

NHS ENGLAND – BOARD PAPER

<p>Title:</p> <p>National Guardian’s Office – Annual Report</p>
<p>Lead Director:</p> <p>National Guardian – Dr Henrietta Hughes</p>
<p>Purpose of Paper:</p> <p>This paper presents the National Guardian’s Office Annual Report and summarises some of the key developments from the last 12 months.</p>
<p>The Board invited to:</p> <p>The Board are invited to note the National Guardian’s Office progress to date and Annual Report.</p>

National Guardian's Office – Annual Report

Summary

1. This paper presents the National Guardian's Office Annual Report and summarises some of the key developments from the last 12 months.

Background

2. The National Guardian's Office was established in April 2016 and has the remit of:
 - developing, leading and supporting a network of Freedom to Speak Up Guardians in provider organisations subject to the NHS standard contract
 - carrying out case reviews where there are instances of speaking up not being handled according to best practice
 - challenging and supporting the system on all matters related to speaking up
3. The office is funded by CQC, NHS Improvement and NHS England but is functionally independent.
4. The National Guardian has now been in post for two years and publishes her second Annual Report in November.

Progress to date

Freedom to Speak Up Guardians

5. There are now over 700 guardians, or those in a supporting role, in provider organisations with over 100 in other organisations that have decided to adopt the model, including NHS England, NHS Improvement and CQC.
6. The office provides training, guidance and 1-2-1 support for guardians and has established 10 regional networks and 2 cross-regional networks to provide peer support and a platform for learning and sharing, as well as a network for the guardians in Arm's-Length bodies.
7. During the last financial year, guardians dealt with over 7,000 cases and the number of cases they are dealing with is increasing quarter on quarter. 45% of cases had an element of bullying and harassment and 32% of cases an element of risk to patient safety.

Case Reviews

8. Three case review reports have been published, covering 11 cases. A total of 60 recommendations have been made as part of these reviews, both to trusts and other bodies including CQC, DHSC and a law firm.
9. The initial pilot of the case review process has been completed and externally evaluated. Plans are being made for the next phase with a view to enabling the NGO to provide a more bespoke response to cases that are raised, and process more cases.

Key Developments during the year

10. The NGO has published **trust-level data** on the number of cases being handled by guardians, and its first annual summary of this data set. This is proving to be a valuable measure of the effectiveness of the guardian route for speaking up. Feedback received by guardians is proving to be very positive with 87% of those who gave feedback saying they would speak up again. NHS Improvement takes a particular interest in the few trusts that have not submitted data.
11. Bullying and harassment is a prevalent theme which mirrors the results of the NHS staff survey. The NGO has therefore been active in working with partner organisations that are taking action in this area. With the Royal College of Surgeons of Edinburgh the National Guardian co-chaired a **new alliance of health organisations** across the four nations of the United Kingdom, with the commitment to sharing resources and supporting all workers across the NHS. The alliance includes DHSC, NHS Improvement, Royal Colleges, GMC, BMA, RCN, RCM and NHS Scotland.
12. The NGO's **case review recommendations** appear to be making an impact across providers – with 80% of guardians reading the reports. We are encouraging guardians to use them to produce a gap analysis to assess their own arrangements. We are grateful to NHS Improvement for publicising the reports as this helps to provide traction in trusts. NHS Improvement are also supporting trusts to develop and monitor action plans after a case review.
13. The **CQC well-led inspection** reports have continued to include Freedom to Speak Up, leading to enforcement activity where necessary do not meet the standard.
14. We are working in partnership with NHS Employers, law firms, NHS Improvement and DHSC on the development of guidance and information around **settlement agreements** to ensure that these do not prohibit speaking up and that workers are able to get the support that they need.
15. A growing guardian network, including a significant number of individuals with increasing expertise, requires support. To that end the NGO has produced an **'Education and Training Guide'** for guardians and will shortly be trialling its first **'Development Day'** for 50 guardians. The National Conference, regular network meetings, and other opportunities to engage and network continue to be welcomed by guardians.
16. Our **2018 survey** showed that over 40% of guardians do not have any ring-fenced time. We have called on all organisations to ensure that their guardians have sufficient time to perform their important role. This is backed by our survey findings which clearly show that those without ring-fenced time are less likely to carry out some of the basic elements of the role such as presenting their board reports in person, having direct access to their Chief Executive, attending training or network meetings, or gathering feedback.
17. Progress is also being made outside trusts and the NGO is particularly pleased to support a growing **network of guardians in non-provider organisations** including NHS England, NHS Improvement and the CQC. This is a particularly welcome sign of leadership by example. Our annual survey again notes that perceptions of freedom to

speaking up culture in trusts appears to be correlated with the overall CQC rating. The perception of guardians in non-providers may show that there is room for improvement in the speaking up culture of these organisations. We will offer the opportunity for guardians in these organisations to link with guardians in trusts for support and to share learning.

18. The NGO's **Pan-Sector network** continues to grow and has over 50 public and private sector organisations represented. The NGO chairs and provides the secretariat for the meetings. The network continues to learn and share from the experience, and its members have started hosting meetings, including at the Royal Military Academy Sandhurst. The National Guardian has also spoken at external events, including events arranged by MOD and DfE.

19. The NGO's **Advisory Working Group** has provided advice and guidance on the future of case reviews, and members have given evidence to the Kark Review on Fit and Proper Persons. Members have presented on suggested reforms to the Public Interest Disclosure Act and learning from incidents.

Next Steps

20. The NGO is planning three key developments over the coming year:

- to support the expanding network of guardians, the NGO will need to expand. To this end two new posts have recently been filled
- in developing the second phase of case reviews, the NGO aims to develop a process that will enable more cases to be evaluated and responded to. As part of the process the NGO intends to both look at the learning that can be taken from each individual case, whilst identifying common themes that would benefit from wider consideration
- the NGO will be supporting primary care providers in implementing NHS England's guidance on Freedom to Speak Up in primary care. This is a significant expansion of the NGO's remit and a sizeable task. So that progress can be made at a manageable pace, the NGO will develop an integrated approach, supported by local integration plans that bring together primary and secondary providers, and commissioners, at the local level. This approach will require the NGO to expand further and develop a regional presence, moving from its current 10 region model to 7 regions that are co-terminus with the NHS Improvement / NHS England regions. The NGO is working with vanguard organisations including large GP providers, an LMC, a CSU and the Defence Medical Services to develop options for primary care models of speaking up.

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