

A case review of
speaking up
processes, policies
and culture

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Executive summary



The National Guardian's Office (NGO) has conducted a review of the speaking up processes, policies and culture at Brighton and Sussex University Hospitals NHS Trust (BSUH). The office undertook this review in response to information it had received from some current and former trust workers that suggested there was not a positive speaking up culture in the trust, particularly in relation to issues raised by black, Asian and minority ethnic (BME) members of staff.

As well as looking at the issues raised in their referral, the review also looked for evidence of improvements to the trust's speaking up culture that the trust leadership said it had made.

As with all our case reviews, our purpose was to identify learning and improvement and to highlight good practice and innovation.

The trust fully supported the review and provided all necessary information for its completion.

The review found evidence that the trust was in the process of making improvements to its speaking up culture and that its leaders were focussed on the importance of positive working cultures in the delivery of high-quality patient care.

Examples of actions to improve the organisation's culture included the use of weekly 'improvement huddles', where all staff in a service were encouraged to speak up about issues where they worked and actions to address them were then agreed by the team members.

Many of the workers we spoke to commented that there had been an improvement in the working culture of the trust since a new leadership team, which also runs a neighbouring NHS trust, started work in April 2017. The staff survey for 2018, published during our review, reflected significant improvements from the previous year's survey in how trust workers viewed the organisation's working culture.

Care Quality Commission (CQC) inspectors also found considerable improvements in the working culture of the organisation when they inspected the trust in 2018.

Our review has commended good speaking up practice, where this was identified and has made 6 recommendations on how the trust can build on the improvements it has begun. The review also makes one recommendation for the National Guardian's Office.

The optimism expressed by many trust workers to our review about cultural improvements was often cautious. The changes were described as 'fragile' and 'green shoots' and there was clear concern that the new trust leaders might leave before the changes they have instigated are complete.

Some workers and former workers told our review that historic issues relating to discrimination in the organisation still remained.

Our findings can be summarised as follows:

- The majority of the 78 workers we spoke with expressed the view that the working culture in the organisation had improved since the new leadership team had taken over responsibility for the trust in April 2017
- The 'Patient First' programme provided a framework for workers of all levels in the services where it was run to speak up about issues and resolve those matters collectively
- The trust leadership was taking active steps to address historic issues about discrimination in the organisation, including engaging with and putting events on for staff group representatives. The trust was also receiving ongoing support from NHS England's Workforce Race Equality Standard (WRES) implementation team
- The trust had implemented a new governance process to ensure that medium-level and serious clinical incidents reported by workers were robustly managed and monitored, with clear mechanisms to share learning with individuals
- The trust had implemented the role of Freedom to Speak Up Guardian in accordance with guidance issued by the National Guardian's Office
- The trust NHS staff survey and comprehensive CQC inspection, both taking place in 2018, identified clear improvements in the trust's speaking up culture
- Workers and former workers reported that discrimination was a problem in the trust and that more work needed to be done to address this issue
- Workers expressed concern that the cultural changes in the trust still had some way to go and these could be lost if the new leadership team did not remain in position long enough to complete their work

Acknowledgements and thanks

The completion of our review has been made possible only because of the support and contributions from the following individuals and organisations:

- Trust workers and former trust workers who have shared their experiences of speaking up in the organisation
- The leaders of the trust
- The trust's Freedom to Speak Up Guardian
- NHS Improvement
- NHS England Workforce Race Equality Standard Implementation Team
- Care Quality Commission

Introduction



The National Guardian's Office

The National Guardian's Office (NGO) provides leadership, support and guidance on speaking up in the NHS, and was set up in response to recommendations made in Sir Robert Francis' 'Freedom to Speak Up' review, published in 2015¹.

The review set out 20 principles and actions to enable NHS workers to speak up freely at work, without fear of detriment, and to ensure that their concerns are responded to appropriately. These principles are designed to create a safer and more effective service for everyone.

The office began its work in April 2016. Its remit is to provide support, training and guidance for a network of Freedom to Speak Up Guardians across the NHS, whose function is to provide independent support for workers to raise issues in the workplace. The office also undertakes reviews of the speaking up arrangements in NHS trusts, including how individual cases have been handled, where it receives evidence that good practice may not have been followed.

The NGO is an independent, non-statutory body funded by NHS Improvement, NHS England and the Care Quality Commission.

More information about the work of the National Guardian's Office is [available here](#).

Case reviews by the NGO

As part of its work the NGO reviews how an NHS trust has supported its workers to speak up, where it receives evidence that this support may not have met with good practice.

The standards of good practice against which the NGO assess the actions of trusts are found in a variety of sources, including the Francis Freedom to Speak Up review and the speaking up guidance for trust boards, published jointly by NHS Improvement and the National Guardian's Office in May 2018².

The purpose of our reviews is to listen to individuals' experiences of speaking up, whether they have raised matters, or have been responsible for responding to them, to identify learning and improvement for the benefit of their trust, as well as the wider system. We make recommendations for all bodies with a responsibility for supporting a positive speaking up culture in NHS trusts, including regulators and government.

To promote this shared learning, the guidance for boards described above expects all trusts adopt, where appropriate, the recommendations for improvement identified in each NGO speaking up review.

¹ http://freedomtospeakup.org.uk/wp-content/uploads/2014/07/F2SU_web.pdf

² [https://improvement.nhs.uk/documents/2468/Freedom to speak up guidance May2018.pdf](https://improvement.nhs.uk/documents/2468/Freedom%20to%20speak%20up%20guidance%20May2018.pdf)

The NGO operates independently. The NGO works closely with the regulators that fund it and shares the findings of its case reviews with them to help ensure NHS trusts receive all appropriate support to improve their speaking up culture, processes and policies.

Care Quality Commission inspectors review evidence relating to speaking up cultures and arrangements as part of their assessment of how well a trust is led.

Why we conducted a case review at Brighton and Sussex University Hospitals NHS Trust

In December 2017 the NGO received a referral collectively from a group of current and former black and minority ethnic (BME) trust workers. Their referral information suggested that the trust had historically not always responded to instances of BME workers speaking up in accordance with good practice, or the policies and procedures of the organisation.

The matters described in the referral related to recent and historic issues of alleged discrimination. Having decided these matters were suitable for review, we notified the trust leadership of our decision in early 2018.

The leadership responded to our decision by asking us to delay our review. It explained that one of its key priorities agreed with NHS Improvement was to address cultural improvement in the organisation and it wanted time to begin this work before we reviewed the organisation's speaking up culture.

The workers and former workers who had originally referred their concerns to the NGO did not want a review to be delayed. After considering all viewpoints, to avoid delaying improvement work and to have an opportunity to view the improvements the trust intended to make, the NGO agreed to delay its review until the start date requested by the trust of November 2018.

How we conducted our review

We visited the two principal trust sites; Royal Sussex County Hospital in Brighton and the Princess Royal Hospital in Haywards Heath.

In total we met with 78 members of staff, including clinicians, managers and ancillary staff, as well as the trust chief executive officer (CEO), board members and the Freedom to Speak Up Guardian and Trust Ambassadors.

We held a total of seven forums to encourage as many workers as possible to tell us about their experiences of speaking up in the trust, to gain an insight into the culture, to identify examples of good practice and to understand where we could support the trust to improve.

Forums were held for BME staff members, for lesbian, gay, bisexual and transgender (LGBT) workers, and for staff with disabilities.

The case review team also met separately with a group of BME workers and past workers (the 'BME action group') whose referral concerning alleged discrimination in the trust had first triggered our case review.

As well as meeting with staff, we reviewed a range of documents relating to speaking up in the trust, including trust policies, procedures, strategies, and staff surveys. Workers were able to contact the review team directly and meet with them away from the trust, if they wished.

We asked other bodies to share what they knew about the trust's support for speaking up, including the Care Quality Commission and NHS Improvement.

Where we found issues we immediately raised them with the trust to allow them to address them as quickly as possible.

We worked jointly with the trust to undertake the review, including collaborating on joint communications. We want to thank the trust for its positive and supportive response to the review process at every stage.

The structure of this report

Firstly, we set out information in relation to speaking up and equality and diversity in the organisation, focussing on the issues relating to BME matters and alleged, historic discrimination in the trust.

It also includes the response from the trust's leaders to those concerns raised, the views of other workers and external bodies about equality and diversity in the trust, relevant data and a review of trust actions since April 2017 to address these matters.

We then give our findings and recommendations relating to speaking up and equality and diversity in the trust.

Secondly, we look at wider aspects of the trust's speaking up culture, focussing on whether there was evidence of improvement and set out our findings and recommendations accordingly.

Where we found evidence of good speaking up practice and innovation we have commended this. Where we have identified areas for improvement we have made recommendations about how this should happen.

Recommendations and actions

We have made recommendations for the trust about how it can improve the support it provides its workers to speak up.

Each of our recommendations carries a time frame by which we expect them to be implemented. NHS Improvement will ask the trust's leaders to provide them with a plan, within 28 days of the publication of this report, summarising the actions they intend to take to implement our recommendations.

The NGO will ask NHS Improvement to provide it with a similar plan, within the same time frame, relating to the recommendation we have made for it.

In all cases, we expect the actions to implement our recommendations to include measures to determine their effectiveness.

Representatives from NHS Improvement will meet with the trust and the NGO at regular intervals to review the implementation of their respective action plans.

About the trust

Brighton and Sussex University Hospitals Trust is an acute teaching hospital trust working across two main sites, Royal Sussex County Hospital in Brighton and the Princess Royal Hospital in Haywards Heath. The Royal Sussex site includes the Royal Alexander Children's Hospital and the Sussex Eye Hospital.

The trust provides services to a local population of approximately 540,000 people. These comprise district general hospital services, in and around the Brighton and Hove, Mid Sussex and the western part of East Sussex and more specialised and tertiary services for patients across Sussex and the south east of England.

The trust employs approximately 8,500 workers.

Brighton and Sussex University Hospitals Trust has been in receipt of substantial management support from Western Sussex Hospitals NHS Foundation Trust (WSHT) since April 2017 as part of an agreement arranged by NHS Improvement (NHSI) between NHSI, Brighton and Sussex University Hospitals Trust and WSHT. Under the agreement and further to appointments made by NHSI, the trust's board is mainly made up of WSHT board members.

Currently, the arrangements put in place under the agreement are due to end in March 2020.

Published information about speaking up in the trust

NHS England annual Staff Survey³

All NHS trusts are required to participate in the NHS England staff survey. Its purpose is to collect staff views about working in their NHS organisation to help trusts improve working conditions for staff and patient care.

4,739 staff took part in the survey, which represented a response rate of 59%, an increase of 3 percentage points from the survey the previous year. This compared with an average response rate to the 2018 survey in acute NHS hospital trusts of 44%.

Several questions in the survey asked workers for their views about different aspects of the trust's speaking up culture. The results for these questions in the 2018 survey showed an improvement compared with those from the previous year's survey. We have set this information out in section B below, in table four.

We also look at further results from the survey in relation to equality and diversity. This can be found in section A below, in tables one and three.

³ <http://www.nhsstaffsurveys.com/Page/1064/Latest-Results/2018-Results/>

Care Quality Commission (CQC) Inspection

Inspectors assess a trust's speaking up culture in relation to how well the organisation is governed, as well as how safe it is. They consider evidence relating to how the trust supports its workers to speak up and how it responds to, and learns from, the issues they raise.

Inspectors from the CQC last undertook a comprehensive inspection of the services in the trust in September 2018. They published their report in January 2019.⁴ Previously, they had inspected all the trust's services in April 2016.⁵

In their 2016 report inspectors were critical of the trust's working culture. They stated that 'the trust must develop and implement a people strategy that leads to cultural change. This must address the current persistence of bullying and harassment, inequality of opportunity afforded for all staff, but notably those who have protected characteristics...'

In that inspection the CQC gave a rating of 'inadequate' for how well the trust's services were and the same rating for how 'safe' they were. They also rated the trust overall as 'inadequate'.

After the 2016 inspection the trust was placed in 'quality special measures.' The trust was also placed in financial special measures by NHS Improvement in October 2016. Special measures⁶ apply when NHS trusts and foundation trusts have serious problems and there are concerns that the existing leadership cannot make the necessary improvements without support.

The trust exited financial special measures in July 2017, because of its improved control environment and management of resources.

In their 2018 inspection the CQC rated how 'well led' the trust's services were as 'good' and gave them the same rating for 'safe.'⁷ They gave the trust an overall rating of 'good'. Following this inspection, the trust exited quality special measures, because of the improvements it had made in the delivery of care.

These significantly improved ratings were reflected in inspectors' comments in their 2018 inspection report about the trust's working culture. They observed that 'without exception, all staff we spoke with on inspection and engagement talked about a [significant improvement] in culture across the whole trust.'

We note that the BME Network Action Group, whose concerns about the trust's speaking up culture are set out below, expressed their strong disagreement with the CQC's findings about working culture as part of their 2018 inspection. The group provided the CQC with a written submission of its views during the inspection.

⁴ https://www.cqc.org.uk/sites/default/files/new_reports/AAAH5824.pdf

⁵ https://www.cqc.org.uk/sites/default/files/new_reports/AAAF5032.pdf

⁶ <https://improvement.nhs.uk/resources/special-measures-guide-nhs-trusts-and-foundation-trusts/>

⁷ https://www.cqc.org.uk/sites/default/files/new_reports/AAAH5824.pdf

Our review



A. Speaking up and equality and diversity in the trust

This first section looks at the issues raised by members of the BME action group and the trust's response to them. It then reviews how the trust has addressed wider equality and diversity issues in the organisation.

A1. Issues about speaking up raised by some current and former black and minority ethnic (BME) workers (the BME Network Action Group)

A1. 1 Background

As described above, a group of BME current and former workers collectively referred concerns to the NGO about the speaking up culture, as they believed it affected BME staff in the trust. The group belonged to a body called the 'BME Network Action Group'.

The group's members previously belonged to the formal 'BME network' in the trust, a recognised network of staff representatives within the organisation whose purpose was to provide a forum and a voice for BME Network members within the organisation.

The trust informed us that they decided to no longer recognise the network in 2018, because of its view of the approach and behaviours adopted by the group.

Following a meeting with the Chair, Chief Executive Officer and Chief Workforce and Organisational Development Officer in 2018 to discuss working together the BME Action Group wrote to the Chief Executive Office stating they had 'no confidence' in the chief executive officer of the trust.

In the same year the network's members formally declared that they had 'no confidence' in the chief executive officer of the trust.

Some of its members formed the 'BME Network Action Group' to act on behalf of the members of the former network, while others joined the new Workforce Race Equality Standard working group in the trust.

The action group gave its consent for the NGO to discuss their speaking up concerns with the trust.

A1. 2 BME Network Action Group's speaking up concerns

The action group described to the NGO a series of examples, dating back to 2014, of how they believed the organisation had historically failed to respond to BME workers speaking up and had demonstrated a 'discriminatory attitude' towards BME staff members.

The group said that such discrimination had the effect of 'raising some specific patient safety concerns in a number of departments.'

Included in the action group's concerns were allegations that BME workers had been historically 'punished and victimised', as well as 'sacked' for speaking up. It also alleged that a restructuring of one of the services in the trust in 2016 had led to BME workers being 'removed' and 'replaced with white staff'. As described below, the trust, in response to these allegations said they were untrue.

The group said that in 2017 it had sought support to speak up about these matters from individuals in the trust responsible for helping workers to do so but believed that those they met with did not understand issues from a BME worker's perspective.

The group said that they had asked to speak up about their concerns to the new trust leadership after its appointment in April 2017, but that they only succeeded in obtaining a meeting with them in March 2018. The group told our review that they were very unhappy with the response they received at that meeting, which they said was unsupportive of their views and did not recognise their experiences of discrimination.

The trust informed us that they ceased engaging with the BME network later in 2018. Trust leaders gave us their view on why this had happened. They said they had done this after concluding that, despite trying to engage with BME Network Members, including inviting an external facilitator to help improve working arrangements with BME Network members, the members made it clear that they did not wish to engage in the new ways of working.

BME Network members stated that they wanted the Trust to continue to adopt the previous "Race Equality Strategy Framework" that had been in place in 2016.

In contrast, the trust leaders said it was necessary to find 'a new way of working' to address equality and diversity issues in the Trust because 'the previous approach and strategies to addressing culture and equality issues in the trust had not worked effectively'. They said these failings were evidenced by 'the 2016 CQC inspection report and 2016 staff survey results ...', but that the BME network 'were not prepared to accept' new ways of working.

The BME Network Action Group told our review that this decision meant, in their view, that BME workers in the trust no longer had a voice.

The group's members told our review that they wanted the trust to reverse its decision to exclude the group, reinstating it as the official BME network.

Many members of the action group felt strongly that the new trust leadership had not delivered any positive cultural change in the organisation, in terms of BME issues.

A1. 3 The trust's response to issues raised by BME Network Action Group

We raised the matters described above to the leaders of the trust. In doing so we acknowledged that they could only comment on the handling of those speaking up issues raised since their appointment in April 2017.

In response to allegations of discrimination, bullying and victimisation of BME workers the trust's leaders said they understood that, historically, a poor working culture had existed in the organisation, including the bullying and harassment of workers in minority groups. They highlighted that the trust's culture, particularly in relation to staff belonging to minority groups had been criticised in an inspection report from the Care Quality Commission in 2016.⁸

The leaders said they had agreed with NHS Improvement that tackling these issues would be one of their five key objectives following their appointment.

The leaders added that 'the trust has now adopted a new approach to race equality which is showing improvements for BME staff.' It gave examples to our review of these improvements, which are described in section A4, below.

With regards to allegations relating to the restructuring of a service that was discriminatory in its effects, the leaders said that while the matter pre-dated their appointment, 'no BME staff lost their jobs to non-BME workers' and one BME staff member took voluntary redundancy. It also said that the previous leadership of the trust had undertaken an equality impact assessment before the restructuring process began. The impact assessment was not examined as part of this review.

The trust leaders said that although they no longer recognised the previous BME network, this did not mean, in their view, that BME workers did not have a voice in the organisation. They said that all BME workers were welcome to join the new Workforce and Race Equality Standard (WRES) working group in the trust, which acted as a forum for all staff to contribute to BME matters, including providing views and input relating to policies and training.

With regards to reinstating the former BME network, the trust leaders said that they believed their new approach to equality issues in the trust was working, as evidenced by a more recent staff survey and CQC inspection report and therefore 'it would not be appropriate to go back to an old way of working.'

A1. 4 Identifying obstacles to speaking up

Because of the concerns expressed by those in the BME Network Action Group and other workers that discrimination, against a variety of minority groups, still took place in the trust, we asked its leaders what steps it had taken to identify whether such groups faced obstacles to speaking up.

In response, the trust said that it monitored the existence of such potential obstacles through a variety of routes. Firstly, through its evaluation of the staff survey; secondly through its engagement with minority workers via the networks and action groups; thirdly through conferences, such as the WRES conference in 2017 and the LGBT conference in 2018; and fourthly through social media, where the trust was 'cross-tweeting' with groups such as the LGBT social media group to optimise its presence.

The trust also highlighted that the Freedom to Speak Up Guardian attended staff-group network meetings, in their role as a leader of culture change, to understand potential barriers to speaking up faced by workers. The Guardian then set out plans and ideas to address such barriers in their reports to the trust leadership.

⁸ https://www.cqc.org.uk/sites/default/files/new_reports/AAAF5032.pdf

A2. The views of other trust workers about equality and diversity

We also asked other trust workers, of all levels, for their views and experiences of equality and diversity issues in the organisation. 16 workers referred to historic difficulties relating to discrimination in the organisation, which included prejudice against BME workers and other minorities, including Jewish and lesbian, gay, transgender and bisexual (LGBT) staff.

One senior staff member commented that, historically, 'race issues have been ignored', while another, very senior leader observed about the recent history of the trust that there were 'real, historic issues [regarding race] that needed to be addressed.'

Another worker described historic 'racial tensions' that had existed in the trust and that the organisation's previous leaders had not successfully resolved these.

All 16 commented positively, if cautiously, that things were beginning to improve in terms of equality and diversity in the trust. One staff member observed 'we are on the right track, but we are just at the beginning.' However, many observed that discrimination against workers from minority groups was still common and that the organisation had much more to do to end this.

A3. The views of external organisations about equality and diversity in the trust

The trust's new leaders asked for help in addressing equality and diversity issues from NHS England's Workforce and Race Equality Standard (WRES) Implementation Team. The role of the team is, where requested, to provide help and guidance to NHS services to improve the support they give their BME workforce.

The effectiveness of the support that organisations provide to their BME workers is measured by a range of data, known as 'WRES data' that is discussed further, below. Some of these measures are taken from the NHS staff survey. More information about workforce race equality standards are available via [this link](#).

The team described the support provided to the organisation, including guidance for its board members and workshops on addressing BME issues and commented to our review that the trust leadership 'was doing a really good job' in addressing historic equality and diversity issues in the organisation.

Inspecting the trust in 2018, Care Quality Commission inspectors reported an improvement from their inspection two year's earlier on how staff felt about equality and diversity issues, commenting that 'staff [we spoke to] felt equality and diversity were promoted in their everyday work.' Inspectors also reported that: 'Staff told us that although they had not always felt supported in the past since the new executive team had arrived they now felt confident that they could raise any concerns about staff behaviours towards them...'

For balance, the BME Network Action Group told our review that the CQC report's findings did not reflect their views.

A4. The trust's actions to address diversity and equality issues

We looked at what actions the new trust board had taken to address equality and diversity issues. As mentioned above, the organisation's new leaders had agreed with NHS Improvement that addressing such matters would be one of their key priorities.

We learned from the NHS England Workforce and Race Equality Standard (WRES) team that the trust's senior leaders had contacted them shortly after their appointment in April 2017 to seek guidance and support on improving the working culture for minority ethnic staff. The request led to considerable help from the team.

This included a number of meetings with the trust board to provide assistance and insight on addressing workforce inequality, workshops and training for senior managers on race issues, support for development of the trust's workforce equality action plan, and assistance in setting up a conference in 2018 for trust workers to discuss BME and equality issues.

The conference was attended by over 200 members of staff and led to three workstreams focussing on equality and diversity in relation to communication, recruitment and education. These workstreams are led by the trust chief executive officer and they provide the trust's board with a regular update on their actions as part of the Leadership, Culture and Workforce Programme.

The conference also provided input to the trust's WRES action plan for 2018-2021. All trusts must produce an annual WRES report, in accordance with their contractual obligations to NHS England, stating how they will address race and equality issues among their workforce and meet standards of race equality set by the regulator.

Guidance from NHS England⁹ states that the workforce race equality standard is intended to 'provide a blueprint of what "good" looks like, and through the sharing of replicable good practice on how "good" may be achieved and sustained.'

We therefore looked at trust data from the NHS staff survey relating to those standards, which is set out in the next section below.

The trust's WRES action plan included measures to address racial discrimination in the workplace, to reduce the number of BME staff subject to formal HR processes and increase the representation of BME workers across all Agenda for Change pay bands in the organisation. The need to address these issues in the trust is highlighted in table 2, below.

In addition to working with the NHS England WRES Implementation team the trust leadership also, at the time of our review, signed a collaboration agreement with the British Association of Physicians of Indian Origin (BAPIO) to work together on race equality issues. The signing of the agreement took place during a conference entitled 'Improving Patient Safety by Promoting Equality and Inclusion'. As part of the agreement, the association undertook to provide the trust with support in recruitment, training and the resolution of conflicts relating to race equality.

To continue to address equality issues relating to lesbian, gay, bisexual and transgender (LGBT) staff, in February 2019 the trust held its first LGBT inclusion conference¹⁰, attended by over 300

⁹ <https://www.england.nhs.uk/wp-content/uploads/2017/03/wres-technical-guidance-2018.pdf>

¹⁰ <https://www.bsuh.nhs.uk/wp-content/uploads/sites/5/2016/09/LGBT-2019-conference-programme.pdf>

workers. Its purpose was to discuss LGBT issues in the organisation and how trust staff and its leaders could work together to address them. Included in the conference was an action planning workshop that produced more than 235 ideas about LGBT support and inclusion from staff, which, at the time of writing of this report, have formed part of the trust's LGBT action plan for 2019-2020.

During our review the trust also set up a disability network, in response to workers who asked for this to be put in place. At the time of the writing of this report the network's terms of reference were not yet in place, but we understood its purpose would be to provide a voice for disabled workers to speak up about issues in the trust and to feed into discussions on policies and future plans for the organisation.

The trust provided evidence that the views of minority staff groups fed into the work of the organisation. For example, the human resources and employment policy forum, of which the WRES working group, LGBT network and, more recently the new disability network are members, had reviewed over 20 trust policies, to ensure they properly addressed issues of equality and diversity in the organisation.

In response to analysis of the NHS staff surveys in 2017 and 2018, which highlighted a decline in the numbers of individuals working in facilities and estates who were completing the survey, the trust provided support for staff from this group to speak up, including from the Freedom to Speak Guardian.

Aware that many workers from this group are from overseas, the trust also provided literacy support for those who asked for this assistance.

Equality and diversity training was mandatory for all trust staff.

A5. Data about equality and diversity in the trust

We first set out data relating to the Workforce Race Equality Standard (WRES). This is because, as mentioned above, they are a key indicator of 'what good looks like' in an organisation. We have separated these into those WRES indicators taken from the trust staff survey, followed by those taken from the trust's workforce information.

The 'variance' column in the table below compares the 2018 results with those in 2017. Where the variance is marked in green this shows an improvement from the previous year.

A5. 1 WRES indicators from the NHS staff survey

Table 1

Question	Ethnicity	2016 survey result	2017 survey result	2018 survey result	Variance between '17 – '18	National average 2018
Percentage of staff experiencing, harassment, bullying, or abuse from patients, relatives or public in the past 12 months	White	31%	37%	31%	-6%	28%
	BME	34%	39%	35%	-4%	30%
Percentage of staff experiencing harassment, bullying or abuse from staff in past 12 months	White	32%	30%	26%	-4%	26%
	BME	37%	30%	30%	No change	29%
Percentage of staff believing that the organisation provides opportunities for career progression or promotion	White	82%	85%	88%	-3%	87%
	BME	64%	72%	72%	No change	72%
Percentage of staff experiencing discrimination at work from their manager, team leader or other colleagues the last 12 months	White	8%	8%	7%	-1%	7%
	BME	21%	18%	15%	-3%	15%

A5. 2 WRES indicators from the trust workforce information

As well workers' perceptions from the staff survey to measure race equality, NHS England define five additional indicators of race equality from an organisation's workforce data that, again, compare relative data between white and BME staff.

Below are the summaries for these indicators, obtained from the trust's 2018 WRES report, comparing data from 2017 and 2018. The quotes indicated are taken from that report. Those in green indicate an improvement and those in red a worsening:

Table 2

WRES Indicator	Comparison of 2017 to 2018 results
The numbers of staff working in each of the organisation's pay bands	There was increase in BME representation at some medium and very senior positions, but decreased representation at other bands, including non-consultant grades and other medical positions
The relative likelihood of staff being appointed from shortlisting across all posts	"It would appear whilst there was a steady balancing of outcomes over earlier reports, there now appears to be more of a disproportionate appointment of white candidates."
The relative likelihood of staff entering a formal disciplinary process	The data shows that BME staff continue to be more likely to enter a formal disciplinary process and this gap widened between 2017 and 2018
The relative likelihood of staff accessing non-mandatory training and continual professional development	The results showed that there was an improvement in the relative likelihood of BME staff accessing non-mandatory training, as compared with white staff
The ethnicity of board members	The proportion of non-white board members increased from 2017-2018

A5. 3 Other results from the NHS staff survey relating to equality and diversity and speaking up

Beginning with the 2018 survey, the national results were grouped into 10 new themes, one of which is 'equality, diversity and inclusion'. An overall score for this theme combines results from survey questions about workers' perceptions relating to equal opportunities and discrimination.

The trust's score for this new theme was 8.9, compared with a national average of 9.1. (The lowest score nationally was 8.1 and the highest was 9.6.)

We also looked at questions in the staff survey that relate to speaking up, whether about improvement and change, or the reporting of incidents. Because issues relating to discrimination were central to our referral we also looked at the ethnicity of those answering the survey questions and compared the answers given by BME workers between 2017 and 2018 to help identify whether they felt more confident about speaking up.

We set out the overall answers for these survey questions in table 4 below.

Improvements in BME results are indicated in green and worse results in red:

Table 3

NHS Staff Question	Ethnicity	2016 survey result	2017 survey result	2018 survey result
I am able to make suggestions to improve the work of my team/department	White	72.5%	73.3%	75.9%
	BME	67.4%	71.2%	74.3%
I am involved in deciding on changes introduced that affect my area/team/department	White	50.7%	49.3%	53.7%
	BME	49.0%	52.0%	55.9%
The team I work in often meets to discuss the team's effectiveness	White	48.3%	50.3%	56.5%
	BME	53.1%	58.5%	64.0%
My immediate manager asks for my opinion before making decisions that affect my work	White	49.8%	51.3%	54.9%
	BME	56.8%	58.6%	61.9%
I would feel secure raising concerns about unsafe clinical practice	White	67.4%	66.0%	70.2%
	BME	66.9%	70.3%	71.6%
I am confident that my organisation would address my concern	White	45.4%	45.4%	54.0%
	BME	51.7%	56.4%	57.9%
If you were concerned about unsafe clinical practice would you know how to report it?	White	93.2%	92.6%	93.7%
	BME	92.5%	95.1%	95.1%

My organisation encourages us to report errors, near misses or incidents	White	80.1%	82.0%	86.5%
	BME	82.4%	86.1%	85.8%
My organisation treats staff who are involved in an error, near miss or incident fairly	White	48.8%	48.1%	60.0%
	BME	59.9%	60.4%	66.1%
When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again	White	58.0%	58.8%	66.9%
	BME	63.4%	70.3%	73.7%
We are given feedback about changes made in response to reported errors, near misses and incidents	White	50.7%	50.4%	58.3%
	BME	57.2%	64.3%	68.3%
The last time you experienced bullying or abuse at work did you or a colleague report it?	White	39.3%	41.1%	44.1%
	BME	50.0%	54.4%	50.3%

A6. Trust monitoring of staff engagement

As well as using the staff survey to inform its work on equality and diversity, the new trust board conducted monthly staff surveys to monitor staff engagement and track the effect of its cultural improvements. The results from this survey were then reviewed by the leadership, culture and workforce programme, which set objectives and milestones to address the necessary cultural improvements highlighted by the survey.

Currently, this survey does not enable responses to be analysed according to protected characteristics. Given the state of change in which the trust is regarding diversity and equality, the trust may consider changes to this survey to enable comparisons to be made according to protected characteristics.

A7. Our findings and recommendations

It was clear that the new trust leadership, in accordance with its agreement with NHS Improvement, had made addressing historical equality issues in the organisation a priority.

With regards to ethnicity, this was reflected in the support that the new board sought from NHS England and the ongoing work it has done with its WRES Implementation Team, in particular to produce and deliver its race equality action plan, mentioned above.

The data relating to how the trust was meeting NHS England's race equality standard, (see tables one and two above,) also showed that these actions were beginning to have a positive effect, with the majority of the indicators showing an improvement, including in workers' perceptions about race equality.

To embed these improvements the trust was working closely with its WRES action group, and at the time of our review had just started working with the British Association of Physicians of Indian origin (BAPIO).

Where the WRES data indicated that improvements in the treatment of BME staff were still required, actions to address these issues were set out in the trust WRES action plan. The trust had received continued support from the WRES Implementation Team at NHS England in putting this plan together.

The new leadership's commitment to addressing equality issues was also demonstrated in its engagement and collaboration with LGBT workers in the trust. We also note that the trust's willingness to work with its LGBT workers triggered a significantly positive response from its workforce, not only in the numbers wanting to attend its recent conference, but also in the number of ideas and suggestions from workers it produced.

We also observe that the trust leaders' efforts to make these changes occurred at the same time as facing significant challenges in delivering care and financial management. Because of improvement in these areas, the 'special measures' support provided by NHS Improvement ended (see page 9 above.)

The survey results in table three show the improved experiences of BME workers in relation to speaking up. Out of the 12 survey questions highlighted, the results for nine were better in 2018 as compared with 2017, with two being worse.

While it is clear that the trust's leaders are not complacent, we do reflect that workers and former workers in the trust, including members of the BME network action group, believe that racial discrimination continues to exist in the organisation.

We also note that the trust has not put in place a network for BME workers to replace the one it ceased to recognise in 2018. The trust leadership told our review that it would keep this situation under review, but that it was confident that the new WRES action group provided a supportive and effective forum for BME staff to speak up.

It is not the function of this review to comment upon whether any historic allegations are true. But we do conclude that the organisation should continue to strive to engage with all its workers and ensure that all are free to speak up, especially those who have expressed concern that discrimination remains in the trust.

The small number of results highlighted in red in tables two 2 and three 3 respectively, are an indication that there is still some work for the trust to do to address issues of race inequality.

In concluding our findings on these matters, firstly we commend and endorse the actions taken by the organisation to improve the speaking up culture in respect of minority staffing groups.

Secondly, specifically in relation to BME issues, while we do not make a recommendation about instituting a new BME network, as the trust is receiving close support from the WRES implementation team on such matters, we do suggest that it keeps a watching brief on this issue, given the feelings expressed by some staff about the continued existence of racial discrimination in the organisation.

Thirdly, we observe that, while the trust undertook some additional surveys of its staff to measure cultural change, (see A6 above) these did not identify the ethnicity, or other protected characteristics, of the workers responding to them and therefore potentially missed an opportunity to learn more about those workers' views of their working culture. The trust should therefore consider adapting any future such surveys so that comparisons in engagement levels can be made according to protected characteristics.

Lastly, we do make one recommendation for ourselves in relation to the concern expressed by the BME Network Action Group that those to whom they spoke up in the trust did not understand issues from a BME worker's perspective (see paragraph A1.2.)

It is the responsibility of the NGO to provide speaking up training and training guidance that is supportive of workers' needs. Our current National Foundation training stresses the importance of identifying and supporting the needs of workers from vulnerable groups.

The term "vulnerable groups" is defined to include a potentially broad range of workers including students and trainees, agency and shift workers as well as workers with protected characteristics. However, we will review our training material to ensure that it includes clear messages about the need for Freedom to Speak Up Guardians to consider vulnerable groups in their organisation in the widest sense as well as specifically referencing the importance of considering the needs of BME workers.

Recommendation 1

Within 3 months the National Guardian's Office will take steps to ensure that the speaking up training it delivers and planned national guidance, specifically references the needs of BME workers as a 'vulnerable group' alongside wider considerations of other groups of workers who may encounter particular barriers to speaking up.

B. Overall speaking up culture in the trust

B1. Introduction

As described above, we not only looked at issues of ethnicity and diversity during our review, but also the overall speaking up culture in the trust and the steps its leaders had taken to improve it.

This was because we had previously delayed commencing our review to give the new trust board time to make cultural changes and we therefore wanted to review these actions and the effect they have made.

We have commended those examples of innovation that we found and made recommendations where we have identified that support for workers to speak up can be improved.

B2. Speaking up data

B2. 1 NHS Staff Survey

As shown in table 3 above, the NHS staff survey asks workers for the views on a range of questions related to speaking up culture.

We have divided these questions and their responses into those that relate to speaking up about improvement and change and those that concern speaking up about incidents and concerns.

This is an important distinction. Speaking up culture is not just about whether workers are free to raise matters relating to actual harm to workers or patients, or the risk of it happening. For speaking up to be business as usual, workers should be encouraged to speak up about improvement and change where they work.

The table below shows the results for the latest survey in the trust in 2018, compared with the results in 2017 and the national average from acute trusts. All these results improved and are highlighted in green:

Table 4

NHS Staff Survey Question	Trust 2017 survey result	Trust 2018 survey result	National average in 2018
Speaking up and responding to views about improvement and change			
I am able to make suggestions to improve the work of my team/department	72.1%	75.3%	74.5%
I am involved in deciding on changes introduced that affect my area/team/department	49%	53.5%	52.6%
The team I work in often meets to discuss the team's effectiveness	51.5%	57.2%	58.6%
Senior managers act on staff feedback	22.6%	33.1%	32.4%
My immediate manager asks for my opinion before making decisions that affect my work	52.1%	55.8%	54.1%
Speaking up about and responding to unsafe practices, errors and incidents			
I would feel secure raising concerns about unsafe clinical practice	65.4%	69.4%	69.2%
I am confident that my organisation would address my concern	46.2%	54.4%	56.8%
If you were concerned about unsafe clinical practice would you know how to report it?	92.4%	93.5%	94.2%
My organisation encourages us to report errors, near misses or incidents	81.8%	86%	88%
My organisation treats staff who are involved in an error, near miss or incident fairly	49.4%	60.7%	58.5%
When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again	59.6%	67.7%	69.9%
We are given feedback about changes made in response to reported errors, near misses and incidents	51.5%	59.5%	58.9%
The last time you experienced bullying or abuse at work did you or a colleague report it?	42.7%	45.1%	44.2%

The last time you saw an error, near miss or incident that could have hurt staff or patients/service users, did you or a colleague report it?	93.8%	95%	95%
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Another important indicator of the working culture in a trust, as measured by the NHS staff survey, is the 'staff engagement score'. This is calculated by combining the survey results relating to staff levels of motivation and satisfaction, workers' perception of their involvement in the organisation and their willingness to be an advocate for it.

The engagement score in trust had improved from 6.5 in the 2017 survey, to 6.9 in the 2018 survey. The national average for acute trusts in 2018 was 7.0.

B3. Published data about cases raised to the trust's Freedom to Speak Up Guardians

The National Guardian's Office asks Freedom to Speak Up Guardians in all trusts and foundation trusts for information on Freedom to Speak Up cases raised with them.¹¹ The office publishes the majority of this data. In line with the expectations of the office, the trust Guardian included this data in regular reports in person on speaking up culture to the trust board. The FTSU Guardian also seeks feedback from workers who they have supported to speak up and, where possible, collects demographic information on the workers who have spoken up.

This data is not intended to reflect the full picture of speaking up in a trust. There are many routes for workers to raise matters, whether through incident reporting mechanisms, via their line manager or educational supervisor, or directly to an executive or non-executive director amongst others. However, there may be occasions where none of these routes are suitable and a worker seeks an alternative route.

¹¹ <https://www.cqc.org.uk/national-guardians-office/content/speaking-data>

The most up-to-date results at the time of writing of this report, for the period between April 2017 – December 2018, are below:

Table 5

	Total cases raised	Raised anonymously	Element of patient safety	Element of bullying and harassment	Staff report suffering detriment for speaking up
2017-2018					
April - June	15	1	9	7	2
July – Sept.	15	1	11	10	0
Oct. – Dec.	12	0	5	8	0
2018					
Jan. - March	9	0	3	1	0
April - June	14	0	7	2	0
July – Sept.	13	1	6	6	0
Oct. – Dec.	15	0	5	4	3

B4. Staff views on the trust culture

During our review we met with 78 workers, either in face-to-face interviews, or in forums where we met groups of workers together. We were able to ask most of these workers for their personal views on the speaking up culture in the trust, including on whether they believed it had changed since the appointment of the new trust board in April 2017.

The majority of those who expressed a view (approximately 35 workers) were generally positive about how the culture of the organisation had changed. One commented that there was a new focus on improving the speaking up culture, which also had the effect of 'putting patients first'. Another worker described the trust as 'moving in the right direction.'

Several workers spoke positively of the 'patient first' system for supporting workers to raise issues and collectively resolve them in the services where they worked. There is more about this process below.

There were also many compliments for the role of the trust Freedom to Speak Up Guardian and the additional support it provided for workers to raise matters. One commented: 'I feel confident to speak up now because I know there is someone there to support me.'

Another explained that they had experienced bullying and threatening behaviour from a colleague and 'was on the verge of going off sick, but once they contacted the Guardian meetings with HR were arranged that led to the resolution of the matter and an apology from their colleague'.

However, five workers we spoke to either expressed some confusion about the role's purpose or had never heard of it before. Two commented that they thought the Guardian was only there to support medical staff about patient safety issues.

More information is provided in this report about the role of the Freedom to Speak Up Guardian in section C below.

Not all workers comments were positive. Three expressed the view that the service where they worked was 'very 'cliquey', with a culture of 'favouritism and cronyism'. Another, who worked with many staff members across the organisation, said that there were ongoing issues with the 'culture of individual managers [who consistently fail] to set a good example when handling speaking up'. One worker, who asked to remain anonymous, commented that whenever their colleagues spoke up they 'were shouted and sworn at'.

A common concern expressed to our review, from workers of all levels in the organisation, was the cultural improvements were far from complete and that the leaders in place since April 2017 would leave before this was done. One worker observed that the new construction programme at the site 'was a symbol of hope', but if the leaders left 'the improvement in morale would be lost'. Another commented that a previous lack of leadership stability in the organisation 'in the past few years was incredibly de-motivating' and that further leadership turnover would have the same effect.

Workers also identified that in addition to 'fragile' improvements staff were also currently working under great pressure, particularly because of the shortage of resources in the organisation and this in turn put the working culture under stress.

We asked all workers we met about what more they thought the organisation could do to improve the speaking up culture. A common response was that workers needed more training to have 'difficult conversations' with each other, both from the point of view of speaking up about matters likely to cause disagreement and in respect of how those matters should be handled, especially by line managers.

One senior trust worker, observing that those in supervisory roles needed more support to better handle speaking up issues commented '... there has been a gap in training and skills development in the organisation'.

We make more observations about training in section C below.

B5. Actions to improve the speaking up culture

B5. 1 Patient First Programme

Trust leaders cited their most significant improvement action was the 'Patient First Programme'. This is described as "a long-term approach to transforming hospital services for the better, through improving, re-designing, standardising and empowering." The programme was first rolled out at Western Sussex Hospitals NHS Foundation trust before that trust formed a partnership with Brighton and Sussex University Hospitals trust (in April 2017).

The Western Sussex website¹² states the programme is 'based on proven improvement methodologies, most notably the principles of 'kaizen' (or 'continuous improvement') and the 'lean approach' to management developed by the Toyota Motor Company and adapted successfully for use in healthcare by organisations such as the Virginia Mason Medical Center and Thedacare.'

¹² <https://www.westernsussexhospitals.nhs.uk/your-trust/performance/patient-first/>

The principal element in the programme which supported workers to speak up was 'improvement huddles.' These were meetings comprising of any workers or patients who wished to attend with the purpose of raising and discussing issues, of any nature or size, to find solutions and identify improvements.

The team responsible for delivering the programme to different services in the organisation also had a role in sharing the learning from the different huddles across the trust. In addition, teams were invited to share their respective learning by attending regular 'lunch and learn sessions'.

During our review, we attended an improvement huddle on a ward in one of the trust's services where the programme had been rolled out. All 11 staff members attending the huddle spoke positively about them. They explained the huddles took place three times a week and were attended by workers from all parts of their service and of all levels of seniority.

At each meeting workers spoke up about and discussed subjects on the 'improvement huddle board' that both workers and patients in the service were free to post. Matters raised were divided into different categories, including 'quick wins' 'improvement ideas' and 'work in progress'.

Where able, individuals raising matters were encouraged to put their name to the matter they had posted and to lead on its resolution, though the managers present noted that this was not always practical. An example was given of an improvement outcome from a recent huddle on the ward. An issue was raised by a worker concerning violence and aggression from patients. The improvements put in place led to policy and procedural changes and a reduction in incidents.

Away from the ward we visited we asked other trust workers about the effect on speaking up of the improvement huddles. Responses were generally positive. We also noted that one staff member was keen for the programme to be extended to their service. The trust had a timetable to roll it out to further parts of the organisation.

B5. 2 Governance oversight of incidents

The trust leadership had implemented new governance processes to help deliver more effective responses to low, moderate and severe clinical incidents reported by workers. Those incidents categorized as 'moderate' or 'severe' were monitored by a group of senior trust managers, to ensure the services where they were raised properly responded to them, as well as identifying appropriately independent people to conduct any investigations.

Monthly meetings of senior trust staff also took place as part of these processes to oversee the outcomes of investigations and to identify learning from them. Learning was then shared at team level, including at multi-disciplinary team meetings. Mechanisms were also in place to ensure that the individual workers who reported the incidents received feedback, including an email sent to the worker concerned, detailing the findings and lessons learned, once the investigation into the matter was complete.

B5. 3 Speaking up policy

To support its workers to speak up the trust had a policy entitled 'Freedom to speak up: raising concerns (whistleblowing) policy and procedure'. The new leadership issued a revised speaking up policy in March 2018 based on national guidance from NHS Improvement¹³, as part of its cultural improvement work. Our colleagues at NHS Improvement commented on the trust's policy as follows:

- **General comments**

'Overall, the tone and language is good, with really helpful and practical info in the appendices – particularly the flow chart and tips for managers. The policy gets to the point of things fairly quickly.'

- **Suggestions to improve language and terminology**

- Remove the comment "*whistleblowing has been the subject of much adverse attention*" as this could potentially dissuade workers from speaking up
- References to speaking up "*in good faith*" and "*in the public interest*" are references to the Public Interest Disclosure Act, but such references are 'unhelpful and are best avoided.'
- The message "*Seen Something – Say Something*" – is 'really good'. Can it 'be highlighted even more prominently?'
- The reference to "*hate crime*" should be removed as 'staff cannot be expected to know what the definition of that is and only the police can investigate crime'
- An explanation of the difference between confidentiality and anonymity 'could be helpful'
- The policy should include contact details for individuals referred to in the policy 'as and when they are mentioned'
- The policy implies that there will be circumstances where it's inappropriate for a worker to speak up to an outside body, 'but this is not helpful, since staff can do this if they choose.'
- The policy refers to staff accessing "*independent advice*", without explaining where this could come from
- The policy does not explain the difference between an informal review, an internal enquiry and a formal investigation
- The undertaking in the policy that workers who speak up will receive an agreed summary of the issues raised is 'good'
- The wording of the policy suggests that the trust Freedom to Speak Up Guardian only presents their reports about the culture and the cases they have supported to a committee of the board, rather than in person to the full board. This should be changed to reflect the fact that the trust Guardian does present their reports in person to the full board, as required by guidance from NHS Improvement¹⁴, in addition to the board quality and risk committee

¹³ https://improvement.nhs.uk/documents/2468/Freedom_to_speak_up_guidance_May2018.pdf

B5. 4 Speaking up self-assessment tool

As part of its guidance on speaking up for trust boards NHS Improvement provides a self-review tool¹⁵ to 'enable boards to carry out in-depth reviews of leadership and governance arrangements in relation to FTSU and identify areas to develop and improve.'

At the time of our review the trust had recently completed a self-assessment that highlighted several improvements it needed to make to its speaking up arrangements. The board had set out actions to achieve these improvements. These actions included:

- Regular meetings between the trust Freedom to Speak Up Guardian, HR staff and managers responsible for overseeing the handling of reported serious incidents to ensure workers raising issues were properly supported and to identify issues, challenges and improvements in supporting speaking up
- Analysis of the results of the 2018 staff survey in the trust (published at the time of our review) to identify opportunities for learning and improvement
- Strengthen the messages in 'Patient First' training so it describes 'a clear expectation that all staff have a role in speaking up to enable continuous improvement'
- Build management skills in crucial/difficult conversations to grow confidence in managing and dealing with issues of any type as they arise

B5. 5 Gap analysis of previous NGO case review recommendations

In line with guidance for boards on speaking up produced by NHS Improvement and the NGO, trusts should undertake gap analysis of recommendations made in previous published reviews. At the time of writing, we have made over 80 recommendations to improve support for workers to speak up, most aimed at NHS trusts and foundation trusts.

During our review we saw that the trust had undertaken quite detailed analysis of our recommendations and had identified some areas where it needed to take action to implement our findings but had not yet made any plans to undertake those actions.

B5. 6 Obtaining data about speaking up culture using exit interviews

Trust leaders we spoke to said they were considering using exit interviews with staff leaving the organisation to obtain potentially valuable insights about workers' views on the trust's speaking up culture. All workers leaving the trust were offered an exit interview.

In common with exit interviews used in other NHS trusts, (as well as other sectors) workers leaving the organisation were able to provide information about their experiences about working in the trust by completing a questionnaire. Workers could also request a face-to-face interview with a member of organisation's HR team to provide this feedback. In some areas of the Trust where there were retention issues face-to-face interviews were offered to all workers.

The trust used information gathered from its exit interviews to inform the work of one its cultural workstreams, which reported to the board on cultural issues and how the organisation should address them.

¹⁵ <https://improvement.nhs.uk/resources/freedom-speak-guidance-nhs-trust-and-nhs-foundation-trust-boards/>

A senior leader said that the trust was considering adding questions to the questionnaire to gain additional insights into workers' views into the speaking up culture and any obstacles to speaking up they believe they faced to help contribute to this cultural improvement work.

In the 12 months prior to our review 42% of workers leaving the organisation took part in an exit interview.

B6. Our findings and recommendations

There was clear evidence that the speaking up culture of the trust was improving.

Firstly, this was evident from the 2018 NHS staff survey, which showed positive changes in responses from workers, compared to the 2017 survey. For example, there was a 4-percentage point improvement in how secure workers felt raising concerns about unsafe clinical practice, an 8-percentage point improvement in the numbers reporting receiving feedback about concerns raised and an 11-percentage point increase in those saying they would be treated 'fairly' for speaking up about such matters (see table 4 above.)

Secondly, a large proportion of the total number of workers who expressed a view on the culture of the organisation said that it was beginning to improve, and many cited the actions of the new trust board, since their appointment in April 2017, as the primary cause for those positive changes.

Thirdly, the Care Quality Commission's evaluation of the trust's culture in its 2018 inspection report, which mentions the role of the Guardian, (though without describing the speaking up culture in detail) referred to a wholly improved working culture from its previous inspection in 2016.

There was anxiety among many workers we spoke to, at all levels across the trust, that the new trust leaders might leave the organisation before the improvements they had started were completed. Adding to this anxiety was uncertainty about what would happen once the management agreement finished in April 2020.

We therefore recommend that once NHS Improvement reaches a decision with the two trusts and any relevant stakeholders regarding the future leadership of the organisation, to mitigate the anxiety that we found during our review, this decision is communicated to all trust workers without undue delay.

Recommendation 2

As soon as is practicable, following the decision regarding the future leadership of the organisation, the trust should inform its workforce of that decision.

We saw evidence that workers were positive about the Patient First programme and saw it as an opportunity to speak up to deliver change, about a myriad of issues, big or small.

We observe that such open forums may not always be the appropriate place for workers to speak up about all issues, for example those relating to the conduct of their colleagues. On its own, this programme also cannot provide a solution to all the barriers to speaking up that an organisation may need to tackle, but instead can form part of an integrated and holistic solution to such issues.

The governance framework around responding to medium and serious clinical incidents reported by workers, included clear oversight to ensure prompt and independent investigation of those incidents. It also described processes to provide feedback and learning about actions taken in response to incident reports to specific staff groups, as well to the individuals who reported them. Providing feedback to workers who speak up is an important element in positive working cultures.

As discussed, the trust had implemented a new speaking up policy to reflect the principles and values set out in the standard policy for the NHS. The review of the trust's policy by NHS Improvement was largely positive and we recommend to the trust that it makes the amendments they have set out above.

As the trust has already identified in its gap analysis of our case review recommendations for Nottinghamshire Healthcare NHS trust¹⁶ the need to alert staff to potential policy changes, we do not make an additional recommendation in this regard.

Recommendation 3

Within 12 months the trust should revise its speaking up policy, to ensure it is in line with the amendments required by NHS Improvement quoted in this report.

As set-out in the joint NGO and NHS Improvement guidance on speaking up for boards, the trust had undertaken gap analysis of our previous case review recommendations but had not taken steps to implement the completed analysis. We therefore recommend that the trust completes this work.

Recommendation 4

Within 6 months the trust should take all appropriate steps to implement the actions identified in its gap analysis of National Guardian Office case review recommendations.

We commend the trust's plans to use its exit interviews as a source of additional information about what workers leaving the organisation feel about its speaking up culture. This data will not only potentially provide valuable insight into workers' views, in addition to staff surveys, but revising the exit interview at this point will also provide a helpful baseline from which the trust can measure the effect of its cultural improvement work.

¹⁶ <https://www.cqc.org.uk/sites/default/files/201801107-Nottinghamshire%20Healthcare%20NHS%20Foundation%20Trust%20A%20review%20of%20the%20handling%20of%20speaking%20up%20cases.pdf>

C. Supporting good practice

C1. Introduction

In this section we set out information about how the trust was specifically supporting good practice in speaking up and our findings and recommendations in relation to that work.

C2. Freedom to Speak Up Guardian

As required by its contract¹⁷ with NHS England, the trust had appointed a Freedom to Speak Up Guardian to support workers to raise matters. In accordance with guidance from the National Guardian's Office¹⁸, (that is included in the principles described below,) the trust provided protected time to the Guardian to perform their role.

As indicated by table five, since their appointment the Guardian was providing support to workers who were speaking up about a variety of issues.

C2. 1 Good practice we found – based on the principles from the 2017 Freedom to Speak Up Guardian Survey

We identified examples of good speaking up practice relating to how the trust had implemented the role of the trust Freedom to Speak Up Guardian, based on the principles we set out in our survey of Guardians in 2017.

-
- **Fairness** - the Freedom to Speak Up Guardian in the trust was appointed following a fair and open recruitment process, which included advertising the post externally
 - **Conflict** – the Guardian did not have any conflicts of interest in respect of their role
 - **Reach**– in the absence of the Guardian, and to provide an alternative route to speaking up, workers were able to seek support from the Guardian in the neighbouring NHS trust that had formed a partnership with Brighton and Sussex.

At the time of our review the trust had also begun developing a network of cultural ambassadors. Their role included modelling behaviours that representing the values of the organisation. They could also signpost workers wishing to speak up to sources of support. Ambassadors were appointed from across different teams and levels of the trust, following nomination by their colleagues in recognition of their work. They were recognised as demonstrating their ability to role model the values of the organisation.

¹⁷ <https://www.england.nhs.uk/wp-content/uploads/2019/03/7-SF-GCs-1920.pdf>

¹⁸ https://www.cqc.org.uk/sites/default/files/20170915_Freedom_to_Speak_Up_Guardian_Survey_2017.pdf

- **Communication**– there was a communications strategy to communicate the role of the Guardian across the organisation, including:
 - via the trust internal communication system
 - for new workers on induction
 - in weekly staff bulletins
 - through speaking engagements given by the Guardian to a variety of staff groups
 - posters advertising the role across the organisation

At the time of our review the Guardian was also undertaking a 'roadshow' to visit all services across the widely dispersed trust to meet workers and describe the purpose of their role.

- **Partnership** – the Guardian attended regular meetings of different parts of the organisation to help develop working partnerships with key staffing groups involved in cultural change, including diversity networks, colleagues from the trust's HR department and the 'leading change' working group to discuss how the organisation should respond to the results from the staff survey.

At the time of our review the Guardian was also planning to attend further such regular meetings with the Guardian of Safe Working Hours and the new disability network.

- **Leadership** - The Guardian had access to all trust leaders, including regular meetings with, and direct supervision from, the trust chief executive officer
- **Openness** – The Freedom to Speak Up Guardian reported regularly to the trust board, as well as executive committees of the board, on their work, providing information on the numbers and types of cases they were supporting workers to raise and the themes arising.

Their reports also included analyses of the data on those cases and recommendations for action for the board in response to that analysis. The reports' content was in accordance with guidance from NHS Improvement

- **Feedback** - the Guardian sought feedback from all individuals they had supported to speak up regarding their performance, to help them identify learning and improvement
- **Time** – the trust provided the Guardian with 2.5 days per week of protected time for them to perform their Guardian role.

At the time of our review the trust was looking at whether to increase this allocation. Its leaders said they would consider a range of factors before reaching a decision, including the current workload of the Guardian, the number of cases raised with them and the overall needs of the workforce

C3. Having 'difficult conversations'

As described earlier in this report (see paragraph B4,) many workers told our review that an area for potential improvement in the speaking up culture of the trust was improving the ability of staff, particularly those in managerial and supervisory roles, to conduct and respond to 'difficult conversations'. This can be a key challenge in responding to speaking up effectively, particularly where messages are given that do not want to be heard.

The trust was aware of the potential need to provide training in this area and at the time of our review a meeting between senior trust managers to consider whether such training might be provided was held. At the time of writing of this report the trust told us that in this meeting 'there was a positive appetite to take forward [these ideas and] next steps are being prepared.'

C4. Our findings and recommendations

The role of the Guardian was implemented in accordance with the principles set out above, which included communicating the role using a variety of channels, including those directed at reaching vulnerable workers. However, as noted above (see paragraph B4) some workers were either ignorant of the role, or misunderstood its purpose, believing it to only support workers to speak up about clinical or patient safety concerns, whereas the role of Guardians is to support workers to speak up about any matters that are important to them.

The 'roadshow' mentioned above, to help raise awareness about the Guardian is something we commend, particularly given the dispersed geographical nature of the trust and the confusion that appears to exist around the role, albeit among a small minority of those we spoke to. Nevertheless, given the vital function played by the Guardian in any trust's culture, we recommend that, following the completion of the roadshow, the trust also takes appropriate steps to test the awareness and understanding of its workers about the role.

Recommendation 5

Within 6 months of the completion of its roadshow to promote the existence and purpose of its Freedom to Speak Up Guardian across its workforce, the trust takes appropriate steps to measure the effectiveness of its communications strategy relating to the role.

Recommendation 6

Within 12 months the trust completes the work it identifies as necessary to help ensure that workers, in particular those responsible for responding to speaking up matters, have the appropriate skills to handle difficult conversations.

The development of the cultural ambassador role, described above, was a further example of the actions being taken by the trust to improve the working culture in the organisation.

It was clear that that trust sought to appoint a diverse range of ambassadors including from different parts and levels of the organisation, although there was no information on how the ambassador programme would take account of the demographics of the organisation.

From our 2018 Freedom to Speak Up Guardian survey¹⁹ we have recommended that trusts consider the demographics of their workers when appointing guardians and champions. An element of the ambassador role, as described by trust, reflects that of champions in other organisations, namely to promote positive cultural values and to signpost workers to sources of support to resolve issues.

Given the issues already identified in this report concerning equality and diversity this is an opportunity for the trust to ensure that there is appropriate representation of ambassadors that will meet the needs of the entire workforce.

Recommendation 7

Within 6 months the trust should take reasonable steps to ensure that its network of cultural ambassadors reflects the diversity of the workforce that it supports.

What will happen next

An action plan from the trust to implement our recommendations

Following publication of this report, NHS Improvement, which is the regulator in England for NHS trusts and foundation trusts, will ask the trust to produce an action plan to implement our recommendations, within the timescales we have set.

It is the NGO's expectation that NHS Improvement will ask trusts to publish their action plans. Once the trust puts their plan into effect NHS Improvement will monitor the trust's implementation of that action plan and will provide the NGO with updates regarding its progress.

Where there is evidence that the trust has not taken effective actions to implement our recommendations we will expect NHS Improvement, as well as Care Quality Commission inspectors, to take appropriate steps to address this.

Our response to individual contributors to our review

The National Guardian's Office will contact those individuals who have spoken up to our review, thanking them and providing feedback to them on how their experiences have been reflected in this report. We will also ask them for feedback on their experience of how we have conducted this review.

In addition, we will contact staff who spoke to us individually during the review to confirm whether they have subsequently experienced any detriment for speaking up. Where they tell us this has

¹⁹ https://www.cqc.org.uk/sites/default/files/20181101_ngo_survey2018.pdf

taken place we will refer any such cases to the trust and, if necessary, regulators to take appropriate action.

Other NHS trusts' responsibilities to implement our recommendations

As described on page four of this report, we expect all other NHS trust boards in England, in accordance with the guidance we have co-produced for them in collaboration with NHS Improvement, to implement this report's recommendations in their own services, where it is appropriate to do so.

Feedback to help improve our case review process

To help us improve our process we welcome feedback from all readers of this report. Please send your comments to: casereviews@nationalguardianoffice.org.uk

Annex – summary of recommendations



The recommendations arising from the case review are listed below.

They are grouped according to when we recommend the work is completed by the body in question to implement each recommendation.

Recommendations to be completed within three months

Recommendation 1

Within 3 months the National Guardian's Office will take steps to ensure that the speaking up training it delivers and planned national guidance, specifically references the needs of BME workers as a 'vulnerable group' alongside wider considerations of other groups of workers who may encounter particular barriers to speaking up.

Recommendation 4

Within 3 months the trust should take all appropriate steps to implement the actions identified in its gap analysis of National Guardian Office case review recommendations.

Recommendations to be completed within six months

Recommendation 5

Within 6 months of the completion of its roadshow to promote the existence and purpose of its Freedom to Speak Up Guardian across its workforce, the trust takes appropriate steps to measure the effectiveness of its communications strategy relating to the role.

Recommendation 7

Within 6 months the trust should take reasonable steps to ensure that its network of cultural ambassadors reflects the diversity of the workforce that it supports.

Recommendations to be completed within twelve months

Recommendation 6

Within 12 months the trust completes the work it identifies as necessary to help ensure that workers, in particular those responsible for responding to speaking up matters, have the appropriate skills to handle difficult conversations.

Recommendation 3

Within 12 months the trust should revise its speaking up policy, to ensure it is in line with the amendments required by NHS Improvement quoted in this report.

To be completed as soon as it is practicable

Recommendation 2

As soon as is practicable, following the decision regarding the future leadership of the organisation, the trust should inform its workforce of that decision.
