

FREEDOM TO SPEAK UP GUARDIAN: APPENDIX TO TRUST BOARD REPORT
SUMMARY OF ISSUES RAISED
Q3: October 1st – December 31st 2018

16 Contacts (individuals) have been received, from a workforce of circa 22K

Contact's department	Individuals (n) raising concerns	Duration before contact	Meetings held (N)	Status	FTSUG or CC providing support
Imaging	1	9/12	1	Partially resolved	FTSUG
Research-related	1	6/12	2	Resolved	FTSUG
Medicine speciality 'X'	1	9/12	1	In Progress	FTSUG
Medicine speciality 'Y'	1	1 yr	1	In Progress	FTSUG
Management	1	1 yr	1	Resolved	FTSUG
Surgical speciality 'Z'	4	4 years	3	In Progress	FTSUG
Surgical speciality 'Z'	1	1.5 yrs	2	In Progress	FTSUG
Bank nursing	1	6/12	1	Resolved	FTSUG
Staff support service	1	3/12	1	In Progress	FTSUG
Governance	1	1.5 yrs	2	Resolved	CC
Ancillary	1	< 1 wk	1	Resolved	CC
IT	1	-	1	Resolved	CC
Medical records	1	-	1	Resolved	CC

Concerns raised:

(n) = number of instances; contacts may involve several issues.

Technical:

- Wrong procedure resulting in patient harm (2)
- Poor documentation, non-use of electronic requesting (1)
- Differences in standard operating procedures between Trust service and private supplier (1)

Non-technical:

- Disrespect (8)
- Unable to discuss matters with directorate/line manager or service lead because contact perceived them as being part of the problem or biased (5)
- Bullying, intimidation, climate of mistrust and fear (4 instances).
- Cliques suppressing 'voice' by others in the same department (2)
- Allegation of falsified reports or documentation (2)
- Incomplete resolution of issues previously raised (2)
- Disciplinary process inappropriately conducted (1)
- Disciplinary investigation imposed without adequate support (1)
- Requirement for confidentiality not respected, individual exposed (1)
- Anxiety about redundancies associated with merger (1)
- Lack of support in resolving safety at work (manual handling, non-clinical) (1)
- Unfairly blamed for upstream process errors (1)

Comments made by those raising issues, referring to their experience of the situation causing concern:

- 'Like being controlled by the Mafia' (1)
- I haven't made any friends doing this' (2, one a nurse and the other a junior doctor)
- 'My self-confidence has been destroyed' (1, shared by many others)
- 'I have never before experienced such a climate of fear and mistrust' (1, shared by others)

Actions to achieve resolution:

- Discussion between FTSUG and the relevant clinical service lead, manager or executive (5)
- Service agrees to undertake a review (4)
- Discussion with contact, given insights into issues, or signposted to support resource (3)
- Mediation (1)
- Recommendation to speak to line manager and Citizen's Advice (1)
- Root cause analysis performed, taken back to manager, issue resolved (1)
- Manual handling policy, service provided better support (1)
- One issue currently in progress and not yet reported may require formal external review.

Process adopted:

- All meetings are emotionally-laden
- Each contact assured before discussion starts that the default position is complete anonymity, but that if effective action is to be taken, then some degree of disclosure may be necessary – to be discussed and only with the contact's approval.
- Explain that the role of the Guardian is not to investigate, but to ensure that Trust investigates and manages concern.
- Allow minimum of 1 hr for the initial meeting, followed by 30 mins to document the issues raised. Complex issues take much longer.
- Provide a short résumé of the meeting for the contact, including recommendation on how to proceed, and ensure that the contact is content with proposed approach.
- Phone, followed by an email, the service involved, or seek the assistance of an individual who can provide a potential solution to the problem.
- Report back to the contact, and keep him or her informed about progress.

Following initial contact:

- The status of contacts is given in the table above.
- All 11 contacts expressed thanks for assistance.
- 'The first time I have ever been listened to' (2)
- 'Will recommend service to others'
- One individual found the resolution too slow (two months) and has chosen to resign and move to a new job. Paradoxically, this was in the service which had by far the most effective, constructive and proactive response to my short report (Cancer R&D).

Conclusions:

- The number of contacts received in the last quarter is not unexpected given the fact that the service is newly advertised.
- Interpersonal relationships are the underlying issue in almost all cases. Single dysfunctional individuals can have profoundly adverse effects on their professional group.
- Technical issues are easier to quantify and address than non-technical issues (attitudes and behaviours), but where there is a primarily technical issue, behaviours are usually a secondary problem as well.

- Some dysfunctional behaviours are inadvertent and a consequence of lack of insight, but others appear to be deliberate and malicious.
- Leadership is critical in fostering an effective speaking up culture. Staff are strongly influenced by the character, integrity, competence and accessibility of the clinical service leads, divisional directors, managers, and the Trust Directors and CEO.