

Northumberland, Tyne and Wear NHS Foundation Trust

Board of Directors Meeting

Meeting Date: 23 November 2016

Title and Author of Paper: Whistleblowing/Raising Concerns Update (including Freedom to Speak Up Guardian report) – Lynne Shaw, Deputy Director of Workforce and OD / Neil Cockling, Freedom to Speak up Guardian

Executive Lead: Lisa Crichton-Jones

Paper for Debate, Decision or Information: Information

Key Points to Note:

The paper outlines the whistleblowing/concerns raised and logged by the Central Workforce team between April and September 2016.

- 19 cases reported
- 7 categorised as whistleblowing
- 12 categorised as a concerns

To allow a fuller analysis, further work is to be undertaken in respect of the recording of outcomes, particularly in local cases.

Freedom to Speak up Guardian report is attached as an appendix.

Risks Highlighted to Board:

No current risks highlighted.

Does this affect any Board Assurance Framework/Corporate Risks?

No

Equal Opportunities, Legal and Other Implications:

Various employment legislation.

Outcome Required: Information

Link to Policies and Strategies:

Workforce strategy
Raising Concerns policy

Whistleblowing/Raising Concerns Update

23 November 2016

Purpose

The purpose of this paper is to provide the Trust Board of Directors with a summary of whistleblowing cases/concerns raised over the period April – September 2016. Appended to this document is the first report from the Freedom to Speak Up Guardian following appointment in December 2015.

Background

The paper aims to give an overview of cases reported centrally to the Workforce team as requested by the Trust's Raising Concerns Policy. Additional concerns are raised and dealt with at an informal, local level by operational managers.

Not all matters raised become subject to formal investigation under Raising Concerns or Grievance policies, an approach which was welcomed by Sir Robert Francis in his Freedom to Speak up Review.

It should be noted that the Trust has had for a number of years a clear, defined process for recording cases that fall under the scope of a policy such as whistleblowing (raising concerns), disciplinary or grievance, however, there are a number of concerns raised which do not meet the Disclosure Act's definition of whistleblowing. For these cases the workforce directorate has developed a separate recording category called "raising concerns" for reporting purposes.

Concerns Raised

This report serves to provide information on all concerns raised between April 2016 and September 2016. The concerns have emerged from many different routes. It is anticipated that a greater number of concerns will have been raised over the same period of time but have not been of a significant nature and therefore dealt with locally at ward/department level. This is to be encouraged but also balanced against a wider desire to understand better any themes or trends.

Between the period identified 19 issues have been raised which have been categorised either as "whistleblowing" or "concerns" (7 and 12 respectively). All of these cases have now been completed. It is acknowledged that further work is required to ensure that the full outcome is fed back and logged, regardless of whether the concern is formal or informal, thereby providing more complete information.

Next steps

This information was considered by CDT on 14 November and Operational Directors wish to further develop the contact they have with the Trust Freedom to Speak up Guardian. He will be invited to discuss his first report at the Business Delivery Group and attend local Responsive Domain meetings within each Group.

In addition, we continue to link in with national developments in this important area and have recently received sample reporting templates which will be considered ahead of the next report being produced.

Summary of Concerns Raised 1 April 2016 – 30 September 2016

Status	Date Submitted	Incident Summary	Type	Group/ Corporate Service Directorate	Outcome
Completed	12/04/2016	Whistleblowing - Off Framework usage	Whistleblowing	Unknown	No further Action – procedure in accordance with framework
Completed	12/04/2016	Whistleblowing - Departmental Processes	Whistleblowing	Community Care Group	Referred to Executive Director of Nursing – No further Action
Completed	13/05/2016	Raising a Concern - Unfair Rota	Raising Concerns	Specialist Care Group	Investigated by Clinical Nurse Manager – reiteration of local procedures
Completed	13/05/2016	Whistleblowing – Unknown	Whistleblowing	Medical Directorate	External independent review conducted – internal processes followed.
Completed	13/05/2016	Raising a Concern – Unknown	Raising Concerns	Community Care Group	Referred to Executive Director of Nursing – locally followed through.
Completed	13/05/2016	Raising a Concern - TED and Management	Raising Concerns	Workforce & OD	Referred to Director of Estates and Facilities for local follow through. Local support offered. Individual retired
Completed	13/05/2016	Raising a Concern - Unsafe Practices	Raising Concerns	Specialist Care Group	Executive Director of Nursing commissioned investigation – awaiting outcome
Completed	13/05/2016	Whistleblowing – Bullying	Whistleblowing	Inpatient Care Group	Local action – moved base
Completed	13/05/2016	Raising a Concern - Induction Process	Raising Concerns	Specialist Care Group	Executive Director of Nursing commissioned investigation – awaiting outcome
Completed	13/05/2016	Raising a Concern – Attitude	Raising Concerns	Community Care Group	Team Stress Risk Assessment in place – ongoing
Completed	13/05/2016	Raising a Concern - Issues in a specialist service	Raising Concerns	Specialist Care Group	Referred to Executive Medical Director for local investigation
Completed	16/05/2016	Raising a Concern - Change in Admin Structure	Raising Concerns	Nursing Directorate	External independent investigation – No formal action
Completed	23/05/2016	Raising a Concern – Management	Raising Concerns	Unknown	Local action
Completed	27/05/2016	Whistleblowing - B & H	Whistleblowing	Specialist Care Group	Local action – File note

Status	Date Submitted	Incident Summary	Type	Group/ Corporate Service Directorate	Outcome
Completed	31/05/2016	Raising a Concern – Management	Raising Concerns	Unknown	No formal action – dealt with locally
Completed	06/06/2016	Raising a Concern – Staffing	Raising Concerns	Inpatient Care Group	Local action
Completed	22/06/2016	Whistleblowing – Information Governance	Whistleblowing	Community Care Group	Local investigation concluded and feedback given. Member of staff proceeded to take an ET claim against the Trust which is currently ongoing.
Completed	04/08/2016	Whistleblowing – Unknown	Whistleblowing	Unknown	Local investigation. No formal action
Completed	27/09/2016	Raising a Concern - Patient Care and Safety	Raising Concerns	Unknown	Local investigation. No formal action

Freedom to Speak Up Guardian (FTSUG) Report December 2015 - October 2016

As of 30 September 2016 I have worked as FTSUG for a total of 39 days since December 2015 (out of an annual total of 44) – equivalent to almost eight weeks wte.

Training for FTSU Guardian

- Attended training organised by National Guardians' Office.
- Attended lecture on Serious Untoward Incidents.
- Attended training on the Trust's partnership working with the police.

External Relationships

- Attended three national meetings to network with other FTSU Guardians.
- Reported to National Guardians' office in a 1:1 about my work.
- Met with Sir Robert Francis and the National Guardian, Dr Henrietta Hughes.
- Guest Speaker at Duty of Candour Conference in London.
- Spoke at community group in Hetton-le-Hole about the work of FTSU Guardians.
- Buddying with Newcastle upon Tyne Hospitals (NUTH) Trust FTSUG, Sokhjinder Morgan.
- Appointed co-chair of North-East regional network of FTSU Guardians (along with Sokhjinder Morgan, of the NUTH Trust.)

Trust Meetings

FTSU meetings

- FTSU Reference Group every two months
- Met twice with Non-Executive Director with oversight of FTSU, Neil Hemming.
- Organised Champions' network meeting and training for Champions
- Appointed a Deputy to cover my work when I am absent: Marian Bell, another chaplain.
- Recruited 25 champions.

One-to-one meetings

- Met with Chief Executive (aiming to be quarterly).
- Monthly meetings with Director of Workforce and Organisational Development.
- Met with Director of Nursing and Operations (aiming to be quarterly).
- Appraised HR managers about my job.

Other meetings attended as FTSU Guardian

- Annual Members' Meeting
- Bimonthly Equality and Diversity Committee
- Bimonthly Patient and Carer Experience Group
- Bimonthly Medical Staff Committee
- Initial planning meetings for a Trust Ethics Reference Panel.
- Attended Speak Easy Events.
- Met with CQC for an hour to talk about my work.

- Attended CQC learning Event
- Will be joining Q&P Caring Sub-group meetings

Raising Profile of FTSUG

- Working with Communications Department to ensure people know how to raise concerns and contact FTSUG
- Visited Hexham and Corbridge
- Spoke at DMG Meeting for Specialist Adult Services.

Working on the culture of NTW

- Worked with training department to deliver Raising Concerns training
- Worked with Jacqueline Tate to redraft Raising Concerns Policy in the light of the introduction of the FTSU Guardian, the introduction of the FTSU Champions' network in the Trust, and the national Whistleblowing Policy.
- I met with Buddhist Staff following the staff survey results which showing that Buddhist Staff felt particularly unhappy.

Concerns Raised

Concerns raised can be grouped into four broad categories (from the nine nationally recommended categories) outlined as:

1. Attitudes and behaviours
2. Equipment and maintenance
3. Staffing levels
4. Policies, procedures and processes
5. Quality and Safety
6. Patient experience
7. Performance capability
8. Service changes
9. Other

(A) Category 1: Attitudes and Behaviours (Culture of care for staff by their managers and colleagues so that they feel able to speak out safely at work)

- (1) A concern about the treatment by a member of staff of another member of staff who has learning difficulties. The first member of staff would have acted differently if the second member of staff had been a patient. I met with him to outline the need for care with colleagues.
- (2) A concern expressed about a non-driving nurse's redeployment to a ward which could not be reached from their home by public transport by start of shift on a Sunday. I ascertained that the redeployment was not as a result of raising a concern. Spoke with HR about the need for sufficient consultation by managers with individuals before they are redeployed.
- (3) A concern expressed by a member of agency staff about the treatment she had experienced from her supervisor. I spoke to the supervisor's manager in order for this to be corrected.

- (4) A concern expressed by a team member about the culture of team meetings and the management style of the team leader. I spoke to the team leader's manager about coaching of the team leader.
- (5) A concern expressed by a team member about bullying behaviour of a supervisor towards herself and two other colleagues. I spoke to the supervisor's manager about coaching of the supervisor. I also offered support via the person who raised the concern, to the other colleagues.

(B) Category 4: Policies, Procedures and Processes

- (6) A concern passed on to me by a FTSU Champion whom the person raising the concern had first approached. I met with the person and ascertained a concern about inadequate clarity of responsibilities between professional leads and service managers. This seems to have led to a breakdown of personal relationships and a culture of mistrust, and increased staff sickness due to stress. I will be meeting with the service manager to look at how this might be remedied.

(C) Category 5: Quality and safety

- (7) A concern expressed about an Information Governance breach by a member of staff speaking to a patient's mother despite the patient explicitly withholding his consent for his case to be discussed with his mother. I encouraged the person raising the concern to report the incident so that it could be properly investigated.
- (8) A concern that reorganisation of community services in Northumberland would lead to less safe outcomes for community patients. I asked the head of safety to investigate whether the South of Tyne reorganisation had led to any adverse effect on patient safety.
- (9) A concern expressed about Lithium prescription and whether the process for ensuring each patient was issued with a pack and received the necessary monitoring of blood levels. I asked the Trust Chief Pharmacist to investigate the robustness of the procedures and remind clinicians about their duties concerning Lithium prescription. Coincidentally NTW has just participated in a POMH Lithium audit – the results, due in January 2017, will benchmark us against other Trusts.

(D) Category 9: Other (Concern having an indirect effect on patient safety)

- (10) A concern about the Trust wasting money which could be spent on direct patient care as a result of inefficient use of stationery resources and increased use of agency staff resulting from reorganisation of administration services. I took the concern to the Director of Finance who commissioned an external report on our Trust's procedures. The person raising the concern was content that the issue had been properly examined.

Neil Cockling

November 2016