

Item 4.ii

Report to:	Board of Directors	Date: 1 April 2021
Report from:	Tony Bottiglieri, Freedom to Speak up Guardian	
Principal Objective/Strategy:	To inform the board of progress on Speaking Up Service	
Title:	Freedom to Speak Up Guardian Update Report Q1,2 & 3: 2020/21	
Board Assurance Framework Entries:	Staff Engagement Patient Safety	
Regulatory Requirement:	Recommendation from Francis Review 2015; Governance – Well-led Framework Workforce	
Equality Considerations:		
Key Risks:	Staff do not feel confident to speak up and raise concerns	
For:	Information	

1. Executive Summary

In line with the recommendations of the Freedom to Speak Up Review (Francis, 11.2.15), the Trust has a Freedom to Speak Up Guardian, appointed August 2018. This report reflects the reporting period Q1, 2 and 3 - 2020/21. Data from Q4 will be included in the annual report, presentation date to the board to be agreed. This report is intended to inform the board of progress and of key issues. Unfortunately the role of Guardian was absent from service from 3 November 2020 to 8 February 2021. This was due to a period of sickness absence. Cover arrangements were provided by the FTSU champions. Appreciation is extended to all 16 champions whom ensured access and support was maintained throughout this period. This was a particularly difficult time as most champions were redeployed (in responding to the 2nd wave).

2. Context and background

In line with national recommendations, the Board of Directors is to receive regular quarterly update reports followed by a yearly report on Freedom to Speak Up. The Board are advised that Q1 and 2 were submitted together to the National Office as required by the National Office imposed by COVID19 restrictions. Similarly, submission for Q3 data collection was extended for this reason; however, Q3 data will be submitted as part of the end of year reconciliation of data.

The current post holder was initially allocated 4 hours per week on appointment. This was increased to 9.5hrs (one day) from October 2019 to recognise the increase in demand for contact time by staff. It continues that time allocated for this role should be more realistically adjusted upwards in line with other NHS trusts within the region, particularly as demand significantly exceeds capacity to respond to staff concerns. Partnership dialogue with district NHS trusts asserts that trusts allocate 1 WTE to accommodate the role.

3. Progress to date

2020-21 has been a challenging year. The onset of COVID19 pandemic brought unrepresented changes to the services provided by Royal Papworth Hospital. Changes have also been experienced within the FTSU service where several champions have been redeployed into critical care roles or in undertaking other associated care roles. Profile of the service and activities to ensure staff are supported in speaking up continued throughout this period. Where opportunities to engage with staff were reduced, alternatives were adopted. For example, the use of virtual and “drop-by” methods becoming the normal mode. Trust forums such as BAME, Staff council, and EDI steering group attendance was maintained when continued to operate.

The Guardian has continued to hold quarterly forums with FTSU champions up until his period of sickness absence, adopting the virtual method of engagement up. This forum is essential as it provides the opportunity to instigate support and guidance, and permitting the examination of issues which champions respond to do. We have seen this role become an established central provision with more and more staff reaching out for guidance on speaking up. We have also seen an increase in staff wishing to become FTSU champions. It is important to be reminded of the bases of those whom undertake this role, that champions are volunteers and so are primarily committed in undertaking their core functions whilst also being available to staff when required. Unfortunately the network of support to champions from the Guardian was reduced during his period of sickness absence. Support to champions was limited/maintained through the groups “WhatsApp” where its use has tight operating governance. Champions were also advised to engage with human resource colleagues on a case by case basis. We would like to extend thanks to our HR partners for the support provided.

The approach adopted and mechanisms used to ensure staff are aware of the service continue to be used. These are; holding surgeries and offering clinical and non-clinical area walkabouts ; trust induction presentations, and membership of a range of Trust committees as outlined: BAME, Joint Staff Council and the Equality, Diversity and Inclusivity Steering Group. Additional forums are currently being explored to enhance the triangulation of incident reporting to better understand the nature of incidents and its/their locations. The service is also seeking to adopt a peer method of reviewing speaking up incidents. A tool has been developed across the Cambridgeshire NHS trusts, to be piloted in September 2021. Progress update will be provided following the pilot period

In October 2020, the national guardian’s office celebrated “Speaking Up Month”. Here, we utilised our Royal Papworth Hospital charity in funding resources to both profile the service and to celebrate speaking up month. This included the production of banners, souvenir pens and hats. The intention of celebrating speaking up month encouraged staff across clinical and non-clinical services to speak up and to be reminded of our service. Incidents reported during speaking up month are captured and reported on in Q2.

Priorities for 2020/2021

Outcomes, measures and monitoring mechanisms in supporting FTSU Guardian vision and strategy 2019-2021;

- National FTSU Index report results/targets – increase to 80.7% (78%) responses indicate that staff felt that we have a reporting culture.
- Regular review of referrals with Workforce Human Resource partners and Risk office (triangulation)
- To continue to build upon the existing communication channels for staff to raise concerns, to include the effective use of staff forums and committees (e.g BAME/Joint staff consultative forums, EDI/walkabouts, drop in surgeries, national speaking up month/ trust briefings)
- Maintaining a steady state of freedom to speak up champion representatives across the trust
- Quarterly FTSU updates for all staff via communication team and intranet.
- Introduction of case audit review of how incidents are managed and reported with district NHS Trust partners (Peer case audits – National office initiative). Format developed
- Annual reporting to the Trust executive board to inform on annual reporting themes and lessons learnt
- Story telling as a method of learning lessons to the trust board to continue
- Profiling speaking up through National Speaking up Month – to be confirmed
- Quarterly FTSU Champion forums
- Continued involvement with panel representation – Annual leave exceptional circumstances; Hardship applications

4. National reporting

Quarter 1, 2 (2020/21) reported to the National Guardian's Office

Q3 data (2020/21) will be reconciled with end of year reporting

Q1 - 12 th July 2020	33 incidents
Q2 - 11 th October 2020	19 incidents
Q3	15 incidents (to be submitted April 2021)
Total	67 incidents

Most incidents fall into the category of harassment and bullying across the 3 periods.

To date, a total of 52 incidents have been reported to the National Office (2020/21) with Q3 data (15 incidents) to be added in April 2021. This exceeds the total number of incidents reported for 2019/20 (42).

5. Concerns raised with the FTSU Guardian (including those communicated through the FTSU champions)

The themes identified from the concerns raised are as follows:

Concern theme	Sub-theme	Number	Occupational group
Bullying and harassment	Work expectations	23	Nursing; medical administration/coordination
Bullying and harassment	Equality and diversity (ethnicity)	14	Nursing
Bullying and	Management and	28	Nursing; Admin and Clerical;

harassment	leadership style		Medical staffing
Patient safety		4	Nursing; medical
Number of cases where people indicate that they are suffering detriment as a result of speaking up		7	Nursing; Admin and Clerical; medical

6. Given your experience, would you speak up again?

Total number of responses	Q1:	Q2	Q3
	26	16	11
The number of these that responded 'Yes'	17	12	8
The number of these that responded 'No'	0	0	0
The number of these that responded 'Maybe'	5	2	2
The number of these that responded 'I don't know'	4	2	1

7. Common themes from feedback

Leadership styles and lack of compassion, poor understanding of disciplinary process, definition and interpretation of behaviours construed as bullying and harassment, BAME concerns (racial discrimination); discrimination based on ones gender.

8. Summary of learning points

BAME and concerns related to ethnicity, race, gender: nursing workload and allocations: inequality of opportunity: progression and development (racial bias): bullying and harassment including its definition and application; managing the disciplinary process (clarity of process and timeframes for reporting and keeping staff informed.

9. Feedback and outcomes of reported incidents

Several of the reported incidents are known to the trust and are currently in the process of investigation. Where permitted by the member of staff, incidents have been escalated to the Workforce Team for further action. Staff that did not wish to progress their concerns have had their concerns noted.

Where public disclosure is required, staff have been advised accordingly. In several incidents, staff requested the FTSUG contact their managers/leads. It is now not uncommon for staff to seek this support, although a concerning trend particularly as we seek to develop leadership traits of compassion. As reported in 2019/20, we can assert that the increasing incident reporting from 2019/20 infers an increase in staff confidence to speak up. However,

the board should continue to recognise, as noted in previous reporting, that although factoring confidence in speaking up, it is still evident that there continues a level of reluctance on speaking up. We continue to receive reports of staff feeling intimidated by their leaders and unwilling to speak up about this.

Given this, it is pleasing to note the investment of the recent appointments to the post of Equality, Diversity and Inclusion manager and the Workforce Health and Wellbeing Practitioner. Several developments in pursuance of both roles will, anticipated, help build staff confidence in speaking up and in being heard/listened to.

In summary - as with previous reporting, the majority of incidents reported to the FTSU Guardian for Q1, 2 and Q3 (2020/21) relate to issues of bullying and harassment, leadership and lack of compassion, discrimination, and of the disciplinary process.

Extending access to speaking up support has been initiated through the trusts strategy and vision policy, approved in 2019/21, and to be reviewed in 2022/23. Sixteen freedom to speak up champions continue to in post as volunteers. This is now an established and effective provision.

Example of cases

Case 1

Agency employee deployed to work for OCS as a cleaner. The person recognises that his issue falls between OCS and the employment agency. He felt unable to raise the issue believing this to be restricted due to being an agency appointee. He approached the FTSU guardian on advice by a colleague. His issue relates to being labelled untrustworthy by OCS whom discouraged the agency from a reappointment to work. The incident relates to him being accused of drinking on duty, where an empty bottle of alcohol was found in an area where cleaners access their cleaning equipment/trolleys. This was an empty bottle which was left over from a trust event. He claims to have overheard OCS employees discussing this incident and making accusatory comments of him drinking on duty which he rejects vehemently. There has not been any right of reply. He feels that this name has now been sullied.

OCS has advised the agency not to recruit him again. Although the trust is not his employer, OCS is contracted to provide a service to the trust. Is there a moral and business obligation to ensure staff, including those temporarily appointed through an agency, to be treated appropriately?

Case 2

Housekeeping services: Staff team approached FTSU guardian to speak up about how they were managed and treated. They sought advice on the complaints process. Staff have raised their concerns with their direct and in-direct line managers with little action taken to remedy their concerns, which are:

Poor communication between team leaders and direct delivery staff (no meetings since Feb2020); requests for annual leave are not responded to in good time, staff claim that it is

common to have annual leave requests confirmed a few days before actual leave dates; a line manager is positioned in the atrium to coincide with end of shift period to monitor staff departure times; the dishwashing equipment has caused cutlery to become stained - patients complain about this, staff have escalated this but little action taken; staff feel undervalued, stressed, morale is extremely low, retention is a growing concern. A letter of concern was sent to facilities, awaiting response.

Case 3

Care coordinator administrator currently undergoing capability process. Person has requested consideration for flexible working. This was made several months ago, but advised that this would not be considered whilst capability was in process. Unclear whether capability, inherent within the disciplinary process, is marked for continuation during Covid 19 - 2nd wave? Her service managers continue to state that the work she undertakes requires her to be onsite throughout the whole week. She has recently reduced her hours from full to part-time in order to support her child's pre and post school care. Her child is 8yrs, the employee requires two buses to get to RPH. At the last meeting, it was accepted that WFH was feasible:

Two days a week WFH has been offered (07.30 to 17.00)

Remaining three days – WFH 07.30-8.30, then on site from 09.30 – 16.30

Issues and concerns: that it has taken a considerable amount of time to accept that flexible working was/is possible and indeed, not likely to affect the service. That recognition of her personal circumstances should have attracted greater compassion, and that a sense of miss-trust framed the response in disallowing flexible working options.

The employee is extremely appreciative of the approval to work flexibly.

10. Future Actions

- a. Implementation of the Trust's FTSU Guardian 2019-2021 strategy – to include the development and support of champions across the trust (MET and ongoing – March 2021).
- b. To continue to undertake activities which support the process of raising concerns (ward rounds, staff meetings, presentations at study days, trust inductions etc.), and to offer staff an opportunity to share their experiences and concerns. (alternative methods considered during 202/21 due to Covid restrictions)
- c. Training for all FTSU champions and on-going support (refer to item a)
- d. Implementation of National guidelines on FTSU training in the health sector in England (National guidance recommendations -2019/2021)
- e. Training of the Trusts FTSU guardian September 2019 achieved – September 2019

- f. Involvement with National events – FTSU month- October 2021(ongoing)
- g. Joint working with other local NHS Trusts where lessons learnt can be shared.
(Ongoing)
- h. Continue to fulfil our duties regarding national reporting.
- i. Support the development of responses following staff Pulse (Feb 2021) and Wres (2020) surveys.
- j. Peer FTSU case audit September 2021 - with Cambridge and Peterborough NHS Foundation Trust.

11. Recommendation

The Board of Directors is asked to receive and discuss this report from the Freedom to Speak up Guardian.