

Agenda item 4.ii

Report to:	Board of Directors	Date: 23.02.2022
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 Q3:2021/22	
Board Assurance Framework Entries:	744, 1929 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 who took up post in August 2018. This report reflects the period Q3 – 2021/22. It is intended to inform the Board of progress and of key issues.

2. Context and background

The development of the FTSU guardian role was one of the recommendations of the Sir Robert Francis FTSU review following the Mid Staffordshire Public Enquiry. The Trust appointed its first FTSU Guardian in 2016. The current FTSU guardian is the 2nd appointment.

In line with national recommendations, the Board is to receive regular quarterly update reports followed by a yearly report on Freedom to Speak Up. As mentioned, this report covers the period October 2021 to December 2021. The Board are advised that the annual report, reflecting all 4 quarters will be presented during the June 2022 Board. The FTSU guardian is currently appointed to role within a provisional establishment of 0.6wte. The remaining establishment of 0.4wte is dedicated to accommodate clinical education.

Progress to date

Activities associated with profiling the speaking up service have continued and so is not surprising and expected. This is a core tenement of this service, to ensure staff are aware and have good responsive access to the guardian. Promoting speaking up is central to the trusts values, supported and reiterated within professional codes and NHS managerial constitution.

During Q3, additional FTSU champions have taken up roles across the trust. Pleasing to report that this group now amounts to 32 champions, with a further 3 awaiting training completion.

Part of supporting our champions is to assure a network approach in maintaining regular contact through a variety of means. These include bi-monthly meetings with case study discussions. This is a popular forum, champions value the opportunity to meet, discuss and review this aspect of their roles. The forum acting to provide guidance and updates on issues and concerns reported by champions.

Attendance is challenging as all volunteer into the role. There is no protected time to undertake the role, champions negotiate, with their line managers, release time to attend and to engage in speaking up promotions and meetings. Use of private time is common.

Commitment in undertaking this role is positive. It is worth noting that interest in becoming a champion remains high, paralleling the excellent aspects found within the values and behaviours workshops. Cultural direction towards a more compassionate, collaborate and excellent working environment is supported by the service of speaking up and the projects for organisational networks is, I believe, becoming more apparent.

Profiling speaking up is provided through trust inductions for all staff joining the trust, although I believe returning to face to face delivery will effect a more positive learning experience for new employees.

Support for the service and FTSU guardian.

Support from colleagues continues, structured to enable organisational discourse on matters related to speaking up. The principles of confidentiality and anonymity frame dialogue and only compromised where public safety and protection is required. Support through regular 1:1 with senior leads and executives provide a constructive and supportive place in which to discuss cases/incidents reported, to examine themes and patterns and to check on progress on matters reported. In all such meetings and reporting through alternative modes (email), responses are speedily provided and issues always taken seriously.

Q3 has also provided the opportunity to engage more regularly with operational leads within the triumvirates, where agendas have been flexed to include quarterly inclusion of FTSU updates.

Processes where conduct, performance, capability and detriment are being considered continue to require engagement by the guardian. It is important to make clear of when such requests are made; guardian involvement is premised on explicit rules of neutrality and independence. In most cases, this is relatively easy to navigate. Requests are usually associated with concerns about the application of process as defined by policy.

3. National reporting

Quarter 3 reporting (2021/22) to the National Guardian's Office:

- **Number of cases brought to FTSU G's during this quarter – 28**
- **Numbers of cases brought by professional level**

Worker - 4; Manager – 13; senior leader – 11; Not disclosed – 0

- **Numbers of cases brought by professional group**

Allied Health Professionals – 4; Medical and Dental – 2; Registered Nurses and Midwives – 16; Nursing Assistants or Healthcare Assistants – 1; Administration, Clerical & Maintenance/Ancillary – 4; Corporate Services – 1

- **Of which there is an element of**

Number of cases with an element of patient safety/quality – 7;

Number of cases with an element of bullying or harassment - 17

Number of cases where disadvantageous and/or demeaning treatment as a result of speaking up (often referred to as 'detriment') is indicated - 5

Number of cases with an element of worker safety – 4

- **Response to the feedback question,**

'Given your experience, would you speak up again?'

Total number of responses - 28

The number of these that responded 'Yes' - 20

The number of these that responded 'No' - 0

The number of these that responded 'Maybe' - 5

The number of these that responded 'I don't know' – 3

4. Common themes from cases brought to FTSU Guardian

Common themes/learning points – Leadership/managerial tone aligned with trust values inconsistently applied and respected; continuation of bullying/harassing approach in managing staff performances in both clinical and non-clinical roles; communication methods and tone adopted has by some been disrespectful, unkind and lacking dignity. Poor ability to interpret policy and process in relation to flexible working; dignity at work; performance and capability

Cases brought to the guardian's attention during Q3 have been communicated to the appropriate service area leads including workforce. Incidents where patient and staff safety is noted are known to the clinical and operational leads also noted against Datix and followed up for action. It is important to ensure that matters of patient and staff safety are made clear to appropriate officers/service leads to ensure these are addressed and reviewed.

Most, as the submission information suggests, relate to matters of trust values and behaviours and how, in some cases, some staff are errant in our responsibilities to act responsibly as expected. Promotion of the trusts values and behaviours workshops is

encouraging, however, it is also worth reiterating that in several reports, staff continue to *stand by* and do not *stand with* to call out such behaviours when witnessed.

Example of cases reported during Q3

Case 1

A nurse, whilst on leave, responded to a request to cover a night shift to cover staff shortage. Unfortunately, due to child care arrangements, she arrived 10 minutes late to shift, criticised for this by her shift leader. On finishing the shift, she was further criticised, in view of several other nurses, again for her late arrival to shift, also warned not to repeat this. On further exploration, the nurse claims victimisation by the shift leader, citing several examples of how this manifests. Incidents reported to clinical leaders, assured of action but none evidenced (reported to guardian 3 months following the incident).

Case 2

Issue of sexism as displayed by some male medical staff on female medical staff, examples cited, female Drs arriving in clinical areas wearing scrubs. Female Drs have reported being referred to as cleaners/HCSW's – and not by their rightful professional titles. Within same reporting, individuals suggest that 2nd opinion medical advice is sometimes sought where physician is female.

Case 3

Administrator reports that application to have their job profile and hence, employment band reviewed has been poorly managed. Highlighted differences between profiles against actual, feedback were verbally provided, no written explanation detailing why the claim was not supported. It took 12 months to receive written feedback. Has not been advised on next steps nor if she should refrain from some activities in order to comply with actual job profile

5. Recommendation

The Board of Directors is asked to receive and discuss this report from the Freedom to Speak up Guardian relating to Q3 2021/22.