appropriately and confidentially shared with relevant teams or members of staff within hours of receipt to ensure rapid action and risk triangulation with other patient and staff safety measures. This occurs through a `no surprises’ confidential communications system agreed by the senior FTSU team. Following this, a personalised plan is agreed to manage the concern, co-produced where possible with those who raised the concern. The FTSU guardian provides support to individuals and teams until the point where mutual agreement to close the concern is reached, providing regular updates and supportive monitoring to ensure that concerns are managed in a timely manner.

New starters are provided with information about the trust’s commitment to FTSU by the chief executive as part of the corporate induction. Further targeted induction sessions are led by the FTSU guardian team for staff groups that may be considered more vulnerable because of the nature of their terms of contract/arrangements, such as junior doctors, student nurses, bank workers and volunteers.

The organisation has developed targeted diversity networks, where people who may find it challenging to speak up and may be more susceptible to be excluded can speak up about things that are not going well and require improvement in the organisation. Current networks include a Black Asian and Minority Ethnic (BAME) network; Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) network and a Disability Network. The networks provide valuable insights and positively contribute to practical developments to the organisation’s FTSU culture.

In addition, FTSU features highly in any health and safety discussions as part of assurance site visits led by non-executive directors (NEDs). The NED responsible for FTSU also conducts random case audits to gain assurance and provides feedback through the board of directors’ meetings.
The trust has also established an Improvement Culture Ambassadors Network (I-CAN). After speaking up, staff are offered the opportunity to become an ambassador of the network with the aim of using their experience and learning to drive improvements to patient safety and resolving issues.

The trust also holds regular face-to-face ‘cultural conversations’ which are open to all staff to enable open conversations about what needs to improve and to identify solutions to drive change.

In addition to staff engagement, the trust provides FTSU presentations to patients and the public through ‘Listen to Learn’ networks, to continue to share learning and co-produce change.

The FTSU guardian also presents at the Regional Social Care Partnership on the value of ‘speaking up’. Additionally, the guardian supports the NHS Leadership Academy by presenting to all new regional graduate management trainees to discuss their FTSU obligations as future NHS leaders.

**Results and benefits**

Adopting and implementing FTSU has yielded a number of benefits for patients, staff and also joint working.

When considering individual concerns, benefits have included earlier resolution, a reduction in the use of formal processes such as grievance and bullying and harassment processes, and individuals increasingly using mediation and other solution-focused methods.

From an organisational perspective, earlier incident reporting concerning patient safety has increased by 42 per cent over the past 18 months. There has also been a reduction in patient complaints, and an increase in the use of the Patient Advice and Liaison Service (PALS).

FTSU cases which involve several providers have not only been addressed collectively but learning has been shared across the system. Through the development of regional guardian meetings, peer support and also informal education sessions, skills sharing has been encouraged and development of people has been provided in a cost-effective manner, encouraging partnership working.

**Overcoming obstacles and defining solutions**

A small number of obstacles have been encountered internally but also across ‘place based’ systems within this FTSU journey.

Embedding FTSU into organisational culture was a key challenge. The trust hosted a number of targeted events with a view to linking discussions to other parts of core business, such as forging links across workplace wellbeing on key dates such as World Mental Health Day and placing it at the forefront of corporate induction processes to emphasise how FTSU is an essential part of safeguarding measures within the trust and reporting of issues is everyone’s business.

Internal obstacles have related to ‘spread’ and ‘value’. In terms of spread, challenges were faced earlier in the FTSU journey related to the adoption of FTSU by all staff rather than focussing upon FTSU being the responsibility of a team. This was addressed via education and communication.
Through repeated messages being provided within all different types of training and all strategic communications, it ensured FTSU became the ‘golden thread’ for patient safety and staff wellbeing.

Showing staff the value of FTSU and enabling them to understand its benefits has been a long-term result, helped by staff seeing concerns being resolved. Staff who have been supported to speak up have vocalised the value and staff networks have contributed to these improvements.

By publicising the benefits from an individual and team perspective of people ‘speaking up’, it has supported the confidence of others to ‘speak up’. This has been evidenced through feedback, which is obtained and analysed after each case has been closed. Through the support of the implementation of diversity networks, RDaSH has started to create a culture of inclusivity and demonstrate to staff, service users, relatives and carers that RDaSH treats everyone with respect and dignity and values who they are and their contribution.

Externally, the trust found challenges with the pace at which other organisations adopted guardian roles and when working with organisations where guardianship is not a requirement, such as social care providers, private providers, voluntary agencies. These obstacles have been overcome through meetings with other providers and agencies, by exploring support and focusing upon the benefits of joint working and resolution. No organisation declined to participate in FTSU processes focused upon improving patient, staff and joint provider experience.

A final obstacle encountered, was gaining the support of others, such as individual guardians and NHS trusts. RDaSH shared resources and good practice and enabled peer support in other organisations. Guardians were encouraged to share experiences and ways of working with other organisations to promote cross-system support and growth. Positive feedback has been received from trusts and senior leadership teams when this discreet support has been provided.

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Takeaway Tips

- Understand that a positive FTSU culture can only evolve if all workers, not just a select few, understand their roles and responsibilities in encouraging people to speak up.
- Getting executive buy-in and visible sponsorship in each directorate are critical to help implement a cultural change.
- FTSU achievements need to be sensitively conveyed and celebrated to help create a safe space for staff to speak up and feedback their experience.
- FTSU messages should make it clear the importance of patients and staff feeling that they have permission and opportunity to engage with making positive change.
- It is important that leaders at all levels adopt an appreciative enquiry approach which is supportive of listening to and conveying difficult messages.
- Keep the person raising a concern informed at all stages of the process, making sure they are aware of the full range of wellbeing services available to them.
- Ensure there are mechanisms for all voices to be heard, regardless of their grade, seniority, type of contractual agreement, profession or any protected characteristics.
- Do not restrict FTSU learning to your organisation, approach FTSU guardians in other neighbouring organisations. If other organisations don’t have a FTSU approach, describe what it is to encourage collective analysis and co-design for resolution. This will benefit the whole system and ensure better patient and worker experience.

Further information

For more information about the work in this case study, contact Dr Judith Graham, deputy director for organisational learning and development and Freedom to Speak Up guardian, Rotherham, Doncaster and South Humber NHS Foundation Trust; judith.graham3@nhs.net