

Item 2.iii

Report to:	Board of Directors	Date: 5 June 2025
Report from:	Tony Bottiglieri, Freedom to Speak up Guardian	
Principal Objective/Strategy:	To inform the board of progress on Speaking Up Service	
Title:	Freedom to Speak Up Guardian annual report 2024-2025	
Board Assurance Framework Entries:	Staff Engagement Patient Safety	
Regulatory Requirement:	Recommendation from Francis Review 2015. Governance – Well-led Framework Workforce	
Equality Considerations:		
Key Risks:	Staff do not feel confident to speak up and raise concerns	
For:	The Board are asked to receive and discuss the report from the Trust's Freedom to Speak Up Guardian (FTSU)	

1. Purpose/Background/Summary

In line with the recommendations of the Freedom to Speak Up Review (Francis, 11.2.15) and NHS contract requirement, the Trust has Freedom to Speak up Guardian (FTSU G) who took up post in August 2018. This annual report covers the period April 2024 to March 2025. The report is intended to inform the board of progress and of key issues reported to the FTSU guardian during this period.

2. Key Items

1. Context and background

In line with national recommendations, the Board of Directors is to receive a yearly report on Freedom to Speak Up. This report covers the period as set out above (2024/25).

During this period, the post holder undertook duties and responsibilities as laid out by the post profile and in accordance with national guardian office guidance. Midyear changes saw the post increase from 24hrs per week to 1WTE, effective from 15.07.2024 (following an authority to request investment application).

Progress to date

As with previous year's annual reporting, a notable and most recognisable trend is the steady increase of staff coming forward and speaking up on issues of concern (table 1). Incidents continue to increase year on year. The past four years (2021-2024/25) have seen the incident base grow from 105 to 156 for year 2024/25, with a mean of 132. National Guardian Office changes to reporting (*NGO reporting guidance, 2024*) the category of cases have added *inappropriate behaviour*, with further guidance to guardians to use all categories that apply for each case, for example, a case may have several categorical elements. This has seen the category index issue of inappropriate behaviours replacing bullying/harassment as the most reported concern by Royal Papworth Hospital staff.

Taken together, the issue of staff-on-staff behaviour dominates incident reporting in 2024/25. Of the 156 reported incidents, both categories accounted for 91 incidents.

In considering the cultural context in which poor behaviours are discouraged or maintained, data from the NHS Survey (2024/25) has mirrored similar aspects and behavioural trends with some appreciative improvements also. Recognising that work is underway to help develop a more inclusive leadership culture, another concern reported for 2024/25 is the category of *worker safety*. First added as a category in 2021/22 (no 7), this appeared in 41 incidents (2024/25). The trend is unfortunate; a small proportion of staff are increasingly feeling unsafe in the workplace, a growing concern given our drive towards making the place of work a safe and supportive environment.

To note, one of the questions often asked is whether an increase in incidents suggests either a worsening or improving picture, clearly not a binary issue. There are several contributing/compounding aspects which makes this a difficult question to answer. Deliberations about this are often cited by other FTSU G's, as well as debated by our own board and other trust senior leaders. As the trusts FTSU G, there is no doubt that a profile which indicates year on year increase might be considered disappointing, however, I believe that what this suggests at the very least is increasing confidence in speaking up, with an equal confidence/belief that their issue will be taken seriously. This is reinforced by the year on year increases that most staff respond in the affirmative when asked if they would speak up again. For example, of the 115 staff who responded to this question (2024/25), 82 said either *yes* or *maybe*.

As foreground, the national picture is one of a challenging NHS workplace setting. The report by Dr Jayne Chidgey-Clark (National Guardian for the NHS) (2023/24), although awaiting publication of national guardian's annual report (2024/25), stated over 30,000 cases were handled by FTSU Gs across England, an increase of 27.6% on the previous year (2022/23). As depicted for Royal Papworth Hospital, categorical trends are similarly reflected nationally. Increasing confidence in speaking up with growing frustrations that issues raised continue without change, poor behaviours being tolerated and staff safety also emerging as a concern.

At Royal Papworth Hospital, during the reporting period, a predominant reason for accessing the FTSU G has been to what some have described as "last resort" where, as mentioned, increasing frustrating apathy with a continuing issue, either intentionally or otherwise which has not been addressed. In some cases, staff believe this is because of who they are, that they see themselves as a less valuable employee and hitherto that the issue is less important to the trust. Some staff also suggest the existence of a discriminative association. Capturing case data which discerns the Equality Act (2010) protected characteristics is not required by the national guardian office, something which will inform future reporting profiles whilst ensuring staff anonymity.

What has also been notable is the increasing sense of cynicism which that frustration shapes the reason for speaking up. Although made clear in all interactions with those who seek to speak up, staff are encouraged to report concerns to their immediate line managers (where this is appropriate and safe to do so). Aware that we are embarking/investing on further leadership and management development for our managers, and timely because of the many issues raised through the FTSU G service which directly speaks to this. Situations where issues can be resolved quickly and early become an embedded concern effecting a growing number of individuals when not tackled early and quickly. In some cases, waiting for the right time to have that difficult conversation has been superseded by awaiting to amass a significant number of issues before constructing a meeting under informal parts of a process, leading to a deflated individual. Several of these inform my 1:1 conversation with senior leaders. It may be that the frenetic nature of NHS leadership in addressing service delivery and patient waiting times is changing the focus of responsibilities away from managing inappropriate behaviours. Cited in last year's report, it still holds, that in paraphrasing Lewis and Kline (2019), there is a continued need for us all to be more curious and to not look away. The need for civility is always encouraged.

As Dr Jayne Chidgey-Clark (National Guardian for the NHS) highlighted in her annual report to Parliament (6.03.25)

"Culture is a patient safety issue. Every interaction – whether patient, family member, colleague or consultant – makes a difference to lives and outcomes."

Requests for workshop support to help gain better insights into incivility and micro aggressive behaviours and attitudes continued across 2024/25. Several depts have made use of this provision with positive evaluations. More formal provision was made available to one service division. Other service areas outside of this have requested bespoke workshops, where leaders seek to inform and educate staff towards improving behaviour within their service areas. In some cases, workshops have led to staff speaking up on a concern where previously this may not have happened. Workshops have also generated interest in staff becoming FTSU champions. There have also been occasions where a workshop is requested to address a particular concern for poor behaviours within the commissioned area as opposed to addressing the issues through line management.

Support for speaking up has also been encouraged by our Freedom to Speak Up Champions. The year has continued to promote uptake of this role, where increasing numbers regardless of staff location is evident. However, a more progressive approach for 2025/26 will be to encourage uptake based on FTSU champion location to align with location-based indications of speaking up issues and concerns. Alongside this has been a proactive stance taken by some service leads in promoting speaking up, constructed into formalised agenda items where themes are shared whilst noting the requirements to remove identifiable features associated with themes appearing. This is something that needs building on to help across all leadership teams. Link to the FTSU G provision/access support site <https://staff.royalpapworth.nhs.uk/safeguarding-freedom-to-speak-up>

The year has included engagements with a host of trust activities and developments which further enhanced the value and importance of speaking up. The increase in allocated time to perform this role has enabled greater involvement/participation with policy developments and working groups.

Some examples: supporting the review and development of our Abuse, Violence and Aggression policy; membership of the Sexual Safety Task & Finish group; guidance into the Trans procedure masterclass and several others. There is positive construction of many policy initiatives where we can draw from issues and concerns that staff speak up about. There has also been the ongoing engagement with our trust networks so that the same approach may support the generation of ideas from concerns into service delivery and policy initiatives (LGBT+; Disability and Difference and Working Carers; Race Equality; Women's).

I am also pleased to report that my request for administrative help made in 2024 has been accommodated, providing 5 hrs per week assistance. This is dedicated through the Workforce department, unlike previous years where I was dependent upon sporadic arrangements, this is now consolidated. NHS guidance through the National Guardian Office encourages trusts to provide FTSU G's with administrative support. I am very pleased and appreciative for this accommodation given the lack of provision afforded to my fellow guardians both regionally and nationally. Administrative assistance was created in March 2025 and is now established, helping with many aspects of the FTSU G role, reaching into supporting the network of FTSU Champions and undertaking planning and organising tasks. Administrative guidance and access to confidential folders including communication processes have now been set up, with conforming and assuring data protection management.

On going encouragement to speak up

There has been a continuation of methods used to make staff aware of the speak up service across 2024/25. Our evidential experiences suggest that staff are aware of the service, and how and who to contact. Presence into all service areas, including Kingfisher House has not been undertaken with the same level of frequency as in previous years. Feedback from champions and other staff suggest that some methods are less helpful albeit recognising the value and importance of being visible and accessible. For example, walkabouts pose problems for some staff as they do not confer privacy and/or anonymity. This was highlighted in 2023/24 where concerns were raised by some staff feeling uneasy if seen speaking to the FTSU G. A more popular and supportive method will be to make available more drop-in sessions throughout 2025/26, so that staff can be issued with a timetable of open drop-in times which do not require pre-booking. A tried and tested method in 2024/25 was the use of timetabled Ms teams calendar support provision for our FTSU champions. I have been able to

check in with champions on a more regular basis whilst also continuing with the planned programme champion business meetings across the year. I am hoping to roll out a similar programme of timetable Ms teams options for staff in 2025/26 - to assist with improving access to the speak up service.

Another noticeable success in speaking up is the Waterbeach accommodation residents/tenant's forum. This was instigated in 2023/24, encouraged by the FTSU G and supported by the accommodation manager. The forum provides tenants and landlord with the opportunity to discuss and explore issues of relevance through an agreed business agenda. Attendance is open and uptake irregular. However, there exists a core group of attendees as representatives who bring/table items for discussion. Minutes and actions are circulated to the tenants via email. Royal Papworth Hospital staff (as tenants) also use the opportunity outside of the forum to raise concerns related to their accommodation with the FTSU G. I am pleased to promote the excellent work undertaken by the accommodation manager in this endeavour, thank you.

Unfortunately, activities to support profiling national speak up month (October 2024) was not undertaken. Pressures surmounted through demands of day to day speak up issues made accommodating provision for this activity extremely difficult. With increasing champions and access to substantive administrative support, I look forward to supporting national speak up month in October 2025.

Investment towards increasing methods of raising a concern by staff has also resulted in the provision of the anonymity reporting platform. Concerns that some issues are extremely difficult to raise and speak up on, due in part to the highly sensitive nature of the issue/concern. Cases reported anonymously is a reported category within the national guardian reporting requirements. More importantly is our duty to support and prevent sexual harassment, building upon the NHS sexual safety principles (NHS, 2023), and the duties within the Equality Act (2010) amendments 2023. The platform is provided by workinconfidence.com and ensures encryption of information throughout the two-way email communication-based conversation. The platform is due to launch w/c 9th June with launch promotion throughout this week.

Summary of the actions /commenced/completed/recommended April 2024 - March 2025

- Ongoing recruitment of FTSU Champions
- Increasing working hours to 1 WTE – to fulfil the role and provision of FTSU G.
- Enhance flexible working to aid access to FTSU G for twilight and night staff
- Administrative support for the role, function and delivery of FTSU service.
- Established network of FTSU champions with easy access platform (for information)
- Completed NGO refresher training update (mandatory) 12th November 2024
- Completed NGO Freedom to Speak up -A reflection and planning tool to inform speak up strategic initiatives (November 2022 - to be reviewed October 2025)
- Increased access for 1:1 meeting with RPH staff; attendance at operational and clinical committees, incorporating/extending flexible times to accommodate staff /service need, and utilised drop-in sessions for staff.
- Ongoing 1:1 meeting with executive, board, operational and senior clinical leads.
- Access to and ongoing 1:1 supervision and support from NED
- Delivery of varied training and development events, inductions, as SME in to training workshops; microaggression and civility workshops, conflict resolution masterclasses (SME - leadership development programme), preceptorship programme.

- Ongoing attendance - trust forums as stated (network forums, operational meetings both clinical and non-clinical).
- Quarterly reporting to the national office (within designated NGO/NHS contract requirements), with periodic reporting to the Board.
- Networking with district, regional and national FTSU forum representatives and events.
- Reporting through trust briefings and Newsbites where appropriate.
- Engagement with trust disciplinary, capability and dignity at work processes, including engagement with policy development initiatives (for e.g. – Domestic abuse; Abuse, Violence and Aggression; Resolution).
- Development of Anonymity reporting and case management tool – workingconfidence.com platform
- Hosting Regional FTSU G's committee
- Updated FTSU Champion training programme – to include eLearning for health. Speak up core training for all workers
- Increase online speak up drop in surgery provision alongside in person opportunities

2. High level actions (taken from FTSU NGO reflection tool November 2022 – November 2024) (copies available on request) – to be reviewed/updated by October 2025:

Principle one: Value Speaking Up; Review role, function, and service engagement with service directorates

Principle two: Role-model speaking up and set a healthy Freedom to Speak Up culture. To undertake review with divisional and senior nursing teams (Operational/Matrons) to assist with advancing ownership.

Principle three: Make sure workers know how to speak up and feel safe and encouraged to do so. Seek to provide story telling as outcomes of speaking up.

Principle four: When someone speaks up, thank them, listen, and follow up.

Investment in accessing national guardians' office/NHS E speaking up training continues to be outstanding.

Principle five: Use speaking up as an opportunity to learn and improve. Triangulation of themes and issues with Datix reporting

Principle six: Support guardians to fulfil their role in a way that meets workers' needs and National Guardian's Office requirements. FTSU Guardian absences are managed by the guardian through the network of FTSU champions and Workforce partner leads.

Principle seven: Identify and tackle barriers to speaking up. Champions are volunteers with no time protections. Greater scrutiny on where detriment is espoused or implied during and within investigation process against formal allegations.

Principle eight: Continually improve our speaking up culture through FTSU strategy review.

National reporting Q1, 2, 3 and 4 (2024/25) – with comparisons 2023/24; 2022/23; 2021/22)

Table 1

Period 2024/25	Q1	Q2	Q3	Q4	Total	2023/24	2022/23	2021/22
Number of cases brought to FTSU Guardian	37	41	43	35	156	137	131	105
Number of cases with an element of bullying or harassment	6	10	10	7	33	72	63	67
Number of cases with an element of patient safety/quality	6	2	1	1	10	6	10	16
Number of cases where staff indicate they are suffering detriment as a result of speaking up	1	0	1	2	4	25	6	17
Number of cases raised anonymously	0	0	0		0	0	0	0
*Number of cases with an element of other inappropriate attitudes or behaviour	10	19	16	13	58			
Number of cases with an element of worker safety	12	4	15	12	43	34	14	7*
Number of cases by specific group								
Admin/Clerical/maintenance	3	6	7	7	23	19	19	24
AHPs	0	2	5	3	10	32	14	21
Doctors	0	2	3	1	6	14	15	7
*Healthcare Scientists	1	1	1	3	6			
Healthcare Assistants	5	0	5	8	18	20	22	4
Nurses	15	20	17	9	61	44	50	45
Corporate services	13	10	5	4	32	8	11	4
Given your experience, would you speak up again?								
Total responses	24	29	32	30	115	115	103	93
Yes	11	14	15	16	56	65	66	68
No	2	5	11	2	20	16	5	0
Maybe	7	7	4	8	26	23	16	13
Don't know	4	3	2	4	13	11	16	12

* First year of reporting

3. Feedback/themes and outcomes of reported incidents

This statement appeared in previous annual reports. It is to reiterate and reinforce the assurance that issues reported to the FTSU G are not always known to our workforce partner colleagues. Individuals are at liberty to pursue their own contacts in seeking guidance on who to raise a concern with. Only where the worker has consented for this to be shared are others, including workforce partners, advised. The importance of this approach is to reassure all staff that information remains confidential unless public disclosure is required. In all instances, this framework is applied to all 1:1 staff conversations.

As with previous years reporting, a general principle continues that there is a fundamental requirement to provide a safe space for staff wishing to speak up. There is need to secure space which respects psychological safety thereby enabling staff/workers to talk freely and openly about their experiences. This year we have seen and heard from staff/workers who spent considerable time deliberating whether to contact the FTSU G or Champion, due in part to worrying about the consequences of speaking up, worried about detriment, the effects on them, their careers, and their working relationship. In essence, concerns about speaking up are associated with not being believed and the effects of speaking up.

Reporting quarterly to the national office within the designated submission dates have been accommodated throughout the year as required by the NGO. As already alluded to (table 1) highlighting the increasing nature of incidents and categorical allocations as mentioned in the previous section. The trend is relatively clear, that the level of reporting into the FTSU G continued to increase, from 105 in

20/21; 131 22/23; 137 in 2023/24; 156 in 2024/25 (mean 132). Many of the increases relate to the most reported categories *bullying/harassment* and *inappropriate behaviours* for year 2024/25 (91).

Staff continue to have difficulty in reporting detriment when speaking up. 2021/22 saw this rise to 17, this then reduced to 6 in 2022/23, increasing again in 2023/24 (to 25) reducing again to 4 in 2024/25. I believe that the issue of detriment is either not well understood or not considered to have any effect when speaking up. More work is required to help staff better understand the notions of detriment at the point of speaking up.

Frequency of workers speaking up on concerns regarding patient safety/quality continues to remain low but as in all cases reported within this category, these are reviewed with the appropriate lead (s).

Indications of who is reporting (worker categories) is predictably skewed towards those with patient facing roles – namely Nursing, HCSW's, AHP's and Doctors. During 2024/25, nurses reported 66 incidents compared to 44 in 23/24; 50 in 22/23 and 45 in 21/22 (mean – 50). Healthcare assistants reported 18 incidents compared to 20 in 23/24; 22 in 22/23 and 4 in 21/22 (mean 16). AHPs reported 10 incidents compared to 32 in 23/24; 14 in 22/23 and 21 in 21/22 (mean 19). Doctors reported 6 incidents compared to 14 in 23/24; 15 in 22/23 and 7 in 21/22 (mean 10). Administrative staff reported 23 incidents compared to 19 in 23/24; 19 in 22/23 and 24 in 21/22 (mean 21). Healthcare scientists were added in this year for the first time and reported 6 incidents. Increasing incident reported by staff working in corporate services also appear, 32 for current year compared to 8 in previous year 23/24, 11 in 22/23 and 4 in 21/22 (mean 14).

As per previous year reporting, there is need to present data in a way which deters individual identifications. I am pleased that over time, there is supportive appreciation that any further critique of the data presented in table 1 would compromise this. For example, identifying themes/incidents against depts and divisions is small data which would increase this risk. Data is presented in this format to ensure the trust is sighted of the level of incident reporting, the need for thematic observation and any non-causal correlations with other worker feedback mechanisms such as Datix and workforce case management triangulations. It is also for this reason that a list of issues is provided in the proceeding section.

Thematic list:

- Rationale for contacting the FTSU G out of frustration as issues/concerns continue.
- Inconsistent messaging against trust values and behaviours across all grades of workers but more concerning by those in senior roles.
- Frequency of staff wishing to explore/engage with a formal process to seek resolution
- Guidance requested by some managers about skills and responsibilities in addressing poor behaviours
- Bullying/harassment/inappropriate behaviours in clinical and non-clinical areas which go unchallenged
- Using microaggression incivility workshops to avoid difficult staff conversations
- Delayed timeframes in responding to concerns – drift in maintaining contact when issues are reported.
- Inconsistency of policy application – For example, flexible working; considerations where reasonable adjustments and accommodating Occupational Health recommendations.

Positive organisational development provisions:

1. Leadership and management development programme review with changes to praxis (management skills and knowledge application in responding to poor staff conduct/capability/performance).
2. Microaggression and Civility workshops – bespoke requests by a growing number of service areas
3. Launch of the Abuse, Violence and Aggression policy – anticipating further follow up with de-escalation training and support, Sexual Safety and anonymity reporting.
4. EDI network reference points
5. On going promotion of Speaking Up as a valued pathway in raising concerns and as a process of breaking down barriers.
6. Increasing the profile of Speak Up Champions by increasing membership across professional groups.

4. Acknowledgements in support of 2024/25

The role of FTSU G service continues with the support of the board/executive team, this is both extremely helpful and appreciated. As I engage with other FTSU G across the region and with our ICS, the role attracts several privileges in comparison, underpinned by professionally supportive relationship with a strong desire to advance inclusive leadership through our trust values.

This is also due to easy access to board colleagues which has continued to be effective and responsive. Specific thanks to our trust chair Dr Jag Ahluwalia, chief executive Eilish Midlane, executive directors Oonagh Monkhouse, Maura Screatton, Dr Ian Smith, and non-executive director Cynthia Conquest in providing me with the opportunity to meet regularly. May I also extend my thanks to other executive and non-executive colleagues not mentioned here.

5. Recommendation

The Board of Directors are requested to note the contents of this report.