

**BOD 123/2016**

(agenda item: 7)

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

# Board of Directors

**26 October 2016**

**Freedom to Speak Up Guardian - Report of first 6 months of the role in the Trust**

**For: Information**

**Executive Summary**

The Freedom to Speak Up Guardian is a new role in the NHS and was a recommendation of the Freedom to Speak Up Review by Sir Robert Francis published in 2015. The Freedom to Speak Up Guardian came into post in this Trust in April 2016. This is a report directly to the Board on the first six months activity.

The Freedom to Speak Up Guardian is a part-time post, 2 days a week, that provides independent and confidential support to staff that want to raise concerns and promotes a culture in which feel staff safe to raise those concerns. There have been 29 cases of concerns raised over the first 6 months of the role most of which have been resolved locally. In addition, other activities have been undertaken to raise awareness of the role and to encourage cultural change in the Trust. The postholder has also contributed to the national developments in the role. Whilst it is too early to evaluate the impact of the role, there has only been one formal whistleblowing investigation started since April and no concerns have been raised by members of staff with the Care Quality Commission. These may be early signs of the Trust’s staff feeling more confident to raise concerns in their workplace.

**Recommendation**

The Trust Board is asked to note the contents of this first report by the Freedom to Speak Up Guardian.

The Board is asked to approve that in the future the Freedom to Speak Up Guardian provides an annual public report to the Board and a mid-year report to the Well-Led Quality Sub-Committee.

**Author and Title:**

Mike Foster, Freedom to Speak Up Guardian

**Lead Executive Director:**

Stuart Bell, Chief Executive

**Freedom to Speak Up Guardian - Report of first 6 months of the role in the Trust**

Introduction

The Freedom to Speak Up Guardian is a new role in the NHS that is being implemented following the recommendation of the Freedom to Speak Up Review conducted by Sir Robert Francis. The Trust appointed Mike Foster as its Freedom to Speak Up Guardian in March 2016 and he came into post at the start of April. It is a part-time post, 2 days a week, that provides independent and confidential support to staff that want to raise concerns and promotes a culture in which feel staff safe to raise those concerns. There have been 29 cases of concerns raised over the first 6 months of the role. In addition, other activities have been undertaken to raise awareness of the role and to encourage cultural change.

Background to role

Sir Robert Francis in his Report of the Mid-Staffordshire NHS Foundation Trust Public Inquiry (2013) described the experiences of nurses and doctors who raised whistleblowing concerns about the poor care some patients experienced at the hospital. As an example, Helen Donnelly, a staff nurse in the A&E Department, raised two whistleblowing complaints: firstly, that she had been asked to lie about the length of time patients had to wait in the A&E Department to avoid the 4 hour waiting target being breached and then about a bullying culture in the Department. As a consequence:

‘*… threats were made, both directly and indirectly... People were very often coming up to me – trying I think in a helpful way to tell me to, I quote “watch my back” … at night [I] would have to have either my mum or my dad or my husband come and collect me from work because I was too afraid to walk to my car in the dark on my own.’* He recommended that there should be a common culture of openness, transparency and candour in the NHS. That openness should enable *‘concerns to be raised and disclosed freely without fear and for questions to be answered’.*

Following the Inquiry, Sir Robert Francis was asked to conduct a further review into whistleblowing in the NHS. *‘Freedom to Speak Up – an independent review into creating an open and honest reporting culture in the NHS’* was published in 2015. The review identified five common areas where change was required: culture change; improved handling of cases; measures to support good practice; particular measures for vulnerable groups; and extending the legal protection. In order to make those changes it advised that twenty principles needed to be in place. These included: having a culture of raising concerns, valuing the members of staff who raise concerns and celebrating the improvements that were made as a result. The report recommended that trust boards should appoint a Freedom to Speak Up Guardian to *‘act in a genuinely independent capacity’*.

Our Trust was exploring this role and talking with other trusts soon after the review was published and was one of the trusts that made an early appointment into the role. In 2016-17 having a Freedom to Speak Up Guardian became a contractual requirement for NHS provider trusts. By the end of this financial year, each trust is required to have a Freedom to Speak Up Guardian in post: in July about a quarter of trusts had made appointments.

The Role of the Freedom to Speak Up Guardian

The Freedom to Speak Up Guardian is not part of the management structure of the Trust and is able to act independently in response to the concerns being raised with him. The postholder reports directly to Stuart Bell, Chief Executive, and this gives him access to the executive directors of the Trust. There are two key elements to the role:

* To give independent, safe and confidential advice and support to members of staff who wish to raise concerns that have an impact on patient safety and experience. This is not just for permanent staff members but is also available for temporary/agency staff, trainees/students, volunteers and trust governors. Support from the guardian is not available to carers and patients as they can use the complaints and PALS service.
* To promote a culture where members of staff feel safe to raise concerns and do not fear adverse repercussions as consequence

The activities of the Freedom to Speak Up Guardian

*Members of staff raising concerns:*

In the first six months of the post, there were 29 cases of concerns raised with the guardian.

|  |  |  |  |
| --- | --- | --- | --- |
| Month | Number of concerns | Action taken | Closed/Open |
| April | 7 | 4 were closed following discussion and advice given, 3 required further action | All closed |
| May | 5 | 4 required further action (2 closed), 1 concern could not be clarified (and was closed) | 3 closed, 2 remain open |
| June | 4 | 2 closed following discussion and advice, 2 required further action | All closed |
| July | 9 | 3 closed following discussion and advice given, 5 required further action (1 still open) and 1 was withdrawn and the re-opened. | 7 closed, 1 re-opened, 1 open |
| August | 1 | Required further action | Closed |
| September | 3 | 1 requires further action, 2 awaiting clarification | 3 open |

The members of staff that contacted the Guardian came from across the Trust but most came from the adult mental health services. Individuals contacted the Guardian but also groups of staff. They had a variety of jobs and professions including: health care assistants, ward clerk, community psychiatric nurses, occupational therapists, podiatrist, district nurses, consultant psychiatrists, social workers, administrators, clinical psychologists and psychotherapists. On two occasions the Guardian was contacted from outside the Trust; on one occasion this concerned a partner organisation.

The distribution of members of staff raising concerns and some of the services that concerns were raised about are given below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Corporate | CYP | Adult | Older Adult | Other |
| 3 | 3 | 15 | 6 | 2 |
|  | Services include:  Child and adolescent mental health service (Swindon, Wiltshire and BaNES). | Services include:  2 adult mental health teams, early intervention service, 2 mental health wards, Tier 4 Psychological Services. | Services include:  Older adult community mental health team, podiatry, district nursing team. |  |

There have been no concerns raised that involved the abuse or neglect of patients. It is clear that members of staff make great efforts to try to ensure that patients are not adversely affected.

An unregistered member of staff from a mental health ward raised a concern that there had been significant changes to the line management of the ward and the ward staff did not understand why these changes had been made and they felt de-moralised as they had valued the support provided by the staff that had been moved. The Guardian arranged for the senior manager who had made the changes to come to the ward and explain to the staff why they had happened.

A number of concerns were easily resolved by giving advice or by signposting members of staff to more appropriate support (for example, to advice on the grievance process).

A CPN and social worker from an adult mental health team raised a concern that there was not enough staff to assess and provide safe care to patients being referred to them. The Guardian arranged for the service manager to meet with these staff and discuss their concerns. As a result, additional agency staff were recruited to help with assessing patients.

Of the remainder, the concerns fell largely into two groups:

* Communication: especially when there were service changes taking place
* Demand versus capacity: where there had been an increase in demand and complexity of patients and staffing had not changed and was felt to be inadequate leading them to feel that they had to compromise care and standards.

A district nurse raised a concern that it was not possible to adequately assess and plan patient care because of high caseloads without staff working excessive hours. The Head of Nursing in the Older People’s Directorate has arranged to spend time with this district nurse’s team to better understand the challenges that they are facing.

The members of staff that raised concerns show a high commitment to the patients that they worked with and to their colleagues who were experiencing the same pressures. They understood that there were not easy solutions to the difficulties they were having but said that they had raised their concerns with their managers but often they did not respond sensitively and expected them to find their own ways of coping with the demands. This led to them feeling not valued by the organisation. They spoke about the stress they felt under and the impact it was having on their personal lives and wellbeing. Members of staff described cultures where raising concerns was not tolerated and they were worried about the consequences of doing so: in those cases, they would ask not be identified. Members of staff were concerned about the size of their caseloads, the number of visits and assessments they needed to do, not having enough time to work collaboratively with patients and carers in planning care, and not having adequate time to write up patient notes. The pressure of having to meet contractual requirements and produce the required data was an additional stress that was felt to detract from providing direct care.

Representatives from Tier 4 Psychological Services raised concerns about the impact that a review of their service that had been going on for 18 months was having on the staff affected. The uncertainty about the outcome was leading to significant distress. There had also been contradictory communications about which patients should being assessed and treated. The Guardian had discussions with the staff and managers involved in the review and clarification on the timetable for the next stages of the review and for the assessment and treatment of patients was provided.

When a member of staff raises a concern with the Guardian, he will try to meet with them to clarify their concern, understand what attempts they have already made to resolve it and who they have spoken with. The Guardian will then discuss with them what they think would help and who is best placed to address their concern. An important issue is whether they feel safe to be identified when their concern is raised or whether they want their identity protected. Initially many members of staff ask for their identities to be protected but as discussions progress, they often become more confident and with support are able to address their concerns directly with their managers. The Guardian, and the person raising the concern, will agree with the relevant managers how their concern can be addressed. It has been possible, in almost all cases, for concerns to be resolved locally or within the relevant directorate. One concern was withdrawn because of fear of identification leading to adverse consequences for the individual, however that person has since been in touch again and other ways to support her and address her concerns are being progressed.

There needs to be clear and ongoing communications between managers and their staff that involves listening carefully to the concerns they have and responding in a timely way. Often feeling that they have been properly listened to is an important outcome for staff but there have to be other steps taken as well. These have included: reviewing the service model or pathway of care; increasing staffing to respond to demand; development programmes beyond preceptorship for staff; clarifying an organisation change timetable and patient access criteria; increasing leadership capacity and consultant psychiatrist allocation within in a service.

*Changing the culture:*

* Raising awareness: A significant proportion of the Guardian’s time is spent explaining how concerns can be safely raised and the role of the guardian in supporting members of staff when they feel unable to do so with their managers. He visits teams and wards and attends meetings doing short presentations and question and answer sessions.
* Staff development: All new members of staff are made aware of the guardian’s role at induction. He also jointly delivers a session of the health care certificate programme, undertaken by all new unregistered care staff joining the Trust, on values and how to raise concerns. Unregistered staff often find it harder to raise concerns but spend most time with our patients. He has also been discussing how leaders and managers can be more confident in listening and responding constructively to their staff raising concerns and how this can be built into the Trust’s leadership development programmes.
* Influencing cultural change: The Guardian has been meeting with management and professional groups (such as the directorate management teams and the Clinical Advisory Board) to discuss his role, early themes and outcomes of concerns, and how managers and leaders can be more responsive to having concerns raised with them. In particular, discussions have been held about staff from black and minority ethnic backgrounds and the staff that may be transferred to the Trust from local learning disability services.
* Policy review: The Guardian has been reviewing the Trust’s whistleblowing policy with the Human Resources Department to bring it in line with the national model policy. The revised policy is currently being consulted on.

*National developments*

The Office of the National Guardian and NHS Employers have been starting to develop a national network for guardians and the Trust’s Guardian has been contributing to that. This has included networking and training events as well as on-line support. In addition some preliminary discussions have taken place with the Oxford Academic Health Science Network on the potential for the AHSN to help to host a local or regional network of guardians. However, currently, only the ambulance service has a guardian as well as us.

There was a delay in the appointment of a National Guardian to oversee the work of the local guardians in provider trusts. Dr Henrietta Hughes came into post at the start of October and there was a launch event in London on 13th October that Mike Foster attended. This was an opportunity to hear from Dr Hughes and Sir Robert Francis their visions for the role of Freedom to Speak Up Guardian and discuss how the National Guardian can support local guardians and regional networks can be developed. Hopefully this will mean that the national framework of support and guidance will be strengthened and a more consistent approach to the role can be adopted across the country.

Effectiveness

It will be a challenge to measure the effectiveness of this role as the level of confidence staff feel to raise concerns and how well they are addressed, particularly where there are several components, are largely qualitative in nature. The staff survey will be a useful indication of this. In the 2015 national staff survey our members of staff were more confident than the average community and mental health trusts in reporting risks to clinical practice (3.75 out of 5 compared with 3.7). This year’s staff survey is being currently undertaken.

If the Trust is successful in developing a culture where members of staff are encouraged to raise concerns and feel safe in doing so, one may expect to see a reduction in formal whistleblowing cases, as members of staff feel safer to raise concerns at an earlier stage, and in our staff raising concerns with external bodies such as the Care Quality Commission and NHS Protect, as confidence grows to raise them internally. Since April, when the postholder began in post, there has only been one formal whistleblowing investigation started (in August) and there have been no concerns raised with the CQC by staff (whilst prior to April, concerns would be raised regularly). These may be early signs of staff feeling more confident to raise concerns in their workplace.

Recommendation

The Trust Board is asked to note the contents of this first report by the Freedom to Speak Up Guardian.

The Board is asked to approve that in the future the Freedom to Speak Up Guardian provides an annual public report to the Board and a mid-year report to the Well-Led Quality Sub-Committee.

**Mike Foster**

**18th October 2016**