

Trust Board Paper K

UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

REPORT BY TRUST BOARD COMMITTEE TO TRUST BOARD

**DATE OF TRUST BOARD MEETING:** 1 September 2016

**COMMITTEE:** Quality Assurance Committee

**CHAIR:** Mr A Johnson, Non-Executive Director (Acting Chair)

**DATE OF MEETING:** 25 August 2016

This report is provided for the Trust Board's information in the absence of the formal Minutes, which will be submitted to the Trust Board on 6 October 2016.

**SPECIFIC RECOMMENDATIONS FOR THE TRUST BOARD:**

- None

**SPECIFIC DECISIONS:**

- Sepsis and Managing the Deteriorating Patient Update (within the Report on compliance with CQC Enforcement Notice and CQC Comprehensive Inspection Update);
- Nursing and Midwifery Quality and Safe Staffing Report – particularly recruitment and retention initiatives for Registered Nurses and Health Care Assistants, and
- Freedom to Speak Up Update – report appended.

**DISCUSSION AND ASSURANCE:**

- **Facilities Update** – the Head of Performance and Quality Assurance advised that improvements had been made since the the 1 May 2016 transfer of facilities management staff back to UHL employment from IFM. Many staff had taken up the option of increasing their working hours. It was noted that some staff currently on IFM contracts (who had been transferred to UHL) were re-applying to UHL contracts and were resigning from their current role once a UHL job offer was made. Some of these applicants who were not getting through the shortlisting stage via the UHL recruitment processes and in this case were being offered training/ learning and development support. Members were also advised that assistance from the Human Resources team was being sought to consider the support that could be offered to facilities management staff whose first language was not English. The UHL Cleaning Forum had been re-instated and improvements in cleaning standards had been reported by a number of areas. However, the results of the PLACE audits undertaken in March 2016, prior to the termination of the Interserve contract had been very disappointing – an update on this matter was scheduled to be provided to Executive Quality Board (EQB) and QAC in September 2016. An action plan had been developed for each area following the issues highlighted by the PLACE audits and the in-house takeover of the service provision. The Director of Safety and Risk undertook to ensure that the Risk and Safety Manager liaised with the Director of Estates and Facilities to review the results of the PLACE audits to identify if there were any safety issues that needed to be addressed immediately.

- **Quality Commitment 2016-17 Quarter 1 Report** – the Director of Clinical Quality advised that good progress had been overall in quarter 1 of 2016-17 in respect of the overarching key performance indicators for Clinical Effectiveness, Patient Safety and Patient Experience within the Quality Commitment. Despite the headline measures being met, there was further work required to ensure that the following workstreams were appropriately managed – i.e. readmissions, sepsis, seven day services and managing the deteriorating patient. The measures for these quality commitment actions would be required to reflect current work programmes that had been put in place to manage this agenda.
- **2016-17 CQUIN and Quality Schedule Schemes** – there were 39 indicators in the 2016-17 Quality Schedule (QS) but most of these had more than one metric where performance was measured (i.e. Infection Prevention) and some had a suite of metrics within the indicator (i.e. #NOF). There were 3 nationally set CQUIN schemes applicable to UHL in 2016-17 and the Trust had agreed 5 local CQUINs with the CCGs, again most had several sub-indicators. There were two mandated NHS England Specialised Services (NHSE) CQUINs for 2016-17 and a third ‘must do’ scheme, with an additional eight schemes taken from the national ‘pick list’. In summary, it was noted that there were 11 QS/CQUIN indicators in respect of which the Trust had not achieved the 2016-17 quarter 1 thresholds. The Chief Nurse commented that it was unfortunate that the metrics measured by the national CQUIN were different from the NICE guidance and therefore separate reports had to be produced which was a time-consuming exercise. In respect of the indicators which had been RAG rated ‘red’ in quarter 1, it was noted that (a) the Medical Director was working with colleagues to ensure compliance was improved with #NOF time to theatre thresholds ; (b) ‘Stroke and TIA monitoring’ – work was in progress to put actions in place to cope with varying demand in that service, and (c) the Clinical Utilisation Review tool was one of the NHS England Specialised Services CQUIN and because UHL had opted to pursue an ‘in house solution’ rather than subscribe to one of the ‘NHSE framework company’s software’, the Trust would not be meeting the CQUIN thresholds for this indicator during 2016-17.
- **Whistleblowing Report** – an overview was provided of the whistleblowing incidents reported between 1 April and 30 June 2016, the concerns raised and themes, learning/actions taken, and response/feedback. The incidents were identified through a number of whistleblowing routes (i.e. CQC, gripe tool and HR routes). In discussion, members commented that given the size of UHL, the number of reported whistleblowing incidents seemed low. The Director of Clinical Quality undertook to consider whether a trend analysis could be included in future reports and it was highlighted that some of this information would be included in the safe staffing dashboard in future.
- **Schedule of External Visits** – the report detailed completed visits to the Trust by external bodies along with a RAG rating describing progress against resulting actions and the second schedule detailed the forthcoming visits. In addition to being discussed at EQB, this report was also discussed at CMG Quality and Performance review meetings where CMGs were requested to report on progress with these visits. A brief discussion took place regarding recommendations arising from peer reviews noting that a judgement needed to be made on the absolute priorities, however, it was highlighted that the National Cancer Peer Review model was much more established and standardised. A 2016 self-declaration process for both non-cancer specialised services and specialised services was underway and a summary report was expected to be presented to the Executive Strategy Board in October 2016. The Director of Safety and Risk made members aware that a visit from Trading Standards was expected week commencing 5 September 2016 to review baby weighing scales – the Women’s and Children’s CMG had undertaken a brief self-assessment and it was expected that the Trust would be compliant with the standards.
- **Nursing and Midwifery Safe Staffing Report – June 2016** – there continued to be a high number of wards within each of the CMGs that were triggering a level 1 concern predominantly due to non- achievement of the nursing metrics, which was an expected outcome of the changes made to the metrics. There were also an increased number of level 2 concern wards, again mainly due to the nursing metrics. There had been a number of occasions during June 2016 where wards had declared an unmanageable shortfall in staffing and required Director Support. The percentage of bank fill versus agency for June 2016 had maintained a 60/40 split, in favour of bank. The Chief Nurse provided a comprehensive update on the recruitment and retention initiatives for Registered Nurses (RN) and Health Care Assistants (HCA) – the following were highlighted in particular:-

- student nurse recruitment to HCA Bank only posts;
  - a challenge had been set for recruiting 100 HCAs prior to winter 2016;
  - agreement with Derby University and HEE-EM to support a Leicestershire cohort for Return to Practice Nurses in November 2016 with resources to support advertising and recruitment (there were 5000 qualified nurses on this database);
  - centralised recruitment activities;
  - a bid had been placed for a Nurse Associate role, and
  - the Chief Nurse was now a member of the National Supply Nurse Group.
- A national approach to mentoring was being piloted with CMG Heads of Nursing and Matrons. Committee members also provided a number of suggestions to improve nurse recruitment. In response, the Chief Nurse acknowledged these, however, highlighted the need for internal recruitment processes to be streamlined and advised that she was liaising with the Director of Workforce and Organisational Development to resolve some of the issues. The Chief Nurse undertook to ensure that all these initiatives would be monitored and a regular consolidated report would be produced to provide update on progress.
- **Month 4 – Quality and Performance Update** – the Committee received a briefing on quality and performance for July 2016. The following points were highlighted in particular:-
    - (a) mortality – the latest published SHMI (covering the period January 2015 to December 2015) was 98 – below the Trust’s Quality Commitment of 99;
    - (b) one unavoidable case of MRSA, however, discussions were on-going with Public Health England regarding which NHS Trust the case should be attributable to;
    - (c) deterioration in performance in respect of ambulance handovers and 62 day cancer standards;
    - (d) no grade 4 pressure ulcers, and
    - (e) 1 same sex accommodation breach.
  - **Report on compliance with CQC Enforcement Notice and CQC Comprehensive Inspection Update** – weekly updates were being provided to the CQC in respect of Emergency Department (ED) time to assessment (15 minute standard), ED staffing and sepsis care bundle (screening and antibiotics) for patients presenting to the ED. Further assurance had now been requested by the CQC following their ‘announced inspection’ in June 2016 in respect of both recognition and timely intervention for patients with ‘red flag’ sepsis and more generally the deteriorating patient within assessment units and inpatient areas. The Chief Nurse and Medical Director had agreed to provide further assurance on a weekly basis to the CQC in respect of compliance with the Trust’s Early Warning Score (EWS) escalation process. In order to facilitate this, the Nurse in Charge on each ward had been requested to complete an EWS monitoring proforma at shift handover (i.e. twice a day) that during their shift all patients’ EWS had been reviewed and appropriate escalation had been undertaken. The proforma would also capture reasons/themes for any delays in timely recognition or intervention. This would be collated into a ward compliance report that would be reviewed on a weekly basis by the Medical Director and Chief Nurse and shared with the CQC on a weekly basis starting from 26 August 2016. As an additional check, Matrons would be spot auditing the validity of the returns. The Trust was currently in the process of rolling out Electronic Observations (eOBs) system with clinical escalation triggers for both the deteriorating patient, using the EWS criteria. This would be in place in all clinical areas by end of October 2016 - eOBs was currently clinically ‘live’ on 35 / 89 of wards. Discussion with Sherwood Forest NHS Foundation Trust had confirmed that introduction of such an electronic system was one of the most important factors in providing real time oversight of the process and changing culture within the organisation. In response to a suggestion from the Chief Executive, the Director of Safety and Risk undertook to liaise with the Chief Nurse in respect of including an additional question on the safety walkabout proforma in respect of whether the ward was taking forward EWS monitoring discussions at shift handover. NHSLA-funded sepsis nurses had been appointed to support identification and implementation of the Sepsis 6 care bundle actions and would be in place from end of September 2016.
  - **Seven Day Services Update** – Members were briefed on the background to UHL being a Early Implementer Site for Seven Day Services, highlighting that Seven Day Services had also become a strand of the Urgent and Emergency Care Vanguard. The aim of the Early Implementer Programme was to offer Seven Day Services to 25% of the population in England by March 2017. The focus of the Early Implementer sites was on delivery of the 4 “priority” clinical standards in the

3 major specialities of General Medicine, General Surgery and Women's and Children's. It had been assumed initially that in being part of this programme, there would be investment (pump priming) but in December 2015 NHS England had confirmed that there would be no funding for Early Implementer Sites. It was highlighted that UHL's overall view with respect of where the Trust's major challenges were in respect of Seven Day Services currently remained unchanged and these were - CDU and the cardiorespiratory base wards at GGH, Imaging at GGH and on-going review for medical patients at the LRI. NHS Improvement/NHS England (NHSE) had been informed of UHL's concerns about the workforce and financial implications for UHL of meeting the 4 "priority" clinical standards in the 3 major specialities by March 2017. Members were advised that there would be a further joint meeting with NHS Improvement/NHS England and UHL on 14 September 2016. In preparation for this meeting, the Trust was preparing a joint report with NHSE that provided a validation of whether the approaches UHL had been taking to compliance were correct. In particular, whether the resource requirements had been correctly identified, and in doing so, confirm that this was the agreed approach to achieving compliance with each standard and provide a confirmation of the resource requirement. It was highlighted that the Trust would try and come to a joint position on what was achievable by March 2017 with no additional resource and if there was limited resource, would identify the priority areas.

- **Sepsis/Managing Deteriorating Patient Update** – it was noted that an update on this matter had been covered under the 'Report on compliance with CQC Enforcement Notice and CQC Comprehensive Inspection Update' section above.
- **Patient Safety Report – July 2016** – the report detailed patient safety data for UHL for July 2016. The number of incidents being reported and the number of prevented patient safety incidents reported (near misses) had increased which reflected a good safety culture. However, the incidence of harm had decreased.
- **Complaints Performance Report – July 2016** – there had been a further deterioration in complaints performance for 10 day complaints, however, 25 and 45 day complaints performance remained consistent. There had been some improvement this month in reducing the percentage of re-opened complaints. CMGs were requested to review their re-opened themes and implement actions to better resolve issues identified by complainants. Positive feedback had been received from the Independent Complaints Review Panel that had met on 14 June 2016. Members were advised that consideration would be given to the Independent Complaints Review Panel undertaking a review of concerns and reopened complaints (highlighting that the panel currently only reviewed formal complaints).
- **Executive Safety Walkabout** – Safety Walkabouts to sites other than the LRI in total made up 18% of the total walkabouts undertaken. It was highlighted that there needed to be more focus on walkabouts at the GH, LGH, Alliance and Satellite sites.
- **NHSLA Safety Improvement Work Update** – University College London (UCL) had been commissioned by NHSLA to undertake an evaluation of the funding provided by them for the safety improvement work to NHS Trusts. UCL had contacted UHL in respect of this.
- **TB Serious Incident Vignette and Learning Bulletin** – the Director of Safety and Risk advised that as part of the AQUA action plan, it was agreed that the Trust Board would receive a patient story vignette and recent serious incident learning bulletins every month. It was proposed that the patient story slot at Trust Board would be used on a quarterly basis to consider a SUI starting from December 2016. Responding to a query from the Patient Partner, the Director of Safety and Risk advised that in respect of concerns reported, it was the wish of the patient/relative that these were not recorded as formal complaints. In discussion, the Director of Safety and Risk advised that she attended CMG Quality and Safety Board meetings at least once a year and provided feedback to CMG colleagues on discussions being held at these meetings and reiterated the level of focus that needed to be given to discussions relating to patient safety aspects.
- **Freedom to Speak Up (F2SU) Update** – the Director of Safety and Risk advised that according to NHS Improvement, all Trusts were required to develop plans for Freedom to Speak Up Guardian post by September 2016 and to have appointed the Guardian by March 2017. However, recent

advice from the CQC had indicated that the F2SU Guardian should be nominated by October 2016. The required internal consultation with staff with respect to the guardian role would commence in September 2016. A pulse-check survey would also be undertaken. A number of Trusts had been contacted to discuss the model that they were intending to use for the appointment of the Guardian – a combination of models was being used and the Director of Safety and Risk suggested that an integrated internal model might be best-fit for UHL. This model would have one internal member of staff as the main F2SU Guardian with a number of F2SU Ambassadors from different parts of the Trust who would work under the Guardian. In response to queries about the role of the F2SU Guardian, the Director of Safety and Risk provided a brief update on the job description of this role highlighting that the appointed individual would develop strong and open working relationships with the Chief Executive, NEDs and other Directors, with direct access to Trust leaders as required. The Chief Executive noted the need for a clear steer to be received through the staff consultation regarding whether an external appointment would actually be preferable to staff. Given the recent CQC advice to have the F2SU Guardian nominated by October 2016, the Chief Executive requested that an initial update on the programme be provided to Trust Board on 1 September 2016 with a further update to Trust Board on 6 October 2016. The F2SU Update report presented to QAC on 25 August 2016 is appended to this summary.

- **Quarterly Mortality Report** – members were advised that the Medical Examiner process had commenced at the LRI on 4 July 2016. Whilst still in the early implementation phase, the Medical Examiners had already lead to a significant increase in the number of deaths that were being ‘screened’ and positive feedback had been received from both junior doctors and bereaved relatives. There had been a reduction in SHMI and HSMR despite increase in activity.
- **National Cancer Patient Experience Survey (CPES) Results 2015** – the publication of the CPES saw a good response rate from UHL and highlighted that 72% of responses of patient experience were comparable with similar size Trusts based on case mix variables including age, gender, ethnicity, deprivation and tumour group. The NHS Cancer Dashboard reflected four key patient experience domains including provision of information, involvement in decisions, care transition, interpersonal relationships and respect and dignity. UHL responses within these domains were within the expected range although the rating for overall care scored marginally lower than the national average. UHL had scored 10% higher than the national average when asking patients ‘what name they preferred to be called by’ and 9% higher in ‘discussing cancer research with patients’. 24% of responses indicated areas for improvement.
- **Friends and Family Test (FFT) Scores – June 2016** – the 62% coverage in Maternity was impressive. SMS texting in outpatients had been trialled and full roll-out in all Outpatient clinics was expected to be completed by end of August 2016.

**DATE OF NEXT COMMITTEE MEETING:** 29 September 2016

Mr A Johnson (Acting Chair)  
26 August 2016

## Quality Assurance Committee

### Freedom To Speak Up Report

Author: Director of Safety and Risk & Senior Patient Safety Manager

Date: 25<sup>th</sup> August 2016

#### Topics Covered

1. The purpose of this paper is to provide the Quality Assurance Committee with an update on the Government's response to the Francis 'Freedom to Speak Up Report' and to present an action plan in line with NHS's requirements to appoint a local Freedom to Speak Up Guardian.
2. In February 2015, Sir Robert Francis published his report 'Freedom to Speak Up' which looked at the culture within the NHS and the confidence of patients, relatives and staff to raise concerns about safety and quality. One of the recommendations within the report was that there should be a 'Freedom to Speak Up Guardian' (FTSU) in every NHS Trust, to act in a genuinely independent capacity to provide the leadership and support to create a culture where staff understand and feel confident in raising concerns. Previous reports to EQB and QAC have detailed the latest guidance from NHS Improvement and progress against this guidance at UHL.
3. All Trusts are expected to have plans in place by September 2016, based on local needs. This paper sets out these plans.

#### Questions

1. Has the Trust a robust plan in place to implement the requirements in the FTSU Guidance?
2. Are QAC Members confident that the proposed staff consultation is adequate?
3. Are there any further actions the Committee feel should be undertaken prior to the appointment of the FTSU Guardian?

#### Recommendations

1. The Quality Assurance Committee is requested to note this report and the following recommendations:-
  - This updated position paper and action plan;
  - Support the proposals outlined in the action plan for staff consultation;
  - Note that the Medical Director and DWOD will be meeting in early September to review the options for servicing and hosting this new appointment.

## UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

**REPORT TO:** QUALITY ASSURANCE COMMITTEE

**REPORT BY:** DIRECTOR OF SAFETY AND RISK

**DATE:** 25<sup>th</sup> AUGUST 2016

**SUBJECT:** FREEDOM TO SPEAK UP – LOCAL GUARDIAN UPDATE REPORT AND ACTION PLAN

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### **1. INTRODUCTION**

- 1.1 The purpose of this paper is to provide the Quality Assurance Committee with an update on the Government's response to the Francis 'Freedom to Speak Up Report' and to present an action plan in line with NHSI's requirements to appoint a local Freedom to Speak Up Guardian.
- 1.2 In February 2015, Sir Robert Francis published his report 'Freedom to Speak Up' which looked at the culture within the NHS and the confidence of patients, relatives and staff to raise concerns about safety and quality. One of the recommendations within the report was that there should be a 'Freedom to Speak Up Guardian' (FTSU) in every NHS Trust, to act in a genuinely independent capacity to provide the leadership and support to create a culture where staff understand and feel confident in raising concerns. Previous reports to EQB and QAC have detailed the latest guidance from NHS Improvement and progress against this guidance at UHL.

### **2. WHAT IS A FTSU GUARDIAN?**

- 2.1 FTSU guardians have a key role in helping to raise the profile of raising concerns in their organisation and providing confidential advice and support to staff in relation to concerns they have about patient safety. Their remit is to assist staff who are employed by the trust and support them in getting their concerns heard.
- 2.2 Guardian don't get involved in investigations or complaints but they help to facilitate the process where needed to ensure that the relevant organisational policies are followed correctly.
- 2.3 Local guardians will be supported through a network established by the Office of the National Guardian, hosted by the CQC. National leads, whom have yet to be appointed, will manage and support this network and provide free network and training days.
- 2.4 The new national guidance makes it clear that the appointment of a Freedom to Speak Up Guardian is part of a much bigger picture in relation to changing the culture of NHS organisations – to make raising concerns and speaking up a normal part of working life, and improving how those who raise concerns are treated. The guidance therefore suggests that the FTSU Guardian sits as part of a wide range of activities.
- 2.5 All Trusts are expected to have plans in place by September 2016, based on local needs. This paper sets out these plans.
- 2.6 The guidance details a number of points which NHS Trusts should consider prior to making the FTSU guardian appointment:-
- Consult with a broad range of staff to seek their views on whether this should be an internal or external appointment;

- Consider how members of staff who work across seven days and a variety of shift patterns will have access to support and advice out of hours;
- Consider how members of staff have access to independent external advice in addition to the F2SU Guardian;
- Consider the need for a network of roles in support of the F2SU Guardian (depending on the size and complexity of the organisation);
- Build in a process for regular review of the role to ensure it meets the needs of the organisation.

2.7 Dr Henrietta Hughes has been appointed as the new National Guardian for speaking up freely and safely within the NHS. She will take up post four days a week in this role from October 2016.

### **3. UHL PROGRESS**

3.1 Attached at **Appendix 1** is the plan setting out actions taken to date and those required to meet full compliance.

3.2 Attached at **Appendix 2** is the example job description for the FTSU guardian published by the national office at the end of July.

### **4. RECOMMENDATIONS**

4.1 The Quality Assurance Committee is asked to note:-

- This updated position paper and action plan;
- Support the proposals outlined in the action plan for staff consultation;
- Note that the Medical Director and DWOD will be meeting in early September to review the options for servicing and hosting this new appointment.

**Moira Durbridge,  
Director of Safety and Risk  
August 2016**

**UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST**

**FREEDOM TO SPEAK UP GUARDIAN IMPLEMENTATION ACTION PLAN – APPENDIX 1**

No.	ACTION	TIMESCALE	LEAD	PROGRESS
1.	Establish a trust Task and Finish Group to properly examine the national guidance and consider how this might best be implemented.	May 2016	DWOD	<b>Complete</b> The Task and Finish Group has met and reviewed all the national guidance and sample person specification.
2.	Contact the National FTSU Guardian Office review learning from the implementation of this post from early adapters.	May 2016	DSR	<b>Complete</b> The DSR has accessed the presentations and tool kits, contact lists and early adapters guidance from the National FTSU Office.
3.	Update the UHL Whistleblowing Policy as an 'interim' measure prior to the appointment of the FTSU Guardian.	June 2016	DWOD/DSR	The national FTSU / Whistleblowing Policy template has been used to make amendments to the UHL Policy, which reflects the multiple ways. The Policy will be updated further upon appointment of the Trust FTSU Guardian
4.	Seek external advice and support on how best to approach staff consultation and the process for appointment of the FTSU post.	June 2016	DWOD	<b>Complete</b> A teleconference with Capsticks who have supported other Trusts on their journey to implementing the FTSU Guardian post took place in June. Details and attendees for the July workshop were agreed.
5.	Appointment of a NED to support the FTSU Guardian role and function.	May 2016	Chairman	<b>Complete</b> Mr. Andrew Johnson has taken on this function.
6.	Hold a workshop with key staff, co—facilitated by Capsticks and an Acute Trust FTSU Guardian to consider the various Guardian models and how to ensure the appointment of a post that meets local needs and builds upon mechanisms already in place to raise concerns.	July 2016	DWOD	<b>Complete.</b> The Workshop took place on the 6 <sup>th</sup> July 2016. Medical, Nursing, HR colleagues and a NED attended the session, during which options were explored and current mechanisms for raising concerns listed:-  <ul style="list-style-type: none"> <li>➤ 3636 Staff Concerns Reporting tool.</li> <li>➤ Staff Room.</li> <li>➤ Director Breakfasts.</li> <li>➤ Safety Walkout Programme.</li> <li>➤ Direct contact with Chairman / NEDs</li> </ul>
7.	Conduct consultation with staff in line with national guidance (? Using 'Better Engagement' methodology) to include:-  <ul style="list-style-type: none"> <li>➤ Staff pulse check / survey.</li> <li>➤ 2-4 focus groups.</li> </ul>	September 2016	DWOD	<ul style="list-style-type: none"> <li>• The wording of the survey is currently being agreed and;</li> <li>• The details of the focus groups are being finalised to ensure:- <ul style="list-style-type: none"> <li>- A broad range of staff are consulted;</li> <li>- Staff who work across 7 days and a variety of shift patterns feel they have access to support and advice out of hours;</li> </ul> </li> </ul>

				- Staff are invited to provide their views on how the role is structured (stand alone, part of a bigger team with ambassadors / champions; access to external independent advice).
8.	Review the feedback from the consultation	September / October 2016	DWOD / DSR	
9.	Write the UHL FTSU Guardian + / - Ambassador / Champion job descriptions and person specifications using national guidance.	October 2016	DWOD	
10.	Advertise Post.	October 2016		
11.	Put new arrangements in place / appoint FTSU Guardian / set up FTSU office.	November / December 2016		
12.	<ul style="list-style-type: none"> <li>• Publicise new arrangements new post to staff / CE briefing etc.</li> <li>• New FTSU Guardian to attend national training and local network of guardians.</li> <li>• Review Trust Whistleblowing Policy.</li> </ul>	December 2016 / January 2017		



### Purpose of the role

The Freedom to Speak Up (FTSU) Guardian will work alongside trust leadership teams to support the organisation in becoming a more open and transparent place to work, where all staff are actively encouraged and enabled to speak up safely.

### Outcomes

The FTSU Guardian role is designed to contribute to achieving the following outcomes:

- A culture of speaking up is instilled throughout the organisation
- Speaking up processes are effective and continuously improved
- All staff have the capability to speak up effectively and managers have the capability to support those who are speaking up
- All staff are supported appropriately when they speak up or support other people who are speaking up
- The Board is fully sighted on, and engaged in, all Freedom to Speak Up matters and issues that are raised by people who are speaking up
- Safety and quality are assured
- A culture of speaking up is instilled throughout the NHS

## **Role Description**

The role of the FTSU Guardian is to:

### **Culture**

- Develop and deliver communication and engagement programmes to increase visibility of the Freedom to Speak Up Guardian amongst all staff.
- Promote local speaking up processes and sources of support and guidance, demonstrate the impact that speaking up is having in the organisation, and celebrate speaking up.
- Ensure that all 'frontline' staff are aware of, and have access to, support to help them speak up.
- Where appropriate, develop and support a network of 'advocates' to ensure that Freedom to Speak Up reaches all parts of the organisation and everyone has easy access to someone outside their immediate line-management chain who can advise and support them.

### **Process improvement**

- Work with HR professionals and others to ensure that speaking up guidance and processes are clear and accessible, reflect best practice, and address any local issues that may hinder the speaking up process.
- Assess the effectiveness of Freedom to Speak Up processes and the handling of individual cases, intervening when these are failing people who speak up, and making recommendations for improvement.

### **Capability**

- Assess the knowledge and capability of staff to speak up and to support people when they speak up.
- Ensure that all staff have the relevant skills and knowledge to enable them to speak up effectively, and those supporting, managing or investigating speaking up issues have the capability and knowledge to do this effectively.
- Ensure that appropriate items on speaking up are incorporated into induction programmes for all staff.
- Ensure that groups of staff and individuals who may find it difficult to speak up are given particular support.

### **Supporting staff**

- Ensure that information and data are handled appropriately, and personal and confidential data are protected.
- Ensure that individuals receive appropriate feedback on how issues that they speak up about are investigated, and the conclusion of any investigation.

- Where necessary, give extra support, including 1-2-1 support, to people who are experiencing difficulty with speaking up, or those who are experiencing difficulty in handling or supporting someone who is speaking up.

### Working with and challenging the Board

- Develop strong and open working relationships with the CEO, NEDs and other Directors, with direct access to Trust leaders as required.
- Attend board meetings regularly to report on Freedom to Speak Up activities. Reports should include assessment of issues that people are speaking up about (and trends in those issues), and barriers affecting ability of people to speak up. Particular attention should be given to concerns which may suggest a link to patient safety and quality.
- Hold the Board to account for taking appropriate action to create a Freedom to Speak Up culture, assess trends, and respond to issues that are being raised.

### Safety and quality

- Take immediate appropriate action when matters that people are speaking up about indicate that safety and quality may be compromised.
- Develop measures, data sets, and indicators to monitor trends and identify linkages between issues raised through people speaking up, and issues raised through other safety and quality routes.

### NHS culture

- Take part in National Guardian Office activities and training, actively supporting fellow Freedom to Speak Up Guardians, developing personal networks and peer-to-peer relationships, contributing to wider networking events, and sharing and learning from best practice.
- Raise issues that cannot be resolved locally with the National Guardian's Office, including where Trusts appear to be failing in their obligations.
- Keep abreast of developments and best practice, assessing their own development and training needs, and seeking support in addressing these.

**Personal qualities:**

FTSU Guardians are expected to have the qualities and experience that will enable them to uphold these key principles:

<b>Key principles</b>	<b>...what this means</b>
<b>Independent</b>	... in the advice they give to staff and trust's senior leaders, and free to prioritise their actions to create the greatest impact on speaking up culture  ... and able to hold trusts to account for: creating a culture of speaking up; putting in place processes to support speaking up; taking action to make improvements where needed; and displaying behaviours that encourage speaking up
<b>Impartial</b>	... and able to review fairly how cases where staff have spoken up are handled
<b>Empowered</b>	... to take a leading role in supporting staff to speak up safely and to independently report on progress on behalf of a local network of 'champions' or as the single role holder
<b>Visible</b>	... to all staff, particularly those on the frontline, and approachable by all, irrespective of discipline or grade
<b>Influential</b>	... with direct and regular access to members of trust boards and other senior leaders
<b>Knowledgeable</b>	...in Freedom to Speak Up matters and local issues, and able to advise staff appropriately about speaking up
<b>Inclusive</b>	... and willing and able to support people who may struggle to have their voices heard
<b>Credible</b>	... with experience that resonates with frontline staff
<b>Empathetic</b>	... to people who wish to speak up, especially those who may be encountering difficulties  ... and able to listen well, facilitate constructive conversations, and mediate to help resolve issues satisfactorily at the earliest stage possible
<b>Trusted</b>	... by all to handle issues fairly, take action as necessary, act with integrity and maintain confidentiality as appropriate
<b>Resilient</b>	... and able to handle difficult situations professionally, setting boundaries and seeking support where needed
<b>Forward thinking</b>	... and able to make recommendations and take action to improve the handling of cases where staff have spoken up, and freedom to speak up culture more generally
<b>Supported</b>	... with sufficient designated time to carry out their role, participate in external Freedom to Speak Up activities, and take part in staff training, induction and other relevant activities  ... with access to advice and training, and appropriate administrative and other support
<b>Effective</b>	... monitoring the handling and resolution of concerns and ensuring clear action, learning, follow up and feedback.