

**Agenda item 2.iii**

<b>Report to:</b>	<b>Board of Directors</b>	<b>Date: 6 June 2024</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>	Freedom to Speak Up Guardian annual report 2023-2024	
<b>Board Assurance Framework Entries:</b>	Staff Engagement Patient Safety	
<b>Regulatory Requirement:</b>	Recommendation from Francis Review 2015. Governance – Well-led Framework Workforce	
<b>Equality Considerations:</b>		
<b>Key Risks:</b>	<b>Staff do not feel confident to speak up and raise concerns</b>	
<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) and NHS contract requirement, the Trust has a Freedom to Speak up Guardian who took up post in August 2018. This annual report covers the period April 2023 to March 2024. The report is intended to inform the board of progress and of key issues reported to the FTSU guardian during this period.

**2. Key Items**

**1. Context and background**

In line with national recommendations, the Board of Directors is to receive a yearly report on Freedom to speak up. This report covers the period as set out above (2023/24).

During this period, the post holder undertook duties and responsibilities as laid out by the post profile and in accordance with national office guidance. The post is currently allocated 24hrs per week (0.6 wte).

Support to establish the allocated hours as substantive were agreed during financial year 2022/23 and more recently, been subject to an authority to request investment application to enhance the working hours from 24 to 37.5 (1 WTE).

**Progress to date**

Since taking up post in late 2018, the FTSU G has continued to report year on year increases of incidents reported to the National Guardians Office (NGO). Indications from the nature of reporting (types and categories reported to the NGO per quarter) reflect trends identified within results emanating from the NHS survey (2023) albeit with less respondents (61% to 56%). This year has unfortunately not seen any discerning changes to what or how issues of concern are reported. In essence, reporting has been dominated by staff on staff bullying, harassment, poor and inappropriate behaviours, the latter generally known as incivilities. An increase in incident reporting does not generally indicate improvement or dissatisfaction but it would be fair to perceive that a reduction of incident reporting would be concerning given the known effects speaking up can have on individuals. Although the issues raised are disappointing as index concerns, confidence in speaking up has been

increasing over time. Indeed, NHS FTSU G's reported 25,382 cases reported to the NGO during 2022/23, with a projected increase suggested for 2023/24 (NGO 2024). Several NGO driven activities for 2024/25 are in planning to help enhance speaking up as business as usual across the NHS following national inquiry outcomes/lessons learnt including those which have led from criminal investigations appearing/commencing in 2022/23. There is also ministerial commentary that the established duty of candour may be expanded to all public sector workers and underpinned by a legislative framework. NGO strategic developments for 2024/24 are being promoted/driven: establishing FTSU G roles into ICB's; further guidance on reporting sexual safety concerns (NHS, 2023); a launch of 5-year NGO strategy to help strengthen FTSU G provision; further guidance on FTSU e-learning training through e-learning for health (ELH) and ESR. On this latter initiative, e-learning provision has been available through ELH since 2021. Reported in previous annual reports, voluntary uptake across the NHS indicates just over 400,000 completions. Although not mandatory, engaging with one of three modules is encouraged. An alternative approach has been pursued by Royal Papworth Hospital where the leadership development learning module content enables knowledge on some aspects for some staff but overall coverage for all staff is remitted.

Pleasing to report that there has been a significant shift by some service areas towards wishing to learn more and to do more, what Lewis and Kline (2019) in their publication *Tackling bullying and harassment in the NHS: the critical roles played by managers* (British Journal of Healthcare Management 2019 Vol. 25 No 1) suggest is "a desire to be curious and to not look away". Requests for training into matters incivility and microaggressions beyond a programmed planned schedule created a series of additional bespoke workshops for staff groups from both patient and non-patient facing services. Central to this, and as already commented, has been the issue of speaking up whilst also recognising what constitutes inappropriate behaviour. Requests for dedicated workshops continue into 2024/25, with appropriate operational and clinical leadership engagement.

There have also been several policy developments and launches within this reporting period, including speak up initiatives such as speak up drop ins/surgeries. As in previous years, such developments and launches have generated further confidence of reporting through speaking up. For example, the draft circulation of the now approved policy DN840 Domestic Abuse enabled several staff to speak up about their personal situations, with the support of the trusts safeguarding team, whilst also speaking up on observed leadership traits which resonated against definitions described with this policy, namely that some leaders portrayed misogynistic tendencies/traits towards female staff.

Policy DN090 (Abuse, Violence and Aggression) similarly, generating the desire for some staff to speak up on matters related to what they perceived to be a lack of staff support following sexual harassment by patients on staff. This mirrored the NHS staff survey results (2023/24) which noted an increase in staff reporting exposure to sexual and physical harassment by patients. Alongside this, more work on supporting staff in dealing with such situations are being explored through a dedicated working group. Again, as reported in Q1 and 2, responding to concerns raised by staff on matters of sexual harassment, a welcoming adjunct was in signing up to the NHS Sexual Safety Charter (2023) which promoted a road map of principles to ensure staff safety within a more positive and safe working environment. Demonstration to comply with all ten principles is sought by July 2024. Action is being developed to further assist staff through external consultancy involvement for predominantly female staff as well as engaging with male staff.

The system of reporting by individual workers continues to rely on the management and coordination of responses to requests. In most cases, this is relatively straight forward where confidential appreciation acts to safeguard the interaction (record keeping/booking date/time/safe place/space etc). Unfortunately, the challenge of procuring private space which includes access to WiFi has been problematic. Whilst being based in HLRI, the latter part of 2023/24 has experienced an RPH WIFI problem where access to alternative non RPH WIFI provision is discouraged. Room bookings also into Royal Papworth Hospital are often difficult to navigate as bookings are often not cancelled when not required. Although not a particularly unsurmountable day to day challenge, it does affect access to private space, particularly (a growing concern noted for this reporting period) where staff report the added worry of "not wishing to be seen with the FTSU G". As mentioned, not an insurmountable

challenge but one which requires additional planning of appointments to ensure the creation of safe spaces for individual discussions etc.

Across this reporting period, administrative support has become available with established role expectations. A request which was initially raised when first commencing this role during 2018/19. The help and support was limited to a small number of hours (up to 8hrs per week), available through the trusts EDI lead (not wishing to sound ungrateful- I am extremely appreciative and thankful for this). Although limited in hours, both the post holder and the role have been extremely helpful in the management and coordination of several aspects of the FTSU G's activities and tasks, whilst also ensuring these are undertaken within the strict principles of confidentiality. This has included coordination of FTSU Champion training and induction; maintaining intranet live status of champion membership and contact details; supporting collection and sustaining of register of cases reported (N drive protection and access limitations); organising staff speak up surgeries and drop ins; coordination of FTSU Champion quarterly business meetings. The support is appreciated whilst also recognising this is time limited.

### **On going encouragement to speak up**

The FTSU G has continued to engage with a wide variety of activities in reaching out to all staff and workers at Royal Papworth Hospital and Kingfisher House. The aim is to provide a regular and sustained profiling of the value in which RPH holds speaking up and in making speaking up *business as usual* (NGO, 2023). Wherever possible, attendance at trust inductions (corporate, medical and non-qualified trainees) aims to target newcomers and to advise on the importance of speaking up, generating opportunities to learn and improve towards a just and supportive work culture/environment. There has been continued branching into our established network groups, periodically attending business meetings, and encouraging the development and implementation of the Waterbeach residents/tenant's forum.

Access to the FTSU Guardian is supported by the network of speak up champions. Champions have an array of supports built into their volunteering roles, maintaining contact through a range of communication methods and in with the dedicated champion forum. Several of the reported incidents which appear in the quarterly and annual incident reports have been signposted by our FTSU champions. It is pleasing to report that confidence in speaking up has increased where annual incidents have increased accordingly.

Of note has been the ongoing challenge that some concerns are not escalated through the line management reporting process. There is indication that staff continue not to be confident in reporting issues directly to their line managers/supervisors. This is mostly related to three reasons; 1. the issue of concern is attributable to the line manager, 2. a lack of confidence in the line managers willingness to listen and act (to take issue seriously), and where the 3<sup>rd</sup> is more extensive and includes concerns for detrimental such as career restriction, effect on ones' status and concerns for the short- and long-term effects on teamwork dynamics and working relationships. Although established evidentially in peer reviewed academic journals and NHS policy guidance (NHS Long term plan; NHS People plan; NHS Toolkit Supporting our staff), there exists the overarching priori for a desire for action and hence inaction being predicated against a concern/belief that bias exists in the process leading to an outcome (where claims are either upheld or rejected).

Since inception of the role, it has been important to help service areas gain insight into the issues and concerns so they may respond both actively and proactively in addressing these. It is correct to presume that the NHS workforce desires a just working culture for all. Sharing the nature of themes have unfortunately become predictable as index issues for some service areas. These are also sighted within the NHS surveys where depts are acquainted. In all cases, sharing of themes is premised within the confounds that ensures the anonymity of individuals. As important is observing the use of Datix during this reporting period. The reporting of incidents through Datix are based on concerns which detail staff on staff incivilities including aspects of bullying and intimidation. Moreover, is the concern that individuals are identifiable, and that there is an unclear process which enables response and closure in such cases. Further examination is encouraged regarding the appropriate use

of Datix reporting, particularly around behavioural based disclosures and how, if appropriate, methods of collation and investigation.

In October 2023, Royal Papworth Hospital supported the celebration of National Speak Up Month. Across October, champions, with the FTSU G facilitated a drop-in stand housed in the atrium. Unfortunately, the same provision was not possible for colleagues located at Kingfisher House, Huntingdon. The event focused on *breaking down barriers to speaking up*. Themes are set by the NGO. The event was also used to encourage interest in becoming a FTSU champion. We were pleased to welcome an additional 7 champions although appreciating this was offset by the departure of 3 champions into other NHS trusts. We are appreciative of their support and wish them well into their new posts. During the event, we were able to provide all champions (and those expressing interest) with a RPH charity funded voucher as a mark of appreciation and recognition. Continuing with this appreciation is to acknowledge and thank the work of our FTSU champions and to celebrate their endeavours in supporting our staff. More specifically, to note that several of our champions have continued in this volunteering role for 5 years, although not quite warranting a long service award!

### **Summary of the actions /commenced/completed April 2023 - March 2024 outlined.**

- Ongoing recruitment of FTSU Champions
- Amelioration of working hours to fulfil the role and provision of FTSU G.
- Utility of administrative support for the role, function and delivery of FTSU service.
- Established network of FTSU champions with easy access platform (for information)
- Completed NGO refresher training update (mandatory) 24<sup>th</sup> November 2023
- Reviewed and approved policy DN259 (Speak Up Policy for the NHS)
- Completed NGO Freedom to Speak up -A reflection and planning tool to inform speak up strategic initiatives (October 2022, to be reviewed November 2024)
- Increased access for 1:1 meetings with workers; attendance at operational and clinical committees, incorporating/extending flexible times to accommodate staff /service need, and utilised drop in sessions for staff.
- Ongoing 1:1 meetings with executive, operational and senior clinical leads.
- Access to and ongoing 1:1 supervision and support from NED
- Delivery of varied training and development events, inductions, as SME in to training workshops; microaggression and civility workshops, conflict resolution masterclasses (SME - leadership development programme).
- Ongoing attendance at trust forums as stated (network forums, operational meetings both clinical and non-clinical).
- Quarterly reporting to the national office and periodic reporting to the Board (within designated NGO requirements).
- Networking with district, regional and national FTSU forum representatives and events.
- Reporting through trust briefings and newsbite.
- Engagement with trust disciplinary, capability and dignity at work processes, including engagement with policy development initiatives (for e.g – Domestic abuse; Abuse, Violence and Aggression; Resolution).

- Outcome of reciprocal mentoring development (Cohort 1) – Anonymity reporting and case management tool – case to purchase/commission Speak Up App through Working in Confidence
- Hosting Regional FTSU G's committee (23<sup>rd</sup> July 2024 – with lead National Guardian attendance)

## **2. High level actions (taken from FTSU NGO reflection tool November 2022 – November 2024) (copies available on request).**

**Principle one:** Value Speaking Up; Review role, function, and service engagement with service directorates

**Principle two:** Role-model speaking up and set a healthy Freedom to Speak up culture. To undertake review with divisional and senior nursing teams (Operational/Matrons) to assist with advancing ownership.

**Principle three:** Principle 3: Make sure workers know how to speak up and feel safe and encouraged to do so. To update FTSU policy. Seek to provide story telling as outcomes of speaking up.

**Principle four:** When someone speaks up, thank them, listen, and follow up.

Investment in accessing national guardians' office/NHS E speaking up training continues to be outstanding.

**Principle five:** Use speaking up as an opportunity to learn and improve. Triangulation of themes and issues with Datix reporting

**Principle six:** Support guardians to fulfil their role in a way that meets workers' needs and National Guardian's Office requirements. FTSU Guardian absences are managed by the guardian through the network of FTSU champions and Workforce partner leads.

**Principle seven:** Identify and tackle barriers to speaking up. Champions are volunteers with no time protections. Greater scrutiny on where detriment is espoused or implied during and within investigation process against formal allegations.

**Principle eight:** Continually improve our speaking up culture through FTSU strategy review.

## National reporting Q1, 2, 3 and 4 (2023/24 – with comparisons 2022/23 & 2021/22)

Table 1

Period 2023/24	Q1	Q2	Q3	Q4	2023/24	2022/23	2021/22
Number of cases brought to FTSU Guardian	31	36	34	36	137	131	105
Number of cases with an element of bullying or harassment	14	19	18	21	72	63	67
Number of cases with an element of patient safety/quality	1	2	3	0	6	10	16
Number of cases where staff indicate they are suffering detriment as a result of speaking up	8	9	5	3	25	6	17
Number of cases raised anonymously	0	0	0	0	0	0	0
Number of cases with an element of worker safety	8	6	8	12	34	14	7
Number of cases by specific group							
Admin/Clerical/maintenance	2	3	4	10	19	19	24
AHPs	16	5	5	6	32	14	21
Doctors	2	5	3	4	14	15	7
Healthcare Assistants	3	7	4	6	20	22	4
Nurses	8	12	17	7	44	50	45
Corporate services	0	4	1	3	8	11	4
<b>Given your experience, would you speak up again?</b>							
Total responses	27	29	27	32	115	103	93
Yes	13	15	14	23	65	66	68
No	2	6	8	0	16	5	0
Maybe	6	7	2	8	23	16	13
Don't know	6	1	3	1	11	16	12

### 3. Feedback/themes and outcomes of reported incidents

Important to reiterate (and become custom to ensure through year-on-year reporting) that issues reported to the FTSU G are not always known to our workforce partner colleagues. Individuals are at liberty to pursue their own contacts in seeking guidance on matters of concern. Only where the worker has consented for this to be shared are workforce partners advised. The importance of safeguarding privacy is the starting point for constructing assurances for staff that information is confidential unless public disclosure is required. In all instances, this framework is applied to all conversations.

A general principle continues that there is a fundamental need to provide a safe space as in most cases, there is need to secure space which respects psychological safety thereby enabling staff/workers to talk freely and openly about their experiences. This year we have seen and heard from staff/workers who spent considerable time deliberating whether to contact the FTSU G or champion, due in part worrying about the consequences of speaking up, worried about detriment, the effects on them, their careers, and their working relationship. In essence, concerns about speaking up are associated with not being believed and the effects of speaking up.

There is continuation, as in previous years that staff/workers report concerns at various stages, for example, at initiation or at the point where the issue has gathered momentum and is subject to a formal process. During 2023/24 as in previous years, FTSU G has been approached by colleagues employed by outsourced services. In the main, these have been related to similar index issues of bullying, harassment and intimidation. In setting up the Waterbeach residents/tenants forum, staff are finding voice in raising concerns as part of tenant entitlements working with the landlord, with some issues being relayed into the EDI network groups.

Reporting quarterly to the national office has been timely throughout the year as required by the NGO. Table 1 highlights the increasing nature of incidents and categorical allocations. The trend is relatively clear, that the level of reporting into the FTSU G office continues to increase (from 84 in 20/21; 105 in 21/22 and 131 22/23 and 137 in 2023/24) (mean increase from 106 to 114). There is also an increase of incidents reported for bullying and harassment, trending upwards from 2020/21 – 42; 67 (21/22); 63 (22/23) and 72 (23/24) (mean change from 57 to 61).

Staff/workers continue to have difficulty in considering the issue of detriment. 2021/22 saw this rise to 17, reduce to 6 in 2022/23 and increase again in 2023/24 (25). Note the general year on year increase of incidents relative to reporting detriment also.

Frequency of workers speaking up on concerns regarding patient safety/quality continue to remain low but as in all cases reported within this category, review with the appropriate lead (s) is undertaken.

Indications of who is reporting (worker categories) is predictably skewed towards those with patient facing roles – namely Nursing, HCSW's, AHP's and Doctors. During 2023/24, nurses reported 44 incidents compared to 50 in 22/23: and 45 in 21/22 (mean – 32). Healthcare assistants reported 20 incidents compared to 22 - 22/23 and 4 incidents in 21/22 (mean 15). AHPs reported 32 incidents compared to 14 (22/23) and 21 (20/21) (mean 53). Doctors reported 14 incidents compared to 15 (22/23) and 7 in 21/22 (mean 12). Administrative staff reported 19 incidents, equal (19) in 22/23 and 24 in 21/22 (mean 21).

Trends for reporting incidents are elevated for AHP's and reduced (in comparison to 22/23) for other groups highlighted.

Another important facet of speaking up confidence is whether staff are more or less likely to speak up again. Generating and sustaining confidence can contribute to the development of a just work based culture. There is positive recognition that in most cases, workers continue to report that of those who spoke up in 23/23 (137), 115 responded to the question **given your experience, would you speak up again** 65 said YES; 23 replied MAYBE, 16 responded NO with 11 DON'T KNOW. The trend is positive across the preceding 2 years which shows a similar pattern of responses.

As per previous year reporting, there is need to present data in a way which deters individual identifications. I am pleased that over time, there is supportive appreciation that any further critique of the data presented in table 1 would jeopardise this. For example, identifying themes/incidents against depts and divisions is small data which would increase this risk. Data is presented in this format to ensure the trust is sighted of the level of incident reporting, the need for thematic observation and any non-causal correlations with other worker feedback mechanisms such as Datix and workforce case management triangulations. It is also for this reason that a list of issues is provided in the proceeding section.

#### **Thematic list:**

- Reporting concerns were either not taken seriously by managers/leaders nor dealt with effectively.
- Inconsistent messaging against trust values and behaviours across all grades of workers but more concerning by those in positions of influence.
- Discrimination - task delegation in clinical and non-clinical areas. In the main, related to race and gender-based concerns.
- Poor leadership and management of formal processes (capability, performance and conduct)
- Bullying behaviour in clinical and non-clinical areas
- Delayed timeframes in responding to concerns – drift in maintaining contact when issues are reported.
- Inconsistency of policy application – Flexible working; Reasonable adjustments and accommodating Occupational Health recommendations.

### **Positive organisational development provisions:**

1. Leadership and management development programme.
2. Microaggression and Civility workshops – bespoke requests by a growing number of service areas.
3. Launch of the Abuse, Violence and Aggression policy – anticipating further follow up with de-escalation training and support.
4. EDI network reference points
5. Reciprocal mentoring and developing skills in breaking down barriers.
6. Increasing profile of Speak Up Champions by increasing membership across professional groups.

### **4. Acknowledgements in support of 2023/24**

As with 2022/23 reporting, the role of FTSU G service continues to attract a high level of support from the board/executive team which is both extremely helpful and appreciated. As I engage with other FTSU G across the region and with our ICS, the role attracts several privileges in comparison, underpinned by a strong set of professionally supportive relationship.

Access to board colleagues has continued to be effective and responsive. Specific thanks to our chief executive Eilish Midlane, executive directors Oonagh Monkhouse, Maura Screamon, Dr Ian Smith, and non-executive director Cynthia Conquest. May I also extend my thanks to our executive leads not mentioned here, in providing the invaluable opportunity to meet regularly so they may be sighted of the emerging issues of concern. Thank you.

### **5. Recommendation**

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