Response from the Royal College of Anaesthetists to the implementation of the recommendations in the ‘Freedom to speak up’ review

Please note that this response includes the views of both clinical and lay members of the College

Consultation Questions

Question 1: Do you have any comments on how best the twenty principles and associated actions set out in the Freedom to Speak Up report should be implemented in an effective, proportionate and affordable way, within local NHS healthcare providers?

Both our lay and clinical respondents see no reason why the principles and actions in the report cannot be implemented within the NHS; these, in fact, should be part of good leadership and management practice, rather than be perceived as additional processes with associated costs.

Please see below some specific comments on the principles and actions:

Principle 2, Actions 2.1/2.2: The standard procedure for reporting concerns should be simple, with step-by-step guidance to escalation (effectively an algorithm), so as to encourage all staff to use it.

Principle 5 – “Boards should consider and implement ways in which the raising of concerns can be publicly celebrated”. Our members are unsure whether this level of publicity is required or welcomed by individuals who raise concerns. For some individuals raising concerns may have been a difficult and harrowing process, which they may not see as a ‘cause for celebration’. ‘Acknowledging’, rather than publicly ‘celebrating’ would be a more appropriate and mature way of recognising the efforts of these brave individuals.

Principle 6: “Culture of reflective practice” - This is crucial. For example multi-disciplinary morbidity and mortality (M and M) meetings are an excellent forum for raising and discussing concerns in a supportive environment, but sadly there is evidence that the time made available for them is being reduced by Trusts’ Managers.

Principle 7, Action 7.2 “…clear process of recording formal reports of incidents and concerns and sharing that record with the person who reported the matter.” Our clinical members strongly support this action; lack of feedback and formal acknowledgement is a major demotivating factor for staff, who may feel that their concerns are not taken seriously and no action is taken if an official record is not kept.
Principle 10: Training in raising concerns – training of staff in reporting concerns in a **constructive** way is vital, so that an appropriate platform is used to raise concerns, rather than ‘in passing’ conversations in staff rooms.

Principle 12 – “Support to find alternative employment in the NHS…” This principle seems to imply that raising concerns inevitably results in some level of career disruption and having to move to a different hospital. If this is the case, then this would put employees off raising concerns in the first place for fear of being relocated. This also seems to contradict Principle 5, proposing that staff raising concerns should be celebrated; how can they be celebrated if they are moved to a different employer? The option to relocate staff should only be offered if the relationship with colleagues breaks down because of disclosures made.

Principle 13, Action 13.3 Transparency - In the experience of our clinical respondents, Trusts and their legal advisers are more concerned to protect the Trust than any other consideration. Action 13.3 would be of great importance in making the public interest the primary concern.

Principle 17 – “CQC should recognise NHS organisations which show they have adopted and apply good practice in the support and protection of workers who raise concerns.” Our lay respondents are again unsure that this level of recognition is required; such good practice should be the standard in healthcare providers.

Question 2: Do you have any opinions on the appropriate approach to the new local FTSU Guardian role?

Both lay and clinical respondents have suggested that the FTSU Guardian role could also benefit from lay input, for example a lay FTSU Guardian could work alongside Managers and Clinicians in this role, but on a voluntary basis. This could reduce costs to the Trusts, and would also offer a less threatening option to staff who may feel intimidated reporting concerns to a senior individual in the organisation.

Question 3: How should NHS organisations establish the local FTSU Guardian role in an effective, proportionate and affordable manner?

Our respondents suggest open advertisement locally, preferably with a nationally standardised job description. Formal interview and appointment for a limited, probably renewable, term.

Question 4: If you are responding on behalf of an NHS organisation, what would be the cost to the organisation of the FTSU Guardian role?

Not responding on behalf of an NHS organisation.

Question 5: What are your views on how training of the local FTSU Guardian role should be taken forward to ensure consistency across NHS organisations?

There should be a nationally standardised training package with core training for these roles. Regional and local variation should be incorporated, but with central
oversight. Training should be formal, with professional trainers, and formal assessment procedures.

Should lay FTSU Guardians be recruited, they may require additional training in ‘mediation’ skills.

Question 6: Should the local FTSU Guardian report directly to the Independent National Officer or the Chief Executive of the NHS organisation that they work for?

Our respondents suggest direct reporting to the Chief Executive of the NHS organisation, to shorten the lines of communication and encourage action, with copies to the Independent National Officer to prevent collusion as a result of local pressures.

Question 7. What is your view on what the local FTSU Guardian should be called?

Our respondents did not feel that this is a critical issue and it would perhaps be best addressed outside of this consultation, for example via local/national competitions to find the best name.

Question 8: Do you agree that the Care Quality Commission is the right national body to host the new role of Independent National Officer, whose functions are set out in principle 15 of the Freedom to Speak Up report?

Our respondents agree that the Care Quality Commission should host the Independent National Officer role, but that transparency around appointment must be paramount. It would also be helpful for the role to receive formal support by the Secretary of State for Health and the NHS leading bodies.