Implementation of 'Freedom to Speak Up Guardians' in NHS acute and mental health trusts in England: the FTSUG mixed-methods study

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Disclaimer: This report contains transcripts of interviews conducted in the course of the research and contains language that may offend some readers.

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Scientific summary

FTSUG mixed-methods study

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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 who speak up has been consistently problematic. Furthermore, numerous missed opportunities to learn from workers' concerns have resulted in serious and avoidable harm 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 [Francis R. *Freedom to Speak Up. An Independent Review into Creating an Open and Honest Reporting Culture in the NHS*. 2015. URL: https://freedomtospeakup.org.uk/wp-content/uploads/2014/07/F2SU_web.pdf (accessed 31 May 2022)]. From October 2016, this included the introduction of 'Freedom to Speak Up Guardians' (FTSUGs) (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 (NGO).

The review offered only broad guidance on how to implement the Guardian role, leaving trust boards to decide what was appropriate for their organisation. 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 or not they are helping workers to speak up about their concerns.

The objectives of this study were to:

- 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 that have responsibilities for workers' concerns
- evaluate the comparative effectiveness of different types of Guardian roles in supporting workers to speak up
- identify barriers to, facilitators of and unintended consequences associated with the implementation of Guardian roles.

Methods

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

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

Work package 1: literature review

The aims of the systematic narrative review of the literature were (1) to identify and appraise the international literature regarding interventions promoting 'speaking up' by health-care employees, and (2) to map key concepts and tensions that could inform the development of research tools and critical analysis of the primary research findings.

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

We undertook semistructured 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 work package (WP) 1 literature review and existing concepts that had influenced and/or resulted from our previous work in this topic. Guardians were asked about:

- characteristics, such as their age, sex 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 the monitoring of the staff groups and demographics of those speaking up, and whether or not workers had experienced detriment following speaking up.

Guardians were identified and purposively sampled from the NGO register of Guardians. We recruited Guardians from organisations with different overall Care Quality Commission (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 (NVivo 12, QSR International, Warrington, UK). Data were analysed into themes that 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 that rigour was maximised across the data set.

Work package 3: six organisational case studies

Informed by the 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 1 month for preliminary within-case and tentative cross-case analysis and consolidation.

Rich qualitative data were generated through:

- In-depth interviews ($n = 109$, across all case sites) with key stakeholders involved in pre-implementation and early implementation decision-making about the Guardian role. Key stakeholders included a range of mostly senior leaders, such as the trust's chief executive, chairperson, board members and nominated executive and non-executive leads for speaking up. Others interviewed included trade 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 notes were collated to explore the interplay of context, meaning and individual/collective engagement related to implementing the Guardian role.
- Organisational documents (e.g. board reports, minutes, agendas and newsletters), including recent CQC inspection reports and 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 were written up in Microsoft Word® (Microsoft Corporation, Redmond, WA, USA). NVivo 12 was again used to assist with the storage, organisation and thematic analysis of data. An inductive 'data condensation' process, foreshadowed by research aims/objectives/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 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 with the role expectations outlined in the Guardian's job description document, which was written and published by the NGO. 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 health-care researchers internationally had attempted to address the difficulties associated with speaking up in health care. However, some significant limitations were identified across the papers, which meant that the body of knowledge is piecemeal in form and limited in impact.

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 transnational policies and contexts. Researchers consistently overlooked how otherwise well-conceived individual components of training interventions (e.g. improved communication skills) are often usurped in practice by complex inter-relationships and pre-existing contextual issues, such as sociocultural 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 that takes account of how complex multiple issues (e.g. race, sex and cultural norms) routinely interact to influence the everyday experiences of people receiving and working within health care and the impact that 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 likely to be possible, or meaningful, only when this variability is properly accounted for and factored alongside the numerous other variables that affect speaking up.

The roots of such misaligned coherence lie partially in the absence of detailed specification issued to trusts about the appointment, responsibilities and accountabilities of the role. 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 considerable contribution to the NHS.

Trusts mostly underestimated both the resources required by Guardians and (relatedly) the unmet need for speaking up within their workforce; the number of concerns received relating to bullying and harassment in particular was underestimated. Alarmingly, many Guardians consistently described how the lack of available resources, especially time, directly and negatively affected their ability to respond to concerns adequately and effectively; their ability to 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 affect workers' intentions to speak up.

A number of workarounds deployed by time-scarce Guardians were identified, which in most cases were temporarily beneficial in meeting the role's demands, but unsustainable in the longer 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 and triangulating data were often aspects of the work that were left fully or partially incomplete).

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 well-being. Guardians questioned the long-term sustainability of the role, especially in trusts that invest little resource in the role and in which 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 the 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: six organisational case studies

The 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 CFIR, which suggests that interventions can be conceptualised as having 'core' and 'adaptable' components or expectations, we rated the congruence (defined as 'agreement, harmony or compatibility') that 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, and especially their key Freedom to Speak Up (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 in which Guardians probed and enquired beyond established disciplinary boundaries and routine ways of working.

Conclusions

To the best of our knowledge, 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 health-care system. Owing to various internal and external factors influencing how the Guardian role is 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 five 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 and policy-makers (e.g. NHS England, NHS Improvement, National Guardian's Office, Care Quality Commission)

- The following minimum resource requirements should be considered to ensure that implementation fully addresses all aspects of the role and to safeguard Guardians' well-being:
  - 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 that do not meet these minimum requirements should consider providing a clear assessment and rationale for their decision-making.
- The CQC should consider evaluating the resourcing of the Guardian role as part of the well-led inspection framework questions relating to a culture of high-quality, sustainable care.
- Trusts should consider engaging in reflexive monitoring and self-assessment of the climate of ongoing implementation of Guardians and the extent to which it is aligned with the principles and expectations of the role; this should involve a range of stakeholders, including trade 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 be considered in isolation to other sources of data.

Recommendations for future research

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

- Studies of the speaking-up experiences of minority communities and 'seldom-heard' workforce groups is a priority requirement.
- 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.
- 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 suboptimal learning from concerns.
- Studies of the Guardian role $\geq$ 5 years post implementation will provide an understanding of the medium-term impact of the role and further understanding of the links between pre-implementation and early implementation decisions and the longer-term sustainability of the role and well-being of Guardians.
- 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.

Study registration

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