

Board of Directors (in Public)

Item 2.1

Subject: Freedom to Speak Up (FTSU) Guardian – Quarter 1 Report
Date of meeting: Tuesday 30th July 2019
Prepared by: Helen Turner, FTSU Guardian
Presented by: Helen Turner, FTSU Guardian
Purpose of Report: To Note/Approve

BAF Ref	Impact on BAF
1.1, 1.3, 3.7, 4.1	This report provides positive assurance that the Trust has in place effective arrangements for staff to speak up as part of its aim to ensure an open and transparent culture that protects patients and improves the experience of staff.

1. Executive Summary

The purpose of the quarterly Freedom to Speak Up (FTSU) paper is to:

- Update the Board on FTSU concerns raised in Quarter 1;
- Report on outcomes from the Trust's second FTSU Summit;
- Update on national progress

2. Concerns Raised through the Freedom to Speak Up Policy Framework – Quarter 1 2019/20

During the first quarter of 2019/20, five concerns were raised under the Freedom to Speak up Policy. The themes of the concern as per categorisation by the National Guardians Office (NGO) were:

Element of Bullying and Harassment	2
Element of Patient Safety	0
Other	3

Note: These concerns relate only to those raised directly with the FTSUG / Champions network – other concerns raised e.g. through safety huddle or with line managers are not logged unless referred to the FTSU Guardian

All concerns have been followed up and feedback provided to individual staff members where we are able.

The following table summarises the concerns raised since Q2 2018/19:

Quarter	No. of contacts	Category	Detail
2019/20 – Q1	4	1. Other	Reports of stress in a department have meant that we have been able to support colleagues by attendance at the Trust's resilience and managing stress at work training.
		2. Other	Following concerns raised the Trust has intensified its support of the training and supervision of Junior Doctors.
		3. Other	Unresolved payroll issues were escalated to HR.
		4. Bullying and Harassment	Concerns within nursing function, support put in place and being reviewed.
		5. Bullying and Harassment	Reports of bullying and harassment in an out-sourced service are being reviewed and addressed
2018/19 – Q4	4	1. Other	Community service - Concerns over administration service review. Review has completed and concern resolved.
		2. Other	Anonymous letter - raising concerns over bullying/lack of leadership within the admin function.
		3. Patient Safety	Anonymous email – Theatres, concerns raised over consent for a robotic operation but mini mitral performed instead, investigated and all consents were in place
		4. Other	Anonymous letter – raising concerns over bullying/lack of leadership within the admin function
2018/19 – Q3	14	1. Patient Safety	Investigated and no harm to patient – learning published in SOLE bulletin and included further in the report.
		2. Bullying and Harassment	HR investigation concluded
		3. Other (values and behaviour)	Culture of a clinical team resulted in an away day where views were aired - learning published in

			SOLE bulletin and included further in the report
		4. Patient Safety	Anonymous letter received about a recruitment process in a clinical area. HR reviewed the process.
		5. Bullying and Harassment	Anonymous letter regarding Ward culture – (see No. 12)
		6. Other (values and behaviour)	Escalated to Theatre Matron
		7. Other	Charitable donation use – concluded and items bought for theatres area.
		8. Bullying and Harassment	Complaint about culture on ward – reviewed and found no case to answer. (see No. 12)
		9. Other	Request for information on bank staff A/L entitlement - referred to HR
		10. Bullying and Harassment	Escalated to Head of Nursing Clinical Services for review and concluded
		11. Bullying and Harassment	Grievance investigated by HR and concluded. (see No.12)
		12. Bullying and Harassment and Patient Safety	Complaint about ward culture by 16 members of staff – investigation concluded.
		13. Patient Safety	Capital money confirmed to buy a bladder scanner
		14. Bullying and Harassment	Complaint about ward culture (see No.12)
2018/19 – Q2	3	1. Bullying and harassment	1. Investigation underway and HR process being followed
		2. Values and behaviours	2. Team leader facilitated culture work with external facilitator for full team engagement.
		3. Patient Safety	3. Escalated to AMD Surgery for review

The tables below reflect the bandings and professional groups the 'speak ups' came from.

Banding and Staff Groups

Four concerns raised in Q1 were from the nursing staff group and one from maintenance any learning will be discussed at the FTSU quarterly summit on 31st July 2019.

Concerns raised by staff bands	B2	B3	B4	B5	B6	B7	B8a and above	Unknown
	0	0	0	3	0	0	1	0

Concerns raised by professional group	Medics	Nurses	HCA's	AHP	Pharmacists	Admin/Clerical	Cleaning/Catering/Maintenance/Ancillary	Board Member	Corporate Service Staff	Unknown
	0	3	0	0	0	0	1	0	0	0

Benchmarking

Following presentation of the annual report and the request by BoD for a year on year trend analysis the table below shows the speak ups per year and associated categories.

	Bullying and Harassment	Patient Safety	Other
2016/17	2	3	11
2017/18	9	6	2
2018/19	10	6	9
2019/20 Q1	2	0	3

The most noticeable pattern is the increase in bullying and harassment from 16/17 – 18/19; those reported seem to be isolated cases and are in areas where there has been significant intervention following 'speak ups' through culture work and HR processes. As a Trust we actively encourage staff to 'speak up' to resolve issues through many avenues but the increase does correlate with the staff survey result which saw an increase in staff saying they had experienced harassment, bullying or abuse from staff in the last 12 months. There is also soft intelligence from staff side representatives that there is bullying and harassment at Liverpool Heart and Chest Hospital that has gone unreported; the FTSUG has arranged to meet with those representatives to understand the details. Further information will be reported at a later date.

National Update

The FTSUG attended the biannual north-west regional network meeting at Blackpool Victoria Hospital with Russ Parkinson, Head of National Guardians Office present. The main points arising from the meeting were:

1. Case Review 6 published on Brighton and Sussex University Hospital Trust (BSUHT), all Trusts to review, see below
2. National guidelines for training will be published before the end of the summer.
3. Request from the network for 'train the trainer' sessions and more refresher training.
4. NGO also to issue guidance on training champions
5. North West regional liaison lead Jenny Fellowes has been appointed.
6. 'Speak up' month will happen again in October

7. There was a discussion on psychological support for Guardians and it was felt, overall, more was needed.
8. A discussion also took place on Guardian bandings and a number are having their jobs reviewed through AfC.

Case Review 6 - Brighton and Sussex University Hospital Trust (BSUHT)

In Quarter 1, Case Review 6, Brighton and Sussex University Hospital Trust (BSUHT) was published with recommendations specifically for the Trusts involved, and for consideration by the wider sector.

The background to the case was that there was a poor speaking up culture at the Trust, particularly in relation to issues raised by black, Asian and minority ethnic (BAME) members of staff. The seven recommendations made are contained within the table below alongside where Liverpool Heart and Chest Hospital benchmarks against them.

Current engagement progresses with BAME colleagues led by HR Business Partner, Fiona Ross who has reinvigorated the BAME network group and a new interim chair Dr Sanjay Ghotkar, who is also a FTSU champion. An action plan is also being developed using best practice gleaned from other Trusts such as Alder Hey.

Case Review 6: Brighton and Sussex University Hospital Trust (June 2019)			
	Recommendation	LHCH Position (RAG)	Actions required
1	Within 3 months the NGO will take steps to ensure that the speaking up training it delivers and planned national guidance, specifically references the needs of BME workers as 'vulnerable groups' alongside		Action for NGO but should be noted that LHCH has reinvigorated its BAME network group, the FTSUG has attended both sessions. There is also a new BAME steering group which has as its interim chair Dr Ghotkar who is also a FTSU champion.
2	As soon as is practicable, following the decision regarding the future leadership of the organisation, the trust should inform its workforce of that decision		Not applicable
3	Within 12 months the trust should revise its speaking up policy to ensure it is in line with the amendments required by NHS improvement quoted in this report.		Reviewed. The Trust policy is in line with recommended policy as per NGO. One amendment needed - to put the contact details of the Guardian within the policy
4	Within 6 months the trust should take all appropriate steps to implement the actions identified in its gap analysis of National Guardian Office case review recommendations		The Trust has reviewed, as soon as they were published, all six case reviews and taken appropriate action were needed to address any gaps.
5	Within 6 months of the completion of its roadshow to promote the existence and purpose of its FTSUG across its workforce, the trust takes appropriate steps to measure the effectiveness of its communication strategy relating to the role.		This is a specific action for Brighton, however following the recent CQC well led review, inspectors fed back that FTSU had a high profile in the Trust and staff were familiar with FTSU and the FTSUG.
6	Within 12 months the trust completes the work it identifies as necessary to help ensure that workers, in particular those responsible for responding to speaking up matters, have the appropriate skills to handle difficult conversations.		The Trust has included as part of its leadership strategy a 'managing difficult conversations' module
7	Within 6 months the Trust should take reasonable steps to ensure that its network of cultural ambassadors reflects the diversity of the workforce that it supports.		Following assessment in 2016 and January 2019, it was confirmed that the FTSU champions network reflects the diversity of the workforce it supports.

3. Learning from FTSU

Cascading learning from FTSU can be problematic due to the size of the Trust and maintaining confidentiality, however learning from two of the concerns raised in Q1 will be disseminated to teams through Team Brief and the SOLE bulletin.

- Reports of stress in a department have meant that we have been able to support colleagues by attendance at the Trust's resilience and managing stress at work training.
- Following concerns raised the Trust has intensified its support of the training and supervision of Junior Doctors.

FTSU Charter

Following a large 'speak up' last year and feedback from ward managers who felt increasingly vulnerable when managing staff. A charter, see appendix 2, was drawn up to give more clarity about the behaviours expected during the process. Consultation was taken with ward managers and Holly Suite staff and amended as per discussions; the charter will be launched through the SOLE bulletin.

NHS Staff Survey – FTSU Index

The National Guardian's office in response to Simon Stevens' suggestion that the NHS staff survey and a particular subset of questions could be used as a proxy measure of the FTSU culture in trusts has recognised LHCH as having the highest index score in 2018 for an Acute Specialist Trust at 86%. The highest recorded score across all Trusts was 87%. The NGO will publish a report on the findings and LHCH have been asked to contribute, see appendix 2.

4. Feedback to FTSU

All those who have raised concerns to the FTSUG and champions are asked the following questions

"Given your experience would you speak up again?" Yes/No/Maybe/Don't Know

"Please explain your response"

Of the five concerns raised in Q1 – 3 are still under review and only one has given feedback with the following answer:

Given your experience would you speak up again

"Yes"

Please explain your response

"I found speak out safely a very reassuring process during a situation that made me feel quite distressed. You were extremely kind and empathetic, which put me at ease. I didn't know much about speak out safely but I wouldn't hesitate to speak up again, I would also recommend it to others."

Further soft intelligence from 'speak ups' in Q3 & Q4 has revealed that some staff are being told that FTSU should only be used as a last resort and have felt that the ulterior message was that they were 'wrong' to use FTSU.

5. Recommendations

The Board of Directors are asked to:

- i) Note the Q1 report and progress made to date

8 July 2019

Jane Tomkinson OBE
CEO
Liverpool Heart & Chest Hospital
NHS Foundation Trust

Dear Jane

NHS STAFF SURVEY – FREEDOM TO SPEAK UP INDEX

At the 2018 National Freedom to Speak Up Conference, Simon Stevens presented preliminary findings from the NHS staff survey that he suggested could be used as a proxy measure of the Freedom to Speak Up culture in trusts. This was based on a small subset of questions in the survey (details of the questions used in the index are available in Annex A).

I committed to follow up on this work. My team and colleagues in NHS England have completed an analysis of the results of the most recent NHS staff survey and I am now in a position to see which trusts record the highest index scores this year. I am writing to the CEOs of organisations with the highest scores and the greatest improvements to learn how you are fostering a positive speaking up culture in your trust.

I am delighted to say that your trust records the highest index score for 2018 for Acute Specialist Trusts. Your index score was 86%. The highest recorded score across all Trusts was 87%.

I believe that a healthy Freedom to Speak Up culture is a reliable indicator of a high performing organisation. This was borne out in the results of the survey of Freedom to Speak Up Guardians that my team carried out last year where there was an apparent correlation between CQC rating, and the perceptions of Guardians about the Freedom to Speak Up culture in their organisations
https://www.cqc.org.uk/sites/default/files/20181101_ngo_survey2018.pdf

I would therefore like to learn from you about the actions that you have taken to achieve the success that the index results indicate, so that other organisations can learn and improve their own speaking up culture. I would also like to include your experience and reflections when I publish my report on these results. I will be issuing a national statement about these results and so I would also like to invite representatives of your organisation to the launch event for our publication.

National Guardian Freedom to Speak Up

I would be very grateful if you could respond with contact details of who my team can work with in your trust to create a case study based on your experience for inclusion in my report. I will follow up with my invitation to the launch event for our publication.

Thank you for the commitment and efforts you are clearly making to make speaking up business as usual.

With best wishes

A handwritten signature in black ink that reads "Henrietta". The script is cursive and fluid, with the first letter 'H' being particularly large and stylized.

Dr Henrietta Hughes FRCGP
National Guardian for the NHS

Annex A

Survey questions and the index

The survey questions that have been used to make up the 'FTSU index' are:

- % of staff "agreeing" or "strongly agreeing" that their organisation treats staff who are involved in an error, near miss or incident fairly (question 17a)
- % of staff "agreeing" or "strongly agreeing" that their organisation encourages them to report errors, near misses or incidents (question 17b)
- % of staff "agreeing" or "strongly agreeing" that if they were concerned about unsafe clinical practice, they would know how to report it (question 18a)
- % of staff "agreeing" or "strongly agreeing" that they would feel secure raising concerns about unsafe clinical practice (question 18b)

The FTSU index was calculated as an average of responses to these four questions. Each respondent must have answered at least two of the questions for a FTSU indicator score to be calculated. Each trust's indicator score is the mean average of the responders who have a FTSU indicator score.

FTSU Charter (draft)

I have a duty to speak up if I think that something may be wrong

I have spoken up - What can I expect?

- ❖ I will be thanked for speaking up
- ❖ My colleagues and managers are approachable and receptive to receiving concerns
- ❖ My concerns will be taken seriously and a prompt fact finding process will follow to determine what actions need to be taken
- ❖ It will be explained to me what will happen and I will be kept informed although I understand that for reasons of confidentiality, the detail may not be shared
- ❖ If a formal investigation is needed, this will be given the necessary resource and scope and a clear plan/timeframe will be established
- ❖ The FTSU Guardian will support me by listening, signposting and facilitating good communication
- ❖ I know that I will not be bullied, victimised or suffer any detriment as a result of speaking up
- ❖ I recognise that my manager must make decisions that I may not always agree with and that speaking up will not undermine my manager's decisions or HR policies except where these have wider implications for patient and staff safety
- ❖ I will cooperate fully with fact finding and any subsequent investigation and treat all colleagues with respect
- ❖ I will accept the outcome even though I may not agree with it and understand that there is no right of appeal
- ❖ I will at all times protect confidentiality during an investigation
- ❖ Following closure I will continue at all times to observe and adhere to the Trust's values and behaviours

Someone has spoken up and has complained about me - What can I expect?

- ❖ Support from my managers and HR to establish the facts in a prompt and timely manner
- ❖ Where it is my role to make decisions and act in the best interest of the Trust, I will be supported to do so

- ❖ I can be confident that any recommendations made will be based on facts and designed primarily to promote safety and learning
- ❖ I will feel confident that patients are safe and that my team remains a supportive place to work
- ❖ I will encourage my staff to speak up when they think that something might be wrong
- ❖ I will not be deterred from managing my team and making decisions in the way that best meets the needs of the Trust and the provision of excellent, compassionate and safe services for patients and families
- ❖ I will ensure that any colleague in my team who has spoken out suffers no detriment as a result
- ❖ I will continue to apply HR policy and procedure in a fair and appropriate manner wherever this is needed and be confident that the Trust will support me to do so
- ❖ I will at all times protect confidentiality during an investigation
- ❖ Following closure I will continue at all times to observe and adhere to the Trust's values and behaviours

Appendix 3

Benchmarking of Staff Survey Results - 2017 and 2018 Surveys

(source: <http://www.nhsstaffsurveyresults.com/local-benchmarking-questions/>) Local Results > Benchmarking > Questions

	LHCH		The Walton Centre		The Clatterbridge Cancer Centre		Papworth Hospital NHS Foundation Trust		The Royal Brompton and Harefield NHS Foundation Trust	
	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018
% of Staff “agreeing” or “strongly agreeing” that their organisation treats staff who are involved in an error, near miss or incident fairly (question 17a)	63.5%	69.2%	60.1%	55.9%	61.8%	63.3%	61.6%	63.3%	64.9%	73.1%
% of staff “agreeing” or “strongly agreeing” that their organisation encourages them to report errors, near missed or incidents (question 17b)	92.5%	95.0%	89.0%	91.9%	91.5%	91.6%	91.7%	91.6%	91.3%	91.6%
% of staff “agreeing” or “strongly agreeing” that if they were concerned about unsafe clinical practice, they would know how to report it (question 18a)	97.5%	98.4%	95.1%	95.3%	97.4%	96.2%	95.5%	93.5%	94.8%	94.9%
% of staff “agreeing” or “strongly agreeing” that they would feel secure raising concerns about unsafe clinical practice (question 18b)	79.9%	80.1%	71.7%	71.3%	74.1%	75.4%	71.9%	70.7%	74.6%	74.4%