

Agenda item 2.iv

Report to:	Board of Directors	Date: 07 November 2024
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 & 2:2024/25	
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 who took up post in August 2018. This report reflects the period Q1 & 2 – 2024/25. Its intention is 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 six-monthly update reports followed by a yearly report on Freedom to Speak Up. This report covers the period April – September 2024. The board have received the annual report for 2023/24, presented on 6th June 2024. The FTSU guardian is currently appointed to full time role, having increased to fulltime hours (1 wte) on 8.07.2024.

Progress to date

As with all interactions and reported in previous reports, staff seeking to speak up during both quarters are thanked and reassured that speaking up matters and is valued. There has been a significant increase in staff expressing an interest in taking up the role of speak up champion. There is, however, no correlation between service location of interest and incident reporting. As with previous reports, identification of incident locations is not provided in this report - to ensure anonymity.

It is pleasing to report that our current position is 34 FTSU champions, with 4 awaiting training. Support for champions is ongoing and clarity regarding role has caused a few minor concerns, particularly engagement with staff concerns which have extended beyond the central role of signposting. Champions continue to be advised accordingly to ensure they adopt the neutral, impartial and independent function required.

Additional "reach in" calendar invites have been generated for all champions to call in as a method of "touching base" with the FTSU Guardian. These are set for every 3rd week in the month, duration 2 hrs. Trust wide drop-in surgeries are planned for November, December and January 2025. Information regarding dates/times/location will be communicated via staff briefings/ intranet dedicated page.

Drop ins will be supported by our FTSU champions. Here we will be reinforcing the importance of speaking up, offering support in speaking up and explaining how speaking up can provide the opportunity for learning, development and improvement. By extension, this will provide the opportunity to promote and encourage staff to consider becoming a FTSU champion also.

I believe that the role of champion is now established, and that the work of ongoing support and guidance continues. Be reassured, the role continues to be popular, although as a voluntary role, the issue of turnover and support brings challenges also.

Enhancing the opportunity to speak up anonymously.

Access to FTSU champions and the FTSU G is, I believe, also established. Support for staff to speak up is provided through a range of structurally planned access points, for example, through the FTSU Guardian, FTSU Champions, line management and employee relations workforce colleagues. However, staff across the NHS including here at Royal Papworth Hospital are finding it increasingly difficult in reporting concerns. This was inferred in my annual report 23/24. There is a growing reluctance, evidenced since 2021 NHS survey results and NGO reporting, where nearly 40% of staff won't speak up. Where staff have reported a concern, most staff report having been bullied, harassed or discriminated against by a colleague. Evidence generated by a series of reputable peer reviewed publications, reports and the NGO promote the importance of providing staff with the option of reporting with anonymity. It is known that anonymity reporting builds confidence, particularly where the index issue being reported relates to a traumatic event (s) and associated with a concern for personalised safety and wellbeing (detriment).

During this reporting period, I, supported by a small working group, have explored a system where individuals can be assured of remaining anonymous to all when choosing to speak up (including to the FTSU G). The system platform offers security and is provided by the company Working in Confidence <https://www.workinconfidence.com/>. Through encryption, a two-way conversation between the person speaking up and the recipient (likely to be the FTSU G) ensures identity is protected until and if chosen, through the ongoing conversation, identity through self-disclosure is chosen. Exploration of existing usage of the system has included seeking feedback from 4 NHS trusts who currently commission this system platform. The system comes with positive trust recommendations. As mentioned, the system enables the reporting of issues staff find difficult to report on (e.g sexual harassment between staff), and where currently, such issues are associated with specific professional

groups (but not solely so) enabling confidence in disclosing. Inbuilt data security is assured including data storage and server support. Internal RPH digital security impact assessments have been undertaken. Proposal to commission and onboarding for implementation are currently in development with updates to be provided through existing trust communication forums.

As FTSU G, I believe that adopting an anonymity reporting system reflects/improves our capacity to support the recent changes to Equality legislation 2010 (effective from the 26th of October 24), where employers must prevent sexual harassment at work under the new law. Further to this, Amanda Pritchard (CEO NHS England – 16.10.24) proposed the development of anonymous reporting for NHS staff in reporting sexual misconduct at work. FTSU G await additional training in supporting this process. At this stage, it is unclear what will be the digital investment including the expectations for further NHS employee training. A key, significant issue will be for a system to have two-way conversation capacity whilst ensuring anonymous reporting.

Support for the service and FTSU guardian

The post/role of FTSU G was recently enhanced to 1 WTE, effective from 08.07.2024. Ongoing access to both executive and non-executive lead is readily available and appreciated. 1:1 appointment have been scheduled in good time and protected wherever possible. Undue and unpredictable concerns are communicated in good time and escalated if necessitated. Updates on issues are shared whilst also ensuring confidential management of conversations held.

Although available during 2023/24, administrative support ended in July 2024 and reinstated during October 24 (through an interim arrangement). Although not a long-term substantive provision, it is however appreciated.

National reporting

Quarterly reporting to the National Guardian Office has been completed within expected timeframes.

Quarter 1 and 2 reporting (2024/25) to the National Guardian’s Office:

Please note that I have included incident data reported to the NGO for 2023/24 - Q1 & 2 as comparison (columns 3 & 4).

Period 2024/25	Q1	Q2	Q1 – 23/24	Q2 - 23/24
Number of cases brought to FTSU Guardian	37	41	31	36
Number of cases with an element of bullying or harassment	6	10	14	19
Number of cases with an element	6	2	1	2

of patient safety/quality				
Number of cases where staff indicate they are suffering detriment as a result of speaking up	1	0	8	9
Number of cases raised anonymously	0	0	0	0
Number of cases with an element of other inappropriate attitudes or behaviours (24/25)	10	19	0	0
Number of cases with an element of worker safety	12	4	8	6
Number of cases by specific group				
Admin/Clerical	3	6	2	3
AHPs	0	2	16	5
Medical/Dental	0	2	0	5
Additional clinical services	5	0	1	7
Reg Nurses/Midwives	15	20	8	12
Ambulance	0	0	0	0
Additional professional scientific and technical	9	8	1	0
Estates and ancillary	4	2	0	2
Healthcare scientists	1	1	2	2
Students	0	0	1	0
Not Known	0	0	0	0
Other	0	0	0	0
Given your experience, would you speak up again?				
Total responses	24	29	27	29
Yes	11	14	13	15
No	2	5	2	6
Maybe	7	7	6	7
Don't know	4	3	6	1

3. Themes from cases brought to FTSU Guardian (Q1 & 2)

- Concerns that staff in leadership roles are not tackling/addressing inappropriate behaviours and so reducing risk of escalation and behaviours becoming normalised/culturally embedded.
- Datix, increasing frequency of inappropriate behaviours (incivilities/bullying/harassment) between staff are being reported through Datix as incidents. Disclosure of staff identities are often made, allegations remaining untested.
- Value and benefits of exit interviews – how is information used?
- Timelines regarding investigations and keeping those involved updated
- Inconsistencies in how staff behaviours are managed/tolerated across service areas.
- Inconsistent role modelling and messaging
- Pathways for raising concerns – barriers

Example of cases reported during Q1 & 2

- CPD investment/development opportunity and bias based considerations
- Staff exclusion and isolation (intimidation)
- “Buck passing” – when required to address poor staff behaviour (avoidance)
- Reasonable adjustment and gender

4. Recommendation

The Board is asked to receive and discuss this report from the Freedom to Speak up Guardian relating to Q1 & 2 2024/25.