

**Trust Board**

**25 May 2016**

Paper Title: Freedom to Speak Up Guardian – Annual Report
Lead Director: Sandra Knight, Director of Human Resources & Organisation Development
Paper Author: Louise Hussain, Freedom to Speak Up Guardian
Agenda Item: <b>14</b>
Presented For: Assurance

**1. Purpose of this Report:**

This is the first written annual report by the Freedom to Speak Up Guardian (FTSUG). It is good practice that the Board receives a written annual report of this nature. This report is intended to:

- Inform the Board of work undertaken so far by the FTSUG;
- Detail the cases which have been raised in the period 2016/17; and
- Inform the Board of the planned work of the FTSUG for 2017/18

**2. Summary of Key Points**

The report highlights the following:

- Work undertaken following the appointment of the Freedom to Speak Up Guardian
- Ongoing and planned developments to support staff in raising concerns
- The concerns raised for the period 2016/17

The information submitted in this report has been presented to the Quality and Safety Committee on 5 May 2016.

**3. Publication under Freedom of Information Act**

This paper has been made available under the Freedom of Information Act

**4. Recommendations**

That the Board:

- Notes the reported cases for 2016/17;
- Agrees to annual reports on FTSUG activity, noting that Quality and Safety Committee will receive a report every 6 months; and
- Notes the FTSUG objectives for 2017/18

# Freedom to Speak Up Guardian Annual Report

## 1. Background

Following a consultation with staff and staff side representatives, the Executive Management Team were asked to consider the options for the appointment of a Freedom to Speak Up Guardian (FTSUG) in July 2016. After considering the options against a number of criteria, including the size of the organisation and high reporting culture, it was agreed that the FTSUG should be part of another substantive role.

The Freedom to Speak up Guardian (FTSUG) was appointed in October 2017. One of the requirements of the role is to work with the Chief Executive and Trust Board to help create mechanisms by which staff can safely speak up, ensuring they are not disadvantaged by doing so. Part of the requirement is to also report back to the Chief Executive and the director and non-executive lead any themes in the concerns raised and to share outcomes with staff.

## 2. Report detail

### 2.1 Introduction of the role

The Patient Advice and Complaints Manager, whose experience and skill set closely aligned to the requirements of the role, was appointed to the role in October 2016 after which staff were informed of the appointment via Board in Brief and e-update.

The role is supported by the Director of Human Resources & Organisation Development and a Non-Executive Director.

### 2.2 Summary of Key achievements in 2016/17

The following actions have been taken in 2016/17 as part of the introduction of the role:

- The FTSUG attended a Workshop facilitated by the Guardian's Office to explore how the role can be developed in the organisation. This was an opportunity to meet other guardians, to share experiences and to understand the expectation of the guardian's office.
- The FTSUG, Director of HR and NED met to review the current and proposed processes against the 'toolkit' provided by NHS Employers.
- Attendance quarterly at a regional meeting to discuss any issues FTSUGs may have.
- Attendance at the National Guardian's Conference in March to review the introduction of the role across the NHS and share best practice.
- Information about the role has been shared on e-comms.
- A Connect web page has been developed to provide information on how to raise concerns.
- The FTSUG and Staff Side chair have held drop in sessions for staff in different areas of the organisation, sometimes in response to specific concerns raised by staff. These have been an opportunity for staff to share their experiences. Concerns have been shared with managers or staff have been signposted to the correct procedure. It has also been an opportunity for staff to share positive things about the areas they work in.

- A screen saver has been developed to raise awareness among staff of the role.
- There is a dedicated email address for people to use if they want to raise concerns.
- A template has been devised for services to complete when concerns are raised in their area which captures the investigations they have undertaken and outcomes/actions from these. This will enable the FTSUG to feedback to staff any outcomes and where possible to highlight changes/improvements on Connect for staff to see.
- Regular meetings have commenced with the Deputy Director of HR and the Staff Side Chair to highlight any areas which may potentially be hotspots and triangulate information/feedback from those areas.
- The FTSUG meets Quarterly with the Chief Executive to review concerns for that period, including actions taken.
- The Chief Executive will sign off action plans that address concerns raised
- The FTSUG meets regularly with the Director of HR and OD for support and guidance and also with the Director of HR and Non-Executive Director Lead who also provides support to the FTSUG. These meetings will be every six months prior to the submission of a report, or more frequent if required.

### **3. Summary of planned actions and objectives for 2017/18**

#### **3.1 Freedom to Speak up Champions**

Freedom to Speak Up Champions will be recruited in different areas. This is to improve the number of staff who are accessible throughout the Trust for people to share their concerns with. The FTSUG is actively seeking out frontline staff with the required skills, motivation and behaviours across all areas of the organisation. To support this role staff will be offered an induction to understand the correct procedures to be followed or sign post staff to. There will also be regular peer supervision sessions for staff to attend. The FTSUG is working with HR on this including the role requirements and the design of training that Champions may require.

#### **3.2 Review of Policy/Procedure**

The raising concerns policy was reviewed in 2016 to ensure it was in line with the National Policy. This has been reviewed by the FTSUG and HR and will be amended to reflect the new roles, this will provide an opportunity to re-launch the policy and further raise awareness of the FTSUG role, the role of the Champions and the avenues open to staff for raising concerns. This will be revised by July 2017.

#### **3.3 Training/Raising Awareness**

The FTSUG and/or Champions will raise awareness across the Trust over the next 6 months by:

- Attending staff meetings to ensure staff are aware regarding how to raise concerns and the role of the FTSUG
- Having dedicated time at the Trust induction to explain the role
- Raising awareness in the training of staff bank workers
- HR are reviewing training/resources for managers. How to deal with staff concerns will be part of the resource. This will be crucial for managers to understand their role in addressing concerns and to ensure they are confident in doing so.
- Raising awareness with students on how to raise concerns

- Opportunities of how staff can raise concerns anonymously will be supported, by the introduction of an online form which would not require the staff member's personal details but the focus will be on encouraging staff to come forward with anonymity protected if requested where this is appropriate .

#### **4. Concerns raised during 2016/17**

The concerns recorded for this period have been predominantly from in-patient settings. These are summarised in appendix 1. Full details are recorded by the FTSUG on a database and this includes staff details, areas and types of concerns to monitor for themes and trends as well as ensure timely feedback to staff raising concerns and that to ensure that related actions and investigations are progressed and concluded.

The concerns for this period have been received via different routes including an anonymous letter, a staff member raising concerns with the Director of Operations and Nursing and from proactive meetings where the FTSUG and Staff Side chair have gone to meet staff to listen to their experiences and concerns.

The issues raised have been around **patient and staff safety, quality of care and cultural issues.**

It is proposed that the Board receive the table at appendix 1 as part of the annual report so they can be assured that issues are being dealt with and receive a brief summary of the outcome. The bi-annual report to the Quality and Safety Committee will provide further assurances in year.

#### **5. Recommendations**

That the Board:

- Notes the reported cases for 2016/17;
- Agrees to annual reports on FTSUG activity, noting that Quality and Safety Committee will receive a report every 6 months; and
- Notes the FTSUG objectives for 2017/18.

## Staff concern for period 2016/2017

Month	Area	Concerns	Outcome
October 2016	In-Patients	<p>An anonymous letter of concern about the ward and individuals. Some staff spoke directly with the Service manager about their concerns.</p> <p>The FTSUG and Staff Side lead offered staff a drop in-session during a weekend period. This was well attended and the feedback from staff fed into the investigation that had already been commissioned by services.</p>	Feedback received from services. Full investigation took place. Managers are arranging a feedback session for staff in June 2017. FTSUG attending.
January 2017	Corporate	Staff member requested contact.	Contact made. Meeting offered which was cancelled. Two further attempts made by FTSUG to contact person. Message left to make contact if they wish to raise concerns.
February 2017	Corporate	Call from staff member that they were concerned about workload and cover in their absence	Advised to discuss with line manager in first instance. Conversation to review workload and develop contingency plan for absences to mitigate against risk of work not being progressed. Staff member will alert FTSUG if further concerns
March 2017	In-Patients	Concerns about staffing levels on ward raised during a drop-in session with FTSUG and staff side chair. Concerns related to staffing numbers on shift, use of agency staff who cannot use the clinical recording system which then impacts on regular staff duties and safety of the ward	Service Manager reviewed. Training and access to RiO is provided to Bank staff. Where additional staff are required on the ward to support service users the ward manager and clinical manager will arrange via staff bank/peripatetic team. In-patients now have a system in place to ensure breaks are planned and taken.
March 2017	In-Patients	Concerns raised by staff member about staffing levels and safety of ward	<p>Director of Operations and Nursing met with ward staff. Immediate action was taken and a full summary provided to the FTSUG. Action included:</p> <p>Qualified staff off other wards being asked to rotate to support</p>

			<p>the vacancies on the ward. Ward staff received a letter from management to inform them of the work being done and offer reassurance that issues are being addressed.</p>
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