

UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST
BOARD OF DIRECTORS
July 25th 2019

Title:	Freedom to Speak Up Guardian (FTSUG) Quarter 4 report (Jan 1st – March 31st 2019)	
Responsible Director:	David Burbridge, Director of Corporate Affairs	
Contacts:	<ul style="list-style-type: none"> • Professor Julian Bion, Freedom To Speak Up Guardian • Mrs Sarah Favell, Deputy Director of Corporate Affairs • Dr Catriona McMahon, Non-Executive Director 	
Purpose:	To provide an update on Quarter 4 (Q4) activity in 2018-19 by the FTSUG and the Confidential Contacts (CCs), and to inform the Board about national initiatives relating to raising concerns.	
Confidentiality:	Open	
Annual Plan Ref:		
Key Issues Summary:	<ol style="list-style-type: none"> 1. This is the 2nd report provided by Prof Bion, FTSUG, since his appointment in August 2018. The first three months involved setting up the system of FTSU Confidential Contacts. The system 'went live' at the beginning of October. 2. In this final quarter of 2018-19, there have been 21 contacts. 12 involved some element of bullying, and three involved potential patient safety issues, but no evidence of harm to patients. 3. A summary of contacts is attached as an appendix to this report, and a narrative analysis of issues raised is given below. 4. The Guardian has given Grand Round lectures at QEHB and Heartlands, and has contributed to the Team Brief on both sites. He will give a Grand Round lecture at Good Hope on June 27th. 5. Of the 21 Confidential Contacts, one is moving to a new post (Vicky Jones) and one is retiring. The Guardian would like to appoint new CCs to replace these individuals. 6. The National Guardian for Speaking Up, Dr Henrietta Hughes, has agreed to join our local quarterly meeting of the Guardian and Contacts on Dec 10th. The CEO has agreed to formalise this with a letter of invitation from the Trust. 7. The new webpages for Speaking Up are in development. The current version is at: https://www.uhb.nhs.uk/one-trust/ftsug/ 8. Funding is being identified for the development of Speaking Up informational materials across the Trust. 	
Recommendations:	<p>The Board is asked to:</p> <p>Note progress in respect of strengthening our Freedom to Speak Up arrangements</p> <p>Note recommendations made in relation to key themes.</p>	
Approved by:	David Burbridge	Date: June 24 th 2019

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Freedom To Speak Up Guardian

1. Introduction and Background

- 1.1. This report provides an update on activity by and recommendations from the Trust's Freedom to Speak Up Guardian (FTSUG) during quarter 4 (Jan 1st to March 31st 2019).
- 1.2. The Care Quality Commission (CQC) assesses a Trust's speaking up culture during inspections under key line of enquiry 3 (KLOE 3) as part of the 'well-led' question. The guidance issued by NHS-Improvement and the National Guardian's Office is aligned with the good practice set out in the well-led framework.
- 1.3. The role specification set by the National Guardian's Office includes:
 - 1.3.1. Developing an open culture;
 - 1.3.2. Ensuring processes are in place to empower and encourage staff to speak up safely;
 - 1.3.3. Working with the Executive Team and the Board in an independent capacity, providing challenge where appropriate.
 - 1.3.4. Being an individual to whom staff can raise concerns outside of existing incident reporting and human resources processes.
 - 1.3.5. Ensure appropriate 'signposting' of concerns, that necessary investigations are undertaken, and assurance that staff who raise concerns are treated fairly.
 - 1.3.6. Reporting concerns raised quarterly to the Chief Executive and to the Board.

2. National Policy Framework

- 2.1. The National Guardian's Office issues regular reports which have continued to raise the profile of the FTSUG role nationally. The Care Quality Commission and NHS-Improvement attach significance to the role as an indicator for a well-led organisation. The Board can access information about current case reviews and other publications via: <https://www.cqc.org.uk/national-guardians-office/content/national-guardians-office>

3. The Speaking UP service at UHB

- 3.1. The FTSUG holds quarterly meetings with the Chief Executive, Medical Director, and Director of Corporate Affairs. Additional meetings are organised with the Chief Nurse, the Head of Human Resources, and the Head of Occupational Health. The FTSUG appreciates the open, positive and constructive way the Trust leadership responds to concerns raised.
- 3.2. The Guardian is supported by 21 Confidential Contacts (Appendix 2), of whom two are resigning, one to move to a new job (Vicky Jones) and the other through retirement (Ian Wilson). The FTSUG particularly wishes to acknowledge their contributions; Vicky Jones in particular has also been an excellent junior doctor liaison officer. The Guardian wishes to appoint new CCs to this role.

- 3.3. The FTSUG and CCs hold quarterly meetings, alternating at QE and Heartlands sites. We support the Trust in developing structures and processes consistent with the Trust's commitment to openness, reflective learning, and patient safety.
- 3.4. Visibility of the service: the Head of Communications, Mr Byron Batten, is also one of our FTSU-CCs. He has been exceptionally helpful in developing the web materials but may need some additional support from IT for this purpose. We now have a webpage which provides information on contacts, accessible to all staff through the extranet as well as the intranet: <https://www.uhb.nhs.uk/one-trust/ftsug/>
- 3.5. We would like to develop some modest 'promotional' materials for the Speaking Up service, such as posters, flyers, leaflets and pens, emphasising ethos of Speaking Up in the new Trust. The estimated cost is circa £1,000.

4. Concerns raised through the Freedom to Speak Up Guardian system, October 1st to December 31st 2018 (Quarter 3).

- 4.1. The role of the FTSUG and CCs is not to undertake the investigation themselves but to ensure the Trust does so. The FTSUG provides progress reports and support to the individual, and ensures that the concerns raised have been appropriately addressed.
- 4.2. The majority of contacts are still approaching the system through Prof Bion (16/21) rather than through the CCs (5/21). A more equitable balance should be achieved now that the CCs contact details are available on the integrated Trust website.
- 4.3. Each contact takes approximately 60-90 minutes discussion time for the first meeting, followed by writing a short structured summary which takes another 30 mins. The structured summary is shared with the contact to ensure factual accuracy. The contact's identity is protected. With the agreement of the contact, the final agreed version of the summary is then prepared as a report to be sent to the most appropriate person in the management structure for comment, investigation, and action, usually supported by a meeting in person between the FTSUG and the relevant manager. Where possible suggested actions are proposed. The structured report benefits not only the Trust, but also the contact who has tangible evidence that his or her concerns have been heard.
- 4.4. During this quarter, 21 contacts have been received, of which 16 were managed by the FTSUG, and five by the CCs. None was raised anonymously. Prof Bion has summarised these in the Appendix.
- 4.5. Key themes (for discussion during the Board meeting if time permits):
 - 4.5.1. **Lack of respect** for colleagues is the most common feature, expressed in various forms from unkindnesses, through social exclusion, to bullying and coercive behaviours. The instances described to the FTSUG probably represent a small sample of a wider problem [[Leape 2012a](#)], and indeed healthcare behaviours may reflect in less extreme form those of wider society [[Newlove 2019](#)]. Disrespect of patients displayed by seniors may influence trainees to act in a similar way [[Hopkins 2018](#)]. Rudeness can impair physician performance [[Riskin 2015](#)] which may in turn adversely affect patient care. One of the Trust's 5 core values is Respect, but while this is an essential statement, presenting it as a screen saver may lack sustained impact. A multifaceted approach is needed [[Leape 2012b](#)], incorporating (for example) presentation and discussion of specific examples of disrespectful behaviours in staff induction training and in continuing professional development sessions. Respectful behaviours by seniors is 'infectious' and essential for role modelling. The Board can foster this during executive walk rounds, attendance at unit meetings, and support of middle management.

- 4.5.2. **Early identification and support** of colleagues in difficulty in some instances might have helped prevent relationships deteriorating to the point of no return. Divisional managers need to be proactive in identifying staff in difficulty before relationships have deteriorated beyond repair. Where appropriate, personal and supportive discussions (for example, [coffee-cup conversations](#)) and mentorship may be much more effective and less damaging than precipitating a disciplinary process.
- 4.5.3. **Disciplinary processes:** Formal investigations, professional reviews and disciplinary processes must of course be ‘robust’ (effective and legally watertight). However, this does not mean that they should be free of compassion. There are several instances where staff have been placed under review, including being taken off clinical or administrative duties during a prolonged period of investigation, at the end of which the individuals have been exonerated, innocent, but damaged by the experience: an extreme example is highlighted in a recent [report](#) from a London Trust. A letter from Baroness Harding at NHS Improvement to all NHS Trusts emphasises the need for disciplinary processes to be proportionate, efficient, and respectful of the wellbeing and dignity of the individual concerned. There are three actions which UHB might consider to ameliorate the negative effects of disciplinary processes: appointment of a mentor to act as intermediary, and to provide support during return to work; use of recently retired senior staff to lead investigations in a timely manner on behalf of the Trust, instead of placing this burden on already stretched clinical-managerial teams; and evaluating the process afterwards using a CAPA format (corrective and preventative actions) including feedback from the subject of the investigation.

5. Next steps – Actions for 2019

5.1 The following activities are planned over the coming months:

- 5.1.1 The FTSUG and the Confidential Contacts will continue to meet on a quarterly basis for training and dissemination of information in addition to ad hoc 1:1 meetings. Meetings will alternate between the QE and BHH sites.
- 5.1.2 The FTSUG will meet the Chief Executive, Medical Director, and DCA quarterly, in addition to the existing open door communications. The next quarterly meetings are scheduled for Monday 5 August, 9 -10am, and Monday 4 November, 9 -10am.
- 5.1.3 The FTSUG also holds ad hoc meetings with the Chief Nurse and Director of HR.
- 5.1.4 Subject to funding, we will develop promotional Speaking Up materials to raise the profile of the service across the Trust.
- 5.1.5 An on-line (intranet-based) feedback and audit service is needed to ensure that the Speaking Up service and the Trust are responding as effectively as possible to the needs of staff. This has now been implemented with the help of Mark Garrick.
- 5.1.6 Attendance by Prof Bion at regional FTSUG meetings
- 5.1.7 Undertake the Trust self-assessment review tool for Speaking Up. Administrative support is required for this work.
- 5.1.8 It is anticipated that during July the FTSUG will receive a contract, sessional payment (as mandated by the Trust) and reimbursement of necessary expenses.

6 Recommendations

6.1 The Board is asked to:

- 6.1.1 Note progress in respect of strengthening our Freedom to Speak Up arrangements
- 6.1.2 Note recommendations made in relation to key themes.

SUMMARY OF ACTIVE OR UNRESOLVED ISSUES Q3 & Q4 (Jan 1 st – March 31 st 2019)					
Site	S/B	Contact(s)	Key issue	Action/Rec	Status
QE	JB	4	Dysfunctional behaviours + cliques	Reported Q3 to CEO	Under Trust review.
QE	JB	1	Dysfunctional behaviours		
QE	DS	7	Dysfunctional behaviours	Reported to DD and MedDir	
QE	JB	4	Dysfunctional behaviours	Reported Q3 to DD, then to Med Dir & CEO	Under review. Counselling + ? ext mediation
QE	JB	1	Dysfunctional behaviours	CSL, DD	Under review
QE	JB	3	Dysfunctional behaviours	DD	HR
QE	JB	1	Bullying	DD, thence to HR	Mediation ineffective. Unresolved
QE	JB	1	Relationship breakdown, bullying	ADN	Contact has chosen to resign
QE	JB	1	Relationship breakdown	ADN	AND & ADD will review
QE	JB	1	Failures in EoL care	In progress	Will write reflective report for CEO/Board
QE	JB	1	Problems re conflicting operating procedures	DM	Audit will report mid-June
GHH	JB	1	Ward patients being transferred unattended	Chief nurse	
BHH	JB	1	Allegations of consultant misconduct	DD	Allegations not supported
QE	JB	1	Allegation of bullying	DD	Under investigation
Solihull	JB	1	Inappropriate behaviour	Head of Service	Resolved
QE	JB	2	Multiple issues	Lead consultant + Med Dir	Under review
QE	JB	1	Allegation of unprofessional practice	Formal Trust review & report	Ext review of service
BHH	BB	1	Bullying, racism, discrimination	Mediation, help with dyslexia	Allocated different manager.
BHH	BB	1	Prof Dev not supported	Head of service	Under review
BHH	BB	1	Bias, undermining by manager	Letter to manager	Response awaited
BHH	LG-M	1	Service amalgamation	Dignity at work policy	Resolved with manager

