

## Agenda item 4ii

<b>Report to:</b>	Board of Directors	<b>Date:</b> 3 <sup>rd</sup> January 2019
<b>Report from:</b>	Tony Bottiglieri	
<b>Principal Objective/Strategy:</b>		
<b>Title:</b>	Freedom to Speak Up Guardian update report	
<b>Board Assurance Framework Entries:</b>	1511,1853	
<b>Regulatory Requirement:</b>	NHSI/National Guardian's Office	
<b>Equality Considerations:</b>		
<b>Key Risks:</b>	Unable to recruit/retain staff	
<b>For:</b>	Information/ Discussion	

### 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 the first update report covering this period. It is intended to inform the board of progress and of key issues.

### 2. Key Items

The Board are asked to receive and discuss the report from the Trust's Freedom to Speak Up Guardian (FTSUG).

### 3. Actions Arising/To be Taken

#### 1. 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's FTSU Guardian is Tony Bottiglieri, taking up the post towards the end of August 2018. This report covers the period from this appointment.

The current post holder is allocated 4 hours per week to undertake duties related to this role.

#### 2. Progress to date

Recent focus has been on establishing the role and increasing its profile across the Trust. This has mainly been through the development and application of information/communication mechanisms and through membership of a range of organisational committees. For example, distribution of posters, attendance and membership of staff-side consultative forums, staff governors, trust inductions, as well as internal publications (NewsBite).

Initial activity therefore has been to raise awareness of this service and to hear their views on the speaking up culture at Royal Papworth Hospital.

**2.1** The importance of maintaining momentum in increasing staff awareness of the service will require strategic and operational goals to ensure communication is effective and informs the development of the required positive culture emphasised by Francis (2015).

**2.2** Involvement with the wider network of FTSU Guardians provides broader perspective to influence best practice at a local level. This is undertaken by having good links with the National Guardian's Office (NGO) and with other regional Guardians. There are currently two NGO conferences a year which I plan to attend, with membership of the local Cambridgeshire and regional East and Midland's Guardian forum. The current national concerns, as broadcast by the National FTSU Guardian Dr Henrietta Hughes (BBC Radio 4 - 13.11.18) drew attention to continued use of "gagging clauses" within contracts by NHS employers – contra to the Public Disclosure Act 2014. The Board may wish to consider inviting Dr Hughes to speak at one of our internal forums/committees.

### 3. Priorities for 2018/19

Based on national guidance and internal Royal Papworth Trust discussions are to:

- Continue to provide a safe channel for all staff who require support to raise concerns
- Work towards cultivating an improved speaking up culture at Royal Papworth, by continuing to support the current organisational initiatives.
- Learn from others, particularly from those who raise concerns to improve our policies and procedures.
- Seek ways to build upon the current channels for staff to enable them to raise concerns.
- Explore how the FTSUG role can link/contribute to the Culture and Leadership programme.

### 4. National reporting

Quarter 2 reporting (2018/19) to the National Guardian's Office

This was submitted to the National Office in September. At the time of reporting, this amounted to 9 incidents, all of which fell within the category of harassment and bullying. It is important to note that classification is that which is reported by the member of staff and not that which is applied by the FTSU guardian.

### 5. Concerns raised with the FTSU Guardian

**5.1** Since taking up post (August) and reporting on Quarter 2 (Q2; July to September 2018), 9 members of staff have contacted the FTSU guardian.

**5.2** Of the concerns raised;

Concern theme	Sub-theme	Number	Occupational group
Bullying and harassment	Work expectations	2	Nursing, Dietetics
Bullying and harassment	Disability and discrimination	1	Admin and Clerical
Bullying and harassment	Equality and diversity (ethnicity)	3	Nursing, Pharmacy and Healthcare Support
Bullying and harassment	Management and leadership style	3	Nursing, Admin and Clerical

## **6. 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, incidents have been elevated to the workforce planning department for further action. Staff that did not wish to progress their concerns have been noted and followed up in order to seek an outcome. Not all staff responded to this request.

All staff are advised that although anonymity with confidence is applied, it may be that public disclosure is warranted. In a few incidents, staff were happy for the FTSUG to contact their managers/leads, this was extremely rare and it is quite clear that staff find this difficult, feel intimidated by their leaders/managers, expressing concerns that reporting may hold repercussions. There was also a sense that behaviours and attitudinal based concern would not be considered important if reported (examples- banter which borders on unprofessionalism, the belief that leadership responses were informed by racial attitudes). In such cases, staff felt that this had a deleterious impact on staff morale leading to increasing staff turnover.

In some reported incidents, staff sought guidance regarding process and policy, unclear of employment rights and protections- requesting this in order to test against that provided by their leaders/managers (Trust practices and procedures). In a few cases, it was a concern that managers may not be so accurate in their understanding of policy and procedural processes, nor of how their management and or leadership styles may be detrimental. Brief discussion with managers suggests that some managers believed that such approaches were warranted given the tense nature of NHS resources and patient acuities within Royal Papworth.

As already indicated, issues of racial discrimination was implied. The development of the Black Minority Ethnic group has recently been constituted which may go some way in providing a 'listening platform for action' for this group of colleagues.

### **Example of cases**

#### **Case 1**

A member of staff asks to meet and to remain anonymous. Concerns relate to managers behaviour from their department. Agreement to meet in a private confidential area is made, utilising time to provide assurance about confidentiality and anonymity. The member of staff is concerned that there is lack of transparency in the way a colleague was promoted, more specifically, that equal opportunities processes and practices were ignored.

This is currently being progressed as a grievance.

#### **Case 2**

A member of staff emails into [freedom.tospeakup@nhs.net](mailto:freedom.tospeakup@nhs.net) requesting advice. Person provides contact details (wishing to be contacted by mobile phone outside of work time). Time lapse between email received and phone call response is 3 days. Member of staff cites a complex narrative which includes acceptance by them of having made a mistake by disclosing the outcome of an allegation made against another hospital employee to a small group of staff. The member of staff has acknowledged wrong doing. Member of staff advised by line manager that this will be recorded in her 'personal file' as it isn't the first time the person has behaved in this way. The member of staff is unaware of this and is concerned that entries may have been made about her without her knowledge and unsure of their significance. The member of staff is too frightened to seek an explanation or to ask to see the exact nature of comments.

I am currently working with the member of staff, advising on employment rights and what are the established procedural routes in raising this matter. It is clear that the member of staff feels remorse for the former incident but equally, feels anxious that information about her, recorded in her 'personal file' may have career ramifications.

## **7. Recommendations and future reporting**

**7.1** Spreading awareness of the service continues, with the objective of speaking to as many staff as possible through a variety of fora (ward rounds, staff meetings, study days, trust inductions etc.), to offer staff an opportunity to share their experiences and concerns. This should be extended so that opportunities to speak up are integrated into leadership and development programmes, as well as with those responsible for students and trainees as these are considered as vulnerable groups within the freedom to speak up review principles.

### **7.2** Joint working with other local NHS Trusts

Whilst it is important to respond to concerns raised internally to the FTSUG, it is also important to consider how these compare across local and regionally based NHS Trusts. Indications of patterns and trends are important because it may suggest the emergence of "hotspots" where conventional approaches may not be of benefit or effective. Regular meetings with local and regional leads may help to identify themes and patterns and strategies adopted.

### **7.3** National reporting

The National Guardian's Office (NGO) requests summary data on a quarterly basis. One report has been submitted (September 2018) by Royal Papworth Hospital. The national report by the NGO (2017/18) indicates variances across categories of concerns reported by NHS Trusts. It is too early to identify any particular trends although by comparison (Royal Papworth Q2- 2018), no issues have been raised within the patient-related concern category by Royal Papworth. FTSUG will report on concerns and issues raised, with commentary and a descriptive comparative analysis against national trends/ with benchmarking against institutional quarterly patterns. Data from annual NHS and local staff surveys are of particular value also. As is exit interview information. It is advisable that any reporting should include the opportunity to maximise this information so triangulation of key trends can be more fully examined.

## **8. National Guidance**

**8.1** National guidance from NGO on best practice and consistent approaches, NHS Improvement and NGO have published a new guide for boards on FTSU and accompanying self-review tool. The guide and self-review tool can be accessed at [https://improvement.nhs.uk/documents/2468/freedom\\_to\\_speak\\_up\\_guidanceMay2018.pdf](https://improvement.nhs.uk/documents/2468/freedom_to_speak_up_guidanceMay2018.pdf)

**8.2** The self-review tool is very detailed and currently being completed by the FTSUG and the Director of Workforce planning, and will inform future improvement plans.

**8.3** In line with national recommendations, the Board of Directors are to receive regular quarterly update reports followed by a yearly report on Freedom to Speak Up.

#### **4. Recommendation**

**The Board of Directors is requested to note/approve the following:**

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

