

Agenda item 4.i

Report to:	Board of Directors	Date: 6 June 2019
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 Annual Report 2018-2019	
Board Assurance Framework Entries:	744, 1929	
Regulatory Requirement:	Recommendation from Francis Review 2015	
Equality Considerations:		
Key Risks:		
For:	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 the first annual report covering the period 31st August 2018 to 29th March 2019. The report is intended to inform the board of progress and of key issues reported to the FTSU guardian.

2. Key Items

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 post towards the end of August 2018. The current post holder was initially allocated 4 hours per week on appointment. This was increased to 9.5hrs (one day) as from October 2018 to recognise the increase in demand for contact time by staff.

2. Progress to date

On commencement to the post, initial focus was to establish the role and its profile across the Trust. This had mainly been through the development and application of information/communication mechanisms and through membership of a range of organisational committees and forums. For example, distribution of posters, attendance and membership of staff-side consultative forums, staff governors, trust inductions, as well as internal publications (NewsBite). The initial focus of activity has been to raise awareness of this service.

The importance of maintaining the momentum in increasing staff awareness of the service led to the development of the FTSU guardian strategy. This outlined a series of objectives to help reach the goal of developing a culture of speaking up at Royal Papworth Hospital. The importance of this is emphasised by Francis (2015).

The FTSU guardian strategy was preceded by the completion of the FTSU Guardian self-review tool and circulated to the trust board on the 2nd May and was endorsed.

A summary of the actions completed between August 2018 and March 2019 is outlined below

- Completion of 2 planned/programmed walkabouts in Critical Care and medical administration in Royal Papworth House
- 1:1 meetings with staff
- 1:1 meeting with Executive director of Workforce and OD to discuss themes and how issues can best be escalated and resolved
- Staff workshop to address leadership behaviours and responsibilities 3 x Quarterly reports to the national office
- Development and publishing of the FTSU Guardian vision and strategy (2019-2021)
- Networking with district, regional and national FTSU forum representatives/events
- Reporting through the Trust's weekly communication briefing
- Ongoing contribution to Trust wide induction and trust committees / forums

3. Priorities for 2019/20

Outcomes, measures and monitoring mechanisms in supporting FTSU Guardian vision and strategy 2019-2021;

- Annual staff survey results
- Regular review of referrals in to associated trust corporate function and services such as Human Resource and Local Counter Fraud reporting
- To continuously seek 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/walkabouts, and surgeries)
- Raising the profile and opportunities for speaking up by investing in champion representatives.
- Quarterly FTSU updates for all staff via communication team and intranet.
- Evidence that investigations are evidence based and led by someone suitably independent in the organisation, producing a report which focuses on learning lessons and improving care.
- Annual reporting to the Trust executive board to inform on annual reporting themes and lessons learnt
- Peer case audits – National office initiative
- Story telling as a method of learning lessons

4. National reporting Q2, 3 and 4 – summary of concerns – thematic view

Three reports have been submitted to the national guardian's office – Q2, Q3 and Q4. Summary of concerns reported	Sub-theme	Number	Occupational group
Bullying and harassment	Discrimination	15	Nursing and Allied Health Professionals
Bullying and harassment	Disability and discrimination	1	Admin and clerical
Bullying and harassment	Equality and diversity (ethnicity)	3	Nursing, Allied Health Professionals and Additional Clinical Support
Bullying and harassment	Management and leadership	5	Nursing and Admin and Clerical
Suffering detriment	Management and leadership	5	Nursing
Elements of patient	Management and	1	Admin and Clerical

safety	leadership		
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5. 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 by staff members, incidents have been raised with the employee relations team for further action. Staff that did not wish to progress their concerns had them noted and an attempt was made to follow up to offer further support and see if a satisfactory outcome could be reached. Not all staff responded to this request.

All staff are advised that although that their concerns are treated in confidence if their concern is serious enough 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 and feel intimidated by their leaders/managers. Some staff expressed concerns that reporting may have repercussions for them. There was also a sense that concerns focussing on attitudes and behaviours would not be considered important if reported (examples- banter which borders on unprofessionalism, the belief that leadership responses were informed by pre conceived attitudes about race). In such cases, staff felt that not being able to resolve these issues had a deleterious impact on staff morale, leading to increasing staff turnover.

In some of the reported incidents, staff sought guidance regarding process and policy and were unclear of employment rights and protections. Some staff requesting clarification on policies and procedures in order to test against information provided by their leaders/managers. In a few cases, there was a concern that managers may not have an accurate understanding of policies and procedures, nor of how their management and or leadership styles may have a detrimental impact on their staff. I had the opportunity to have brief discussions with some managers. Some managers believed that such approaches were warranted given the stretched nature of NHS resources and patient acuities experienced by Royal Papworth Hospital.

As already indicated, issues of racial discrimination were implied. The development of the Black and Minority Ethnic (BAME) group which has recently been set up 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. Agreement is made to meet in a private confidential area, utilising time to provide assurance about confidentiality and anonymity. The member of staff is concerned that there exists a lack of transparency in the way a colleague was promoted, more specifically, that equal opportunities processes and practices were ignored.

(This case was presented to the board in October 2018).

Case 2

A member of staff emails into freedom.tospeakup@nhs.net requesting advice. Person provides contact details (wishing to be contacted by mobile phone outside of work time). A phone call in response to the initial query was made within three days. Member of staff cited 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 acknowledged their 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 implications.

Case 3

Nurse reported concerns regarding salary – increments had not been paid for the past 4 years. Reasons for this suggested that changes to the individual's grade (banding- promotion) had not included instruction to maintain increments to payroll. Advised that this was a joint responsibility (hers and her managers) as increment awards are based on meeting IPR outcomes and having this reported through the Health Roster system.

Human resource officer and line manager response advised that staff amendment form would be completed and submitted - back dated for 1 year only as this was underpinned by trust policy. On further investigation by FTSU guardian, trust policy does not confirm this, advised that this is based on trust custom and practice.

Issue is not resolved. FTSU escalated

Case 4

Nurse contacted FTSU guardian to seek advice regarding line manager's behaviour towards them. Grievance raised and investigated. Another staff from the same department also reported similar concerns.

Grievance process was followed and a meeting held, the outcome of which was to offer mediation between the manager and the nurse who raised the concern. This suggestion was rejected by the nurse on grounds that the issues were about her manager's behaviour towards her and not her behaviour towards her manager.

The nurse is currently exploring internal transfer.

6. Recommendation

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