

**Agenda item 4.ii**

<b>Report to:</b>	<b>Board of Directors</b>	<b>Date: 7 October 2021</b>
<b>Report from:</b>	Tony Bottiglieri, Freedom to Speak up Guardian	
<b>Principal Objective/Strategy:</b>	To inform the board of progress on Speaking Up Service	
<b>Title:</b>	<b>Freedom to Speak Up Guardian annual report 2020-2021</b>	
<b>Board Assurance Framework Entries:</b>	1853, 1929	
<b>Regulatory Requirement:</b>	NHS People Plan	
<b>Equality Considerations:</b>	Ability of all staff to raise concerns	
<b>Key Risks:</b>	Staff Health and Safety and Wellbeing Equality, Diversity and Inclusion Poor staff engagement leading to high turnover and staff absence.	
<b>For:</b>	The Board are asked to receive and discuss the report from the Trust's Freedom to Speak Up Guardian (FTSU)	

**1. Purpose/Background/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 who took up post in August 2018. This is annual report covers the period April 2020 to March 2021. The report is intended to inform the board of progress and of key issues reported to the FTSU guardian during this period.

**2. Context and background**

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. I am pleased to report that additional hours to support the guardian role have been agreed to accommodate the realistic demands for the speaking up service. Funding support has been agreed (in principle) to 0.6 WTE provision. Following the trust's establishment review and delay in confirming NHS budgets, this arrangement is in place until 31 March 2022. A revenue stream has yet to be confirmed and initiated to off-set the revenue challenge experienced by the clinical education team.

**3. Progress to date**

A continued theme is that 2020/21 reflects ongoing frenetic activity within the NHS. That it has been both a progressive and challenging year. Activity reporting to the guardian suggests the role is now an established service. Evidentially, requests for support and guidance by medical and non-medical staff have increased during 2020/21. The guardian, with champions, continues to work towards increasing service profile and improving access to all staff from both trust sites. There is ambition to utilise more opportunities into 2021/22. Drawing from several speaking up events, it is clear that flexibility of access for all staff is a key service proponent, and therefore a key initiative going forward.

Networking across the region through membership involvement continues. More locally, engagement with Cambridgeshire NHS trusts provides the opportunity to share good practice and to consider national initiatives for local application. Current attention is given to the implementation of the national initiative to provide staff with training on speaking up "speak up, listen up, and follow up", and in exploring how the role of the guardian is assimilated into the Integrated Care Systems.

The guardian continues to engage with several Royal Papworth Hospital committees - BAME; Equality and Diversity, exceptional annual leave, Joint Staff Council, hardship fund, Disability and Difference, EDI steering committee, and in facilitating the FTSU Champion group.

It is unfortunate that profiling activities were reduced for this reporting period due to Covid 19 responses. This, as before, proved to be a difficult period which drew attention to both the remarkable work being undertaken in treating Covid patients as well as the emotional and psychological effects this had on our staff, particularly for those experiencing redeployment. Briefing sessions were undertaken in support of the Trust's briefing project with lessons considered.

It is pleasing to report that the trust has again improved its position on the Freedom to Speak Up annual national index 2020/21. This report is one but significant way in which trusts can consider how it is doing in developing an open culture where speaking up is valued and respected, and which reflects the Trust's values and behaviours. It is a metric for NHS trusts, drawn from four questions in the NHS Staff Survey, asking whether staff feel knowledgeable, encouraged and supported to raise concerns, and if they agree they would be treated fairly if involved in an error, near miss or incident.

The index national average score has improved by 0.5%, up to 79.2%. This is the national benchmark for 2020/21 with Royal Papworth Hospital NHS Foundation Trust scoring 82.1%. This also reflects positively against the average score for East of England trusts - 78.6%. There is clearly more work to be done in ensuring that all staff feel safe to speak up about anything that concerns them across all trusts including staff at Royal Papworth Hospital, and to be mindful that staff representative of the BAME community continue to find reporting and speaking up more difficult and have less confidence in speaking up than their non-BAME peers.

A summary of the actions being taken/commenced/completed between April 2020 - March 2021 are outlined below:

- Developed the process for recruiting additional Freedom to Speak Up Champions
- Commencement of reviewing the FTSU Guardian trust strategy (2019-2021)
- Increase in 1:1 meetings with staff and attending divisional business meetings
- 1:1 meetings with CEO, executive and deputy director for workforce, and workforce employer partners
- Quarterly reporting to the national office and periodic reporting to the Board
- Networking with district, regional and national FTSU forum representative/events
- Engagement with trust committees/networks
- Reporting through trust briefings (April 2021) and Newsbites
- Ongoing contribution to Trust wide induction/medical staffing inductions, and trust committees/ forums (virtual and face2face).
- Series of drop-in surgeries including twilight access for night staff (Covid regulations permitting – April and October 2020)
- Debriefing and learning lessons project – reflective staff stories and interviews carried out and submitted to project leads

#### **4. Priorities for 2021/22**

##### **Outcomes, measures and monitoring mechanisms in supporting FTSU Guardian vision and strategy 2019-2021 (in process of being reviewed/updated)**

- National FTSU Index report results/targets – increased to 82.1%
- Regular review of referrals with Workforce Human Resource partners
- 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 and networks)

- 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.
- Annual reporting to the Trust executive board to inform on annual reporting themes and lessons learnt
- Return to storytelling as a method of learning lessons to the trust board
- Profiling speaking up through National Speaking up Month – October 2021
- Quarterly FTSU Champion forums
- Ensure access to FTSU service is maintained and effectively communicated to all staff delivering services on trust premises.

### National reporting Q1, 2, 3 and 4 – based on national reporting template

Reporting period 2020/21	Q1		Q2		Q3		Q4		Total	2019/20
Number of cases brought to FTSU Guardian	33		19		15		17		84	71
Number of cases with an element of bullying or harassment	19		8		8		7		42	35
Number of cases with an element of patient safety/quality	6		2		1		3		12	3
Number of cases where staff indicate they are suffering detriment as a result of speaking up	3		2		2		2		9	8
Number of cases raised anonymously	0		0		0		0		0	0
Number of cases brought by professional group	Admin/Clerical/maintenance	9	Admin/Clerical/maintenance	2	Admin/Clerical/maintenance	2	Admin/Clerical/maintenance	4		
	Doctors	2	Doctors	3	Doctors	2	Doctors	1		
	Healthcare Assistants	6	Healthcare Assistants	2	Healthcare assistants	3	AHP	4		
	Nurses	16	Nurses	10	AHP	2	Healthcare Assistants	4		
			Corporate services	2	Nurses	6	Nurses	4		
Given your experience, would you speak up again?	Total responses	26	Total responses	16	Total responses	11	Total responses	11		
	Yes	17	Yes	12	Yes	8	Yes	6		
	No	0	No	0	No	0	No	0		
	Maybe	5	Maybe	2	Maybe	2	Maybe	3		
	Don't know	4	Don't know	2	Don't	1	Don't	2		

			know		know		
Common themes from feedback	Reducing confidence in responding to concerns raised with line managers/clinical supervisors- not taking things seriously. Insensitivity to speaking up. Intimidation by senior staff when raising a concern/complaint - lack of civility. Understanding of the appropriate trust procedures and policies supporting grievance, complaint, and flexible working - knowledge and education.	Bullying and harassment; Poor management responses/style. Poor management communication. Poor leadership and not demonstrating trust values	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); and discrimination based on ones gender/sexuality	Leadership and communication in line management and delegation. Equality and diversity - ethnicity and promotion opportunities; diversity ethnicity and bullying. Disciplinary procedures and interpretation of policy. Annual leave and exceptional leave considerations			
Summary of learning point	That the trust continues to advance the work on compassionate leadership and implementing trust values and behaviours framework.	Lack of staff role insight -not valuing staff and in line with trust values. Discrimination and inferences against BAME staff - Promotion process and lack of transparency in selection process. Recruitment process and CPD investment.	BAME and concerns related to ethnicity, race, and 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.	Insensitivity to leadership and trust values, Communication and incivility. Opportunities for CPD and promotional opportunities for ethnic minority staff groups. Communication and clarity around exceptional leave process			

### 5. Feedback and outcomes of reported incidents

Incidents reported to either the guardian or champion, consented by staff member, are raised with HR partners. This is to explore nature of incident, to determine if known and how to proceed/be guided by policy principles. In most cases, incidents reported through the *speak up service* are not known to workforce, and that in some, are revisited incidents where the process and/or outcome continues to be a concern.

All interactions with staff wishing to speak with the guardian/champion are advised of disclosure, and of public and safeguarding protections. Staff seek guardian or champion involvement at various stages of the issue, first at initiation or at the point where the issue has gathered momentum and is subject to a process. Not all issues relate to concerns about staff behaviour/conduct/performance. There is a noted increase of issues related to patient safety. Reporting continues to be difficult for most staff although observing a year on year increase -

as noted in section 2. Staff continue to be influenced by a fear of reprisals, being disbelieved, and lacking confidence of the neutrality of the process. Unfortunately there is a continued reluctance to raise issues with direct line managers. A growing theme is the desire to have discussions/meetings recorded, with an increase in confidence to “call something out” through the Guardian/champion.

Issues related to protected characteristics (Equality Act, 2010) continue to be a concern. The development of the trusts’ networks is an effective platform where staff are able to discuss concerns and inform the focus of policy development and action. The implementation of the trust’s values and behaviours framework has also reiterated the direction of cultural travel, providing a series of essential benchmarks to assist in this process. In last year’s report (2019/2020), allegations of racism and racially motivated discrimination was highlighted which continues to present itself, demanding greater training and education to assist staff in appreciating the many forms this takes so that we can enable staff to “stand with and call it out”. Last year’s cited example should act to remind us on how things are tolerated;

*WhatsApp messaging group (clinical team) was used without proper governance which displayed racially motivated images. (cited – FTSU annual report, 2019/2020).*

## **6. All is not bad, it is mostly progressive!**

Great strides have been taken to address many of the concerns highlighted by staff and referenced within this report. It is extremely pleasing to see how themes of concerns are being mapped directly to the many initiatives being undertaken by Royal Papworth Hospital. For example, selection panels and understanding of the recruitment process is assisting the management and risk of selection bias and discrimination; reciprocal mentoring will support those staff whom are less confident but capable and able to further advance their careers; collective and compassionate leadership programme will guide staff towards the types of behaviours expected of those working in a care setting. The service of speaking up is to support initiatives which bring about positive and sustainable change through speaking up.

I would like to close by sharing a few examples of some of the issues reported within the period of reporting:

### **1.**

A clinician teaching a clinical procedure to a small group of nurses - uses language which was racially offensive, although claiming the intention was to emphasis the simplicity of the task through jovial terms. The issue was reported by one person who found the terms derogatory and racially offensive. Person accepts the potential for such comments to be considered as discriminatory and racially offensive. Additional training required and applied.

### **2.**

A small group of clinicians report the behaviour of their line manager. Allegations are made - triggering a “fact-finding” series of interviews deemed as informal. Allegations from the individually conducted interviews indicate a theme which suggests that the manager’s behaviour was in breach of the trusts values. An aspect of the interview content identifies decisions taken about two low level clinical services. 2 concerns appear: 1. Safeguarding concern - to assure that all patients were relocated to other services: 2. questioning whether fact-finding is a useful mechanism considering the effect this may have on those speaking up.

### **3.**

The outcome of an investigation led to a series of recommendations, one included the need to ensure the working partnership of two clinicians was partitioned/they should not work together. Its communication was not detailed or timely, with rostering indicating disengagement with cases where both had been rostered together. The assumption made by this person was that this would be for an indefinite period. The request to separate staff was contingent upon access to mediation/facilitated discussion, to be activated for a span of 4 weeks. Risk of detriment was noted.

## **7. Acknowledgements in support of 2020/21**

The role and service continues to attract a high level of support from the executive team which I am extremely appreciative of. Particular thanks to our chief executive Stephen Posey, executive director Oonagh Monkhouse and non-executive director Cynthia Conquest. Your words of wisdom and support are an important guide to the work of the guardian at Royal Papworth Hospital. Thank you.

## **8. Recommendation**

The Board of Directors are requested to note the contents of this report.