

A mixed methods evaluation of the implementation of ‘Freedom to Speak Up Guardians’ in NHS England Acute Trusts and Mental Health Trusts

Aled Jones^{a*}, Jill Maben^b, Mary Adams^c, Russell Mannion^d, Carys Banks^b, Joanne Blake^a, Kathryn Job^a, Daniel Kelly^a

^aSchool of Healthcare Sciences, College of Biomedical and Life Sciences, Cardiff University, CF24 0XB UK

^bSchool of Health Sciences, Faculty of Health and Medical Sciences, University of Surrey, UK

^cKing’s Improvement Science, Health Service & Population Research Department, King’s College London, UK

^dHealth Services Management Centre, School of Social Policy, University of Birmingham, UK

*Corresponding author – contact details – jonesa97@cardiff.ac.uk; School of Healthcare Sciences, 12th floor Eastgate House, Newport Road, Cardiff, CF24 0XB

Competing interests: Jill Maben is currently a member of the NIHR HS&DR funding committee, although was not a member of the committee when funding for this project was approved. All other authors have no declarations to declare.

Keywords: Speaking-up, employee concerns, whistleblowing, normalisation process theory, implementation, Freedom to Speak Up, Guardians, mixed methods

Important

A ‘first look’ scientific summary is created from the original author-supplied summary once the normal NIHR Journals Library peer and editorial review processes are complete. The summary has undergone full peer and editorial review as documented at NIHR Journals Library website and may

© Queen’s Printer and Controller of HMSO 2021. This work was produced by Jones *et al.* under the terms of a commissioning contract issued by the Secretary of State for Health and Social Care. This ‘first look’ scientific summary may be freely reproduced for the purposes of private research and study and extracts may be included in professional journals provided that suitable acknowledgement is made and the reproduction is not associated with any form of advertising. Applications for commercial reproduction should be addressed to: NIHR Journals Library, National Institute for Health Research, Evaluation, Trials and Studies Coordinating Centre, Alpha House, University of Southampton Science Park, Southampton SO16 7NS, UK.

undergo rewrite during the publication process. The order of authors was correct at editorial sign-off stage.

A final version (which has undergone a rigorous copy-edit and proofreading) will publish as part of a fuller account of the research in a forthcoming issue of the Health Services and Delivery Research journal.

Any queries about this 'first look' version of the scientific summary should be addressed to the NIHR Journals Library Editorial Office – journals.library@nihr.ac.uk

The research reported in this 'first look' scientific summary was funded by the HS&DR programme as project number 16/116/25. For more information visit <https://www.journalslibrary.nihr.ac.uk/programmes/hsdr/1611625/#/>

The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HS&DR editors have tried to ensure the accuracy of the authors' work and would like to thank the reviewers for their constructive comments however; they do not accept liability for damages or losses arising from material published in this scientific summary.

This 'first look' scientific summary presents independent research funded by the National Institute for Health Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, NETSCC, the HS&DR Programme or the Department of Health and Social Care. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the authors, those of the NHS, the NIHR, NETSCC, the HS&DR Programme or the Department of Health and Social Care.

Scientific Summary

Background

Workers who speak-up or raise concerns (traditionally referred to as whistleblowers) have made an important contribution to patient safety in the NHS. However, as several high-profile reports into care failings have demonstrated, the treatment of those speaking-up has been consistently problematic.

© Queen's Printer and Controller of HMSO 2021. This work was produced by Jones *et al.* under the terms of a commissioning contract issued by the Secretary of State for Health and Social Care. This 'first look' scientific summary may be freely reproduced for the purposes of private research and study and extracts may be included in professional journals provided that suitable acknowledgement is made and the reproduction is not associated with any form of advertising. Applications for commercial reproduction should be addressed to: NIHR Journals Library, National Institute for Health Research, Evaluation, Trials and Studies Coordinating Centre, Alpha House, University of Southampton Science Park, Southampton SO16 7NS, UK.

Furthermore, numerous missed opportunities to learn from workers' concerns have resulted in serious and avoidable harm occurring to patients and workers.

The 2015 Freedom to Speak Up Review identified actions designed to make the raising and addressing of employee concerns business as usual and for a learning culture to be adopted across NHS England. This included the introduction from October 2016 of "Freedom to Speak Up Guardians" (also referred to as "Guardians") into every NHS England Trust to support workers to raise concerns. Guardians are supported by a "National Guardian for Freedom to Speak Up" and the National Guardian's Office. The Review offered only broad guidance on how to implement the Guardian role, leaving Trust Boards to decide what was appropriate for their organization. As a result, potentially important local differences are emerging in how the role is being implemented across England.

Aim and objectives

The overall aim of this study was to better understand the introduction of the Guardian role into NHS England. Specifically, this research sought to determine how Guardians are being implemented in Acute Trusts and Mental Health Trusts and whether they are helping workers to speak-up about their concerns.

Objectives:

- Assess the scale and scope of the deployment and work of Guardians.
- Assess how the work of Guardians is organised and operationalised alongside other relevant roles with responsibilities for workers' concerns.
- Evaluate the comparative effectiveness of different types of Guardian roles in supporting workers to speak up.
- Identify barriers, facilitators and unintended consequences associated with the implementation of Guardian roles.

Methods

For the purposes of this study, the FTSUG role is conceptualized as a complex intervention consisting of several interacting and interlocking components spanning the macro level (national organisations), the meso level (individual Trusts) and micro level (employees, teams, wards/units). A mixed methods study was designed. Normalization Process Theory and the Consolidated Framework for Implementation Research were used to guide data generation and analysis which examined the implementation of Guardian roles, practices and procedures and effects on speaking-up by staff.

A 27-month mixed methods study was undertaken consisting of the following work packages.

© Queen's Printer and Controller of HMSO 2021. This work was produced by Jones *et al.* under the terms of a commissioning contract issued by the Secretary of State for Health and Social Care. This 'first look' scientific summary may be freely reproduced for the purposes of private research and study and extracts may be included in professional journals provided that suitable acknowledgement is made and the reproduction is not associated with any form of advertising. Applications for commercial reproduction should be addressed to: NIHR Journals Library, National Institute for Health Research, Evaluation, Trials and Studies Coordinating Centre, Alpha House, University of Southampton Science Park, Southampton SO16 7NS, UK.

Work package 1: Literature review

The aims of the systematic narrative review of the literature were to i) identify and appraise the international literature regarding interventions promoting 'speaking-up' by healthcare employees; and ii) to map key concepts and tensions that could inform the development of research tools and of critical analysis of the primary research findings.

Work package 2: Telephone interviews with Freedom to Speak Up Guardians

We undertook semi-structured telephone interviews (n=87) with Guardians working in Acute Hospital Trusts and Mental Health Trusts.

The aim was to generate an in-depth understanding and broad national picture of what Guardians do within their organisations and how they were selected/recruited, deployed and organised. Interview questions were informed by the findings of the WP1 literature review and existing concepts which had influenced and/or resulted from our previous work in this topic. Guardians were asked about

- Characteristics, such as their age, gender and nature of employment (e.g., hours allocated).
- The work systems within which the role was implemented.
- How speaking-up was monitored within their organisation, such as staff groups and demographics of those speaking-up, and whether workers had experienced detriment following speaking-up.

Guardians were identified and purposively sampled from the National Guardian's Office register of Guardians. We recruited Guardians from organisations with different overall CQC ratings and from each of the 10 (at the time) NHS England regions.

Telephone interviews were audio-recorded, transcribed and organised with the assistance of a computer software package (NVivo12). Data were analysed into themes which captured a range of views about the Guardians' experiences, sense of organisational commitment and support for the role and the barriers to and enablers of role normalisation. Emergent and final themes were discussed and agreed with all members of the research team, public involvement members and the Project Advisory Group to ensure rigour was maximised across the dataset.

Work package 3: Six organisational case studies

Informed by findings of the literature review and telephone interviews, six organisations were identified as case study sites, comprising four Acute Trusts and two Mental Health Trusts. Three months were spent at each case site conducting qualitative data collection, followed by one month for preliminary within case and tentative cross-case analysis and consolidation.

© Queen's Printer and Controller of HMSO 2021. This work was produced by Jones *et al.* under the terms of a commissioning contract issued by the Secretary of State for Health and Social Care. This 'first look' scientific summary may be freely reproduced for the purposes of private research and study and extracts may be included in professional journals provided that suitable acknowledgement is made and the reproduction is not associated with any form of advertising. Applications for commercial reproduction should be addressed to: NIHR Journals Library, National Institute for Health Research, Evaluation, Trials and Studies Coordinating Centre, Alpha House, University of Southampton Science Park, Southampton SO16 7NS, UK.

Rich qualitative data were generated through:

- In-depth interviews (n=109, across all case sites) with key stakeholders involved in pre and early implementation decision-making regarding the Guardian role. Key stakeholders included a range of mostly senior leaders, such as the Trust's Chief Executive, Chair, Board Members and nominated Executive and Non-Executive Leads for Speaking-Up. Others interviewed included Trades Union representatives and workers who had spoken-up to the Guardian.
- Approximately 240 hours of non-participant observations of various meetings and interactions involving the Guardians were recorded in fieldnotes. These were collated to explore the interplay of context, meaning and individual/collective engagement related to implementing the Guardian role.
- Organisational documents (such as Board reports, minutes, agendas, newsletters) including recent CQC inspection reports, NGO guidance and data provided useful historical and contemporary insights into speaking-up within the case sites and local and national implementation decision-making.

Interviews were transcribed and fieldnotes written up in Word. NVivo12 was again used to assist with the storage, organisation and thematic analysis of data. An inductive 'data condensation' process, foreshadowed by research aims/objective/questions, was used to select, focus, simplify and abstract data from the range of fieldnotes and interview transcripts collected at each site. To integrate and aggregate findings across sites, a series of thematic charts were iteratively developed in order to map and understand the range of views and experiences in each site. These themes were then compared and contrasted across each site. Local implementation decisions were also mapped rated and compared against role expectations in the Guardians job description document, written and published by the National Guardian's Office. Several areas of established research and theory into speaking-up and organisational culture informed the later cycle of analysis.

Results

Work package 1: Literature review

This review of 34 papers demonstrated that healthcare researchers internationally had attempted to address difficulties associated with speaking-up in healthcare. Yet, some significant limitations were identified across the papers meaning that the body of knowledge is piecemeal in form and limited in impact.

© Queen's Printer and Controller of HMSO 2021. This work was produced by Jones *et al.* under the terms of a commissioning contract issued by the Secretary of State for Health and Social Care. This 'first look' scientific summary may be freely reproduced for the purposes of private research and study and extracts may be included in professional journals provided that suitable acknowledgement is made and the reproduction is not associated with any form of advertising. Applications for commercial reproduction should be addressed to: NIHR Journals Library, National Institute for Health Research, Evaluation, Trials and Studies Coordinating Centre, Alpha House, University of Southampton Science Park, Southampton SO16 7NS, UK.

There was very little evidence of researchers critically reviewing and building-on extant studies when preparing and designing new projects, with many of the flaws of previous study designs being overlooked or repeated. Similarly, researchers rarely placed their findings within broader local, national or trans-national policies and contexts. Researchers consistently overlooked how otherwise well-conceived individual components of training interventions (such as improved communication skills) are often usurped in practice by complex inter-relationships and pre-existing contextual issues, such as socio-cultural relationships, workplace hierarchies and perceptions of speaking-up. The future design and implementation of speak-up interventions will have to consider these cumulative factors through an intersectional approach which takes account of how the complex multiple issues (such as race, gender, cultural norms) routinely interact to influence everyday experiences of people receiving and working within health and the impact this may have on speaking-up.

Work package 2: Telephone interviews with Freedom to Speak Up Guardians

Wide variability was identified in how the Guardian role had been implemented, resourced and deployed by NHS Trusts. The role title “Freedom to Speak Up Guardian” is, therefore, best considered an umbrella term, under which multiple versions of the role exist simultaneously across England, and within the regions. Any comparisons of Guardians’ effectiveness, and/or Freedom to Speak Up within a Trust, are only likely to be possible, or meaningful, when this variability is properly accounted for and factored alongside the numerous other variables which impact on speaking-up.

The roots of such misaligned coherence lies partially in the absence of detailed specification issued to Trusts about the appointment, responsibilities and accountabilities of the role’s introduction to the NHS. However, it is striking that given the freedom to choose how to implement the Guardian role, most Trusts opted to invest minimal resources into an initiative described in policy as potentially making a huge contribution to the NHS.

Trusts mostly underestimated both the resources required by Guardians and (relatedly) the unmet need for speaking-up within their workforce; particularly underestimated have been the large number of concerns received relating to bullying and harassment. Alarming, many Guardians consistently described how the lack of available resources, especially time, directly and negatively impacted on their ability to adequately and effectively respond to concerns, analyse and learn from speaking-up data and more generally the extent to which Guardians developed their role and speak-up culture. These may all negatively impact on workers intentions to speak-up.

A number of workarounds deployed by time-scarce Guardians were identified, which were temporarily beneficial in meeting the role’s demands in most cases, but unsustainable in the longer

© Queen’s Printer and Controller of HMSO 2021. This work was produced by Jones *et al.* under the terms of a commissioning contract issued by the Secretary of State for Health and Social Care. This ‘first look’ scientific summary may be freely reproduced for the purposes of private research and study and extracts may be included in professional journals provided that suitable acknowledgement is made and the reproduction is not associated with any form of advertising. Applications for commercial reproduction should be addressed to: NIHR Journals Library, National Institute for Health Research, Evaluation, Trials and Studies Coordinating Centre, Alpha House, University of Southampton Science Park, Southampton SO16 7NS, UK.

term. Guardians also regularly reported having to prioritise certain aspects of the role, describing a reactive mode of working (reacting to concerns as they are raised and deadlines for compiling data returns and reports) at the expense of proactive working (culture building, triangulating data were often aspects of the work that were left fully or partially undone).

Undertaking such a complex and demanding role often resulted in Guardians experiencing significant levels of stress and emotional upheaval which led to deterioration in their psychological and physical wellbeing. Guardians questioned the long-term sustainability of the role, especially in Trusts who invest little resource in the role and where there is little specific psychological support for Guardians (as was often the case).

The role's implementation also showed signs of being "historically ignorant". For example, implementation decisions made at Trust level and guidance/recommendations for practice produced at the national level demonstrate little evidence of learning from past events documented in key reports and the international literature, which demonstrate that speaking-up is associated with personal and professional detriment, especially so for those from minority communities.

Work package 3 (WP3): Six organisational case studies

Analysis of the six organisational case studies and cross-case analysis focused on the impact of different implementation and deployment decisions on the realities of undertaking the Guardian role. In doing so we also explored what our findings suggest about the challenges and opportunities for the future implementation and deployment of the Guardian role. Guided by the Consolidated Framework For Implementation Research, which suggests interventions can be conceptualised as having 'core' and 'adaptable' components or expectations, we rated the congruence (defined as 'agreement, harmony or compatibility') we perceived to exist between the implementation decisions made at each case site and the non-binding and somewhat loosely explained Guardian role expectations.

One of the key determinants of the extent to which the FTSUG role was operationalised into the everyday working of Trusts was the degree of curiosity shown by Trusts towards speaking-up and (to a lesser extent) the degree of curiosity shown by Guardians towards their work. Curious Trusts, especially their key FTSU stakeholders demonstrated a problem sensing approach to speaking-up and the Guardian role, consistently undertaking reflexive monitoring of the contribution of speaking-up to the organisation and normalising rigorous analysis of FTSU data and triangulating with various other data sources. Curiosity also normalised an environment where Guardians probed and enquired beyond established disciplinary boundaries and routine ways of working.

Conclusions

This is the first study to investigate the practices of Guardians within their workplaces. The study also provides a rare insight into how speak-up concerns are managed within a healthcare system. Due to various internal and external factors influencing how Guardians are implemented, any comparison of Guardian performance across Trusts is a moot exercise. However, informed by Normalisation Process Theory, we concluded that optimal implementation of the Guardian role has six components: 1) establishing early, collaborative and coherent strategy congruent to the values of FTSU fosters the implementation of 2) policies and robust yet supportive practices 3) informed by frequent and reflexive monitoring of FTSU implementation, which is 4) underpinned by sufficient time and resource allocation, that leads to 5) a positive implementation climate, which is congruent with FTSU values, and best placed to engender positive and sustainable FTSU culture and the well-being of a Guardian.

Implications for Guardians, Trusts, policy makers

- The following minimum resource requirements are required to ensure that implementation fully addresses *all* aspects of the role and to safeguard Guardians' wellbeing:
 - Full-time position
 - Allocated a budget
 - Dedicated psychological support
 - Access to a dedicated space to undertake their work
 - Access to a standardised national system for reporting concerns, which reduces the current scope for discretion in collecting and reporting data about concerns raised.

Trusts who do not meet these minimum requirements should provide a clear assessment and rationale for their decision-making.

- Care Quality Commission should evaluate the resourcing of the Guardian role as part of the well-led inspection framework questions relating to a culture of high-quality, sustainable care.
- Reflexive monitoring and self-assessment of the climate of ongoing implementation of Guardians and the extent to which it is aligned to the principles and expectations of the role; this should involve a range of stakeholders, including trades unions and patient groups.
- Metrics such as the number of concerns or the Speak-Up Index ratings should not be considered as the only indicators of FTSU culture and performance, or considered in isolation to other sources of data.

© Queen's Printer and Controller of HMSO 2021. This work was produced by Jones *et al.* under the terms of a commissioning contract issued by the Secretary of State for Health and Social Care. This 'first look' scientific summary may be freely reproduced for the purposes of private research and study and extracts may be included in professional journals provided that suitable acknowledgement is made and the reproduction is not associated with any form of advertising. Applications for commercial reproduction should be addressed to: NIHR Journals Library, National Institute for Health Research, Evaluation, Trials and Studies Coordinating Centre, Alpha House, University of Southampton Science Park, Southampton SO16 7NS, UK.

Recommendations for future research

The following recommendations for future research are considered to be of equal priority.

1. Studies of the speaking-up experiences of minority communities and 'seldom-heard' workforce groups is a priority requirement.
2. There is value in undertaking a similar study in non-hospital settings and where peripatetic working is commonplace, such as in Ambulance Services and in primary care settings, where the Guardian role is currently in the early phases of introduction.
3. The role of Human Resources and 'middle managers' in the management of concerns is an area requiring further research, especially regarding the management of concerns relating to unprofessional and transgressive behaviours which often led to practical difficulties, boundary conflicts and sub-optimal learning from concerns.
4. Studies of the Guardian role five years or more post-implementation will provide an understanding of the medium-term impact of the role and further understanding of the links between pre and early implementation decisions and longer terms sustainability of the role and wellbeing of Guardians.
5. Devolved administrations in Scotland and Wales have adopted different approaches to speaking-up. Research undertaken in these contexts would offer valuable comparative insights and lessons for speaking-up in systems designed in broadly similar ways and guided by similar, or the same, legislation, regulation and principles of care.

Funding

Funding for this study was provided by the Health Services and Delivery Research programme of the National Institute for Health Research.

PROSPERO registration CRD42018106311

ISCRTN registration ISRCTN38163690