University Hospitals Sussex
NHS Foundation Trust

The Guardian Service
Here to listen

University Hospitals Sussex NHS Foundation Trust (UHSx)

Annual Report
1 April 2024 to 30 September 2024

Circulation: **David Grantham, Chief People Officer**

Prepared by:
Guardian name(s) Trish Marks
Guardian
The Guardian Service Ltd.

Date: 15th November 2024

The Guardian Service
Here to listen

Contents

1. **Executive summary** 2
2. **Purpose of the paper** 3
3. **Background to Freedom to Speak Up** 3
4. **The Guardian Service** 3
5. **Access and Independence** 3
6. **Categorisation of Calls and Agreed Escalation Timescales** 3
7. **Number of concerns raised** 4
8. **Confidentiality** 5
9. **Themes** 6
10. **Trends in Cases** 8
11. **Assessment of Cases** 10
12. **Statistical Graphs** 13
13. **Detriment** 15
14. **Action taken to improve the Freedom to Speak Up Culture** 15
15. **Learning and Improvements** 16
16. **Comments & Recommendations** 17
17. **Staff Feedback** 18

1. Executive summary

This report presents the Freedom to Speak Up (FTSU) Guardian's (the Guardian) Bi-annual report for the part year from 1 April 2024 – 30th September 2024. It provides and overview of the activity and themes in this period.

The Guardian Service Ltd (TGSL) was implemented in UHSx on 7th August 2024.

Staff raised 112 concerns to the Guardian in the period. 87 of these were closed. The average number of concerns per month in this period was 18.7. In the previous period the monthly average was 20.4. Factors that could account for the variation include some seasonality, with Summer months being quieter and/or numbers starting to regularise post an impressive launch in August 23.

The quarterly average number of cases for UHSx is higher than that reported by the National Guardian's Office (NGO) for Acute and Acute & Community Trusts of any size. Similarly, the UHSx quarterly case average is higher than that reported by the NGO for all NHS Trusts rated as CQC "requiring improvement".

Alone, an absolute, or average number of cases is only a measure of activity and case numbers may be considered in the context that:

a) the National Guardian's Office (and TGSL Alliance data similarly) finds:

- that Guardians in NHS Trusts with lower CQC ratings receive more speaking up cases per quarter
- Acute and Acute & Community Trusts had a higher quarterly case average than other Trusts.
- that while larger organisations do not necessarily have more cases and that there is more variability in case numbers in Acute/ Acute & community trusts than in other sectors.

And

b) the UHSx data shows, of the concerns raised:

- the primary reason for staff contacting the Guardian as to seek impartial support (60%) from the Guardian with the secondary being that staff *Have raised concern before but have not been listened to*
- 78% of all cases were rated green, as general work-related grievances, individually representing a low risk of harm to staff or patients and,
- the majority of staff (81%) asked that their concern remain confidential

And

c) the top 3 Primary themes were Management Issues - 47 concerns; System & Process (22) and Bullying & Harassment (17).

The top staff groups speaking up were Nursing & Midwifery and Admin & Clerical staff. Along with staff from Additional Clinical Servies these groups accounted for 69% of all concerns and reflect the groups doing much of the speaking up nationally.

The largest number of concerns by Division came from Surgery (WOR SRH) with 19% of the total followed by Corporate Services with 17% of cases originating from here.

The top 2 locations reporting concerns were RSCH with 32% of concerns followed by Worthing with 26% of concerns.

A variety of initiatives were undertaken by the Guardian to improve and promote Freedom to Speak Up Culture. These include, in person contact with staff on site and in presentations so staff may acquire knowledge of the service and how it works. Also, staff can determine if, should the circumstances arise,

that this is an informal route they may consider using for raising a work-related concern. Regular planned meetings with key staff to discuss themes arising are also a regular feature of this work.

There were no cases of detriment reported to the Guardian as a result of speaking up to the Guardian though some staff did refer to detriment from having spoken up in the past.

2. Purpose of the paper

The purpose of this six-monthly report is to supplement the monthly and cumulative numerical reports by giving mid-year insight to the progress and development of the service and a summary of the themes arising from the cases received by the Guardian at this point.

The report provides an overview for the six months 1 April 2024 to 30 September 2024. The report follows the guidance from the National Guardian Office (NGO) on the content Guardians should include when reporting to their Board: Assessment of cases; Potential patient safety or worker experience issues; Action taken to improve FTSU culture and Recommendations.

3. Background to Freedom to Speak Up

Following the Francis Inquiry[1] 2013 and 2015, the NHS launched 'Freedom to Speak Up' (FTSU). The aim of this initiative was to foster an open and responsive environment and culture throughout the NHS enabling staff to feel confident to speak up when things go or may go wrong; a key element to ensure a safe and effective working environment.

4. The Guardian Service

The Guardian Service Limited (GSL) is an independent and confidential staff liaison service. It was established in 2013 by the National NHS Patient Champion in response to The Francis Report. The Guardian Service provides staff with an independent, confidential 24/7 service to raise concerns, worries or risks in their workplace. It covers patient care and safety, whistleblowing, bullying, harassment, and work grievances. We work closely with the National Guardian Office (NGO) and attend the FTSU workshops, regional network meetings and FTSU conferences. The Guardian Service is advertised throughout the Trust as an independent organisation. This encourages staff to speak up freely and without fear of reprisal. Freedom to Speak Up is part of the well led agenda of the CQC inspection regime. The Guardian Service supports the Trust's Board to promote and comply with the NGO national reporting requirements.

The Guardian Service Ltd (GSL) was implemented in UHSx on 7th August 2023.

Communication and marketing have been achieved by meeting with senior staff members, joining team meetings, planned and unplanned site visits, the Intranet and the distribution of flyers and posters across the Trust. All new staff will become aware of the Guardian Service when undertaking the Trust's induction programme.

5. Access and Independence

Being available and responsive to staff are key factors in the operation of the service. Many staff members, when speaking to a Guardian, have emphasised that a deciding factor in their decision to speak up and contacting GSL was that the Guardian is not a UHSx employee and is external to the Trust.

6. Categorisation of Calls and Agreed Escalation Timescales

The following timescales have been agreed and form part of the Service Level Agreement.

[1] https://www.gov.uk/government/publications/report-of-the-mid-staffordshire-nhs-foundation-trust-public-inquiry

Call Type	Description	Agreed Escalation Timescales
Red	Includes patient and staff safety, safeguarding, danger to an individual including self-harm.	Response required within 12 hours
Amber	Includes bullying, harassment, and staff safety.	Response required within 48 hours
Green	General grievances e.g. a change in work conditions.	Response required within 72 hours
White	No discernible risk to organisation.	No organisational response required

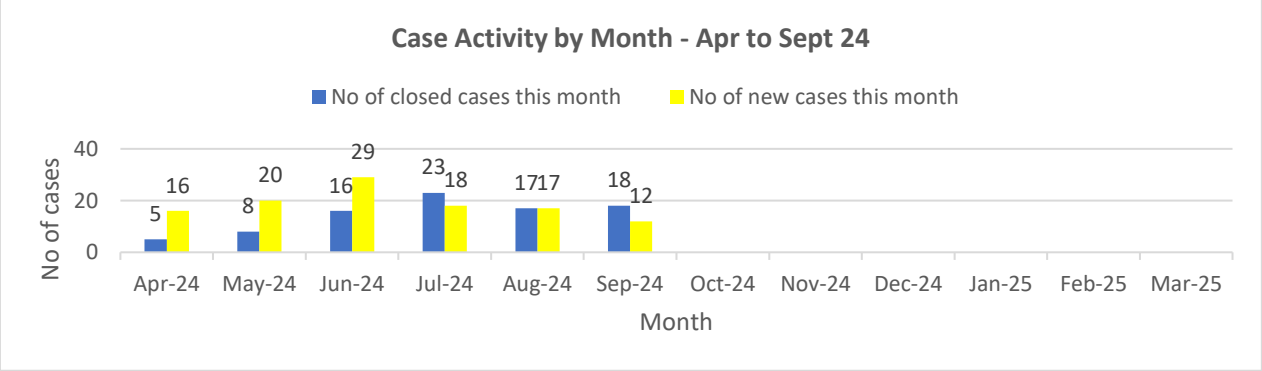
Open cases are continually monitored, and the Guardian maintains regular contact with members of staff who have raised a concern to establish where ongoing support continues to be required. This can be via follow up phone calls and/or face to face meetings with staff who are in a situation where they feel they cannot escalate an issue for fear of reprisal. Guardians will also maintain contact until the situation is resolved or the staff member is satisfied that no further action is required. Where there is a particular complex case, setbacks, or avoidable delays in the progress of cases that have been escalated, these would be raised with David Grantham, Chief People Officer at regular monthly meetings.

Escalated cases are cases which are referred to an appropriate manager, at the request of the employee, to ensure that appropriate action can be taken. As not all employees want their manager to know they have contacted the Guardian, they either progress the matter themselves or take no further action. There are circumstances where cases are escalated later by the Guardian. A staff member may take time to consider options and decide a course of action that is right for them. The Guardian will keep a case open and continue to support staff in such cases. In some situations, contact with the Guardian is not maintained by the staff member.

7. Number of concerns raised

Staff at UHSx use a variety of routes to raise concerns. e.g. Datix, meetings and huddles. The scope of this report is limited to concerns raised via the FTSU Guardian.

In this period the total number of new concerns raised to the Guardian is 112. 87 cases were closed in the period. Of these, 67cases had a written/verbal outcome while 6 staff chose not to pursue the concern they had raised, and 14 staff did not maintain contact with the Guardian and therefor the case was closed. The monthly distribution of cases over the period is below.



Monthly concern numbers have continued to be variable. Cases peaked in June with the lowest number of cases to date being recorded in September. There may be some seasonal element to the recent figures and/or numbers regularising so many months in to the service. Trends in cases is covered in Section 10 below.

As noted in a previous report, numbers of concerns are only a measure of activity and can be interpreted in varying ways. A lower number could reflect an organisation/ team where speaking up is already business as usual, and, a differing perspective might be where staff are fearful and/or consider speaking up is futile. Triangulation with other data points may help bring clarity.

One such data point could include the staff responses to the question "Why use the Guardian Service?" The question is put to staff who contact the Guardian. Responses may serve as helpful insight into some of the barriers to speaking up that exist in the Trust.

Why use the Guardian Service? Apr – Sep 2024	No. of concerns	Percentage
Impartial Support	67	59.82
Fear of reprisal	12	10.71
Believe they will not be listened to	2	1.79
Have raised concern before but have not been listened to	31	27.68
Other	0	0
Total	**112**	**100**

Staff responses suggest that they use the Guardian route for speaking up for two main reasons. First, impartiality - an impartial person to speak to, who has time to listen, without judgement, who can both challenge and be supportive may help an individual organise or reframe their thinking and identify options for resolution that they may not have already considered or felt viable. Secondly, the responses also suggest that staff consider the Guardian as a further route for speaking up when "business as usual" attempts to speak have been ineffective. Where staff do not feel they have been listened to, including not having received feedback or follow up, this can create reticence to raise concerns in future. They may share their experience with colleagues and so create a sense of futility in others about speaking up as business as usual.

Alongside largely looking for impartial support from the Guardian, staff were also mainly raising concerns which, individually represented a low risk of harm to patients, staff or the Trust and, of the 112 cases raised in the period 87 (78%) were rated as green; 19 cases (17%) were Amber; 3 (2.5%) Red and 3 were White.

In UHSx staff normally make initial contact with the Guardian by email. In responding and supporting a staff member move forward with their concern the Guardian uses emails, telephone calls (and texts) and face to face either in person or via Teams. Contacts with staff in the period were as follows:

Emails - 557	Telephone calls - 212	Face to face - 137

As most concerns generate multiple contacts there is no direct correlation with numbers of concerns raised. Contact remains regular as long as a concern remains open.

8. Confidentiality

Case management by TGSL with respect to confidentiality and escalation is recorded as a cumulative figure. The breakdown for the period is as follows:

Confidentiality	No. of concerns	Percentage
Keep it confidential within Guardian Service remit	91	81.25%
Permission to escalate with names	14	12.5%
Permission to escalate anonymously	1	0.89%
Permission to escalate without names	6	5.36%
Total	**112**	**100**

Confidentiality status may change over time. After initial contact and with some reflection a staff member may decide that their case status should move from confidential to escalated. In cases where staff look to process their concern via escalation and are anonymous or wish to withhold their name the Guardian will discuss the limitations that may be placed on resolution if all information is not available to the Trust.

On initial contact the Guardian informs the staff member that while confidentiality normally remains at the staff's discretion there are exceptions and, instances of safeguarding, staff safety/wellbeing or patient safety will be reported. The conversation takes place with this caveat. In all other cases the Guardian will explore with staff all the options for moving their concern forward in an informal way that is appropriate for that individual.

In this period most concerns (81%) raised to the Guardian remained confidential. In isolation that majority could signal a problem however this should be considered alongside two other data sets discussed above i.e. that 60% of staff were seeking impartial support and, 78% of concerns were rated green (low risk of harm to stakeholders). That confidential status may be another signifier that, in many cases staff contacting the Guardian are seeking an independent and impartial party to listen in confidence, probe and to support them in exploring informal options for achieving realistic resolution. Often following a first or a few conversations a staff member feels better equipped to take the concern forward within the Trust on their own.

21 concerns were escalated in the period. In 14 of those the staff member did so with their name while in 6 cases the staff member withheld their name and in 1 case the staff member was anonymous.

Of the 21 escalated concerns 20 were responded to within the agreed timeframe. 1 case was not responded to despite several attempts from the Guardian. In this instance the Guardian attempted to reconnect with the staff member to determine their wishes. The staff member also did not connect with the Guardian despite several attempts to do so by phone and email. The case was closed.

Of the escalations 18 were closed in the period and 3 remained open.

9. Themes

Concerns raised are broken down into the following categories:

Theme	Total - Primary	Rank	Total – All themes	Rank
Patient Safety / Quality	3	7	8 (4.7%)	7
Worker Safety/ Wellbeing	4	6	15 (8.8%)	4=
Bullying and Harassment	17	3	21(12.3%)	3
Behavioural / Relationship	11	4	17 (9.9%)	6
Discrimination / Inequality	8	5	15 (8.8)	4=
Management Issue	47	1	65 (38%)	1
System Process	22	2	29 (17%)	2
Other (Describe)	0		1	8
Grand Total	**112**		**171**	

Primary themes

Management issues were the greatest proportion of primary concerns with 47 from 112 cases (41%). This was followed by System & Process at 22 (20%) and Bullying & Harassment at 17 cases (15%).

Patient Safety/Quality and Worker Safety represented a smaller proportion of cases being 3 (3%) and 4 cases (4%) respectively.

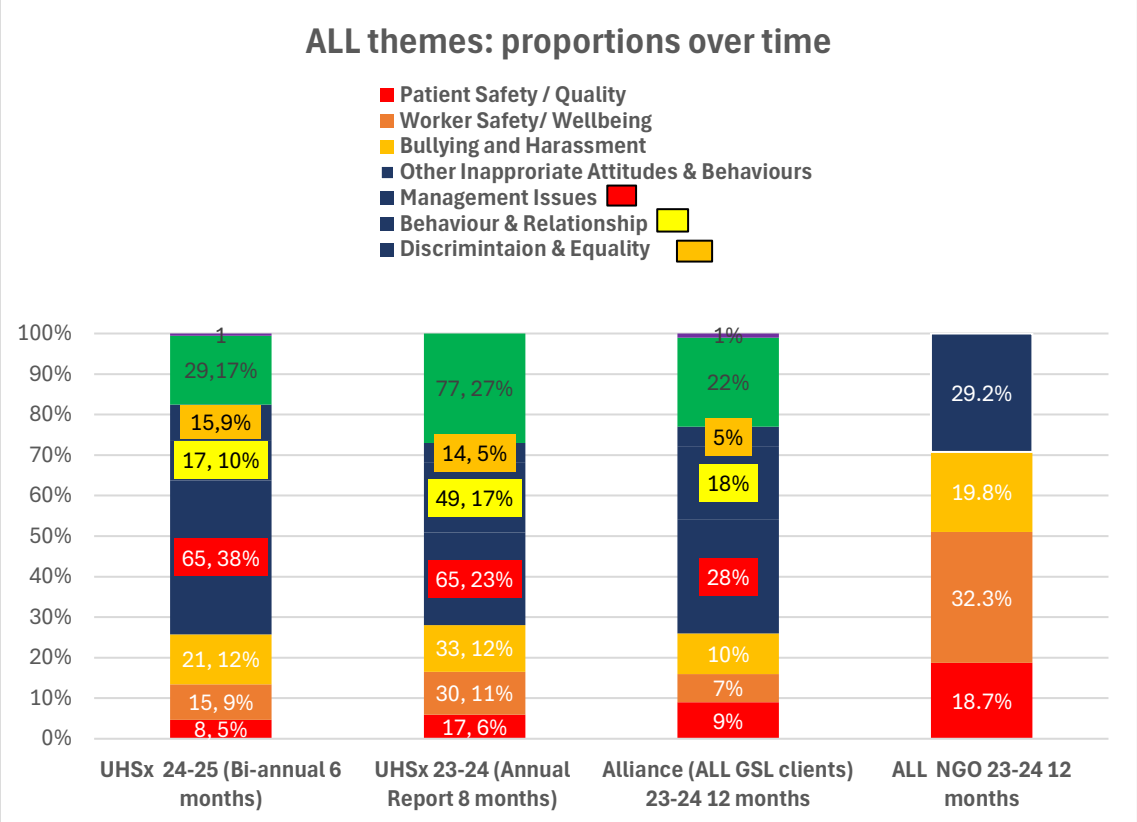
Some cases have other themes, and these are recorded and reflected in the "All themes" figure. For example, a concern with the primary theme of bullying and harassment could have a secondary theme of worker wellbeing.

All themes

The top three "all themes" are consistent with the top three primary themes. However, under "all themes" Worker Safety/Wellbeing and Discrimination /Inequality move from 6th and 5th rank respectively to 4th= rank. As has previously been stated, in the case of Worker Wellbeing this can largely be attributed to staff disclosing the impact their primary concern had on their wellbeing.

In this period, and similar to the UHSx Annual Report for period ending April 2024, fewer concerns with themes of Patient Safety/Quality (4.7%); Worker Safety/Wellbeing (8.8%) and Bullying & Harassment (12.3%) have been raised with the UHSx Guardian when compared to reports by the NGO (all organisations) in their [2]Annual Report for year ended 23/24. By way of reassurance, the UHSx proportions present a consistent picture in both reporting periods and compare similarly to the [3]TGSL Alliance data (TGSL clients largely consisting of NHS Trusts) for the period 23/24.

For clarity in reading the following chart, TGSL breaks down the NGO theme of *Other inappropriate attitudes and behaviours* into: Management Issues, Behaviour & Relationships and Discrimination & Inequality. TGSL case recording also allows for the recording of cases involving issues related to System and Process matters. Such cases reflect worker experience with organisational systems, policies, procedures or queries related to these aspects. Nationally this theme is overlooked though there may be local arrangements that acknowledge such cases.



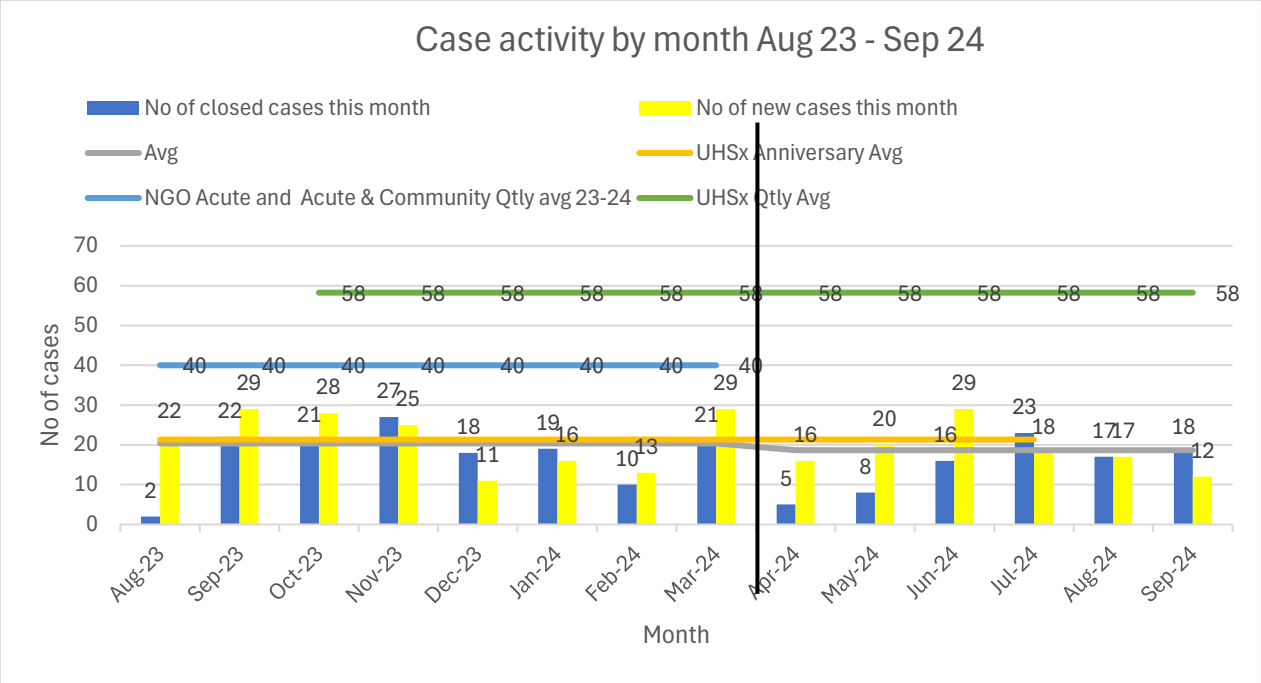
[2] National Guardian Office A Summary of Speaking up to Freedom to Speak Up Guardians FTSU-Case-Data-Annual-Report-23-24

[3] Turning data into intelligence:
The Guardian Service Data Report 2023-24

Section 11 gives further consideration to issues arising under their primary themes.

10. Trends in Cases

Case numbers



The anniversary period (Aug – Jul 24) for the service showed an average of 21.3 cases per month. The average number of cases in this six-month period is less at 18.7 per month and less also, than the average for the period of the Annual report (8 months) which was 20.4 cases per month. While this is against a national background where speaking up is increasing year on year, it could be considered that case numbers are starting to regularise post an impressive launch. A full year's data and triangulation with this year's NHS staff survey results and pulse surveys may give further insight, as may any possible triangulation with speaking up through other tracked "business as usual" routes.

The quarterly average number of cases in a 12 month period for UHSx stands at 58 compared to the NGO report of 40 per quarter for Acute and Acute & Community Trusts. Similarly, the UHSx quarterly case average is higher than that reported by the NGO for all NHS Trusts rated as CQC "requiring improvement" which stands at 43.2. The NGO finds:

- that Guardians in Trusts with lower CQC ratings receive more speaking up cases per quarter
- Acute and Acute & Community Trusts had a higher quarterly case average than other Trusts.
- that larger organisations do not necessarily have more cases and that there is more variability in case numbers in Acute/ Acute & community trusts than in other sectors.

Data from TGSL Alliance clients share similar trends.

Why use the Guardian service?

Staff reasons for using the service in this period are covered in Section 7 above.

Comparison with responses from last reporting period (Appx A Fig 1.) give a consistent picture of staff response with around 60% seeking impartial support and "raised concern before but not been listened to" being around a quarter of the responses.

Confidentiality Status

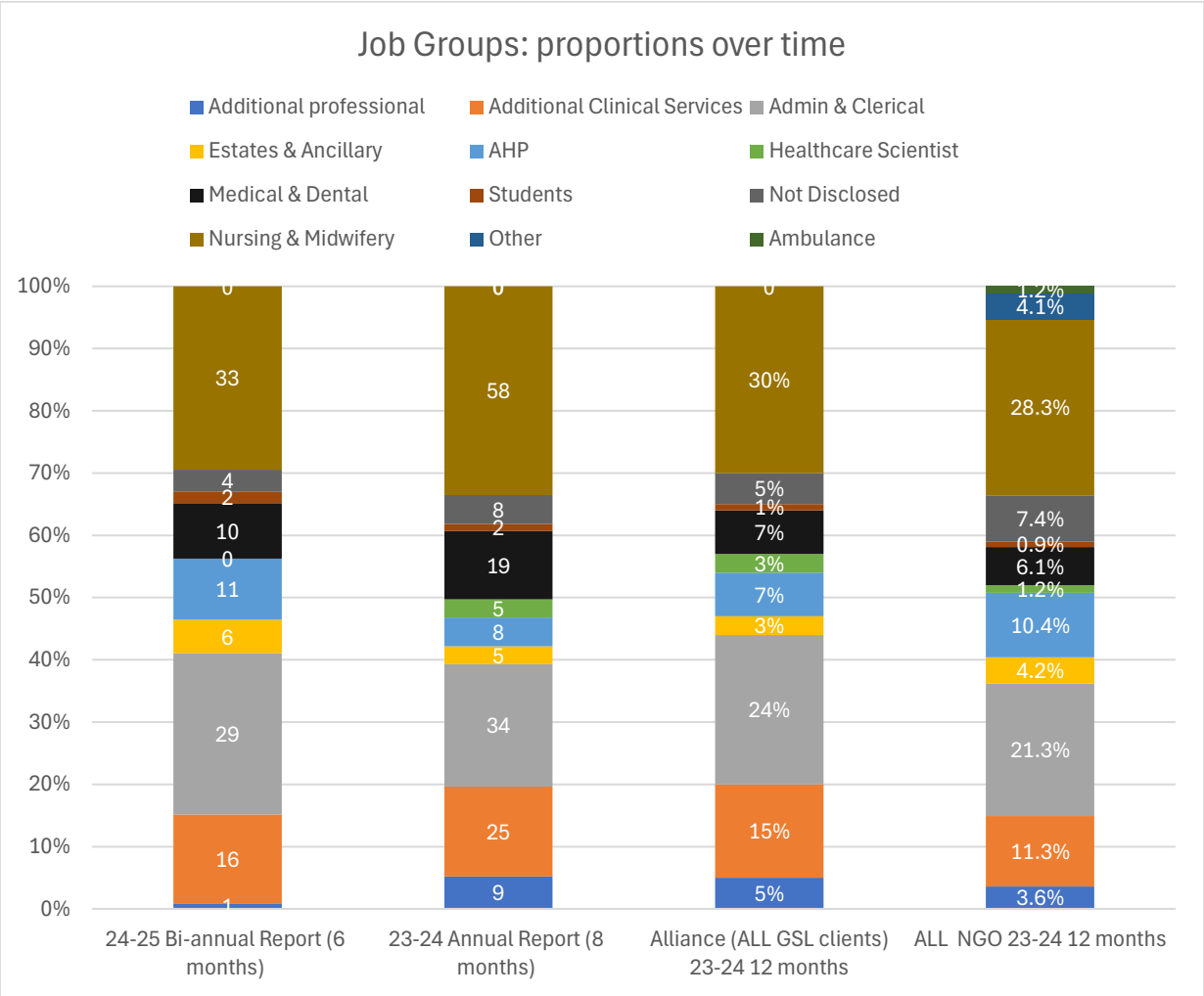
In this period most concerns (81%) raised to the Guardian remained confidential. This majority is, in general, consistent with last reporting period (Appx A Fig 2.), though higher at this midpoint.

RAG rating

In the period most cases are green (78%), individually a low risk of harm to stakeholders. This is consistent with the previous period (Appx A. Fig 3). Cases rated Red or Amber have been around 20%.

Who is speaking up?

Similar to last period and to the national picture, the top two job groups speaking up in this period were: Nursing & Midwifery, who accounted for the largest group speaking up to the Guardian at 33 cases (UHSx 29%,), and followed by Admin & Clerical staff 29 cases (UHSx 26%).



Of note:

1) Admin & Clerical staff account for a higher proportion of cases raised in this period v last period (26% v 20%) though similar to Alliance clients and higher than NGO for the previous full year.
2) Nursing & Midwifery staff account for a lower proportion of cases period v period (29% v 34%)
3) the proportion of cases from Medical & Dental staff stands at 9% and is marginally lower than the previous reporting period which, in 8 months, had 19 concerns raised and 11% of the total. Both periods show this group speaking up in higher proportions than that found by the NGO across all organisations.

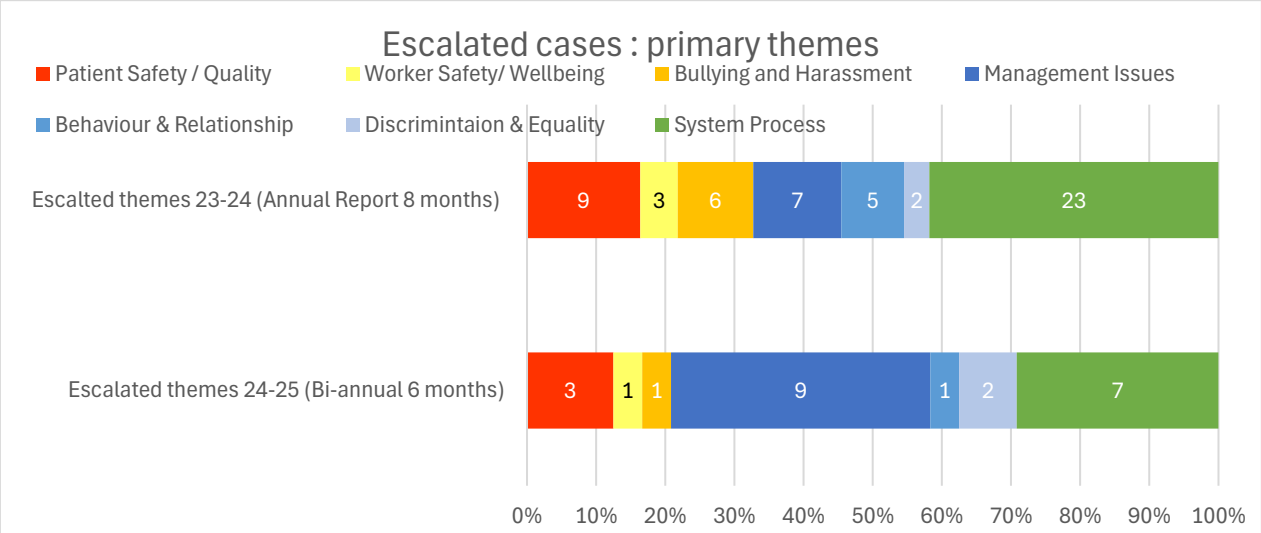
4) the number and proportion of cases (6 cases, 5%) from Estates & Ancillary staff in the 6 month period is in excess of that from the previous period (5 cases 3%)

The NGO reports that [4]NHS Workforce Statistics data suggests that Nursing & Midwifery staff being 27.9% of workers in the NHS are speaking up in proportion to their share of the workforce. Similarly with Admin & Clerical staff while staff in Additional Clinical Services are potentially underrepresented as they represent 21.2% of the NHS workforce. Nationally, Medical & Dental staff represent 10.5 % of the NHS workforce. Concerns raised by this Group in UHSx compare favourably to the NGO and nearer in representation to the groups share of the NHS workforce.

Escalation of cases

Fewer cases were escalated in this period compared last reporting period (19% v 32%). There were proportionately fewer Patient Safety cases reported (2.7% v 6.9% of total cases) and all were escalated. Those escalations themed System & Process represented a smaller proportion of escalation (29% v 40% last period) and Management Issues a larger proportion (38% of escalations v 13% in the previous period).

Only 1 from 17 bullying cases (6%) was escalated in this period versus 6 from 21 (29%) last period. While we have already noted that many cases are RAG rated green and most staff are seeking impartial support from the Guardian, Bullying & Harassment is normally rated Amber. The rate of escalation could in isolation be considered low and perhaps indicative of a higher proportion of Bullying cases this period being reported as from a more senior member of staff (76% this period V 63% last period) however this should also be considered alongside the known outcomes noted in Section 11.



11. Assessment of Cases

This section provides additional insight to the primary themes.

Patient Safety / Quality. 3 concerns were raised, escalated and responded to the same day. All are closed. Issues raised by staff under this theme included professional behaviours and professional practice that staff perceived had the potential to impact patient safety or the quality of care.

In two cases concerns were about individual practice. In one case the staff member was supported by the Guardian to escalate their concern in person and, in another the staff member did not wish to be identified

[4] NHS Workforce Statistics - February 2024 (Including selected provisional statistics for March 2024) - NHS England Digital

and the Guardian escalated details of the concern. Both cases were investigated by relevant Chief of Division under an established process.

In a third case the staff member did not wish to be identified and did not sustain contact with the Guardian. This was escalated by the Guardian to a Divisional Director of Nursing for investigation.

Worker Safety/ Wellbeing. 4 concerns were raised. 1 was escalated by the Guardian as Red, responded to the same day requiring a welfare check and is now closed. Other actions included: staff taking their issue forward in a formal process; staff seeking Occupational Health referral and in a third the Guardian provided on-going support to a staff member while they dealt with a health issue in work.

Under all themes Worker safety/ Wellbeing featured in a further 11 cases, largely in cases of Other Inappropriate Behaviours and most frequently Management Issues, although Bullying & Harassment was a primary theme in 2 cases.

Bullying and Harassment. The third most popular primary theme with 17 concerns raised. For the purposes of applying this theme to a case the NGO guidance for Guardians states *" The case should be recorded in this category where the person raising the case believes there is an element of Bullying or harassment"*. Only 1 case was escalated. 4 instances were reported as peer on peer while 13 were reported as instances of managers bullying of staff member. In 5 reports staff believed the behaviour had started as a result of them challenging a manager's decision, practice or a plan and so perhaps suggesting managers were not open to challenge or "listening", assuming of course that the challenge was done in an appropriate way. In some cases of the "manager towards staff" reports there was a suggestion of informal performance related conversations being handled in a clumsy or unprofessional way, however done, staff felt bullied.

In 5 cases staff reported having previously spoken up but not being listened to.

In respect of the perhaps surprising low level of escalation noted in Section 10 above, it is worth looking at case outcomes which were as follows:

- 3 cases remain open
- 1 case was escalated. The manager did not respond despite many attempts, by various routes, from the Guardian to connect, nor did the staff member reengage with the Guardian despite similar multiple attempts. The case was closed.
- 2 other staff did not maintain contact with the Guardian after initial contact – cases were closed
- 2 staff reconsidered their contact and decided not to pursue their concern
- In 5 cases following support from the Guardian staff decided to proceed with another established pathway in the Trust e.g. mediation, formal flexible working request, formal grievance
- After support 3 staff decided to approach a line manager for a conversation about their experience. An encouraging outcome and redirecting the concern back to attempting a "business as usual" pathway following some support from the Guardian.
- In 1 case one staff member reflected on their behaviour/ others' perceptions of them

Some examples of issues raised from staff include:

- Using intimidating language and behaviours
- Feeling pressurised to reduce working hours
- Verbal abuse i.e. Shouting, swearing
- Ghosting/isolation
- Targeting berating/ belittling new staff.
- Intimidation in emails, behaviours and use of language.
- Conversation tone – accusatory not enquiring, behaviours, micromanaging.

- Micromanagement, belittling publicly and treating staff differently to others
- Unrealistic expectations/not supportive of reasonable adjustments

Behavioural / Relationship. 11 concerns were raised. 1 was escalated. 8 are closed.

Some examples from staff include:

- Negative interaction with a colleague
- Isolation from colleagues
- Colleague interactions with staff with protected characteristic
- Colleagues aggressive/angry behaviour
- Senior colleague dismissive of staff.
- Different personalities/styles and pressure impacting professional relationship

Discrimination / Inequality. 8 concerns were raised. 7 are closed and 1 is open. In 7 cases the concern was connected to a protected characteristic and to line management/ management of. 2 cases were escalated.

Some examples from staff include:

- Staff feels unfairness in rota allocations and management impacting on their experience and on work/life balance
- Protected characteristic
- Staff felt discriminated against in how a recruitment process was concluded
- Feeling treated differently because of nationality
- Disability discrimination
- Inequality in pay for work status

Management Issue. This was the leading primary theme and 47 concerns were raised. 6 remain open. The theme reflects staff perception of workplace issues falling under management control. 9 of the cases were escalated/ are in escalation. 6 staff requested the concern was escalated with their name and, one further, previously unidentified, staff member then accepted an invitation made via the Guardian from a Divisional Head of Nursing to meet in person. Cases may largely be summarised under the heading of managers capability; knowledge, experience and style.

Some examples from staff include:

- Unhealthy leadership style, unprofessional behaviour/ style, communication, micromanaging/redoing work impacting on staff,
- Management capability – lacking leadership/leadership skills, direction, inability or unwillingness to engage and supervision
- Manager verbally abusive, hostile behaviour
- Management of a retirement process
- Inaccuracies with information being provided by manager about staff
- How work is allocated by manager
- Management of policy
- Management of process for additional hours worked
- Manager's behaviour generally/ around staff health situation
- Management of change process
- Managing complex situations e.g. balancing allocation of work V staff experience/skills
- Managing individual behaviours impacting issues on team and lack of engagement/ inaction
- Blame culture created through how process managed

System Process. This as the second most popular theme and 22 concerns were raised. 2 remain open. Approximately a third of these cases reported as having spoken up before but not being listened to. 7 cases

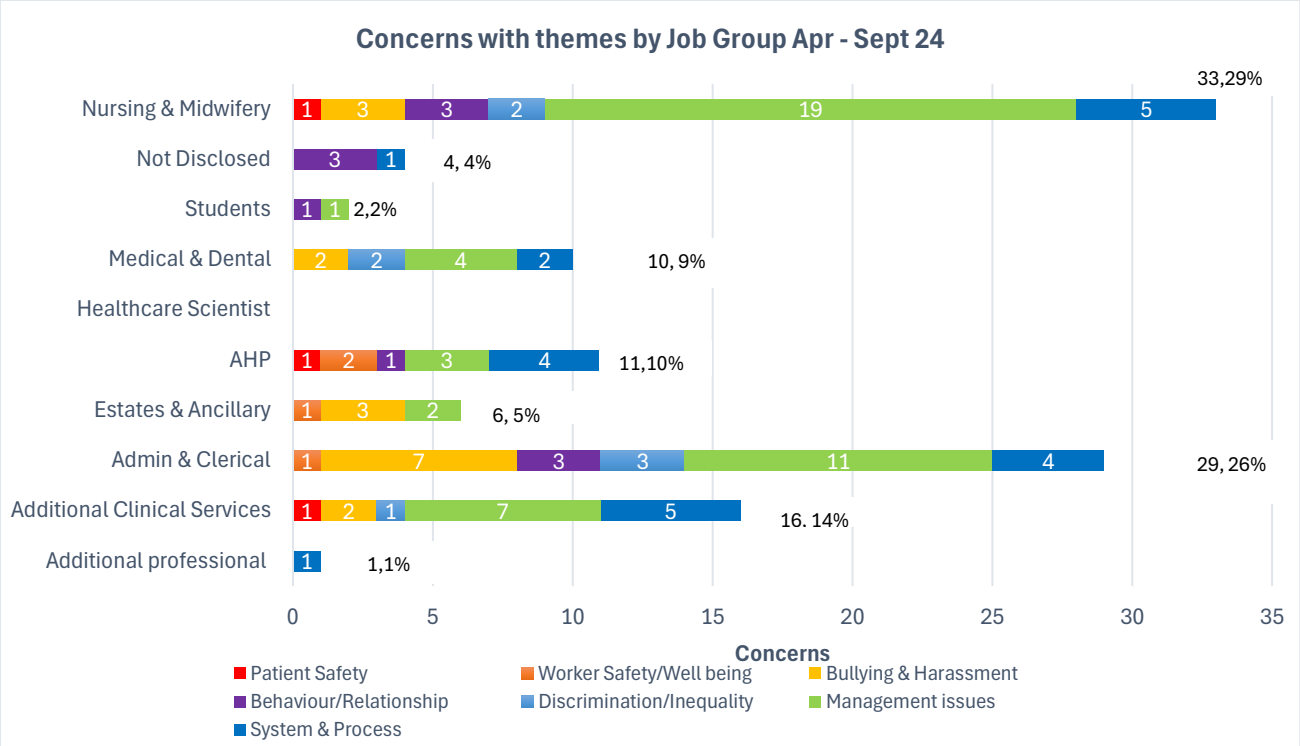
were escalated (including 4 who had previously raised the concern) and 2 remain open. Consistent features in these cases were delay and communication.

Some examples from staff include:

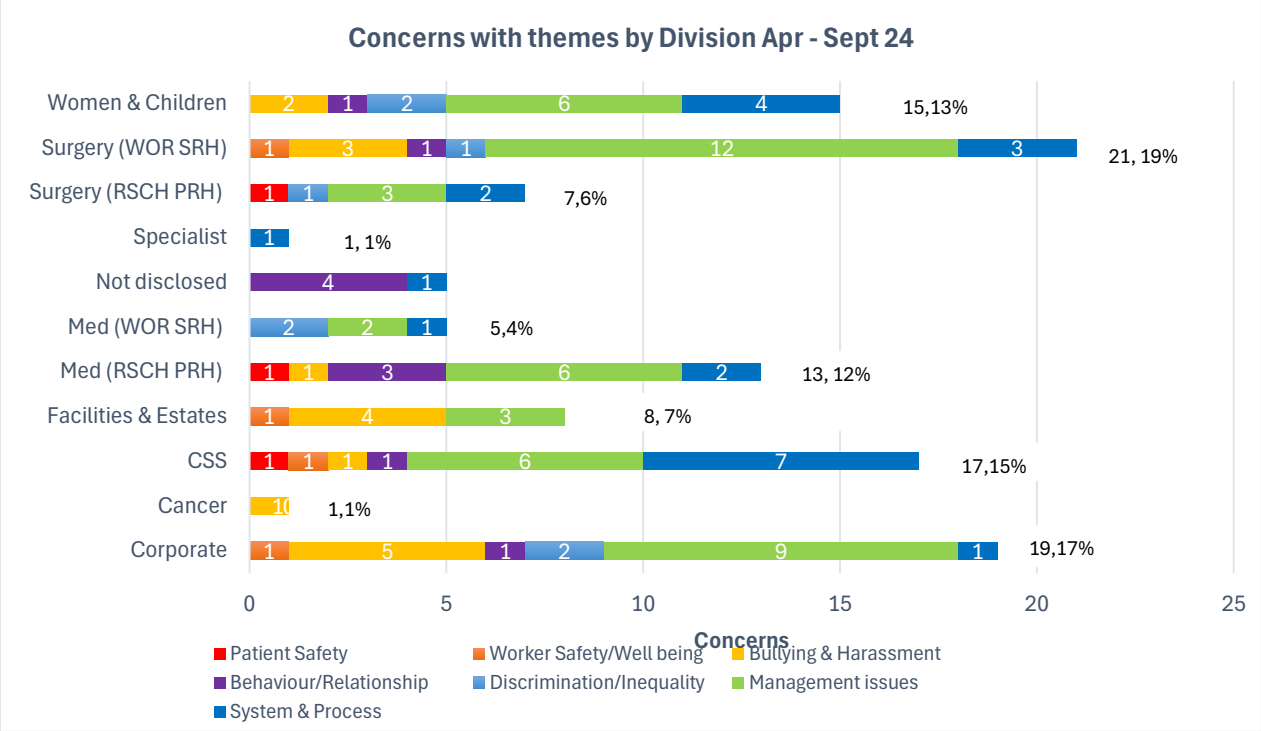
- Delays/No acknowledgement or response to emails
- Delay in formal process and lack of communication
- Delay in equipment procurement relating to reasonable adjustment
- Delay in counselling and OH support
- Repayment of overpayment of wages and issues of communication on this
- Ongoing incorrect pay plus issues in communication from team
- New process not communicated to staff. Complaint arose.
- Concern about mediation process
- Rota administration

12. Statistical Graphs

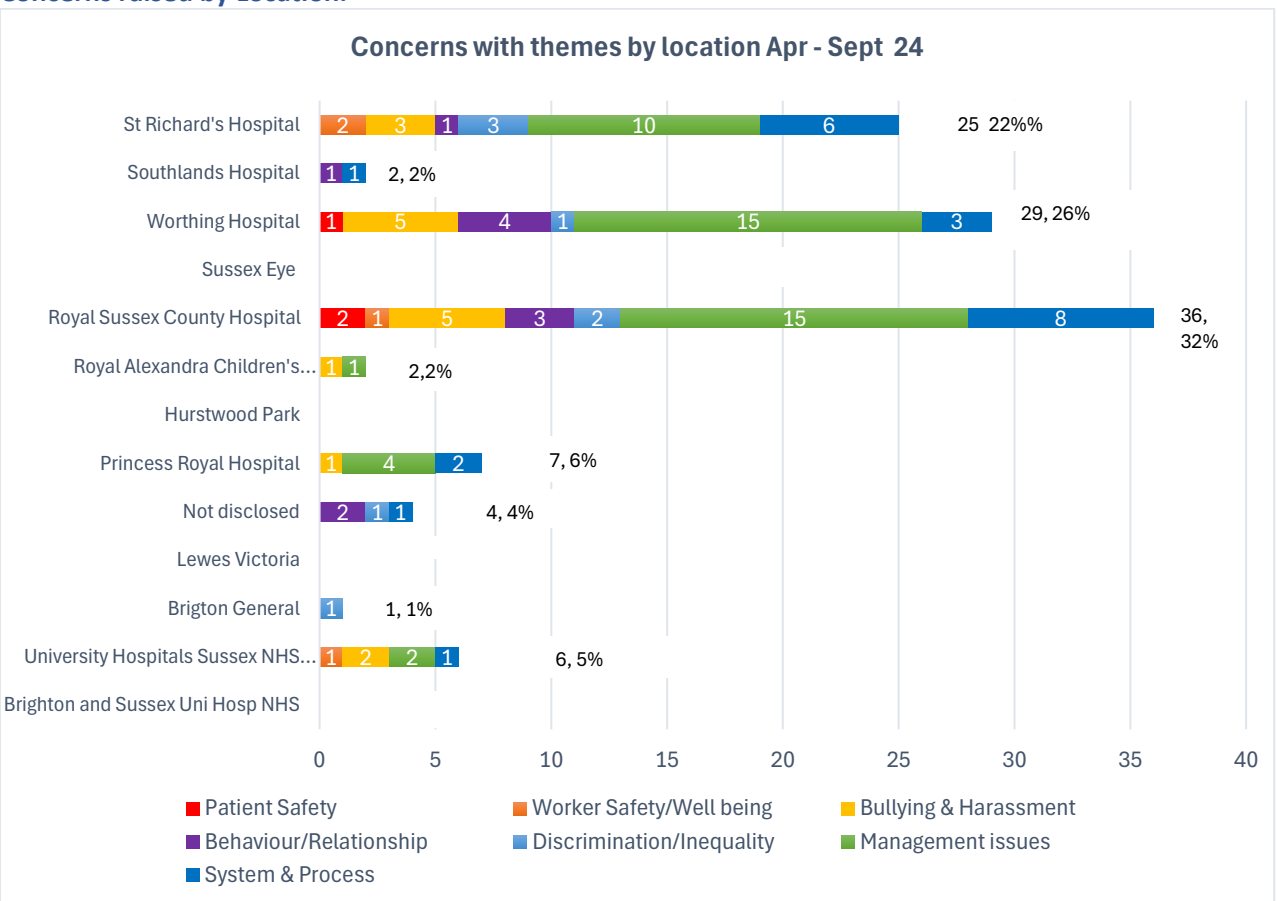
Concerns raised by Job Group



Concerns raised by Division.



Concerns raised by Location.



Job Groups - 3 staff groups (Nursing, Admin, ACS) accounted for 69% of all concerns; 79% of Management Issues; 64% of System & Process and 71% of Bullying & Harassment. Admin staff reported the highest number of Bullying & Harassment concerns at 7 from 17 concerns with this primary theme (41%).

Divisions – Surgery (WOR SRH) was the highest source of Management Issues and concerns overall with 19% of the total, closely followed by Corporate Services at 17% of the total. In both Divisions over 50% of concerns were Management Issues. Most Bullying cases (5) came from Corporate Services closely followed by F&E with 4 cases which was 50% of the cases raised from this Division. Just over one third of system and process concerns (7, 41% of their cases) came from CSS Division.

Locations – Staff at 3 locations accounted for 80% of all concerns raised RSCH, Worthing and SRH respectively.

Triangulation - In each case some further triangulation against proportion of workforce in Group, Division, Location may bring greater clarity on over/under representation and hotspots.

13. Detriment

There were no reports of detriment arising from a concern raised to the Guardian. Again, a handful of staff reporting concerns stated they felt that the current situation had arisen as a result of them speaking up directly on another issue on a previous occasion. The Guardian encourages staff to speak up for maintaining they will not suffer any detriment.

Detriment is major concern associated with speaking up and has a huge influence on speaking up culture. Staff are encouraged to advise perceived detriments to the Guardian. If reported by a staff member detriment would be recorded as a case and the staff member would be supported by the Guardian to move that issue forward if they wish to and, if so, in a way that is appropriate for them.

10.71% (12 cases) of staff raising concerns in the period stated “Fear of reprisal” as a reason for using the Guardian route for speaking up. This, along with staff remaining anonymous (1 case) or looking for escalation while withholding their name (6 cases) may all indicate fear of detriment.

14. Action taken to improve the Freedom to Speak Up Culture

- The Guardian’s role is to work in informal resolution and so avoid a formal grievance process which may be both costly and damage relationships. In case management the Guardian aims to help staff see a different perspective or reframe an issue which may help achieve resolution informally
- Staff are first introduced to the concept of Freedom to Speak up and/or the Trust’s Guardian at Corporate Induction when headlines about the service and the Guardians name, photo and contact details are shared with staff.
- Following a previous recommendation, the Trust also actively promotes uptake of the NGO core SpeakUp core training module for all staff, and the ListenUp and FollowUp modules for managers and leaders.
- Whenever possible, the Guardian also attends Corporate Induction marketplace to make a personal introduction to staff. Many people prefer an in-person introduction by way of deciding if the Guardian is a trusted route for supporting with work related concerns.
- In this period the Guardian has promoted and presented the service to a variety of groups including, among others: at Trust staff networks; to team briefings e.g. B7 surgical nursing staff at RSCH; the Outpatient nursing team in Worthing; International Medical Graduates in paediatrics at RACH; Speciality and Specialist (SAS) doctors. Presentations always reference the FTSUGuardian as being only one of the pathways in the Trust for speaking up.
- Proactive, random site visits include visiting wards, staff rooms and just walking the corridors are also key to promoting a positive speaking up culture. Visibility of, and familiarity with, the Guardian is helpful for staff to determine if this is a speaking up route, they personally are comfortable to use when they feel other routes are not for them or believe they have not worked. In this period, some visits by the Guardian included three from four maternity sites: Southlands Hospital, wards in St Richard’s and staff rooms on all four main sites.

- Hospital Forums are also a good opportunity for visibility and introduction to staff and, again, where possible the Guardian has attended either to present or as audience member to listen and learn. In this period that has included Southlands and PRH forums.
- Meetings: monthly with the Chief People Officer to discuss monthly activity reports; case outcomes, emerging themes or trends and any learning points; alternate monthly with the non-executive director for speaking up include discussions on exceptions and assurances. The Guardian also meets with the CEO on a quarterly basis to review recent activity, themes or trends. Where individual concerns are discussed, this is about progress, outcomes, lessons learned, or difficulties experienced. The Guardian does not identify any individual staff member.
- A regular session with the new Trust Chair is being established and quarterly review meeting with senior nursing staff has recently been implemented.
- The Guardian also has a standing invitation to the Maternity monthly safety form.
- Monthly sessions are diarised with OD, Wellbeing & Engagement Programme Managers to discuss engagement initiatives and initiatives that dovetail with FTSU. Senior colleagues in Employee relations and Inclusion attend from time to time when there is an opportunity to discuss themes arising and actions being taken in the Trust.
- The Trusts Wellbeing & Engagement Team regularly feature SpeakingUp/ Guardian related content in their monthly staff newsletter.
- The Wellbeing & Engagement and Communications Teams also identify relevant opportunities for the Guardian to mix with and introduce the service/ an aspect of the service to staff e.g. invitation to the Leaders Briefing to talk about escalation.

15. Learning and Improvements

Time was allocated to the Guardian in a Leader's briefing to speak about the Trust's protocol for escalation and to reiterate the need for timely and regular feedback to the Guardian. This opportunity came about following a poor escalation experience and poor responsiveness to escalation. Acknowledgement and responsiveness from managers are important for conveying to the staff member and improving worker experience around having concerns addressed. There was also a request to these leaders to cascade this message to managers in their line. Since doing so there has been no repetition of these difficulties.

The staffing template on a ward was increased and a programme of renewing training has been undertaken following investigation of a concern raised.

Attending Hospital Forums helps the Guardians local learning/ understanding and with management of cases. At PRH staff forum the Guardian was able to hear first-hand about the launch of the Big Conversation, the performance of PRH, some of the accolades and plans for the future. Similarly with the Maternity Monthly Safety Forum.

The Guardian regularly reflects on own practise and complex concerns with peer Guardians from TGSL in fortnightly session designed for this purpose.

The ICB network of Guardians also comes together regularly, and the Guardian attends whenever possible. Similarly to TGSL, in these sessions good practise is shared (confidentiality maintained) and relevant developments are discussed.

The Guardian also attends NGO SE regional meetings; NGO workshops/webinars on key topics and reads the regular NGO bulletin to keep updated with developments, all of which help the Guardian handle concerns more effectively. Relevant activity with other Trusts and developments from NHSE which relate to initiative in the Trust are passed back to the relevant team.

The Guardian has also recently completed NGO 2024 refresher training which was themed Equity, Diversity, Inclusion & Belonging.

In addition to being a trained Mental Health First Aider and having completed Resilience training earlier in the year, in this period the Guardian has undertaken training in Facilitation skills.

Sessions with a Psychotherapist remain a requirement of the role as does attending quarterly supervised meetings held by a qualified mental health first aid instructor as part of TGL "Practice Enhancement Training" schedule.

16. Comments & Recommendations

a) A previous recommendation to the Trust was to consider mandating completion of NGO training modules (SpeakUp, ListenUp, FollowUp) to further embed the Speaking Up agenda. Now, a further recommendation in this regard is for leaders to complete and to publicise their completion of relevant NGO training, thus modelling the expected behaviour. (The Trust may consider the ListenUp module a priority in view of proportions of staff workforce having "spoken up before but not listened to".) Also to consider setting expectations with leaders and managers in their down time to do similar and to seek regular reporting on completion rates.

b) In this next recommendation the use of the term manager is broad and intended to include the spectrum of roles that have a responsibility for supervising, managing or leading staff.

In the last report there was recommendation in connection with Management training and managers acquiring the relevant knowledge, understanding and skills (and soft skills) for managing people. In view of this and the recurring themes in management issues and bullying & harassment largely believed to be from manager to staff, a further recommendation is:

- To consider if too many managers become "accidental managers", promoted to positions of managing or leading teams because of time served or a technical or subject matter expertise.
- To undertake a review of the selection criteria for appointment to management positions. Are these appropriate and do they reflect the skills and qualities really needed for managing staff?
- To review how these criteria are actually tested or evidenced in the selection process so that suitable candidates are identified.
- To review how members of selection panels obtain the relevant skills, knowledge and training to assess candidates' suitability for managing staff and make good appointment decisions (if it is acknowledged that there is a need for management development in all things staff related)
- To review when and how career conversations are taking place with aspiring managers such that they will access relevant training and development opportunities (practical and theoretical) to widen their knowledge and understanding of the subtleties of managing staff at an appropriate point in their career. Is the right conversation taking place at the right time? Do those who lead such conversations have the relevant skills and ability to identify, support and develop potential and aspiring managers?

c) Rate of speaking up - recommend that a regular exercise is undertaken to determine if the rate of speaking up to the Guardian is proportionate to the relevant share of Workforce i.e. by Job Group; Location and Division, and so to assist in identifying over and under representation or silences.

d) SpeakUp Corporate communications plan - recommend an annual corporate communications plan for the SpeakingUp agenda is established and considers appropriate channels and messaging for

different audiences and frequency of communications. The purpose of this being: to provide a consistent level of promotion and ensure staff are regularly exposed to the spectrum of speaking up pathways in the organisation (FTSUGuardian and business as usual); to evidence the Trust's ongoing commitment to promoting the SpeakUp agenda and to embedding this knowledge in the workforce conscience; to minimise opportunities for peaks in cases caused by short bursts of promotion, and so any real hotspots may be more identifiable.

Some FTSU considerations in that planning could include: FTSU feature on screensavers; FTSU features at Staff briefing/ Leaders briefing; promotion around NGO training/ experience of completing the training/on training completion rates (by Division/ Workforce group etc); bi-annual/annual updates on cases/themes; ListenUp storytelling experience from those who handle escalations.

e) Pay – concerns raised around pay continue to be a recurring System & Process theme raised by staff. These include communications around pay, errors in regular pay, historical overpayments/ incorrect pay and long delays following communication of overpayments. The Guardian has escalated cases and signposted staff to the Trust's Workforce pay care team. In the previous report a recommendation was made about partner communication (those delivering services on behalf of the Trust) and ensuring this aligns with the Trust's communication standards and values. The recommendations in respect of pay are:

- To expedite any current workstream looking at the language used in communications by the payroll provider to staff to ensure it aligns with Trust's standards and values. In the event there is no such workstream to consider initiating such.
- To review the accessibility of the landing page(s) on the intranet directing staff to how raise an issue with payroll in the first instance
- When Trust wide pay communications are sent to announce a specific matter of pay for a particular group of staff e.g. Agenda for Change (AfC) staff as opposed to Bank workers, consider also what the communication could be silent on and, for the avoidance of doubt, to consider if it is possible to include how other staff groups may or may not be impacted and why e.g. Consolidated payment (covid bonus) applied only to AfC.

f) Managing missed deadlines and delays by outlining expectations for communication to staff regarding missed deadlines/delay or lack of progress updates - was part of a wider reaching communications recommendation last time. Delay and lack of communication continue to be a feature of concerns raised by staff**.** Unaddressed, this can impact staff experience, create a sense of futility or disengagement and ultimately may expose the Trust to risk. The recommendation is for the Trust to consider if it is yet able to act to achieve improvement in this regard.

17. Staff Feedback

Staff may provide anonymous feedback about the service once a case is closed. In the reporting period 87 cases closed 67 had a Written/Verbal outcome. There were approximately 27 responses to the feedback survey. Examples follow.

I think the advice given helped avoid conflict.

I will always speak up though I am disappointed that even the Guardian service could not elicit a meaningful response.

Trish was very helpful and explained my options but I still have fear about voicing my concerns and the possible consequences of these.

I was given time to communicate my concerns and also provided with different resources and pathways for support depending on the path I choose for myself.

Found Trish to be very professional and whilst my concern couldn't be resolved to the final outcome I wanted, this service ensured I had a voice in the process.

My concern was very diplomatically and objectively resolved.

100% wish I had done it sooner really positive experience.

I'm very grateful for the support and advice I received from the service, and it helped me a lot navigating a difficult situation

It was great to have the opportunity to reflect and bounce/ feedback suggestions for improvement with someone who's aware of the trust policies but is removed.

Perhaps naively I expected the trust to be answerable to the Guardian service sadly this doesn't seem to be the case.

……helpful all the way from the first time I spoke with you on the phone it helps resolved my anxieties and lessen my stress level.

I have repeatedly recommended speaking to Trish amongst my colleagues in my experience she has been supportive kind professional and escalated my concerns to the appropriate people who appeared to have listened.

It's fantastic to be able to feedback in a transparent manner to have help developing a plan that are ideal for both sides and is not negatively confrontational.

Appendix A

Figure 1.

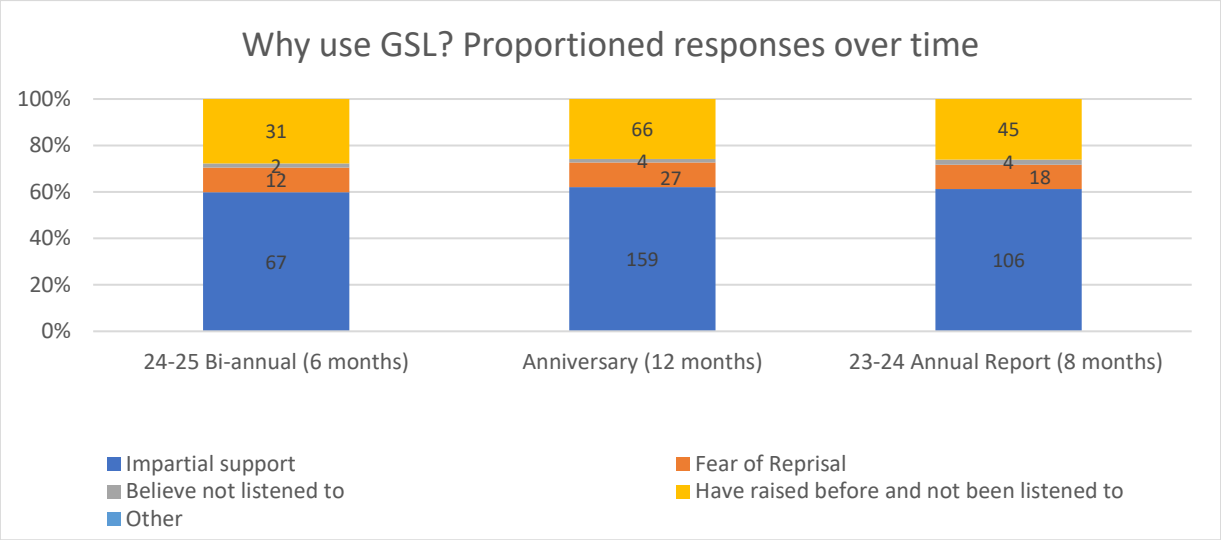


Figure 2.

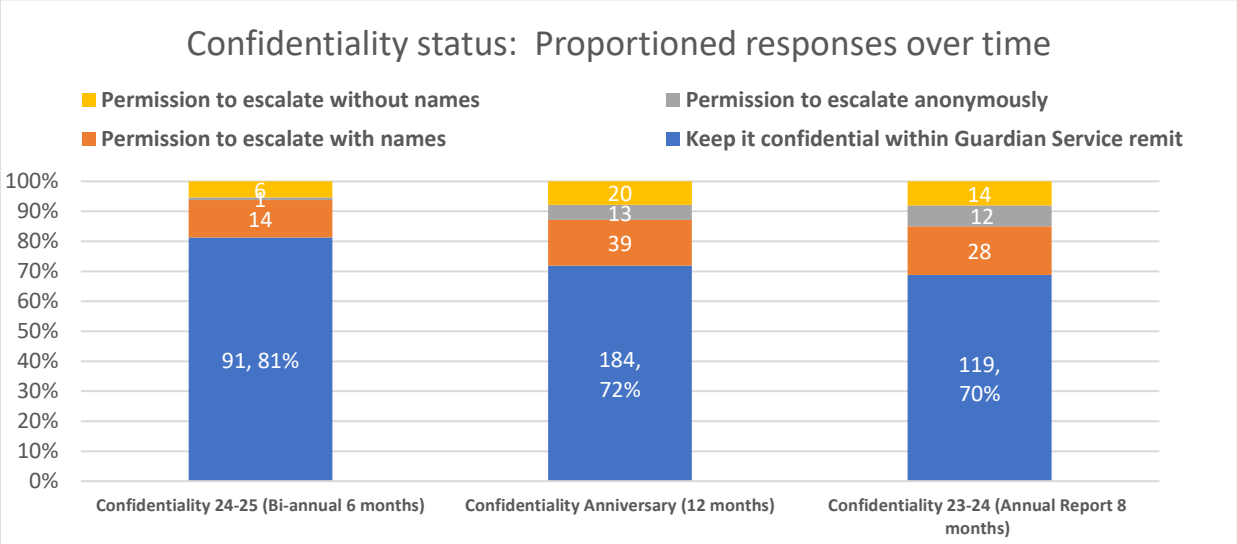
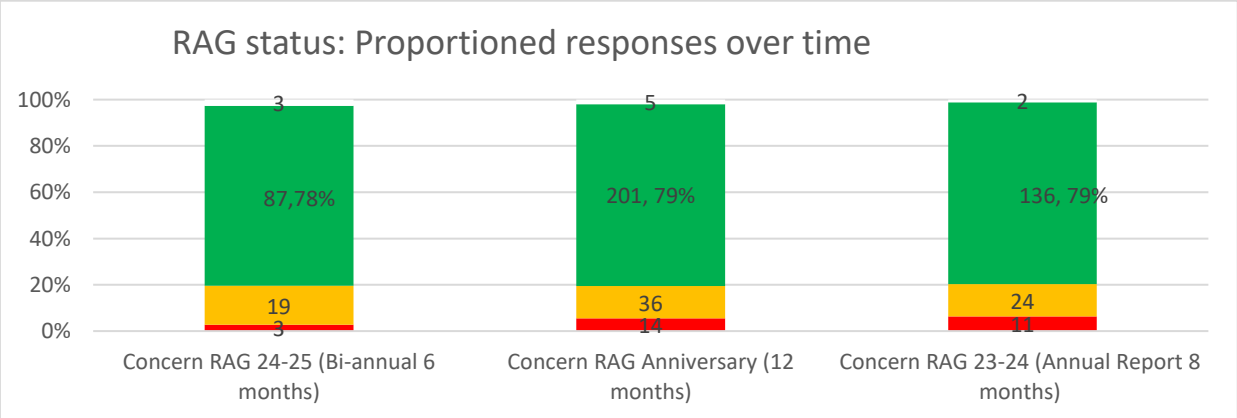


Figure 3.



.