

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Report Title	Committee Supporting Papers	Agenda Item	Paper V
Sponsoring Executive	Kathryn Lavery, Chair		
Report Author	Various		
Meeting	Board of Directors	Date	28 November 2024
Suggested discussion points (two or three issues for the meeting to focus on)			
<p>The following reports, received and discussed by the Quality Committee (QC) and People & Organisational Development (POD) Committee are presented today to be noted by the Board of Directors.</p> <p>Mortality 6 Monthly Report – The QC were partially assured that the organisation is fully sighted on learning from deaths due to the continued backlog of Structured Judgement Reviews (SJRs) due to capacity in the team and the subsequent impact on compliance with the learning from deaths policy.</p> <p>Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) Annual Report 2024 – The POD Committee was assured and noted the recommendations made in both reports.</p> <p>Guardian of Safe Working Hours – The POD Committee was assured that appropriate systems and processes are in place to ensure safe working hours and compliance with regulatory requirements for our trainee doctors.</p> <p>Freedom to Speak Up (FTSU) Biannual update – The POD Committee was assured that there were appropriate FTSU arrangements in place, the actions taken regarding Concern management monitoring arrangements.</p>			
Alignment to strategic objectives (indicate with an 'x' which objectives this paper supports)			
Business as usual			x
Previous consideration			
The documents have been presented to the Quality Committee (20 November 2024) and People & Organisational Development Committee (16 October 2024).			
Recommendation			
The Board of Directors is asked to:			
x	CONSIDER and note the appended reports for information		
Impact			
Trust Risk Register		MP 16/24, MP 14/24	
Strategic Delivery Risks			
System / Place impact			
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
Appendix (please list)			
Refer to Agenda Pack B			

MORTALITY REPORT – QUALITY COMMITTEE 6 Monthly Report

(Data Focus Quarter 2 April – September 2024)
November 2024

1. Situation

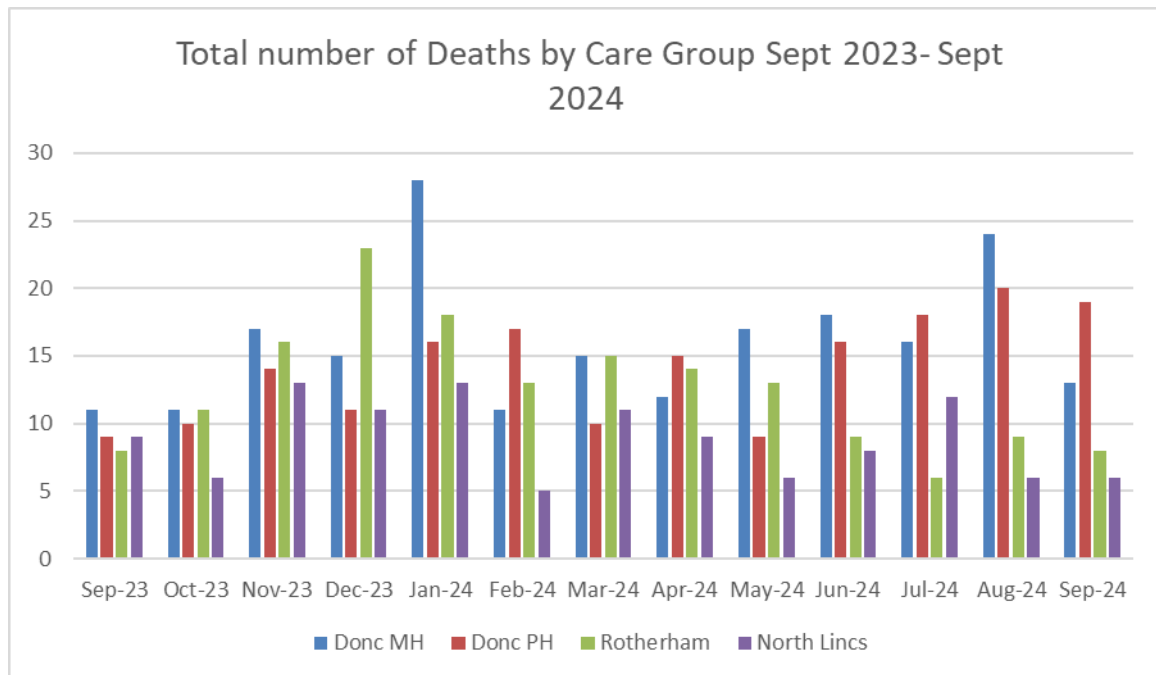
The Executive Medical Director or nominated deputy chairs the bimonthly Preventing and Learning from Future Deaths Group, (PLFD). The group also now incorporates Resuscitation Governance. A report is then provided to the Quality Committee(QC) and forms part of the Executive Medical Directors Quarterly Report to the Board of Directors (Public)

2. Background

This report provides the Quality Committee with salient features and issues in relation to mortality surveillance management with a focus on data Quarter 2 (July to September 2024). During this period none of the meetings were quorate.

3. Assessment

3.1 Mortality reporting and management



During January 2024 there was an increase in the deaths within the Doncaster mental health care group. A further peak in August 2024. It is not known of any contributing factors for this occurrence.

3.2 Mortality Operational Group, (MOG), and the Structured Judgement Review(SJR) Process

Deaths are reported and reviewed by the Mortality Operational Group (MOG) on a weekly basis.

MOG then reports to the bimonthly Preventing and Learning from Future Deaths Group, and in line with the requirements from the Learning from Deaths policy.

MOG is chaired by the Medical Lead for Mortality, currently a consultant psychiatrist who chairs the weekly meetings.

MOG reviews the mortality information of all in scope deaths that have occurred within the organisation and to determine if a Structured Judgement Review (SJR) is required. MOG also reviews and signs off completed Structured Judgement Reviews.

Any immediate concerns during the reviews are escalated to the Patient Safety Investigation Team (PSIT) for triage and to determine the level of investigation under PSIRF.

If any 'red flags' are identified during the review of the mortality form, the death is automatically escalated to a Structured Judgement Review, (SJR).

Below is a table which provides information on the number of deaths since April 2024 that have been reviewed by MOG.

2024	Number of deaths reviewed by MOG	Numbers escalated for further triage & investigation	Number of SJR indicated during the month	Number of SJRs completed	Number of SJRs escalated for further investigation	Number of SJR's reviewed where death was due to a problem in care
April 2024	50	1	3	0	0	0
May 2024	45	1	7	0	0	0
June 2024	51	0	3	0	0	0
July 2024	52	1	2	0	0	0
Aug 2024	59	6	4	0	0	0
Sept 2024	46	3	3	0	0	0
Total	303	12	22	0	0	0

Due to a staff absence in the Mortality team, there have been no SJRs reviewed during this quarter 2 period.

3.2 Mortality Reporting

In May 2024, the Deputy Director of Organisational Learning and Inquests resigned from the Trust and the SJR reviewers since this time have supported both the coroner and mortality work.

From the end of August 2024, one SJR reviewer has been on long term leave

As a result of this the numbers of outstanding SJR's, up to the end of September waiting to be reviewed has risen to 104.

3.3 Monitoring and Audit

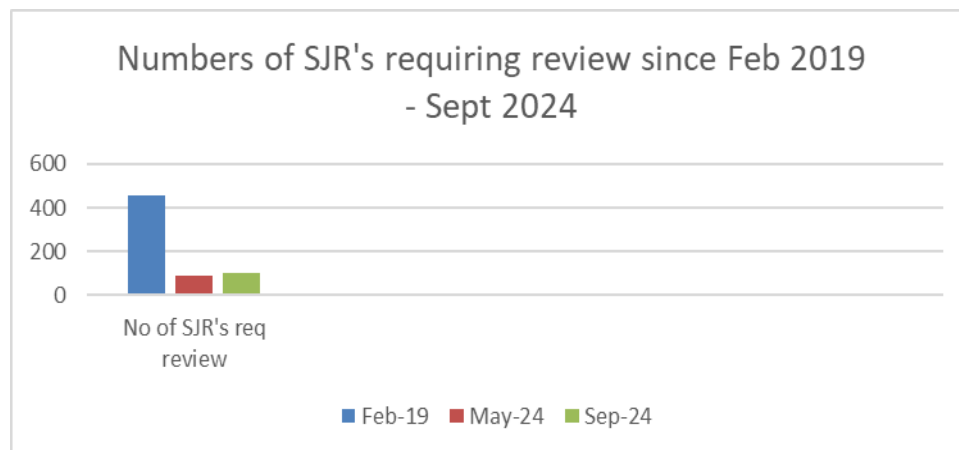
Structured Judgement Reviews -

The graph below shows figures dating back to Feb 2019 where there were 457 outstanding SJR's which required a review to be completed.

Due to these numbers, from Aug 2022 1 x full time Structured Judgement Reviewer and from Jan 2023 a second SJR reviewer were employed to support mortality.

May 2024 the number of SJR's which still required a review had fallen to 86.

However up to the end of September 2024 the number has increased to 104. This has been as a direct result of the staff changes and absence within the mortality team.



3.4 Learning from Deaths –

Patient 1

Death of a 90-year-old lady who resided in a care home and had contact with the Enhanced Care and Home First Team due to multiple concerns associated with comorbidities and high falls risk.

This lady suffered an unwitnessed fall whilst at the care home which after further investigation at the acute hospital it was identified that she had suffered significant head and facial injuries. The lady passed away eight days later following admission to hospital.

This case was heard at inquest with witnesses called from RDaSH and other organisations .

The care team from RDaSH had already identified particular areas of learning prior to the inquest which satisfied the coroner around a point of learning.

There had been a delay in a referral to orthotics for a head guard, however when the totality of the evidence and the process involved in the supply of such equipment was reviewed the delay would not have caused or contributed to the lady's death.

The coroner provided a narrative conclusion.

Concern	What has been done?
The time and process for ordering head helmets for patients with a known high-risk falls	The allied health professionals working in the team are now involved in the initial triage of all new patients. Any new patients now referred and accepted to the team with concerns relating to

	high-risk falls, a referral is made at this point to orthotics enabling the process for identified equipment to start immediately.
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4. Regulation 28 issued to the Trust.

In September following an inquest where the coroner concluded the death of a lady over the age of 65 to be death by suicide, the Trust was issued with a Regulation 28 .

It was the coroners opinion that consideration be given to the following points.-

1. A review of Crisis provision as a whole.
2. Review of crisis services for those aged over 65 years
3. Consideration of the accuracy of information disseminated to general practitioners so they are clear as to the nature and extent of any support services available to patients via the organisation
4. If the Trust considers any changes are necessary to bridge the gap with regard to crisis support availability for those over 65, consideration of any stakeholders, such as 101, you find should be notified of any change in services available.

The Chief Executive for the Trust responded to the coroner on the 31.10.2024 setting out plans to address the issues raised.

Inconsistencies have been acknowledged for the arrangements of accepting crisis referrals for older people across the Trust.

On the 7th of November, a new operating protocol will be issued with immediate effect for clinical teams working in this specific area of care.

Within the guidance protocol it will be specified to that crisis presentations should be assessed regardless of age or time of day. This will align services throughout all three localities of the Trust,

Throughout November the information will be disseminated across services including primary care leadership meetings, triage Single Point of Access and NHS 111.

The Trust is also introducing DIALOG/DIALOG+ which will replace the Care Programme Approach. This is to support a more accessible shared language across the primary / secondary care interface.

Audits will offer the opportunity to both measure and monitor the effectiveness of these changes .

Regulation 28 summary position

Date of regulation 28	Concerns	Agreed actions and progress
5.9.2024	No adequate systems in place for providing crisis support to patients over the age of 65 GPs providing contact information for services that patients may not be able to access	Crisis team protocol will make clear to teams that crisis presentations should be assessed by the Crisis team regardless of age or time of day This will be communicated to RDaSH teams and also local GPs
Date of response 31.10.2024		

Date of regulation 28	Concerns	Agreed actions and progress
5.10.2023	No effective follow up in relation to cessation of antipsychotic medication Failure to work with a drug and alcohol service around checking on patient wellbeing and unavailability	Review of current disengagement policy with a focus on it becoming an engagement policy
Date of response 28.11.2023		Making use of an electronic tracking system to ensure staff have read relevant policies Introduction of staff app to allow dissemination of information – launched December 2023 Introduction of learning half-days to allow dissemination of information – launched September 2024

5 Regional Changes

New medical examiners system.

The new statutory medical examiner system was introduced on the 9th of September 2024 across England and Wales. This was to provide independent scrutiny of deaths and to give bereaved people a voice.

From the 9th of September a medical examiner review become statutory for all non-coronial deaths.

The registration of a death cannot be done until the medical examiner review has been completed.

Within both Doncaster and Bassetlaw ICB's there has been 100% scrutiny of all non-acute deaths since October 2023.

Changes were also introduced for the Attending Practitioner Medical Certification of Cause of Death ,(MCCD) and as part of the new legislation any doctor attending the deceased during their lifetime is eligible to complete the new MCCD in line with international standards.

Medical Certification books were ordered and delivered to all three localities within the Trust in readiness for the changes. The introduction of the changes was promoted through the Trust comms department over the weeks leading up to the 9th of September.

Continued communication and support has been regularly provided from the Chief Medical Examiner along with the offer to provide further information to new medical trainee staff within the Trust.



**Rotherham Doncaster
and South Humber**
NHS Foundation Trust

NHS Workforce Race Equality Standard (WRES)

Annual Report 2024

Prepared by: Shirley Kirkland
Equality, Diversity and Inclusion Lead

CONTENTS

1. Executive Summary	3
2. Background	3
3. WRES in 2023/24	5
4. Consultation	9
5. Conclusion	10
6. Recommendations	11
Appendix 1 - WRES Data Analysis	12

1. Executive Summary

This report provides an overview of the work required for Rotherham Doncaster & South Humber NHS Trust (RDaSH) to meet its contractual requirements of the Workforce Race Equality Standard (WRES) which is required to be submitted by 30 October 2024. The WRES explores 9 Metrics by gathering data from the Electronic Staff Records (ESR), recruitment, disciplinary and training data sets and the NHS national staff survey as of 31 March 2024.

The report provides a detailed analysis of the 2024 data for RDaSH for all metrics over the past three years. The report highlights our key areas of focus in the action plan, which is co-produced by the REaCH Network/Anti-Racism Alliance. Our over-arching commitment is to increase the diversity of our workforce and improve the experience of Black Minority Ethnic (BME) colleagues across the employee life cycle.

A comparison of the 2023 and 2024 WRES data has reflected areas of improvement within RDaSH, however there is still work to do. There has been a deterioration in some areas of the NHS staff survey in particular the area of Bullying and Harassment.

The Trust vision is set out in the 28 Strategic Promises. **Promise 26 - Become an anti-racist organisation by 2025**, sets out the organisational commitment to eradicating racism and discrimination and positively promoting inclusion.

The key areas of work to deliver Promise 26:

- Inclusive recruitment and de biasing the process
- Become an actively Anti-racist organisation
- Achieve Accreditation
- Nurturing and developing diverse Talent.

2. Background

It is a mandatory requirement for the organisation to assess its performance against the Workforce Race Equality Standard (WRES). Each organisation must undertake this evaluation against the 9 Metrics on an annual basis on the 31 March and following the analysis of performance, develop and publish an action plan within the NHS mandated

timelines.

The WRES has been designed to improve the representation and experience of black and minority ethnic BME* colleagues at all levels of the organisation but particularly within senior management. (*important to note that RDaSH we have adopted the language Global Majority colleagues but for the purpose of this report the language used is BME).

The Equality Act and the Public Sector Equality Duty provides a legislative framework to ensure that people with a protected characteristic are not less favorably treated than those without and ensure that conditions to address this imbalance are put in place.

The data illustrates that our BME colleagues continue to be impacted, which results in the talent and resources of existing colleagues being under-utilized. This is wasteful and perpetuates inequalities throughout the individual's work and life experience. The Trust has a duty under The Equality Act 2010 to:

- eliminate discrimination
- advance equality of opportunity
- foster good relations between different people when carrying out their activities.

Discrimination has an emotional cost to the individual impacting on their health and wellbeing, work, home life and potentially career progression. This discrimination puts the organisation under strain, damages patient care, damages reputation, impacts upon staff turnover, absenteeism and creates additional strain on colleagues and can impact on agency costs. The victim could make a case against the organisation which is costly in terms of time, resources, money and reputation.

A strong and relentless focus on Race Equality will position RDaSH as an employer of choice and ensure that the workforce is fully supported, developed and able to deliver the best possible care for our patients and people using our services.

The Clinical leadership Executive is asked to note the position, approve the WRES Annual Report and continue to lead the Race Equality work to move at pace to deliver systemic and sustainable culture change.

3. WRES in 2023/24

Metric 1 – Percentage of BME Colleagues in the workforce broken down by AFC band

Important note: For all Metrics we have highlighted both positive (green) and negative (red) trends that are statistically significant +/- .3%. Anything below .3% is considered static and highlighted in yellow.

2022 Total BME	2023 Total BME	2024
Nonclinical BME Bands 1-4 = 2.0% Bands 5-7 = 4.7% Bands 8a – 8b = 7.1% 8c – VSM = 0%	Nonclinical BME Bands 1-4 = 2.4% Bands 5-7 = 6.2% Bands 8a – 8b = 5.1% 8c – VSM = 8.3%	Nonclinical BME Bands 1-4 = 2.7% Bands 5-7 = 6.8% Bands 8a – 8b = 3.3% 8c - VSM = 5.3%
Clinical Bands 1-4 = 5.6% Bands 5-7 = 6.8% Bands 8a – 8b = 6.9% Bands 8c – VSM = 4.3% M&D Consultants = 50% M&D Career Grades = 46% M&D Trainee Grades = 33%	Clinical Bands 1-4 = 6.5% Bands 5-7 = 8.7% Bands 8a – 8b = 4.3% Bands 8c – VSM = 4.0% M&D Consultants = 44% M&D Career Grades = 38.5% M&D Trainee Grades = 20%	Clinical Bands 1-4 = 5.8% Bands 5-7 = 10.9% Bands 8a – 8b = 5.8% Bands 8c – VSM = 3.7% M&D Consultants = 50% M&D Career Grades = 46% M&D Trainee Grades = 43%

There has been an improvement of BME representation across the Trust and a slight increase in BME representation in clinical Bands 5 – 7 which is attributed to the success of the International Nurse Recruitment programme.

- We have seen a slight improvement with non-clinical colleagues with bands 1 – 4 and 5 – 7. There has been a decline in representation at Bands 8a – 8b and 8c – VSM.
- There is an improvement in BME representation in the Bands 5 -7, Bands 8a – 8b and Medical and Medical and Dental Consultants , Career and trainee grades. For clinical colleagues bands 1 – 4 and 8c – VSM there has been a decline.







The workforce and recruitment teams are delivering a widening access and participation workstream, through creative ways of recruiting within our communities, which supports the organisational strategy of 'Nurturing the Power of our Communities'. This work targets bands 2 - 4. Access workshops, apprenticeship scenes, job fairs, refugee events, care leaver events, community events, e.g. Pride at Doncaster and Scunthorpe, Annual Members Meeting have all helped in this area.

Metric 2 – relative likelihood of white applicants being appointed from short listing across all posts compared to BME applicants.

We have seen a positive improvement with this metric and continue to actively focus on an organisational wide approach to Inclusive recruitment through the Recruitment and Retention workstream as part of the People Promise exemplar work.


- Metrics 2, 3 and 4 relate to recruitment, formal disciplinary action, and training and considers the relative likelihood of BME colleagues compared to white colleagues to be in such situations. Where any score above 1.25 is significant and in practice this means it adversely impacts on our BME colleagues. Any score below 0.8 shows an adverse impact on white colleagues.
- This Metric continues to improve with a greater number of BME candidates being appointed from shortlisting. Work is ongoing as part of our priorities and this metric is under constant review, this will drive any future initiatives.

Metric 3 – relative likelihood of BME colleagues entering the formal disciplinary process compared to white colleagues.

2022 Total White	2023 Total White	2024 Total White
0.90 	0.83 	0.71 
2022 Total BME	2023 Total BME	2024 Total BME
0.99 	0.00 	0.00 

- We have seen a positive decrease in the relative likelihood of BME colleagues entering the formal disciplinary process since 2022 to 2024. The continued use and adoption of the principles of Just Restorative and Learning Culture that this will continue to help to take a fair and just approach to formal disciplinary processes.







Metric 4 – relative likelihood of BME colleagues accessing non-mandatory training and CPD compared to white colleagues

2022		2023		2024	
Total BME		Total BME		Total BME	
1.04		1.12		1.02	

- Further work on this metric is required however the implementation of the Learning Half Days will create space to facilitate colleagues to attend non-mandatory training and development opportunities.

Metrics 5 - 8 are taken from the NHS Staff Survey which are reported on the annual dataset each year 31 March, for these metrics it must be noted that the data is collected from the previous year 2023.







Metric 5 - Percentage of colleagues experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months

2022 (2021 Staff Survey)		2023 (2022 Staff Survey)		2024 (2023 Staff Survey)	
BME	White	BME	White	BME	White
26.7% 	21.8% 	26.85% 	20.24% 	28.79% 	17.45% 

- There is a slight increase for our BME colleagues experiencing harassment, bullying or abuse from patients, relatives or the public in the past 12 months which is reflected in the Staff Survey results. Although the increase is slight, this issue is significant and requires action to address it. We are aware of an increasing number of incidents taking place that are being reported via the Incident Report system however there is still an issue of under reporting. Work continues through the Freedom to Speak Up, Inclusion Networks and Anti-racism Alliance to encourage and support BME colleagues to continue to report such incidences.
- The adoption and implementation of the Unacceptable behaviour policy gives colleagues and managers a comprehensive guide on how to deal with unacceptable behaviour.







- The Trust takes a clear stance that it will not tolerate discriminatory behaviour towards colleagues.
- The Trust actively encourages colleagues to share their experiences to ensure voices are heard and amplified across the organisation through inclusion networks and forums.

Metric 6 – Percentage of colleagues experiencing harassment, bullying or abuse from colleagues in the last 12 months.

2022 (2021 Staff Survey)		2023 (2022 Staff Survey)		2024 (2023 Staff Survey)	
BME	White	BME	White	BME	White
22.5% 	14.7% 	19.4% 	13.0% 	25.37% 	14.08% 

- This metric highlights a real cause for concern as the staff survey results indicate a 5.97% increase of colleague-on-colleague bullying and harassment.
- Actions to address this continue through team development, education and awareness sessions including Civility and Respect, Compassion Circles and Community of Practice events.
- Active Bystander training is a key strand within the leadership development programmes within RDaSH.
- Race Circles delivered by the OD Team create safe spaces for people to explore racism and culture.







Metric 7 – Percentage of colleagues believing the Trust provides equal opportunities for career progression or promotion.

2022 (2021 Staff Survey)		2023 (2022 Staff Survey)		2024 (2023 Staff Survey)	
BME	White	BME	White	BME	White
46.7% 	63.3% 	50.0% 	68.7% 	43.61% 	63.45% 

- We have seen a 6.39% decrease in BME colleagues believing that the Trust provides equal opportunities for career progression. This is also the case for white colleagues

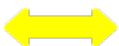


with a reported decrease of 5.25% believing that the Trust provides equality of opportunity. The differential has widened between BME and white colleagues currently standing at 20%.

Metric 8 - Percentage of colleagues personally experiencing discrimination at work from a manager / team leader or other colleague

2022 (2021 Staff Survey)		2023 (2022 Staff Survey)		2024 (2023 Staff Survey)	
BME	White	BME	White	BME	White
11.5% 	3.7% 	9.4% 	3.9% 	20.9% 	4.7% 

- This metric has shown an of 11.5% increase in colleagues personally experiencing discrimination from managers.
- We will work to tackle overt discrimination head-on through robust HR processes. In addition, there is unconscious bias training and cultural competence work happening within RDaSH.
- Inclusive cultures and Active Bystander are core strands of the RDaSH Leadership Development programme.
- Anti-racism and inclusive practice are a core strand within the Learning Half days.

Metric 9 – BME Board membership

2022 Total BME	2023 Total BME	2024 Total BME
7.7% 	7.7% 	11.00% 

- We have seen a positive shift in BME board membership.

4. Consultation

The outcome of the data analysis has been discussed at the REaCH/Anti-Racism Alliance networks to gather perspectives regarding the data and next steps.

5. Conclusion

It is positive to report that the WRES data collection for 2023/2024 has shown several improvements. However, the Trust recognises that it is on a cultural journey and more needs to be done to improve experiences for our Global Majority (BME) colleagues. Going forward there will be a strong focus on eradicating bullying / harassment and discrimination at all levels.

The Trust's stance on 'No Excuse for Abuse' will be embedded in the way we do things at RDaSH to create a positive working culture for all our valued colleagues. As a Trust we also acknowledge the hurt and provide wrap around pastoral and wellbeing support for those Global Majority (BME) colleagues impacted by any form of discrimination.

The ReACH/Anti-Racism Alliance network amplifies the voice of colleagues and is there to advise, challenge and shape our approach to proactive interventions which irradiate discrimination and racism in all its forms at RDaSH. In addition

- The NHSE Equity programme is offered to BME and White senior leaders
- Active-Bystander programme is planned for leaders.

Whilst compiling this report, we are acutely aware of the societal and organisational context in which we live, and the recent riots and public disorder across our neighbourhoods and within our communities has amplified the need to progress this work at pace and in true partnership with our diverse colleagues. Racism and islamophobia have no place at RDaSH, and the recent unrest has had a profound impact on colleagues, patients, carers and communities.

RDaSH has responded with a whole suite of support to ensure the safety and well-being of our colleagues. This has included Extraordinary Daily Inclusion Network Support Sessions, which were open sessions for all colleagues where we acknowledged the hurt, the anger and uncertainty over the recent events. Two hundred and seventy colleagues attended these psychologically safe spaces every day to talk and share their thoughts, feelings and anxieties. To compliment the session's the following support was also provided for all colleagues:

- Executive leadership delivered a range of video messages to express our support and

commitment to RDaSH colleagues

- Additional safety huddles
- Dynamic Risk assessments
- Senior leaders walk rounds and increased visibility within services and ward areas
- Increased lone working vigilance, access to transport/ taxis to help with safe travel and community workers wellbeing
- Additional psychological services and support offered
- Frequently asked questions were published.
- Spiritual care and chaplaincy support sessions.

Feedback from the workforce has been overwhelmingly positive on how RDaSH responded to meet the needs of the workforce.

6. Recommendations




The Executive Management Team and Board are asked to review the data and sign off the information presented prior to publication on the Trust's website by 30 September 2024.







The forthcoming WRES Action Plan will be agreed and published by 31 October 2024.

Appendix 1 – Workforce Race Equality Standard Data 2023 to 2024

Please note: For all indicators we have highlighted both positive (green) and negative (red) trends that are statistically significant +/- .3%. Anything below .3% is considered static and highlighted in yellow.

WRES Metric	Metric Description	2022 Total BME	2023 Total BME	2024
1	Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce. Organisations should undertake this calculation separately for non-clinical and for clinical staff	Nonclinical BME Bands 1-4 = 2.0% Bands 5-7 = 4.7% Bands 8a – 8b = 7.1% 8c – VSM = 0% Clinical Bands 1-4 = 5.6% Bands 5-7 = 6.8% Bands 8a – 8b = 6.9% Bands 8c – VSM = 4.3% M&D Consultants = 50% M&D Career Grades = 46% M&D Trainee Grades = 33%	Nonclinical BME Bands 1-4 = 2.4% Bands 5-7 = 6.2% Bands 8a – 8b = 5.1% 8c – VSM = 8.3% Clinical Bands 1-4 = 6.5% Bands 5-7 = 8.7% Bands 8a – 8b = 4.3% Bands 8c – VSM = 4.0% M&D Consultants = 44% M&D Career Grades = 38.5% M&D Trainee Grades = 20%	Nonclinical BME Bands 1-4 = 2.7% Bands 5-7 = 6.8% Bands 8a – 8b = 3.3% 8c - VSM = 5.3% Clinical Bands 1-4 = 5.8% Bands 5-7 = 10.9% Bands 8a – 8b = 5.8% Bands 8c – VSM = 3.7% M&D Consultants = 50% M&D Career Grades = 46% M&D Trainee Grades = 43%

Metric	Description	2022 Total White	2023 Total White	2024 Total White
2	Relative likelihood of White staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts	0.90 	0.83 	0.71 




Metric	Description	2022 Total BME	2023 Total BME	2024 Total BME
3	Relative likelihood of BME staff entering the formal disciplinary process, compared to that of White staff entering the formal disciplinary process.	0.99 	0.00 	0.00 
Metric	Description	2022 Total BME	2023 Total BME	2024 Total BME
4	Relative likelihood of White staff accessing non mandatory training and CPD compared to BME staff	1.04 	1.12 	1.02 

Metric	Description	2022 (2021 Staff Survey)		2023 (2022 Staff Survey)		2024 (2023 Staff Survey)	
5	KF 25. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	BME	White	BME	White	BME	White
		26.7% ↓	21.8% ↓	26.85% ↔	20.24% ↓	28.79% ↔	17.45% ↔

Metric	Description	2022 (2021 Staff Survey)		2023 (2022 Staff Survey)		2024 (2023 Staff Survey)	
6	KF 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	BME	White	BME	White	BME	White
		22.5% ↓	14.7% ↓	19.4% ↓	13.0% ↓	25.37% ↑	14.08% ↑

Metric	Description	2022 (2021 Staff Survey)		2023 (2022 Staff Survey)		2024 (2023 Staff Survey)	
7	KF 21. Percentage believing that Trust provides equal opportunities for career progression or promotion.	BME	White	BME	White	BME	White
		46.7% ↓	63.3% ↑	50.0% ↑	68.7% ↑	43.61% ↓	63.45% ↓

Metric	Description	2022 (2021 Staff Survey)		2023 (2022 Staff Survey)		2024 (2023 Staff Survey)	
8	Q17. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team	BME	White	BME	White	BME	White
		11.5% ↑	3.7% ↔	9.4% ↓	3.9% ↔	20.9% ↑	4.7% ↔

Metric	Description	2022 Total BME	2023 Total BME	2024 Total BME
9	BME Board Membership (Note: Only voting members of the Board are included when considering this indicator as per the national guidance)	7.7% 	7.7% 	11.00% 

ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

Anti-Racism (*inc ref to WRES submission due 31.10*)

1.0 Introduction

- 1.1 As we are aware Promise 26, in part, focuses on becoming an anti-racist organisation by 2025. We heard at Board in March of this year about the experiences of our global majority colleagues and our wider staff survey results, more responses were submitted by RDaSH colleagues, and whilst our results remained comparatively good, both within our 'sector' and locally, our WRES data contained a large increase in the proportion of colleagues reporting discriminatory behaviours by their line manager which did not correlate with a similar rise in the number of formal claims or grievances.
- 1.2 As part of our work associated with Promise 26, we've further explored this feedback through the REACH network and the Anti Racism Alliance (ARA). During August, **employees, patients and communities faced the riots** and violence associated with protests about immigration. The Trust's response to those events gives rise to more insights about what matters to colleagues. It reinforces concern run much deeper than how we embrace, and welcome staff trained outside the UK.
- 1.3 Following the riots we've held numerous sessions to further understand, hear firsthand the experiences of our colleagues and most importantly offer support. Colleagues have been supported by daily drop-in sessions, dedicated VLOGs by colleagues, line management conversations, emotional & practical support and an extraordinary REACH reflection event to name but a few. The support from most of our local Line Managers has been well received, with regular check ins and the extension of the 'how are you' to facilitate meaningful conversations.
- 1.4 As a Trust we have been clear on our values and **we will not accept nor tolerate racist behaviour**, but this does not remove the distress our colleagues have experienced, in August and the months/years prior. We are determined that this must act as a platform to further amplify our work on Promise 26 to make a positive difference in this area.
- 1.5 The detailed work associated with the promise is being taken forward through the People and Teams sub-group of CLE. As a reminder, **the promise is not only related to racism**. The wording covers all forms of discrimination, and the Trust's commitment to address and fight such.

2.0 What action are we taking?

- 2.1 As with any effort to create and embed change, actions are needed in a variety of domains. However, the concern is to **avoid too many actions** that can distract from full implementation of the most significant steps, which help to tackle 80% of the problem. The Trust recognises that racism is endemic in wider society, but that does not mean that we are powerless to act, nor that

we should tolerate behaviours inconsistent with our constant values. We are tackling unacceptable behaviour from our patients and relatives; this is supported with the launch of our Acceptable Behaviour Policy which is live from the 1 October 2024.

- 2.2 We have policies to address allegations of racism, but as highlighted by our 2023 staff survey results, **not all concerns are being escalated via the policies**, we must address this to see a change in the Trust. To support this the implementation of such policies is being refined to ensure that the pace and rigour of application matches the intention. We have reiterated that 'how offended' someone abused is, has no bearing on the case at hand: RDaSH as an institution is not neutral. This avoids unwarranted claims of mitigation based on 'not knowing someone would be offended by x'. We are hopeful that as colleagues see clear and decisive action, increased reporting will follow. As a result, our investigations relating to racism will increase, not because the issue is suddenly more prevalent but because our colleagues are now reporting it through the policy suite and not just the staff survey. To support this, we are also looking to **retain external investigators** from minority ethnic backgrounds, who will receive further training to support any investigations.
- 2.3 Mandatory first line manager training starts later in 2024 at the Trust. This will include specific learning related discrimination and racism. Active bystander training, and broader space to consider issues of diversity and discrimination, will form part of the Leadership Development Offer for our most 'senior' 150 staff, which goes live from January 2025. This will be further enhanced by the First Line Managers Induction programme which also launches in October. Our manta being, **'if you walk by it, you stand by it'** and this is not an acceptable approach for any colleague, especially our managers.
- 2.4 The new five-day induction starts in October 2024. This too will include space for new RDaSHians to explore their expectations, and ours: this will include discussions about bystander behaviours and how we can work together at local level to set clear expectations for how we respond, including to micro-aggressions.
- 2.5 **Organisational training modules will remain available to all staff**, and the creation of Learning Half Days provides an additional place through which teams can learn and discuss exclusion and inclusion. We do not plan to add further mandatory training into our portfolio, from any domain, but will review that issue on a rolling basis alongside the national training review.
- 2.6 The Trust has been historically active in supporting reverse mentor and other programmes among employees. We wish to reinvigorate that work and are bringing reverse mentors into each of our CLE sub-groups, as we look to ensure diversity within those ten groups. This approach is not from all excluded groups: it is intentionally drawn from employees from BME backgrounds. Wave three of the reciprocal mentoring programme has recently launched in South Yorkshire, and as in previous waves RDaSH have a strong presence as part of the programme.

- 2.7 National policy suggests that senior leaders within the organisation have a DEI objective within their annual appraisal. This has been achieved for 24/25, with all Executive Group members adopting an individually tailored and meaningful objective for this year. During 2024/25 we intend to reframe for future years our **organisation-wide appraisal policy/approach**, and within that work consideration will be given to what approach we wish to take among line managers and potentially all employees.
- 2.8 The effort to give higher priority to our REACH network (and other networks), as part of the Trust People Council, speaks to a similar emphasis; as does work supporting internationally educated colleagues.
- 2.9 Following feedback from the REACH network and ARA, we are seeking accreditation in this area, possibly through the **Northwest accreditation** framework. This is also being explored by several local NHS Trusts, which would support collaboration, provided this does not detract from the pace of work within RDASH. The accreditation, whilst initially on one protected characteristic, will then be considered for all protected characteristics.
- 2.10 We are undertaking a **review of our recruitment processes**, end to end, to ensure consistency, fairness, transparency and eliminate race discrimination. This will include the inclusion of a global majority colleague as part of the recruitment process. This is not a tokenistic measure as colleagues will be involved in all aspects of the recruitment process and not just the interview, including the job evaluation process associated with Agenda for Change job matching/evaluation. Given the scale of our recruitment, this will be implemented on a phased approach, initially focussing on Band 4 and below recruitment.
- 2.11 Another area of focus is the talent management of our global majority colleagues, to further enhance their promotional opportunities within and outside of the Trust, building on colleague's extensive skill sets and previous experience, whilst positively changing the diversity at a senior level across the Trust, below our Trust Board and Top Leaders Cadre.

3.0 WRES data

- 3.1 The Trust WRES data submission is due by the end of October 2024, this will be reviewed in October 2024 by the People and Teams sub-group of CLE and People and Organisational Development Committee. **The WRES submission focusses on 9 metrics** in total, take from Electronic Staff Records (ESR), recruitment, disciplinary and training data sets and also the NHS national staff survey. Again, as a reminder, our 2023 staff survey results, as seen in Board in March 2024, highlighted the significant work we need to do in this area, hence the work that has taken place to date and the continued work/focus in this area, the deterioration in the NHS Staff Survey scores in the area of Bullying and Harassment is reflected in the report. Given the time delay in the annual staff survey, (the 2024 survey goes live on the 23 September 2024) we are unable to analyse whether the work completed to date this calendar year has had a positive impact.

- 3.2 Whilst the data/results will be reviewed within our governance structure, this will not result in further actions or action plans, but a concerted effort to successfully deliver and implement the previously agreed areas.

4.0 What does success look like?

- 4.1 We are keen to ensure that the work in this area does make a difference to address the challenges rather than producing an action plan which has limited impact. The success measures for Promise 26 have been developed as a baseline, our collective efforts will help us to:
- Implement a suite of policies and practices to Kick Racism out of our Trust
 - Tackle and eliminate our WRES gap by 2026
 - Close our gender pay gap by 2027
 - Receive credible accreditation against frameworks of inclusion for all excluded protected characteristics, starting with those reflecting a global majority
- 4.2 All of which will improve the working experiences of our colleagues and our communities, which we expect to be reflected in improved staff survey questions in future years.



**Rotherham Doncaster
and South Humber**
NHS Foundation Trust

NHS Workforce Disability Equality Standard (WDES)

Annual Report 2024

Prepared by: Amanda Ambler

Equality, Diversity and Inclusion Advisor

CONTENTS

- 1. Executive Summary..... 3
- 2. Background..... 3
- 3. WDES 2022 / 2023 5
- 4. Consultation..... 10
- 5. Conclusion 10
- 6. Recommendations..... 11
- Appendix 1 - WDES Data Table..... 12

1. Executive Summary

This report provides an overview of the work required for RDaSH to meet its contractual requirements of the Workforce Disability Equality Standard (WDES) by promoting equality, diversity and inclusion for its Disabled colleagues, gathering data from the Electronic Staff Records (ESR), recruitment, disciplinary and training datasets and the national staff survey as of 31 March 2024.

The annual submission of our workforce data and staff survey results is summarised below and the full data set in appendix 1. The data was submitted by the national deadline of 31 May 2024 via NHS England's national reporting portal.

The data and statistics used in this report reflect Workforce Metrics, NHS staff survey Metrics and a Board representation Metric for the past three years.

It is evident from the data collected that there are disparities in the experience of Disabled colleagues compared with non-disabled colleagues.

Comparing the 2024 WDES Data against the data collected in 2023 has highlighted several areas of improvement and also several areas of deterioration. The data suggests there are areas of concern and there is still work to do to eliminate the stigma and improve the experiences of the disabled colleagues within our workforce.

The EDI Team and Disability and Wellbeing Network (DAWN) will co-produce an Action Plan that addresses areas of the WDES that require further improvement and submit to the Clinical Leadership Executive and the Board of Directors for approval and ratification.

2. Background

This report sets out the process followed for data collection, analysis, and co-production of the action plan and highlights the areas of focus for 2024. This will enable RDaSH to demonstrate progress against the metrics of disability equality and introduce new measures and practices, which will help improve workforce disability equality.

The WDES has been designed to improve the representation and experience of our Disabled Colleagues/Colleagues living with a Long-term Health Condition.

Since 2013, the earliest comparable year, up to the start of the pandemic (March 2020) the general trend in terms of employment of people with a disability has been positive. There had been strong growth in the number and rate of disabled people in employment and a narrowing of the gap between disabled and non-disabled people in employment (the disability employment gap).

- There were 10.21 million people of working age (16 to 64) who reported that they were disabled in October to December 2023, which is 24% of the working-age population. This is an increase of 459,000 from the year before.
- There were 5.53 *million working-age disabled people in employment* in October to December 2023, an increase of 338,000 from October to December 2022.
- The employment rate of disabled people was **54.2%**, up from 52.7% a year previously. To offer comparison the employment rate for people who are not disabled was 82.0%.

The NHS constitution has a specific section that refers to the rights of colleagues. It recognised that it is the commitment, professionalism and dedication of colleagues working for the benefit of the people the NHS serves which really makes the difference. High quality care requires high quality workplaces, with commissioners and providers aiming to be employers of choice. The Workforce Disability Equality Standard (WDES) is important because research shows that a motivated, included and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved patient safety.

The implementation of the WDES enables the Trust to better understand the experiences of our Disabled colleagues. It drives positive change for existing employees and enables a more inclusive environment for Disabled people working in the Trust, it also allows us to identify good practice and compare performance regionally and by type of Trust.

Over the past three years it has been exceedingly challenging for all colleagues having to work through the pandemic and adjusting to new ways of working and finding a new normal post pandemic.

There are still areas which the Trust needs to focus on it is now more than ever that we need to embed disability equality in all that we do, so we support our colleagues who are disproportionately by their disability and subsequently face challenges daily.

3. WDES 2023 / 2024




Please note: For all Metrics we have highlighted both positive (green) and negative (red) trends that are statistically significant +/- .3%. Anything below .3% is considered static and highlighted in yellow.

Metric 1 – Percentage of Disabled Colleagues in the workforce broken down by AFC band

2022 Total Disabled	2023 Total Disabled	2024 Total Disabled
Nonclinical Disabled Bands 1-4 = 6.0% Bands 5-7 = 4.7% Bands 8a - 8b = 2.4% Bands 8c – 9 & VSM = 12.5%	Nonclinical Disabled Bands 1-4 = 6.5% Bands 5-7 = 6.7% Bands 8a - 8b = 3.4% Bands 8c – 9 & VSM = 16.7%	Nonclinical Disabled Bands 1-4 = 8.2% Bands 5-7 = 8.9% Bands 8a - 8b = 3.3% Bands 8c – 9 & VSM = 18.4%
Clinical Bands 1 - 4 = 5.6% Bands 5 - 7 = 5.9% Bands 8a – 8b = 5.9% Bands 8c – 9 & VSM = 7.7% M&D Consultants = 2.1% M&D Career Grades = 6.7% M&D Trainee Grades = 0%	Clinical Bands 1 - 4 = 5.7% Bands 5 - 7 = 7.6% Bands 8a – 8b = 7.8% Bands 8c – 9 & VSM = 8% M&D Consultants = 1.8% M&D Career Grades = 0% M&D Trainee Grades = 0%	Clinical Bands 1 - 4 = 6.3% Bands 5 - 7 = 9.0% Bands 8a – 8b = 10% Bands 8c – 9 & VSM = 7.4% M&D Consultants = 3.8% M&D Career Grades = 6.7% M&D Trainee Grades = 0%

- There has been a consistent improvement in representation in Bands 1 – 8 Non-Clinical and Clinical colleagues declaring that they have a disability or long-term health condition, however, we have a slight deterioration in Bands 8c – 9 & VSM
- It is evident when comparing the % declared in our Staff Survey results that further work in educating our workforce and reducing the stigma around declaration of health conditions. This will be addressed in the WDES action plan for 2024 / 2025.




Metric 2 - Relative likelihood of Disabled staff being appointed from

2022	2023	2024
Total Disabled	Total Disabled	Total Disabled
0.88 	0.70 	1.10 

shortlisting compared to non-Disabled staff

























- This Metric shows a significant deterioration, as of 31 March 2024, 149 disabled applicants were shortlisted and 45 appointed compared to 149 being shortlisted in 2023 and 61 applicants being appointed. Overall non-disabled shortlisted applicants as of 31 March 2024 was 1316 (including not declared) with 450 being appointed.
- Work has commenced through the widening access, volunteer to career and employability work to promote RDaSH as a preferred employer for applicants with a disability or long-term health conditions.
- The adoption of the Reasonable Adjustment Toolkit and training package for colleagues and managers to promote awareness and break down barriers for disabled colleagues.

Metric 3 - Relative likelihood of Disabled colleagues compared to non-Disabled colleagues entering the formal capability process, as measured by entry into the formal capability procedure.

2022	2023	2024
Total Disabled	Total Disabled	Total Disabled
0.02 	0.00 	0.00 

- A figure above 1.00 indicates that Disabled colleagues are more likely than non-disabled staff to enter for formal capability process.







Metric 4a – 4d – Colleagues feeling harassed, bullied, or abused in the last 12 months:

Metric	Description	2022 (2021 Staff Survey)		2023 (2022 Staff Survey)		2024 (2023 Staff Survey)	
		Disabled	Non-Disabled	Disabled	Non-Disabled	Disabled	Non-Disabled
4a	% of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public in the last 12 months	26.9% 	20.2% 	23.4% 	19.4% 	21.6% 	16.5% 
4b	% of staff experiencing harassment, bullying or abuse from managers in the last 12 months	9.2% 	5.2% 	7.6% 	4.3% 	10.27% 	3.3% 
4c	% of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	18.3% 	9.4% 	15.1% 	9.2% 	18.9% 	8.7% 
4d	% of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months	59.6% 	65.5% 	75.8% 	62.5% 	64.9% 	60.8% 

- **Metric 4a** – whilst this metric measures bullying or abuse from patients/service users, their relatives and shows an improvement, the overall experience of this for both Disabled and non-disabled colleague's remains high. This is an area of concern that will be carried forward in the WDES action plan for 2024/2025.
- **Metric 4b** – measures % of staff experiencing harassment, bullying or abuse from managers this reflects a significant increase in disabled colleagues experiencing harassment / bullying from managers at 10.27%. This is a significant concern and will be integrated into the WDES action plan 2024/25.
- **Metric 4c** – this metric regarding harassment bullying and abuse from colleagues has seen a 3.8% increase from the previous year and is cause for concern.
- **Metric 4d** – regarding reporting incidents shows a significant decrease in







reporting for disabled colleagues, it is important to note that non-disabled colleagues reporting has also declined. The importance of reporting and improving reporting will be included in the WDES action plan 2024 / 2025.

Metric 5 - Disabled colleagues compared to non-Disabled colleagues believing that Trust provides equal opportunities for career progression or promotion

2022 (2021 Staff Survey)		2023 (2022 Staff Survey)		2024 (2023 Staff Survey)	
Disabled	Non-Disabled	Disabled	Non-Disabled	Disabled	Non-Disabled
58.1% 	67.9% 	61.0% 	69.6% 	58.09% 	64.06% 







- Belief in equal opportunities for both Disabled and non-disabled colleagues show a significant decline in comparison the 2023 staff survey results. The gap between disabled and non-disabled colleagues remains quite high at 14%.
- This will continue to be monitored through the WDES action plan 2024 / 2025 and work to address this will be through the Recruitment and Retention work stream. program.

Metric 6 - Disabled colleagues compared to non-Disabled colleagues saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

2022 (2021 Staff Survey)		2023 (2022 Staff Survey)		2024 (2023 Staff Survey)	
Disabled	Non-Disabled	Disabled	Non-Disabled	Disabled	Non-Disabled
16.8% 	9.6% 	15.3% 	12.1% 	19.35% 	12.5% 




- There has been a 4% increase in the staff survey results for presenteeism in this year's results, the gap has widened with non-disabled colleagues who have remained static this year. This is a continued focus in the WDES action plan and still requires further action to close the gap and will be carried forward into the 2024/2025.

Metric 7 - Disabled colleagues compared to non-Disabled colleagues saying that they are satisfied with the extent to which their organisation values their work.

2022 (2021 Staff Survey)		2023 (2022 Staff Survey)		2024 (2023 Staff Survey)	
Disabled	Non-Disabled	Disabled	Non-Disabled	Disabled	Non-Disabled
45.5% 	54.0% 	46.6% 	58.4% 	44.27% 	53.16% 







- Overall, there has been a decline in both Disabled and non-disabled colleagues feeling valued for their contribution. The Disability and Wellbeing Network (DAWN) chair and members are taking this action forward to promote what RDaSH has to offer.

Metric 8 - Disabled colleagues saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

2022 (2021 Staff Survey)	2023 (2022 Staff Survey)	2024 (2023 Staff Survey)
Disabled	Disabled	Disabled
78.8% 	80.9% 	80.29% 




- This metric has remained static, and we will continue to raise awareness and strive to eliminate any barriers to meeting adjustment needs for disabled colleagues. With the implementation of the centralised reasonable adjustments budget and the reasonable adjustment toolkit we are hopeful this position will begin to improve.

Metric 9 - colleagues engagement score for Disabled colleagues, compared to non-Disabled colleagues

2022 (2021 Staff Survey)		2023 (2022 Staff Survey)		2024 (2023 Staff Survey)	
Disabled	Non-Disabled	Disabled	Non-Disabled	Disabled	Non-Disabled
6.9 	7.3 	7.1 	7.4 	6.9 	7.3 

- From the above data it is evident that disabled colleagues appear to less engaged than non-disabled colleagues. This needs to be explored further through work with our Disability and Wellbeing Network and Trust People Council.

Metric 10 – Disabled Board Membership

2022 Total Disabled	2023 Total Disabled	2024 Total Disabled
14.23% 	16.67% 	17.65% 

- Whilst we have seen a significant increase in declaration from the Board membership it should be noted that only 50% of the Board have declared and 50% are still reflecting as 'Unknown / Not declared'.

4. Consultation

The outcome of the data analysis has been discussed at the People and Teams sub-committee and the Inclusion Networks to obtain an initial perspective on the data within this report.

5. Conclusion

There has been improvement across some of the metrics, which reflects the work which has been undertaken within the Trust to improve the experience of Disabled

colleagues. The Trust has made great strides in creating a culture where disability equality matters and is to be commended in seeing a change in many of the metrics which equate to more positive experiences for colleagues. It is recognised that more work needs to take place at all levels but especially line manager level.

The total headcount from ESR reflects that 324 colleagues have declared that they have a disability or long-term health condition on comparison with the respondents from the Staff Survey for the Staff Engagement score 639 colleagues from our organisation responded to the disability element. Further intensive work is required to ensure that our workforce have the awareness of why it is in their own best interest to declare their status on the electronic staff record.

The Metrics which have seen a deterioration will be the focus of the co-produced action plan.

The Trust will continue to ensure that the Board's recruitment process is inclusive to ensure diversity across all the Protected Characteristics. We will look to Senior Leader's, to promote self-declaration to encourage other colleagues to do so through social media, internal communications and Vlog messaging.

Discussions have already commenced with the DAWN group regarding presenteeism to improve experiences and address Metric 6.

6. Recommendations

The Senior Leadership Team and Board are asked to review the data and sign off the information presented prior to the required publication on the Trust's website by 30 September 2024.

The forthcoming action plan needs to be agreed and published by 31 October 2024.

Appendix 1 - WDES Data Table

Please note: For all Metrics we have highlighted both positive (green) and negative (red) trends that are statistically significant +/- .3%. Anything below .3% is considered static and highlighted in yellow.

WDES Metric	Metric Description	2022 Total Disabled	2023 Total Disabled	2024 Total Disabled
1	Staff in AfC pay bands or medical and dental subgroups and very senior managers (Including Executive Board members) compared with the percentage of staff in the overall workforce	Nonclinical Disabled Bands 1-4 = 6.0% Bands 5-7 = 4.7% Bands 8a - 8b = 2.4% Bands 8c – 9 & VSM = 12.5% Clinical Bands 1 - 4 = 5.6% Bands 5 - 7 = 5.9% Bands 8a – 8b = 5.9% Bands 8c – 9 &VSM = 7.7% M&D Consultants = 2.1% M&D Career Grades = 6.7% M&D Trainee Grades= 0%	Nonclinical Disabled Bands 1-4 = 6.5% Bands 5-7 = 6.7% Bands 8a - 8b = 3.4% Bands 8c – 9 & VSM = 16.7% Clinical Bands 1 - 4 = 5.7% Bands 5 - 7 = 7.6% Bands 8a – 8b = 7.8% Bands 8c – 9 &VSM = 8% M&D Consultants = 1.8% M&D Career Grades = 0% M&D Trainee Grades= 0%	Nonclinical Disabled Bands 1-4 = 8.2% Bands 5-7 = 8.9% Bands 8a - 8b = 3.3% Bands 8c – 9 & VSM = 18.4% Clinical Bands 1 - 4 = 6.3% Bands 5 - 7 = 9.0% Bands 8a – 8b = 10% Bands 8c – 9 &VSM = 7.4% M&D Consultants = 3.8% M&D Career Grades = 6.7% M&D Trainee Grades= 0%

Metric	Description	2022 Total Disabled	2023 Total Disabled	2024 Total Disabled
2	Relative likelihood of Disabled staff being appointed from shortlisting compared to non-Disabled staff (A figure below 1:00 indicates that Disabled staff are more likely that non-disabled staff to be appointed from shortlisting.)	0.88 ↓	0.70 ↓	1.10 ↑

Metric	Description	2022 Total Disabled	2023 Total Disabled	2024 Total Disabled
3	Relative likelihood of Disabled staff compared to non-Disabled staff entering the formal capability process, as measured by entry into the formal capability procedure	0.02 ↓	0.00 ↔	0.00 ↔

Metric	Description	2022 (2021 Staff Survey)		2023 (2022 Staff Survey)		2024 (2023 Staff Survey)	
		Disabled	Non-Disabled	Disabled	Non-Disabled	Disabled	Non-Disabled
4a	% of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public in the last 12 months	26.9% ↓	20.2% ↓	23.4% ↓	19.4% ↓	21.6% ↓	16.5% ↓
4b	% of staff experiencing harassment, bullying or abuse from managers in the last 12 months	9.2% ↓	5.2% ↓	7.6% ↓	4.3% ↓	10.27% ↑	3.3% ↓
4c	% of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	18.3% ↓	9.4% ↓	15.1% ↓	9.2% ↓	18.9% ↑	8.7% ↔
4d	% of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months	59.6% ↑	65.5% ↓	75.8% ↑	62.5% ↓	64.9% ↓	60.8% ↓

Metric	Description	2022 (2021 Staff Survey)		2023 (2022 Staff Survey)		2024 (2023 Staff Survey)	
5	Percentage of Disabled staff compared to non-Disabled staff believing that Trust provides equal opportunities for career progression or promotion.	Disabled	Non-Disabled	Disabled	Non-Disabled	Disabled	Non-Disabled
		58.1% 	67.9% 	61.0% 	69.6% 	58.09% 	64.06%

Metric	Description	2022 (2021 Staff Survey)		2023 (2022 Staff Survey)		2024 (2023 Staff Survey)	
6	Percentage of Disabled staff compared to non-Disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	Disabled	Non-Disabled	Disabled	Non-Disabled	Disabled	Non-Disabled
		16.8% 	9.6% 	15.3% 	12.1% 	19.35% 	12.5%

Metric	Description	2022 (2021 Staff Survey)		2023 (2022 Staff Survey)		2024 (2023 Staff Survey)	
7	Percentage of Disabled staff compared to non-Disabled staff saying that they are satisfied with the extent to which their organisation values their work	Disabled	Non-Disabled	Disabled	Non-Disabled	Disabled	Non-Disabled
		45.5% 	54.0% 	46.6% 	58.4% 	44.27% 	53.16%

Metric	Description	2022 (2021 Staff Survey)		2023 (2022 Staff Survey)		2024 (2023 Staff Survey)	
8	Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work	Disabled		Disabled		Disabled	
		78.8% 		80.9% 		80.29% 	

Metric	Description	2022 (2021 Staff Survey)		2023 (2022 Staff Survey)		2024 (2023 Staff Survey)	
9	The staff engagement score for Disabled staff, compared to non-Disabled staff	Disabled	Non-Disabled	Disabled	Non-Disabled	Disabled	Non-Disabled
		6.9 	7.3 	7.1 	7.4 	6.9 	7.3

Metric	Description	2022 Total Disabled		2023 Total Disabled		2024 Total Disabled	
10	DISABLED Board Membership	14.23% 		16.67% 		17.65% 	

Executive Summary

This report covers a period of two months; from 1 August 2024 to 30 September 2024.

In this report, Guardian of Safe Working Hours (GoSWH) provides details of trainees currently subject to TCS 2016/2019, information on exception reporting, on-call related provisions in work schedule and the levying of fines, concerns raised by the trainees around safety and work environment and action taken and further recommendations resulting from the above.

The report shows tables of exception reports (ERs) and comments on any relevant trends. In addition, the GoSWH provides a summary of key issues discussed at recent Junior Doctors' Forum and related meetings.

Since August 2024, there were fifty-eight trainees working in the Trust, with four-vacant posts.

A total of 28 exceptions were reported, over the two-month period: 18 in Rotherham and 8 in Doncaster and 2 in North Lincs. There is 5 less than preceding two months. Most Exception Reports were for working more hours than scheduled during daytime (10), followed by Breach of Contractual Rest Periods (8) and Excess Hours worked during On-call (7). There was one Immediate Safety Concern report relating to patient safety, which resulted in IR1 been raised.

Time-off in Lieu (TOIL) was agreed on 14 out of 18 Reports (Working more hours than scheduled during daytime and Contractual Rest Breaches), Payment on 1, while no outcome was documented in 3 instances. There were 7 ERs of working more hours during On-Call than paid for and this will be addressed through the next Work Schedule Review, that is, Out of Hours Workload Monitoring over a 4-week period.

There was 1 ER of Missed Educational Opportunity and 2 were without a clear reason for reporting.

There were no major gaps in the Rota.

The trend of improvement in clinical supervisors'/ trainees' engagement with the ER process continues as only 3 out of 28 ERs (11%) were not properly actioned.

Hybrid Rota design has now been fully implemented in Rotherham and North Lincs.

Main topics discussed in August's JDF were (1) Electronic Handover SOP (2) Second Supervisor for Trainees for the purpose of Allocate (3) Change of Name; from "Junior Doctors" to "Resident Doctors" (4) Allocate Glitch (5) Higher Trainees' S12(2) Work during On-Call and Rest Breaches (6) First On-Call Workload Monitoring (7) Lone Working Policy – Risk Assessment (8) Use of GoSWH's Fines Fund

Provision of permanent Admin Support for the JDF and GoSWH requires attention.

Introduction

The 2016 Terms and Conditions of Service for NHS Doctors and Dentists in Training England (TCS 2016) were introduced nationally on 05 October 2016. Since August 2017

the Trust has had higher trainees, core trainees, foundation trainees and GPVT trainees taking up TCS 2016. Most trainees are now subject to TCS 2016.

In this report, Guardian of Safe Working Hours (GoSWH) provides details of trainees currently subject to TCS 2016/2019, information on exception reporting, on-call related provisions in work schedule and the levying of fines, concerns raised by the trainees around safety and work environment and action taken and further recommendations resulting from the above. He shows tables of exception reports and comments on any relevant trends. In addition, the GoSWH provides a summary of key issues discussed at recent Junior Doctors' Forum and other related meetings.

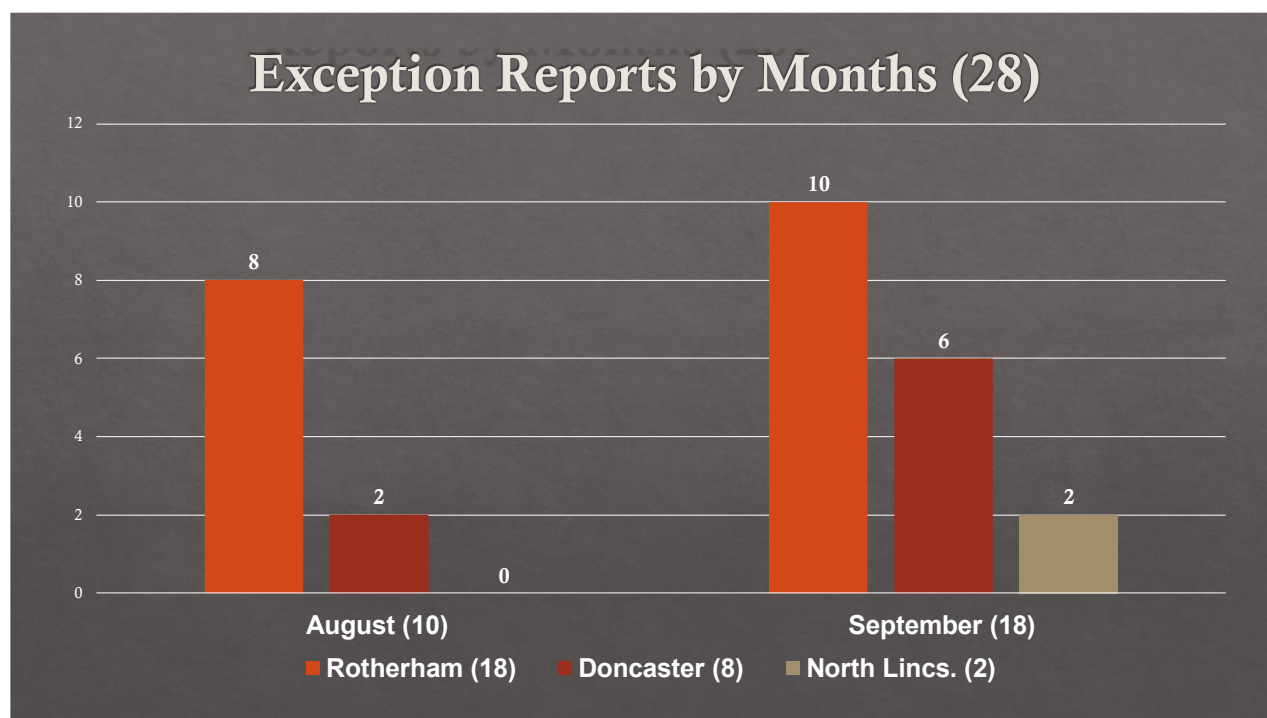
Current RDASH Doctors in Training

There are 58 trainees (including the Hospice) working in the trust with 4 vacant posts, from the start of the new rotation in August 2024. A breakdown of their grades is as follows:

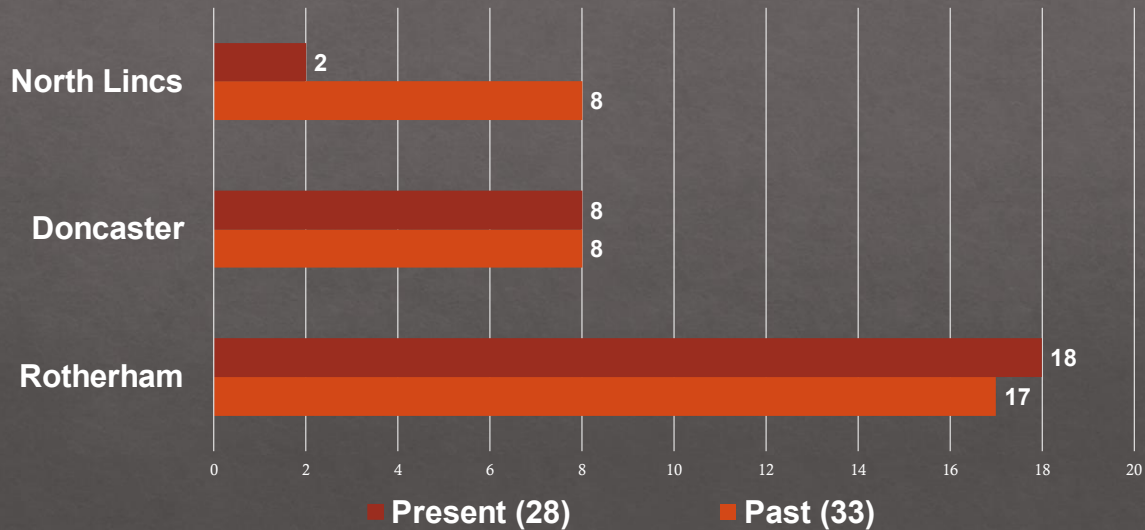
	GP	CT	F2	F1	HT ST	Total	Vacant
Doncaster	3	3	4	3	5	18	0
Rotherham	2	12	2	4	8	28	0
North Lincolnshire	3	2	1	3	1	10	4
TOTAL	8	17	7	10	14	56	4

Exception Reports (ERs)

There was a total of 28 Exceptions reported from 1 August 2024 to 31 September 2024. This is 5 less than that reported in previous 2 months.



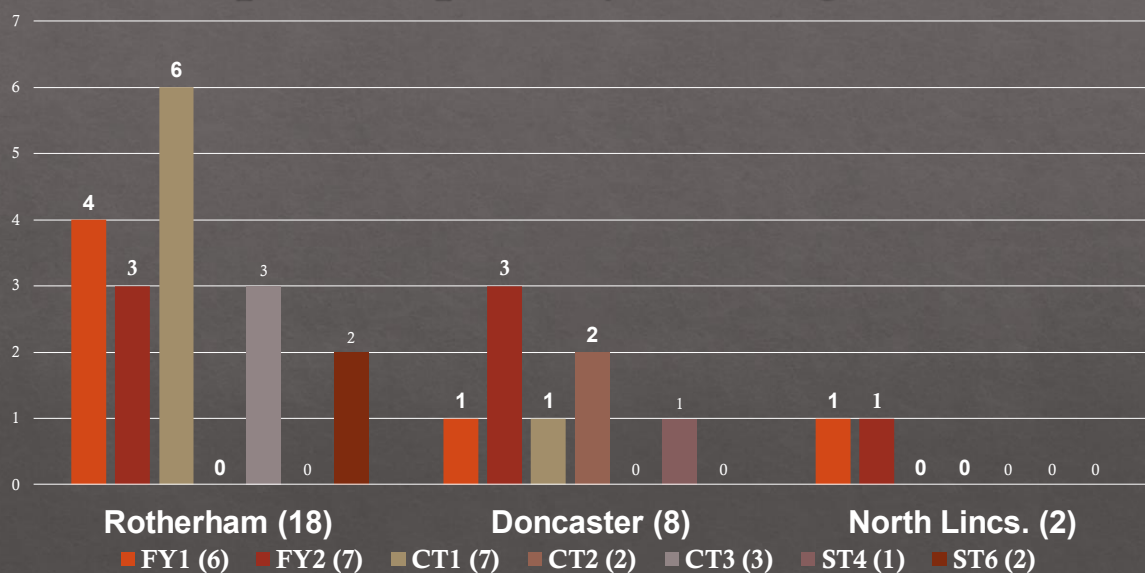
Comparison with ERs in Previous 2 Months



64% of ERs originated from Rotherham (as against 52% in the two months before), with 29% from Doncaster (as against 24% from previous period) and 7% from North Lincs (24% previously). This is a significant reduction in ERs from North Lincs.

Rotherham continues to produce most ERs.

Exception Reports By Training Grades



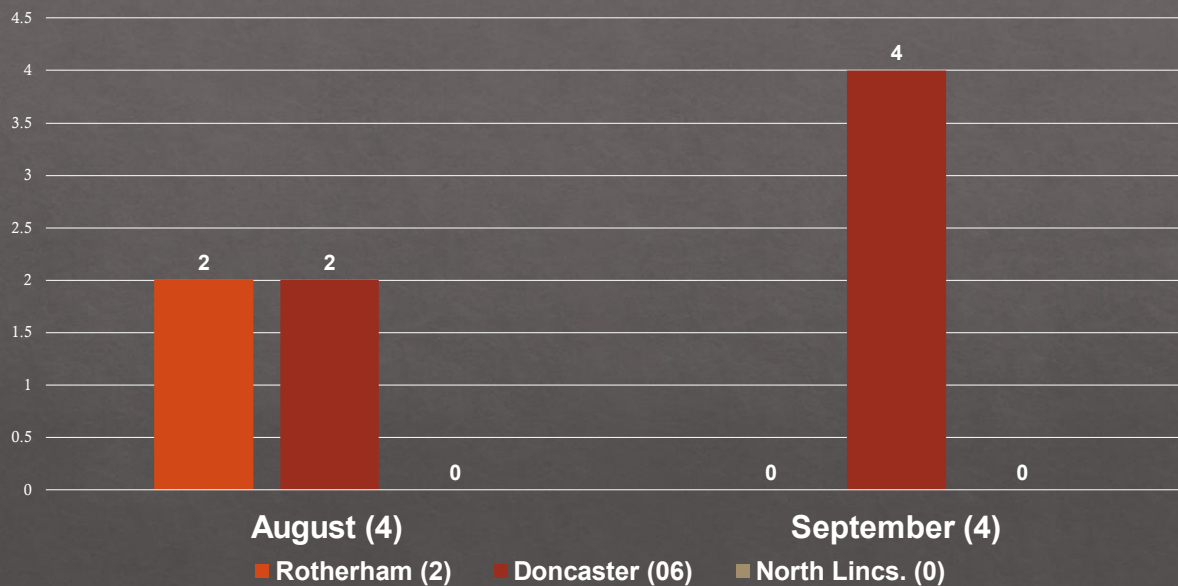
Most ERs were initiated by FY2 and CT1 (25% each), followed by FY1 (21%), and CT3 (11%). 18% were reported by CT2, ST6 and ST4.

Immediate Safety Concern (01)

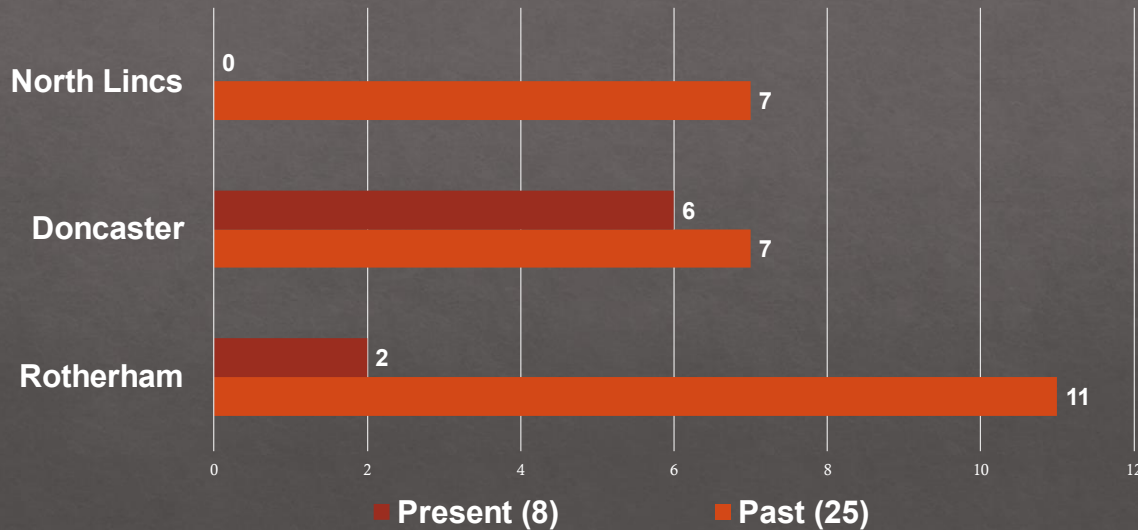
	Rotherham	Doncaster	North Lincs.
August	1 (FY2) Switchboard down. Could not contact ST or Consultant On-Call. IR1 completed.	0	0
September	0	0	0

There was one Immediate Safety Concern report, from Rotherham. The First On-Call doctor on-call was unable to contact the ST and Consultant On-Call, due to a breakdown in Switchboard Services. An IR-1 was completed, and further actions are underway.

Contractual Rest Breaches (8)



Comparison of Rest Breaches with last 2 Months



For the August placement, **Rotherham and North Lincs.** have implemented a **Hybrid First On-Call Rota**, which is no more subject to Contractual Rest Requirements or GoSWH's Fines. Details about this have already been provided in the last GoSWH's Report. The **Second (ST) On-Call Rota**, however, remains **Non-Resident** and subject to Contractual Rest Rules and GoSWH's fines.

Doncaster continues to operate a **Non-resident First On-Cal Rota** which is subject to Contractual Rest Requirements, i.e. the On-Call doctor to avail 8 hours of rest in 24 hours, 5 hours of which should be continuous between 2200hrs and 0700hrs. Breach in these conditions results in Time Off in Lieu (within 24 hours of On-Call) or Payment in exceptional circumstances. This breach also attracts GoSWH's fine.

The overall number of rest breaches across all three sites, over the period, is far less than that for the preceding 2 months ($n = 8$ vs $n = 25$). Following pattern has been observed.

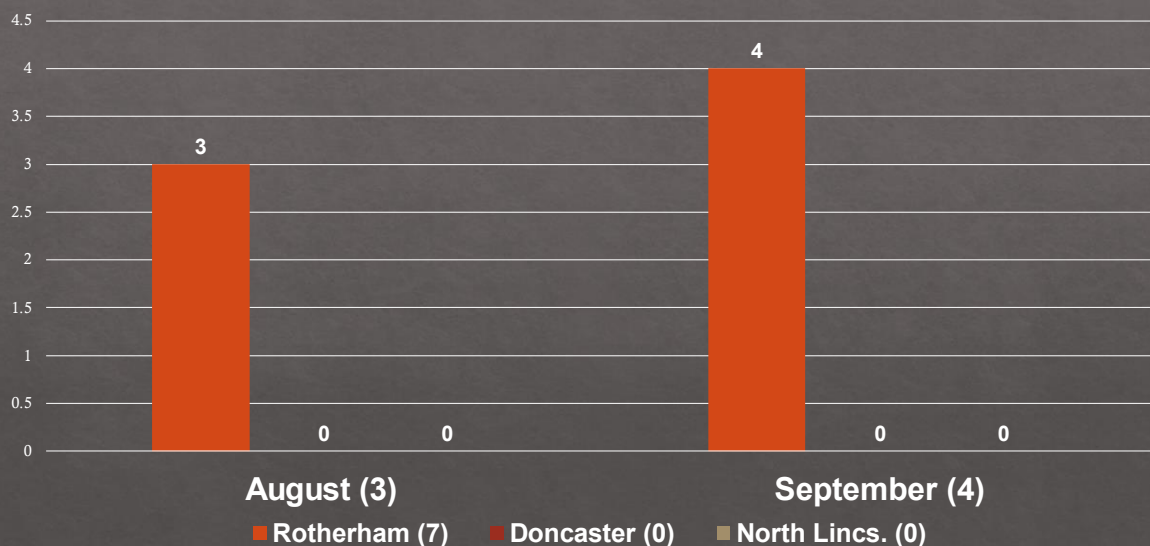
1. In **Rotherham**, one of the two breaches was in the period preceding the new Hybrid Rota, while the other was for Second (ST) On-Call Rota.
2. 1 in 10 On-calls breached Contractual Rest Requirements in **Doncaster**, as against 1 in 6 during the preceding 2 months
3. There was no rest breach in **North Lincs**.

Inappropriate Calls (0)

	June	July
Rotherham (0)	0	0
Doncaster (0)	0	0
North Lincs. (0)	0	0

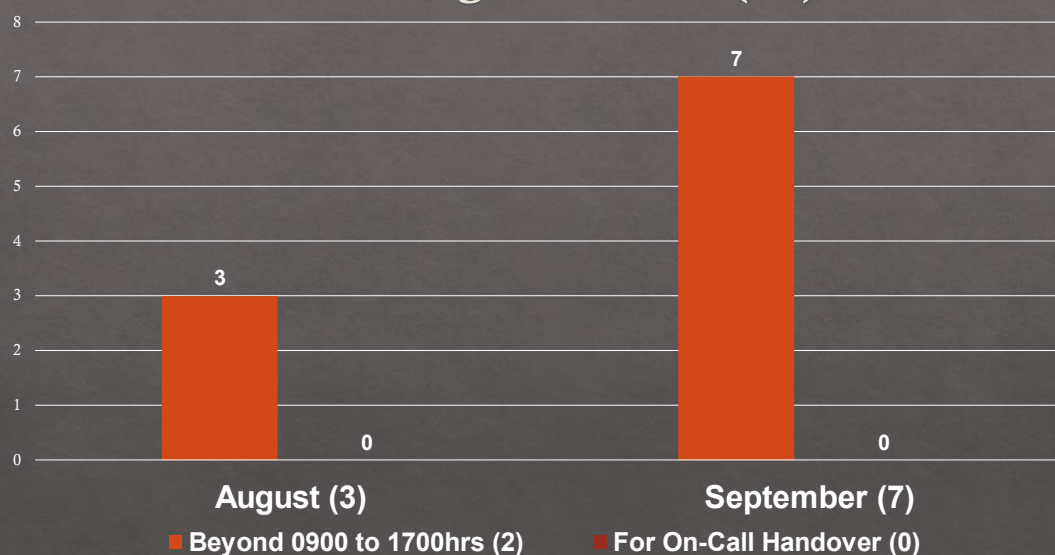
None of the calls during the period was reported as inappropriate.

More Hours Worked Than Paid - On-Call (7)



There were 7 reports of more hours worked being paid for in Rotherham, while none in Doncaster and North Lincs. It is however to be noted, the figures given in work schedules are based on an average of number of hours worked across all on-call duties over the period of rotation and while individual variations can occur, the expectation is the average would remain the same. There were no reports of excess work done from Doncaster and North Lincs.

Working Overtime (10)



There were 10 episodes of doctors working beyond their contracted hours i.e. working beyond 1700hrs. These incidents related to exceptional work arising close to 1700hrs and need for continuity of care.

Exception Reports Outcomes

	ROTHERHAM				DONCASTER				NORTH Lincs.			
	TOIL	Pay.	NA	NR	TOIL	Pay.	NA	NR	TOIL	Pay.	NA	NR
Breach of Rest (8)	2	X	X	X	5	X	X	1	X	X	X	X
Overtime (Regular Working Hours) (10)	5	1	X	1	2	X	X	X	X	X	X	1
Overtime (On-call Handover) (0)	X	x	X	X	X	X	X	X	1	X	X	X
More Hours Worked (During On-Call) (7)	1	X	6	X	X	X	X	X	X	X	X	X

LEGEND:

TOIL = (Time Off in Lieu)

Pay. = Payment

NA = Not Applicable– No Outcome required but for Information Only

NR = Outcome Not Recorded

For Contractual Rest Breaches, Time off Lieu (TOIL) was the documented outcome on all but one ER (where ER was not processed).

Out of 10 episodes of Working beyond daytime work hours, 7 attracted TOIL and 1 Payment. Outcome of 2 was not documented.

For working more hours during on-call than those given in Work Schedule, no immediate action was required. Only on one occasion, TOIL was agreed.

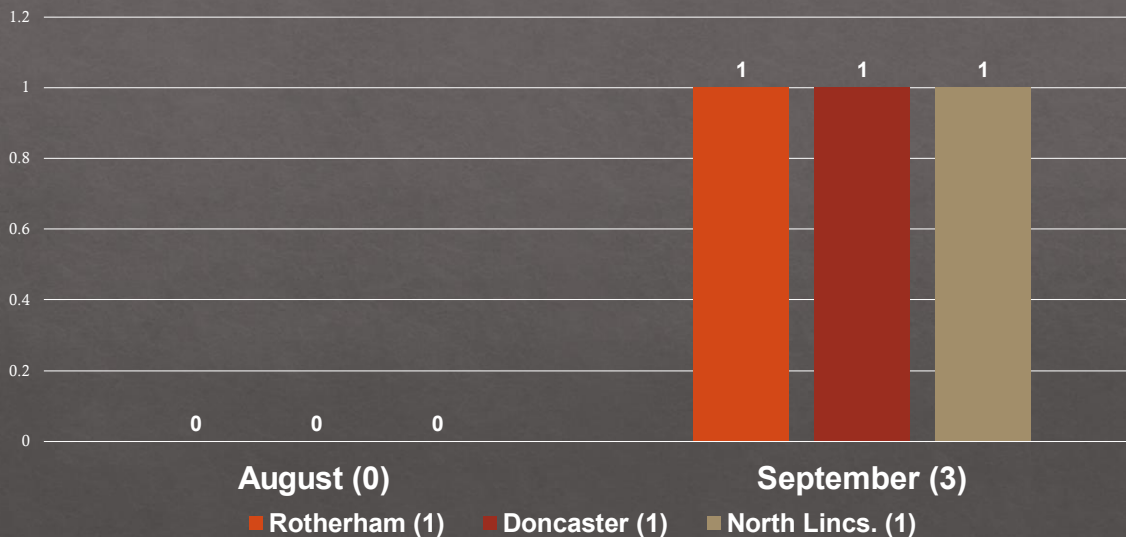
Other Exception Reports (3)

Exception Type	No	Locality	Grade	Circumstances/ Outcome
Missed Educational Opportunity	1	Rotherham	CT3	Missed weekly teaching session due to urgent Clinical Work. Raised with CS for protection of Teaching Time.
Unclear Reports	2	Rotherham	CT1	Not concordant with Hybrid On-Call Arrangements – Dr reminded
		N. Lincs.	FY2	Details not provided. Dr approached.

There was 1 ER of Missed Educational Opportunity which was raised with the CS to ensure protected time for Education and Training.

There were 2 ERs which were not clear. One was not concordant with the Hybrid On-Call arrangement and for the other clarification has been sought from the reporting doctor.

Incomplete Exception Reports (03)



There were only 3 ERs which were not duly processed by the Clinical Supervisors and Trainees (11%).

ERs not Completed (Clinical Supervisors = CS)

	CS "A"	CS "B"	CS "C"
Rotherham	1	XXX	XXX
Doncaster	XXX	1	XXX
North Lincs.	XXX	XXX	1
Total Number of Un-processed ERs = 3 (Out of 28) (11%)			

There are only 3 Clinical Supervisors, who did not complete Exception Reports, one each from Rotherham, Doncaster and North Lincs.

Trends in Exception Reporting

Following trends have been observed:

1. There was only one Immediate Safety Concerns reported, which was to do with patient safety due a breakdown in communication between the first on-call and second/ consultant on-call. An IR1 has been raised and further actions are underway.
2. No Contractual Rest Breaches and GoSWH's fines will be applicable in Rotherham and North Lincs with the implementation of Hybrid Rota Design.
3. Contractual Rest Breaches are occurring in 1 in 10 On-Calls in Doncaster, and this requires Work Schedule Review through Out of Hours Workload Monitoring over a period of four weeks.
4. All Exceptions were resolved satisfactorily through Time Off in Lieu (TOIL) or payment, barring three, where the outcome is not clear.
5. There was one report for Missed Educational Opportunity leading to discussion about the protection of time for learning.
6. Improvement of Junior Doctors and Clinical Supervisor's engagement with the Exception Reporting process continues.

There were no rota gaps identified.

Junior Doctors' Forum (JDF)

JDF was convened on Thursday 19 September which was chaired by Director Postgraduate Medical Education (DPGME) in absence of GoSWH. Following are the salient points of discussion and agreement.

1. **Electronic Handover SOP** – The SOP is now in place and templated and email examples have been sent out to the stakeholders. Care Group Audit Leads will complete audits, looking at compliance with the templates. Questions have been raised about the regular audit of e-Handover and further consultations have opened about who will be responsible for regular undertaking of this audit. Junior doctors will be encouraged to do a supplementary audit of the quality of the clinical information as this will be out of the scope of the admin leads. All regular agency doctors have been given access to the e-handover generic email account. .
2. **Second Supervisor for Trainees for the purpose of Allocate** - Allocate have confirmed that the doctor has the option to add a primary and secondary supervisor when raising the exception so that if the primary supervisor is on leave, a secondary supervisor can be added and will be able to review the exception.
3. **Change of Name; from “Junior Doctors” to “Resident Doctors”** – Until the Junior Doctor's contract is formally revised to reflect the title 'Resident Doctor' the Junior Doctor's Forum will remain unchanged.
4. **Allocate Glitch** – Junior Doctor Reps raised the concern that Allocate may struggle with the On-call Rota of colleague who work less than full time, e.g. 60% FTE. Medical Staffing are looking into it.
5. **Higher Trainees' S12(2) Work during On-Call and Rest Breaches** – Dr Sinclair started trainees can claim fee for Section 12(2) work they undertake during On-Call as independent doctors do. Dr Thomas (DPGME) will arrange a meeting between all stakeholders to discuss this.
6. **First On-Call Workload Monitoring** – It was agreed for this to take place for 4 Weeks as soon as possible, after 07/10/2024.
7. **Lone Working Policy – Risk Assessment** – Following actions were agreed.
 - a. Lone Working to be discussed at the start of placement and if possible, Appendix 5 of the Policy to be completed.
 - b. If expected to be in low/no signal area, inform the switchboard to make contact through the ward phone.
 - c. Doctor On-Call to leave a greeting on the phone, asking the caller to leave their name and number for the call back.
 - d. If the On-Call Consultant cannot be reached and it is urgent, try calling the On-Call in other Care Group for advice.
8. **Use of GoSWH's Fines Fund** - JDF Group members to discuss ideas about this in the next meeting.
9. **Issues raised in Any Other Business**
 - a. Written On-Call Handover must be sent and if not received an IR1 should be done.

- b. Inappropriate calls to be discussed with Clinical Supervisors
- c. Issues with obtaining equipment such as Dictaphones to be discussed urgently with the Clinical Supervisors.
- d. An email be sent to remind any doctor admitting a patient, to complete the MCA-1 for Psychiatric Medications and being involved in the Mental Capacity Assessment for consenting to Oxy vision.

Administrative Support for JDF and GoSWH:

While a temporary arrangement has been made through Corporate Admin Support Team (CAST), a permanent solution must be implemented.

Dr Babur Yusufi

Guardian of Safe Working Hours (GoSWH) for RDaSH

8 October 2024

Freedom to Speak Up (FTSU) Guardian

Executive Summary

This paper provides an update regarding RDaSH activity since the last Report in April 2024. Within the paper the results of the National Guardian's Office (NGO) data collection are presented alongside RDaSH information to provide national and regional comparison and context.

The information is a summary of more detailed information analyzed via the People committee Meeting; Operational Management Team Meeting which is monitored monthly.

The paper is presented in a structured format to ensure compliance with the – “*Guidance for Boards on Freedom to Speak Up in NHS Trusts and NHS Foundation Trusts*” published by the National Freedom to Speak Up Guardian's Office and NHS Improvement and updated in July 2019. The presentation of this information is structured in such a way that enables the FTSU office to describe arrangements by which Trust staff may raise any issues, in confidence. This may concern a range of different matters and to enable the Board to be assured that arrangements are in place for the proportionate and independent investigation of such matters and that follow-up action is taken.

Introduction

Freedom to Speak Up (FTSU) concepts continue to highlight opportunities for improvement and are taken on board at RDaSH. This biannual report is provided to the Board of Directors (BoD) Meeting, to provide assurance that FTSU processes are in place in RDaSH and are being utilised. To ensure best practice and the guidance is adhered to, the following report has been structured to provide information concerning the following, presented by the FTSU Guardian:

- Section 1 - The assessment of issues
- Section 2 - Potential patient safety or worker safety and experience issues
- Section 3 - Action taken to improve FTSU culture
- Section 4 - Learning and improvement
- Section 5 - Recommendations

Strategic context

FTSU principles are contained within the NHS contract. Research connects good “speak up” cultures with improved patient safety, higher staff wellbeing and retention, lower levels of dissatisfaction and higher care quality. The FTSU concepts embrace the following RDASH strategic goals:

- To provide safe, effective, and compassionate care.
- To attract, retain, support, and develop the finest workforce.
- To be an outstanding, well-led organisation.

Section 1 - The Assessment of FTSU Issues

Summary of FTSU concerns to date:

All concerns raised at RDaSH since the commencement of FTSU are provided in the tables. The previous year's concerns are highlighted to enable year on year comparisons.

Table 1: Number of FTSU concerns per Quarter

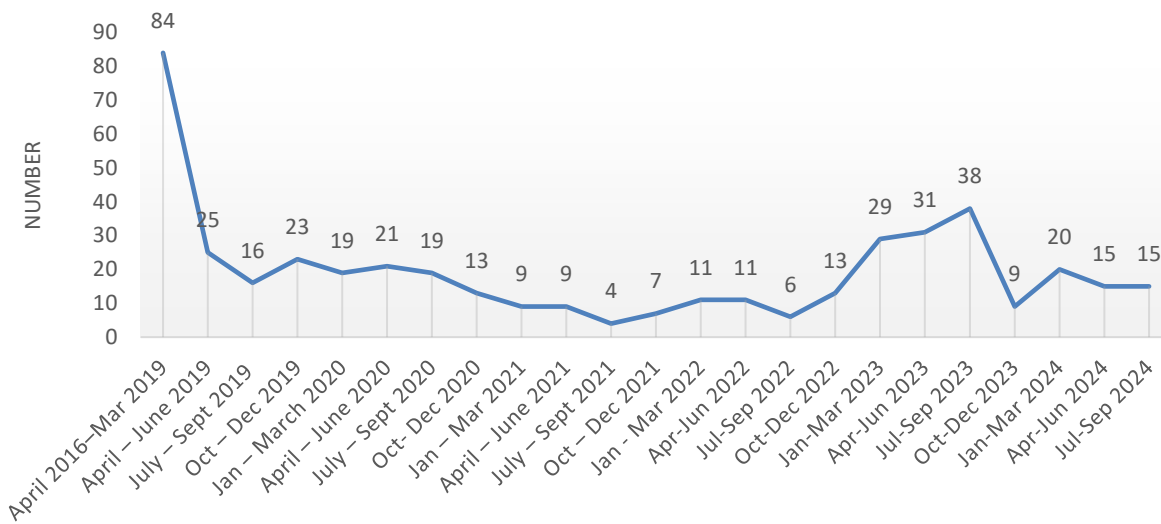
Date Period	Quarter	Number of Concerns
Apr 2016–Mar 2019	-	84
April – June 2019	1	25
July – Sept 2019	2	16
Oct – Dec 2019	3	23
Jan – March 2020	4	19
April – June 2020	1	21
July – Sept 2020	2	19
Oct- Dec 2020	3	13
Jan – Mar 2021	4	9
April – June 2021	1	9
July – Sept 2021	2	4
Oct – Dec 2021	3	7
Jan - Mar 2022	4	11
Apr-Jun 2022	1	11
Jul-Sep 2022	2	6
Oct-Dec 2022	3	9
Jan-Mar 2023	4	29
Apr-Jun 2023	1	31
Jul-Sep 2023	2	38
Oct-Dec 2023	3	9
Jan-Mar 2024	4	20
Apr-Jun 2024	1	15
Jul-Sep 2024	2	15
Total from 2016 to (26/09/2024)		455

Table 2: RDASH % comparators

Concerns per area	Number & %	Number of Staff in Locality (FTE)	Staff allocation %
Childrens	50 (10.96%)	572	16.83%
Corporate	72 (16%)	576	16.95%
Doncaster*	176 (38.60%)		
Doncaster (MH)	5 (1.10%)	696	20.48%
Doncaster (P)	3 (0.66%)	714	21.01%
N/A	3 (0.66%)		
North Lincs	60 (13.16%)	403	11.86%
Not Provided	6 (1.32%)		
Rotherham	80 (17.54%)	437	12.86%
Total	455 (100%)	3398	100%

*- DCG as a whole (CG staff split March 2024 in to P & MH)

Concerns per Quarter



Comparative data

The NGO ask FTSU Guardians in all Trusts for information on FTSU concerns. Discussion concerning comparisons using the national data collection and the FTSU Guardians Survey are summarised in the sections below, drawing from the National Guardian's Office (NGO) Annual Data Report for 2023/24 published in July 2024.

The comparative and contextual data is provided below regarding the concerns that have been raised since our last report in April 2024.

Concern Rates

Trust concern rates are monitored on an individual basis. The concern levels fluctuate from month to month in our organisation; however, they are monitored regarding both trends and number with the full year comparison data presented by the NGO. It has been noted by the NGO (Table 3) that this is the highest number of concerns recorded – 27.6% increase from 2022/23

Table 3: NGO Annual Comparison	
Year 7 (2023/24)	32,167
Year 6 (2022/23)	25,382
Year 5 (2021/22)	20,362
Year 4 (2020/21)	20,388
Year 3 (2019/20)	16,999
Year 2 (2018/19)	12,255
Year 1 (2017/18)	7,087

The latest data released by the National guardians office shows a significant increase in the number of cases raised with freedom to speak up guardians. During the 2023/24., Over 32,000 cases were reported, Makenna 27.6% increase compared to the previous year and the highest number recorded since data collection began in 2017. Freedom to Speak Up Guardians collect and report anonymised data on the cases raised with them by workers. They have handled over 130,000 cases since the National Guardian's Office first started collecting data in 2017.

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

Nearly 38.5% of cases involved inappropriate behaviours and attitudes, making at the most commonly reported issue. Additionally, 19.8% involved bullying or harassment, and 18.7 included patient safety quality concerns.

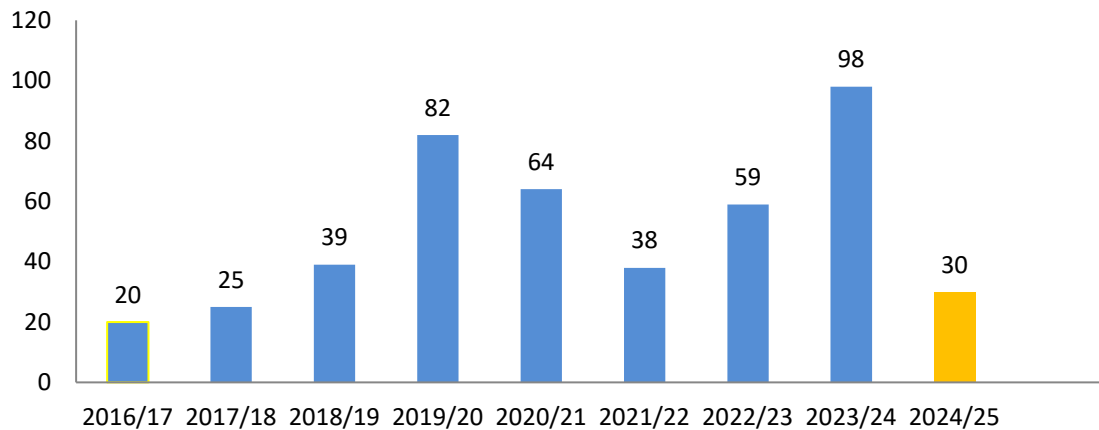
Around 32.3% of the cases involved issues related to work safety or wellbeing and increase from the previous year. Notably, 9.5% of cases were raised anonymously, and 4% indicated detriment as a result of speaking up, consistent with previous year.

There are currently a network of over 1200 freedom speak up guardians across NHS primary and secondary care which continues to play a crucial role in supporting healthcare workers.

Four-fifths (79.8%) of those who gave feedback said they would speak up again

The headlines from the report can be found at **Appendix 1**.

Number of RDaSH FTSU Concerns



During this current financial year 2024/2025 there have been 30 concerns raised within the trust, if this continues along this current trajectory at the end of the financial year we would average out around 60 concerns which would bring rates back down to pre 2023/24 rate. The guardian continues to deliver training around civility in respect in conjunction with colleagues from the organisational development Department in order to promote principles of speaking up as well as increasing visibility. We continue to promote the FTSU pathway and the learning from concerns raised is shared with individuals, at care group level and in the Quality and Safety group.

Themes and Trends

RDASH themes and trends regarding FTSU must be published within our Board updates. The themes and concerns are presented via: Core Service (Table 4), Professional Group (Table 5) and locality, this should be viewed alongside the learning points specified in the next section.

Table 4: Number of concerns raised in total via core service (calendar year)

Core Service	Total Number of FTSU concerns (Total 455)	Number of FTSU concerns (Total 30) Apr-Sep 2024 (as at 26/09/2024)	Current CQC Rating
Substance Misuse Services	1 (0.22%)	0	Good
Wards for Older Peoples with mental health problems	25 (5.49%)	0	Good
Long stay or rehab wards for working age adults	16 (3.52%)	2 (6.67%)	Requires Improvement
Community Based mental health services for adults	74 (16.26%)	2 (6.67%)	Requires Improvement
Community health inpatient services	18 (3.96%)	1 (3.33%)	Good
Acute wards for adults of working age and psychiatric intensive care units	62 (13.63%)	8 (26.66%)	Requires Improvement
Specialist CAMHS	17 (3.74%)	5 (16.67%)	Good
Community Mental Health Services with LD or Autism	22 (4.84%)	0	Good

Community health services for CYP and Families	36 (7.91%)	1 (3.33%)	Outstanding
Forensic Inpatient of secure wards	15 (3.30%)	0	Good
Community Health Services for adults	38 (8.35%)	0	Requires Improvement
End of life care	0	0	Good
Community based mental health services for older people	34 (7.47%)	2 (6.67%)	Good
Mental health crisis services and health-based places of safety	10 (2.20%)	4 (13.33%)	Outstanding
Corporate Services	74 (16.26%)	5 (16.67%)	
Other services (i.e., Nursery)	5 (1.10%)	0	
Not Provided	8 (1.76%)	0	

What this means at RDaSH - The data presented in table 4 (above) shows a breakdown of FTSU per core service. This enables a view of concerns that have been raised via specialisms. There continues to be a consistently high number of concerns raised in the Acute wards for adults of working age and psychiatric intensive care units in the previous year's. This could be partially due to the guardian having strong links within all acute mental health services. Our response to these concerns was to offer OD interventions and hold cultural conversations in big groups and also when patient safety related escalating to the SLT within the care group and FTSU panel for further investigation.

The 66 FTSU champions and visibility of the Speak up Guardian throughout 2023/24 and engaging with teams virtually have all helped our position. The table also demonstrates which service have had *no concerns raised*. We have engaged with these teams to listen and learn from them, and the feedback received is that colleagues in both services feel that they can speak up and they are empowered to speak up and that these areas encompass the trust values.

Table 5: Number of concerns raised in total via professional group (<i>financial year</i>)		
Professional Group	RDaSH % (% to whole number) 98 concerns as at 26/03/2024	RDaSH % (% to whole number) 30 concerns as at 26/09/2024
Nurses (midwives – n/a to RDaSH))	32.66% (n=32)	16.67% (n=5)
Allied Health Professionals	10.20% (n=10)	10% (n=3)
Cleaning/ Maintenance/ catering/ ancillary staff/ Admin and clerical	27.55% (n=27)	10% (n=3)
Healthcare assistants	4.08% (n=4)	23.33% (n=7)
Doctors	1.02% (n=1)	3.33% (n=1)
Corporate Service Staff	4.08% (n=4)	0
Public Health	n/a	n/a
Board Members	0	0
Dentists	n/a	n/a
Commissioning	n/a	n/a
Ambulances	n/a	n/a
Pharmacists	0	0
Anon/not provided	15.31% (n=15)	30% (n=9)
Students	0	0
Additional Clinical Services	0	0
Other (includes HV, Union Reps N/A)	5.10% (n=5)	6.67% (n=2)

What this means at RDaSH - Table 5 above provides a breakdown per staff group in terms of 'speaking up' to the Speak to the Guardian. The nurses in the organisation continue to utilise the route of speaking up to the guardian this professional group nationally has maintained the lead in raising concerns

through the guardian. The category listed as 'other' includes role such as health visitors and union representatives.

We still have lower than average 'speak up' rates for medical staff. Therefore, there has been an increased focus by the FTSU Guardian to ensure all medical staff are aware of 'speak up' routes. The recruitment of a FTSU Champion within the medical work-force has helped. Over the last 6 months the Guardian has attend various doctor forums and linking in with Dr Babur Yusufi (Guardian of Safe Working Hours GoSWH) for encouraging a safe speaking up culture for the doctors. The Guardian has also attended informal Junior Dr forums in order to further promote speaking up and will be asking for volunteers to complete the FTSU champions training. The guardian has also welcomed junior Dr who is also a FTSU champion and has joined the organisation on a rotational basis and has become part of the FTSU champions network.

Section 2 - Patient and Worker Safety/ Experience Issues

Table 6 below reflects the RDaSH position in relation to concerns raised with regard to patient safety, bullying and harassment whether these were anonymous and also concerns of perceived detriment.

Table 7 shows the comparison with RDaSH and other neighbouring Trusts.

Table 6 – National Comparisons concerning “speak up” theme and experience		
Theme or experience	RDaSH 2023-2024 98 concerns (as at 26/03/2024)	RDaSH 2024-2025 30 concerns (as at 26/09/2024)
% of Patient Safety Concerns	24	9
% of Bullying / Harassment Concerns	28	9
% reported anonymously	14	9
% reported perceived disadvantageous and/or demeaning treatment (detriment)	1	0

Bullying and harassment continue to make the largest portion of concerns raised alongside concerns with elements of patient safety. Any concerns with elements of patient safety are raised to the SLT in the respective Care group alongside FTSU panel for further factfinding/investigation, with assurance given to Guardian of next steps. Concerns raised with elements of bullying and harassment are again raised to the SLT in the area/CG raised in the concern with the support of FTSU panel/OD.

Table 7: FTSU Guardian Report Q1-Q4 2023/24 – comparison with neighbouring Trusts							
Trusts	Number of concerns brought to FTSUGs	anon	patient safety/ quality	worker safety or wellbeing	bullying or harassment	inappropriate attitudes or behaviours	disadvantageous and/or demeaning treatment (detriment) as a result of speaking up
RDaSH	98	14	24	40	28	44	1
DBHT	104	2	61	75	14	22	4
Humber	36	0	30	28	13	0	0
LPT	89	0	23	40	16	10	1
NLAG	321	25	60	50	39	159	3
SCH	130	0	35	32	21	36	0
SH&SC	122	2	29	17	0	27	7
STH	68	9	22	27	19	2	13
TRFT*	7	2	0	0	6	4	0

*No data received for Q3 or Q4

What this means at RDaSH – Each of the concerns raised in the Trust have been discussed and progressed at a team level, with learning then explored at an organisational level, triangulating learning and data through Care Group, Directorate and POD and Quality and Safety meetings, identifying opportunities to learn and improve.

We continue to explore options to encourage speaking up openly and work with our people, so they feel confident in speaking up without fear of detriment and to promote open cultures within teams and the organisation. We continue to share learning and improvement that has resulted from speaking up to show others that the process is there to support them and to improve patient care. Work is currently being undertaken within the FTSU regional network around the question of detriment on how the organisation needs to respond when detriment is raised. Some of the options are being explored within the network are, a SOP for detriment, 1 presentation for workers and 1 presentation for the exec team on detriment and the National guardians office is also currently working with PROTECT in formulating a risk assessment for guardians around detriment. The guardian is also working to look at requesting feedback on detriment from closed concerns at the 3, 6 and 12-month period.

Section 3 - Action taken to improve FTSU culture

All our people can access the new FTSU e-learning on the Electronic Staff Record (ESR), The first module – Speak Up – is for all workers, second module - Listen Up is for managers and anyone that supervises people this module focuses on listening and understanding the barriers to speaking up. The final module, Follow Up is now available, it is for senior leaders to support the of Freedom to Speak Up as part of the strategic vision for organisations and system. We would like to explore this module with the Board of Directors as part of their development alongside completion of the reflective planning tool for FTSU.

The FTSU Guardian is actively engaging with the organisation and is arranging visits to all our champions in their workplace environments to build connectivity and engagement.

Currently we have 66 FTSU champions trained champions and 39 colleagues who have expressed an interest in becoming a FTSU champion. There has been particular focus on increasing the champions within inpatient settings given the concerns arising from the panorama/dispatches documentaries in 2022 as well the recent shocking revelation from the Lucy Letby case. Once the new champions have been trained, they will be invited to our regular Champions network meetings, their contact information will be advertised on leaflets/posters and promotional materials. Regular and targeted communications will be channelled through Daily Briefings, Intranet, on-line and in-person events and display boards across the organisation.

Targeted FTSU Engagement and Induction

Work has continued to take place regarding increasing FTSU communication and enhanced induction for new starters including the international nurses. Information on speaking up is shared in trust publications.

The Guardian continues to deliver induction engagement sessions to the IEW's speaking about the importance of the FTSU agenda.

Schwartz Rounds/Team Time

The rounds have been facilitated to support individuals to tell their stories and they promote “speaking up” about experiences in the health care sector. There is a high demand for bespoke Schwartz Rounds in clinical areas.

The guardian has completed Schwartz Rounds training and is recognised as a facilitator, the guardian helps to deliver the sessions alongside colleagues from OD.

Cultivating Compassion Circles (3Cs)

These are interactive 1-hour sessions that occur monthly via teams comprising of 10 Themes - where we can share and thrive together. Safe spaces where people of all levels share their experiences and are heard. The Guardian takes a collaborative role in delivering the sessions alongside colleagues from organisational development.

‘Speaking Up’ and Staff Diversity Networks

The RDaSH FTSU Guardian continues to attend virtual meetings for all the staff networks, being visible and creating safe psychological spaces for colleagues to discuss their concerns. The role of FTSU Guardian is seen as a vital mechanism to ensure that people can continue to care for patients safely and to support staff wellbeing.

Half day learning event FTSU

The guardian will be conducting 1/2-day learning event initially focusing on how managers react when a FTSU concern or any concern in general is raised regarding the specific area. It will contain practical steps that leaders can take in order to support anyone raising the concern and they are wider team members. There will be a further half day learning event for FTSU which all staff will be able to attend and will-containing information around the general principles of FTSU and how to access it.

Safety Culture at RDaSH

Anti-racism Alliance - continues the journey towards the organisation becoming an anti-racism organisation and fighting to eradicate all forms of discrimination as Promise 26 of the clinical strategy. Anti-racism work at RDaSH continues to be delivered in a systematic and aligns with the REaCH inclusion network. The work for this year has centred on 4 key objectives,

Objective 1 - Inclusive Recruitment - work around diverse interview panels, Recruit and train colleagues from a BME background to actively participate in interview processes and recruitment panels

Objective 2 – Become an actively Anti-racist organisation

- Acknowledge systemic racism exists within our organisation and recognise racism causes hurt.
- Develop a full package of robust Policies and Practices to support our actively Anti-racist approach.
- Support teams across the organisation to feel safe and able to report using the Trusts systems and processes.
- Ensure there are consequences for racist behaviours and that there are a set of approaches available for staff on how to respond to incidents and how it is managed. Acknowledge the hurt and respond with kindness and compassion.
- Build and develop the red card option for racist incidents by patients and their relatives.
- Take proactive action to deliver race equity, civility and respect and diversity awareness and cultural competency workshops and talk with teams about racism through facilitated conversations with team leaders and teams
- Establish systems and processes to seek out and /or respond to racist incidents.

Objective 3 – Achieve Accreditation

- Achieve accreditation .
- Ensure all appraisals have values-based conversations about racism and that individuals positively promote diversity across their responsible areas. Also appraisal conversations should include evidencing how they are living our organisational values and delivery of objectives in a

Objective 4 – Nurture and Develop our Talent

- Take informed and positive action to develop diverse talent through a targeted approach
- Focus on developing Talent in specific areas based upon the workforce demographic and our data
- Run Talent development workshops for aspirational colleagues that include personal development tools, Insight, skills development and allocation of sponsors and mentors.
- Analyse the diversity of our TLC and take positive action

There has been reflection on the recent riots and disruption within our community, our response and learning from this for the future.

Widening Cultures via Communities of FTSU practice

Our RDaSH FTSU approach is to ensure that we are fully linked into several networks to benefit from a collective approach to 'speaking up'. The FTSU Guardian attends regional FTSU Guardian meetings and accesses peer support regularly that has been put in place. The National Guardian's office has psychological sessions and webinars to support guardians, it is recognised that FTSU Guardians need support to continue to be fully effective within their organisational role.

Visibility of the Guardian

The guardian has focused on increasing visibility through the organisation and visits each CG once every 4-6 weeks to help develop trust within the staff group and to help 'spread the word' of what FTSU does. Some other action the guardian has taken are below:

- Present at each staff diversity network
- Present in all peer reviews
- Expanded champion's network
- Shadowing opportunities with the Guardian
- Substantive FTSU Guardian now in place from Feb 2024
- Confidentiality is maintained throughout the process with oversight from the guardian.
- Confidentiality is discussed withy champion in the FTSU Champions network.
- Peer network with other guardians in the region

Freedom to speak up month October 2024- (Listen Up)

During freedom to speak up month for the month of October 2024, the guardian based himself in a different locality each week. One day was a stand where there where freebies available for staff and the guardian made himself available to discuss with staff the importance of speaking up. The other day was a Hub where staff can approach the guardian to discuss any concerns, they have regarding the places they work in.

Also trust comms was sent every week for the month of October with senior leaders throughout the organisation promoting the importance and value of listening up within the context of FTSU.

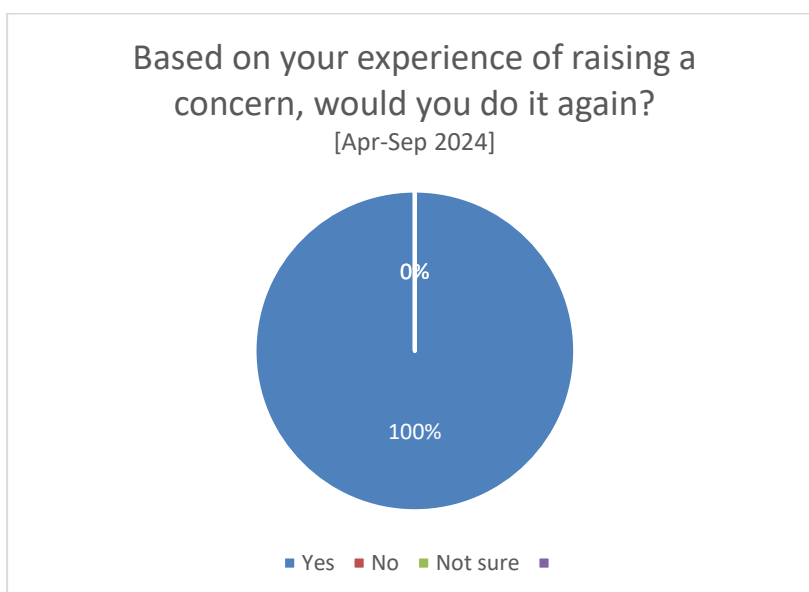
Section 4 - Learning and Improvement

There are 12 concerns open at present (this includes 2* cases where staff spoke up on the same issue). all other concerns have been closed. Below is a list concerning high level detail of learning points related to the concerns raised within 2024/25.

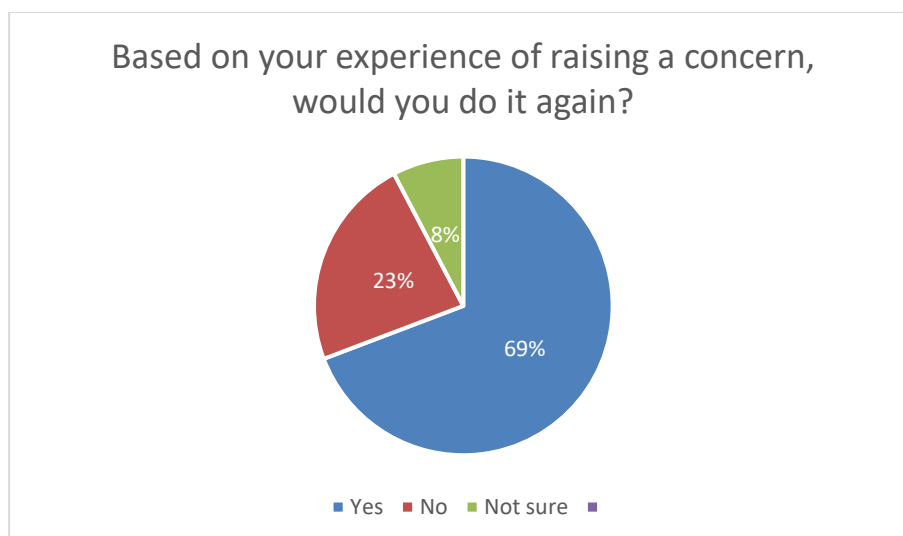
- Civility and respect issues, Civility framework and behavioural charter to tackle some of these issues is being explored.
- Recruitment of more FTSU champions- this has been addressed and training has been delivered to the new volunteers.
- Anti Racism Alliance
- Concerns around lack of visibility of senior leadership.
- Guardian attending all Peer reviews in inpatient setting.
- Patient safety experiences
- Lack of support and understanding of the role of medical PA's.
- Concerns raised from staff around not being able to take breaks whilst working in an inpatient setting.
- Staff fatigue and staff shortage- worker experience
- Team Dynamics – potential disruption of teams working together post pandemic, remote working, pressure, and fatigue.
- Concern around safe staffing numbers
- Concerns around staff conduct outside of work.
- Issues around communication and feedback.
- Implementation of FTSU mangers form to formalise timescales for resolution of concerns and how learning will be imbedded within the service.
- Concerns around increasing pay for band 2 and subsequent effect on band 3
- FTSU policy review in line with recommendation from NGO currently out for consultation with a view to publish early April 2024.

RDaSH Feedback

Feedback is obtained from all who speak up, except for those who speak up anonymously. The feedback that has been provided by colleagues and learners who have spoken up has been overwhelmingly positive and corresponds with national comparators. Freedom to Speak Up Guardians ask those they support whether, given their experience, they would speak up again.



In all concerns raised where, feedback was provided 100% of respondents were asked and answered yes to this question. The current national rates of feedback around this question currently stand at 79.8%.



This shows an improvement on the previous POD report where only 69% answered yes to this question with 8% being unsure and 23% answering no. The guardian has worked hard on fully explaining the process around FTSU at the beginning of the engagement with staff whilst also focusing on outcomes that are achievable.

At RDaSH all people who spoke up confidentially or declared their name are given to option to provide feedback.

Feedback from staff from closed FTSU concerns

Mr Hatfield was second to none : polite, supportive, willing to help.

I found the whole process very reassuring and supportive. I would and have recommended it to colleagues.

Although the process can feel intimidating from the outset once I had reached out to the FTSU guardian, James, I felt so much more at ease. At first I just reached out for a chat with James to help me understand the process, which was really helpful and he had plenty of time for me. He helped me through the process from beginning to end and always checked in, and kept me up to date. He was always happy to have a quick call if I had any questions which I appreciated. He definitely had my best interests in mind, and made sure to protect my confidentiality and that there were no detrimental consequences for having raised the concern. I felt safe, supported and listened to through out. In the future, if anything came up I would not think twice about contacting James again.

I am very satisfied with the outcome of my query, I have been kept informed and was always made to feel listened to and valid in my concerns. If anyone has a concern, I would really recommend them raising it even if they're not sure whether to do so. It is better to check in with someone rather than keeping things to yourself and nothing changing.

See appendix 2 for all feedback (April-September 2024)

Has the cultural work been effective at RDaSH?

The focus upon FTSU cultural work appears to have been effective in both supporting the development of a Trust wide 'speak up' culture and increasing the number of concerns raised as evidenced in section 1 of this paper. The discussions concerning FTSU are also widening in terms of the Trust introduction of RJLC principles and practices. During 2024, the Guardian alongside colleagues in the OD Team have run development sessions on workplace Civility and Respect which underpins our workplace culture.

Section 5 – Recommendations

Within this paper details have been provided in terms of FTSU approaches, developments and concerns raised within RDaSH since the previous report in April 2024. Internal and external data is summarised and presented to Board of Directors to help review Freedom to Speak Up arrangements. It also highlights actions taken regarding Concern management monitoring arrangements as well as activities to promote leadership visibility and encourages a systemic approach to raising concerns.

Within the next 6-12 months recommendations are made that the following work will be conducted to enhance FTSU approaches at RDaSH:

1. FTSU concerns are discussed alongside other patient safety and staff wellbeing information to triangulate data provide preventative interventions and promote organisational learning. FTSU should be discussed in the safety huddles/team meeting throughout the clinical and corporate settings alongside and in conjunction with RJLC.
2. Leaders and individuals, who manage 'speak up' concerns to ensure that the FTSU is sighted on the actions and learning from these concerns.
3. Ensure that all team and areas know how and who to contact for support or advice in terms of FTSU matters, please contact James Hatfield (FTSU Guardian).
4. Ensure instances where individuals may have suffered detriment for speaking up are promptly and fairly investigated and acted on. Work continues to ensure senior leaders are clear that detriment will not be accepted, and that are clear processes for identifying and addressing when FTSU concern results in detriment.
5. Work is currently being undertaken within the FTSU regional network around the question of detriment.
6. Half Day learning session to be provided which will be split up into 2 distinct areas for focus 1 being targeted at leaders around how to respond when FTSU concerns are brought to them, the other being for all staff around general principles of FTSU.

7. Board session has been conducted, considering current FTSU themes and trends and this reflective tool and action plan.
8. Quarterly meetings has been reinstated with CEO / NED responsible for FTSU and Director responsible for FTSU.
9. 3 members of SLT has been provided with additional training to provide a business continuity plan in terms of Guardian cover regarding leave.

APPENDIX 1

Headlines 2023/24

TOTAL CASES



32,167 cases

were raised with
Freedom to Speak Up Guardians
in 2023/24

The highest number of cases recorded – a 27.6% increase from 2022/23.

PATIENT SAFETY AND QUALITY

18.7% of cases raised included an element of patient safety/quality

a marginal drop compared to 2022/23 (19.4%).



BULLYING AND HARRASSMENT

19.8% of cases reported included an element of bullying or harassment.

A 2-percentage point fall compared to 2022/23.



WORKER SAFETY AND WELLBEING

One in every three cases raised (32.3%) involved an element of worker safety or wellbeing.

An increase from one in every four cases (27.6%) in 2022/23.



INAPPROPRIATE BEHAVIOURS

Two in every five cases (38.5%) involved an element of inappropriate behaviours and attitudes.

The most reported theme in 2023/24.



ANONYMOUS CASES

The percentage of cases which were raised anonymously is ten percent (9.5%).

This was similar to the percentage raised anonymously in 2022/23 (9.4%).



DETRIMENT

Detriment for speaking up was indicated in 4.0% of cases.

This is the same as in 2022/23.



FEEDBACK



Four-fifths (79.8%) of those who gave feedback said they would speak up again.

PROFESSIONAL GROUPS



Workers from a range of professional groups spoke up to Freedom to Speak Up Guardians.

Nurses and midwives accounted for the biggest portion (28.3%) of cases raised.

APPENDIX 2

- James was amazing and very supportive
- I found the whole process very reassuring and supportive. I would and have recommended it to colleagues.
- Always speak up its how we improve ourselves and move on when things feel to difficult make ground so others a head don't suffer the same
- Mr Hatfield was second to none : polite, supportive, willing to help.
- Although the process can feel intimidating from the outset once I had reached out to the FTSU guardian, James, I felt so much more at ease. At first I just reached out for a chat with James to help me understand the process, which was really helpful and he had plenty of time for me. He helped me through the process from beginning to end and always checked in, and kept me up to date. He was always happy to have a quick call if I had any questions which i appreciated. He definitely had my best interests in mind, and made sure to protect my confidentiality and that there were no detrimental consequences for having raised the concern. I felt safe, supported and listened to through out. In the future, if anything came up i would not think twice about contacting James again.
- Despite having to go through the process of an formal grievance, (not always the case) despite the stress to both mental & physical health, what I can say is that my concern in the end was responded too after 4 long years. It was the right thing to do however, it took a colleague to raise a concern on my behalf because I didn't want to be seen as a trouble maker, as it was my immediate line manager that was the problem and I was too scared of the repercussions of my actions. When things do go wrong we need to make sure lessons are learnt for things to improve, everything we do/say can have an impact on why we are here! I would like to personally thank J for all his support over the past year, J you are a key player in supporting the Trust values. All the Best.
- I am very satisfied with the outcome of my query, I have been kept informed and was always made to feel listened to and valid in my concerns. If anyone has a concern, I would really recommend them raising it even if they're not sure whether to do so. It is better to check in with someone rather than keeping things to yourself and nothing changing.
- James is fantastic and supportive and made sure I felt listened to.
- Please make contact, don't hesitate, speaking about your issues help immensely with your own mind set