



NHS Highland

Annual Report

1 April 2021 to 31 March 2022



**The Guardian
Service**
Here to listen

OVERVIEW

This document details the progress and development of the Speak Up service within NHS Highland identifying learning from the themes arising, providing feedback and recommendations for the continuation of service.

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1. Executive Summary

This report details the progress of The Guardian Service (GSL) within NHS Highland during the period of the 1 April 2021 to 31 March 2022. This report will provide an overview of the types of concerns raised by staff to The Guardian Service and an analysis of the kinds of issues which came forward.

In total, there were 205 concerns raised from staff across NHS Highland. Concerns received are recorded by GSL against specific themes which are Management Issue, System & Process, Bullying & Harassment, Discrimination & Inequality, Behaviour & Relationship and Patient Safety/Quality.

2. Purpose of the paper

The purpose of this paper is to detail the progress and development of the Speak Up service within NHS Highland (NHS) and to identify learning from the themes arising from the cases received by the Freedom to Speak Up Guardians which can then be fed back to NHS.

This report provides an overview of themes and issues raised through the Guardian Service from 1 April 2021 to 31 March 2022. The report also sets out some learning points and makes recommendations for consideration.

3. Implementing the Role

The Guardian Service Ltd (GSL) was implemented in NHS on the 3rd of August 2020. It has been well received by staff and supported within the organisation at all levels of management.

GSL is an independent and confidential staff liaison service. GSL provides staff with an independent, confidential, and external 24/7 service to raise concerns, worries or risks in their workplace. GSL covers patient care and safety, whistleblowing, bullying and harassment and work concerns. Guardians have a key role in helping to raise the profile of raising concerns within the organisation and can escalate issues on behalf of staff to the appropriate manager, or support staff in taking concerns forward through internal channels.

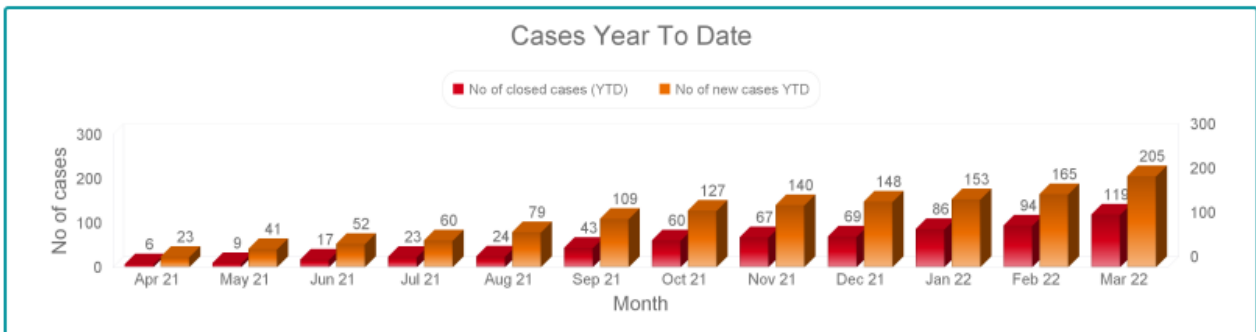
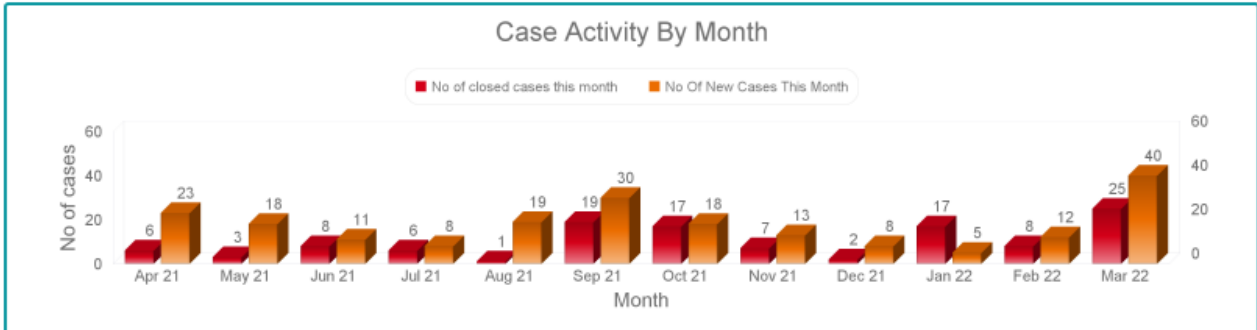
Communication and marketing have been achieved by meeting with senior staff members, joining team meetings, site visits, the NHS Intranet and the distribution of flyers and posters across the organisation. All new staff will become aware of the Guardian Service when undertaking the organisational induction programme.

4. Access and Independence

Being available and responsive to staff are key factors in the operation of the service. Many staff members, when speaking to a Guardian, have emphasised that a deciding factor in their decision to speak up and contacting GSL was that the Guardians are not NHS employees and are external to the Health Board.

5. Number of concerns raised

The total number of concerns raised to The Guardian Service in the period between 1 April 2021 to 31 March 2022 is 205.



Monthly calls received have varied between 5 calls in the quietest month which was January 2022 with the busiest month being March 2022 with 40 calls. 17 concerns in March were from Raigmore Hospital of which 10 were escalated (both with names and anon). 19 concerns were from several Rural General Hospitals which had recently been visited by a Guardian. Of these 19 concerns, 10 were escalated.

The number of emails, telephone calls (including text messages) and face to face visits engaged by the Guardians in responding to concerns are as follows:

Email – 790	Telephone – 725	Face to face – 79
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There are often multiple contact points for every concern raised, therefore the numbers do not directly correlate with the number of concerns raised.

6. Confidentiality and breakdown of action taken

How cases are managed by The Guardian Service with respect to confidentiality and escalation routes is recorded cumulatively. A breakdown of this data covering the period of 1 April 2021 to 31 March 2022 is provided below;

Confidentiality	No. of concerns	Percentage
Keep it confidential within Guardian Service remit	120	59%
Permission to escalate with names	35	19%
Permission to escalate anonymously	31	15%
Cases escalated at a later date by GSL	15	7%
Total	205	

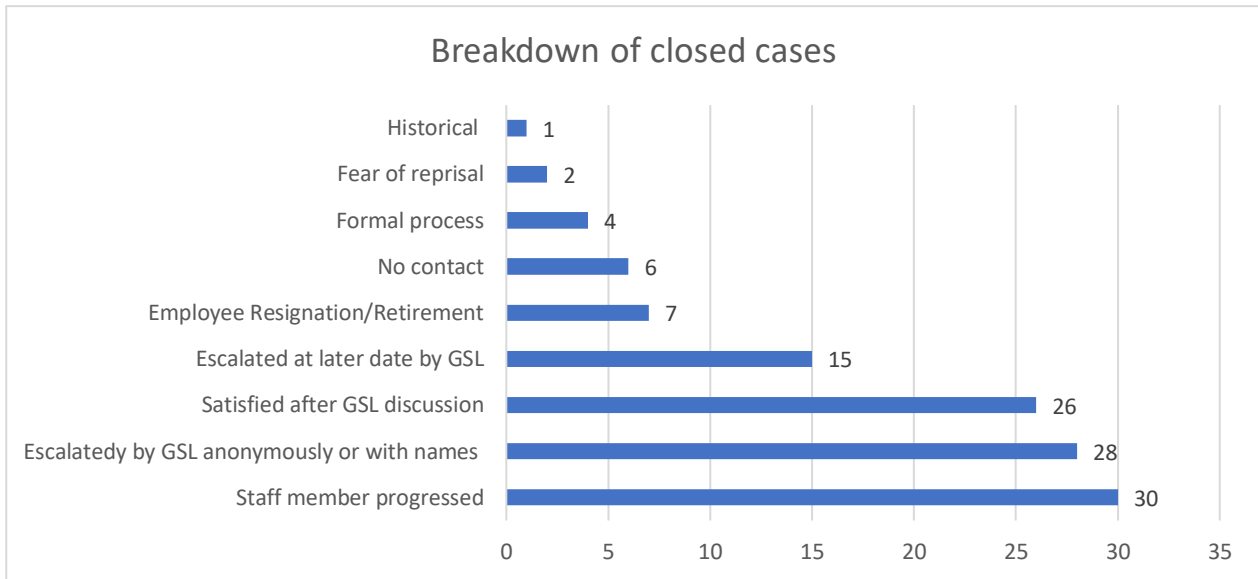
All 81 escalated concerns were responded to within the agreed timeframe. By the end of the reporting year 86 cases remained open and 119 have been closed.

Agreed Escalation Timescales		
Red	Includes patient and staff safety, safeguarding, danger to an individual including self-harm.	Response required within 12 hours
Amber	Includes bullying, harassment, and staff safety.	Response required within 48 hours
Green	General grievances e.g. a change in work conditions.	Response required within 72 hours

Open cases are continually monitored and regular contact is maintained by the Guardian with members of staff who have raised a concern to establish where ongoing support continues to be required. This can be via follow up phone calls and/or face to face meetings with staff who are in a situation where they feel they cannot escalate an issue for fear of reprisal. Guardians will also maintain contact until the situation is resolved or the staff member is satisfied that no further action is required. Where there is a particular complex case, setbacks or avoidable delays in the progress of cases that have been escalated, these would be raised with the Director of People & Culture at regular monthly meetings.

Escalated cases are cases which are referred to an appropriate manager, at the request of the employee, to ensure that appropriate action can be taken. As not all employees want their manager to know they have contacted the GSL, they either progress the matter themselves or take no further action. There are circumstances where cases are escalated at a later date by the Guardian. A staff member may take time to consider options and decide a course of action that is right for them. A Guardian will keep a case open and continue to support staff in such cases. In a few situations contact with the Guardian is not maintained by the staff member. Historical cases were cases previously known to the organisation.

GSL also records data for closed Cases which have not been escalated. This information is recorded so that the route to a resolution or otherwise can be recorded.



7. Themes

Concerns raised are broken down into the following categories;

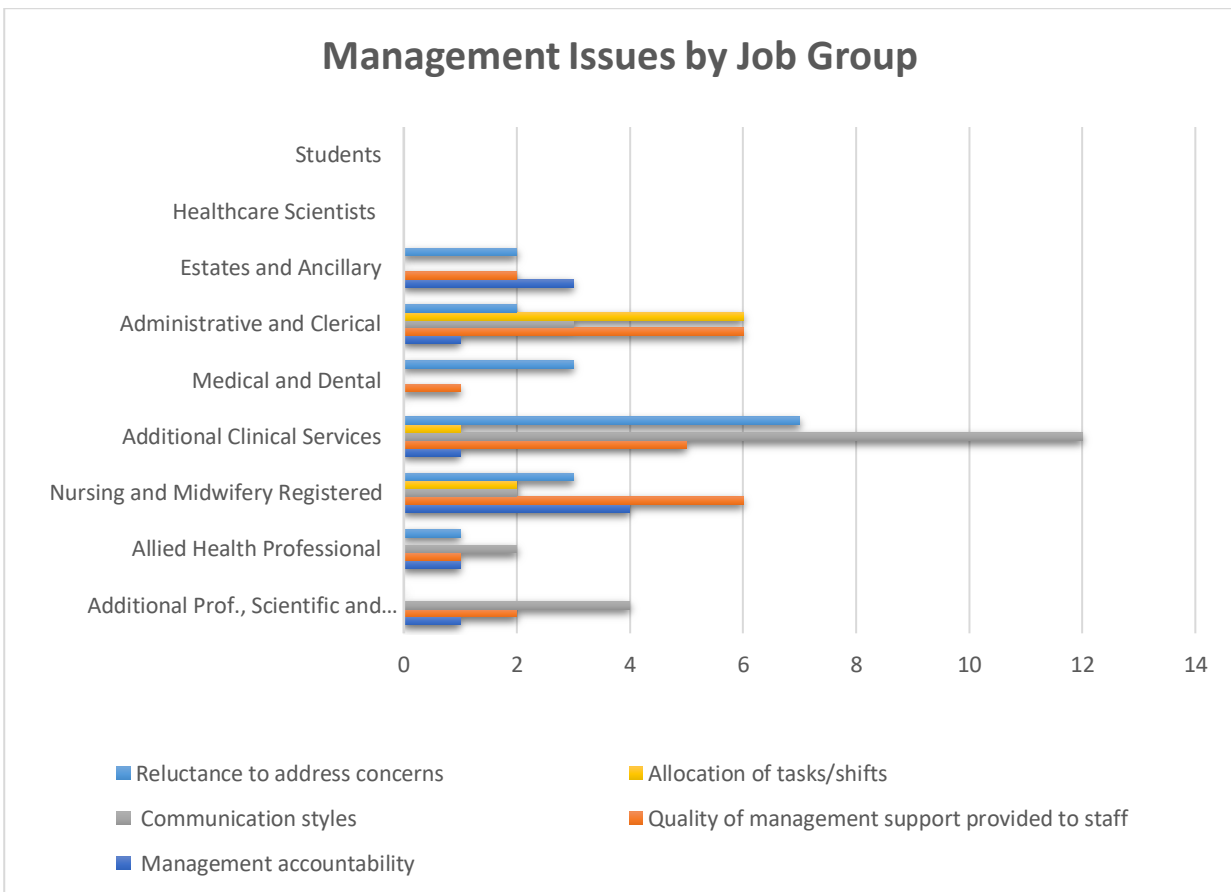
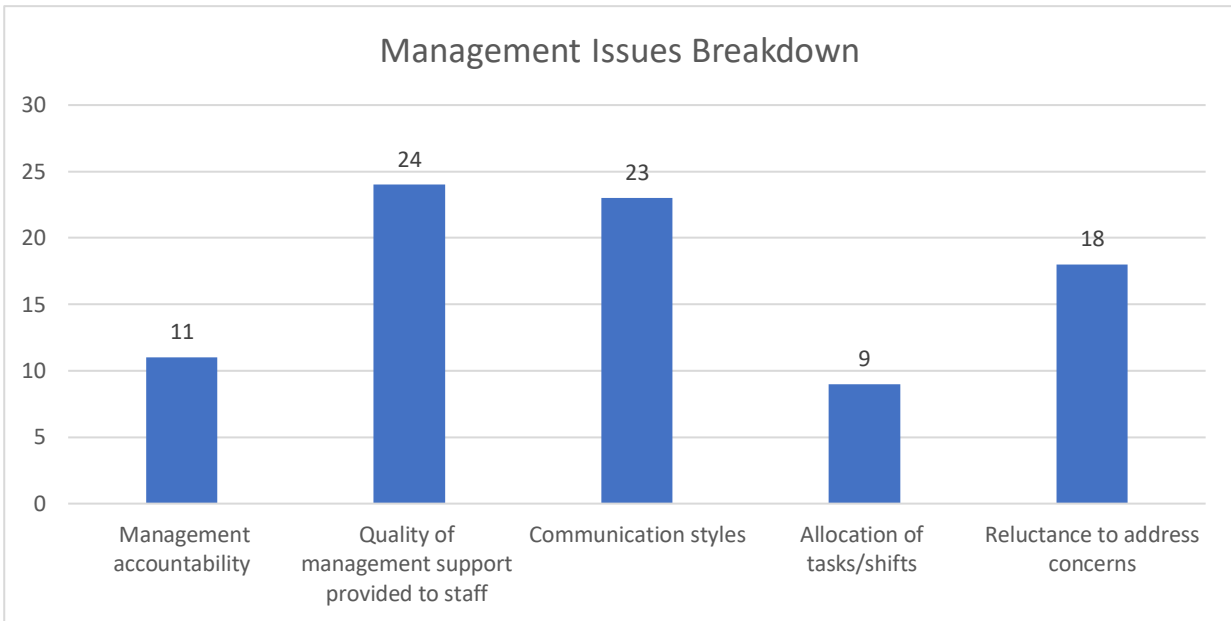
Theme	Count	%
A Patient Safety / Quality	11	5.4%
B Management Issue	85	41.5%
C System Process	32	15.6%
D Bullying and Harassment	36	17.5%
F Behavioural / Relationship	37	18%
G Discrimination / Inequality	0	0%
H Other (Describe)	4	2%
Grand Total	205	

8. Assessment of Themes

8.1. Management Issues (85)

Concerns reported under Management Issues are linked to staff perceptions surrounding managerial practice and decision making. 85 concerns were raised in relation to this theme.

A breakdown of how this theme is split into sub-themes is evidenced in the table below.



Over a third of concerns in this group are from Additional Clinical Services (26). (See attached Appendix 1 for roles which come under this heading). Concerns were raised about poor communications styles - predominantly how managers speak to staff, perceived lack of respect and oppressive management. Staff also spoke of managers making decisions without communication or consultation with staff when decisions affected their work. Staff in this group also felt a reluctance from managers to address concerns.

GSL received a higher number of concerns from Administrative and Clerical in relation to allocation of tasks/shifts and poor management of departmental processes. Staff raised concerns around perceived inappropriate working arrangements, short notice for completing work and unmanageable workloads due to an unfair distribution of work.

GSL received concerns from Nursing and Midwifery staff who felt unsupported in their role. It is widely known and, to some extent, accepted that when staffing levels are below an area's establishment level, staff are increasingly working additional shifts to minimise shortfalls. Staff have stated that they are exhausted or even "burnt out" as a result. There is a reluctance to continually raise concerns but when they are raised, staff do not feel supported by their managers and feel they are aggravating an already difficult situation.

8.2. Patient Safety/Quality (11)

All staff who contact GSL are advised that patient and staff safety concerns with an immediate risk of harm are escalated immediately, with assurance being given to staff of their anonymity should they wish to remain anonymous.

11 concerns involving the safety of patients were reporting during this period in the period 1 April 2011 to the 31 March 2022. 8 reported staffing levels at "dangerous", "unsafe levels" which were significantly impacting the quality of patient care. 7 of these concerns came from one area and were escalated immediately by the Guardian to the head of department. Prompt action was taken to ease the pressure on this team and additional support and staffing plans put in place. Communication was highlighted as an issue and action plans were shared with staff who were asked to provide feedback.

One staffing concern was raised from a different area and the problems were of a very similar nature. This was also escalated immediately to the head of department.

The remaining concerns about outdated practices and treatment of patients and staff by a staff member were escalated immediately and resolved.

Responses within agreed timeframes were given by NHH to all concerns that were raised under the theme of patient safety/ quality. Five cases remain open but only to ensure that staff are still supported by GSL until the staffing situation improves. Staff value having access to an independent person to discuss work after difficult, challenging, or frustrating shift.

8.3. Behaviour/Relationship (37)

Concerns about workplace behaviours and relationship issues among staff, their colleagues and/or their managers are addressed by this theme. 37 concerns were reported during the period and were raised within the context of:

- Relationship issues
 - Disputes between colleagues left unresolved or unaddressed despite staff members raising concerns internally with management
 - Working relationship broken down between two staff members or within a team

- Staff refusing to work with managers or colleagues due to conflict and incompatibility in personalities and approaches to work.
- Behaviour of a colleagues
 - Poor communication
 - Inappropriate language
 - Allocation of tasks
 - Rudeness and incivility
 - Deliberately withholding information
 - Professional standards and conduct
- Management behaviours
 - Talking negatively about other staff members
 - Eavesdropping
 - Unfair allocation of tasks
 - Lack of support
 - Rudeness and incivility
 - Favouritism
 - Unsupportive and unappreciative of work staff are doing
 - Failure to address issues when staff go to managers

In addition to the above themes, staff who contacted GSL were keen to explore options on how to improve working relationships with colleagues and managers. The Guardians encourage informal resolution and in support of this have offered facilitated meetings to assist with resolving conflict where appropriate. GSL held four separate facilitated meetings throughout the reporting period, three out of the four sessions resulted in a positive outcome where staff felt they could move forward and work together, and in one case the intention to raise a grievance was withdrawn.

A higher number of concerns came from Administrative and Clerical and Nursing and Midwifery with lower numbers across other groups. In Administrative and Clerical 14 concerns raised were split evenly between Acute, Community, Argyll & Bute and Corporate Services. Within Nursing and Midwifery, 10 were raised in Acute and 8 in Argyll & Bute which focused on concerns over professionalism, lack of support, poor communication, and workplace disputes.

8.4. System/Process (32)

System/Process concerns were predominantly associated with recruitment and the management of formal processes such as grievance, capability, and attendance. 14 concerns were escalated by the Guardian to the appropriate person within NESH for resolution.

- Fairness of recruitment process.
 - Vacancies not advertised internally
 - Recruitment procedure not always followed by panel members.
- Job evaluation grading, delays in process, queries, and support
- Lack of support when in formal processes like capability and conduct
- Unreasonable restrictions on staff autonomy when carrying out role
- Contact while absent from work varying from excessive to very little
- Training opportunities limited – new starts receiving training over and above longer serving staff members
- No process for emergency cover and unsustainable on-call arrangements

- Redeployment concerns around lack of support and length of time in process
- Inconsistent and unfair allocation of work and hours

Confusion around why a formal process was required was a common theme from staff. There were also concerns directed at the length of time it took to conclude a formal investigation and poor communication with staff who were in that process waiting for a resolution. Staff would contact GSL searching for updates and for clarification on each stage.

8.5. Bullying & Harassment (36)

Bullying and Harassment accounts for the second largest number of cases raised with the Guardians. In the reporting period, 36 concerns were raised under this theme. These concerns were predominantly from the worker population (28) with the remainder being from the management population.

Nearly a third of all bullying and harassment concerns were raised by staff in the Nursing and Midwifery category (11). This is followed by Estates and Ancillary (7), Allied Health Professionals (6), Administrative and Clerical (6), with the remaining categories showing less than four concerns raised over the period.

11 members of staff said they were being bullied by their line manager and 11 said they felt bullied by colleagues, a further 5 reported witnessing colleagues bullying others. The remaining concerns were split between historic allegations of bullying, general observations on poor behaviours which could constitute bullying and staff already in a formal process either because they raised a grievance or were the subject of one.

Examples of bullying behaviours that were reported to the Guardians are detailed below;

Verbal

- Inappropriate language, including swearing, name calling and threats.
- Aggressive communication and yelling
- Talking openly about other staff members, lack of confidentiality
- Laughed at when raising concerns

Behavioural

- Ignored by colleagues
- Unreasonable and threatening behaviour
- Intentional division of teams by colleagues e.g. exclusion from social media and tea breaks
- Threatening gestures and invasion of personal space
- Repeatedly dismissing a person's views, professional opinions, or contributions in a group setting.
- Ignored by managers after raising concerns

Work-related

- Escalated issues ignored and not dealt with
- Excessive contact during absence, multiple messages and phone calls reported by staff
- Unfair assignment of caseload
- Excluded from training opportunities
- Lack of support when busy, reluctance to help and make decisions
- Repeated reminders of errors and providing feedback in a manner that is not constructive

15 concerns were escalated to management. 8 of those escalated have since become the subject of internal investigations. 21 concerns were not escalated through GSL, 5 were satisfied after a conversation with a Guardian, 4 progressed internally with their line manager, 2 were in a formal process and 3 had no further contact, 1 person resigned and 1 was historical. There are 4 ongoing cases which remain open that either remain unresolved and/or the behaviours are still continuing, or the staff member is considering options on how best to take things forward.

There are cases where staff do not feel they are being listened to and ask the Guardians for support to take their concerns forward. This will involve speaking directly to the line manager or the person concerned or facilitating a meeting with the staff member and their line manager so that they are able to speak up with confidence about their experiences.

The examples above are, in many cases, what staff perceive to be bullying. There will be instances where the reported bullying is in fact harassment or affronts to dignity and respect and are not in fact bullying. The behaviour is still unacceptable but whether it constitutes bullying is unclear, it is a widely used term and there is a tendency to apply it to situations which do not meet the definition. It is likely that some of the concerns will be a rudeness and behavioural issue rather than a bullying and harassment one.

8.6. Discrimination/ Inequality (0)

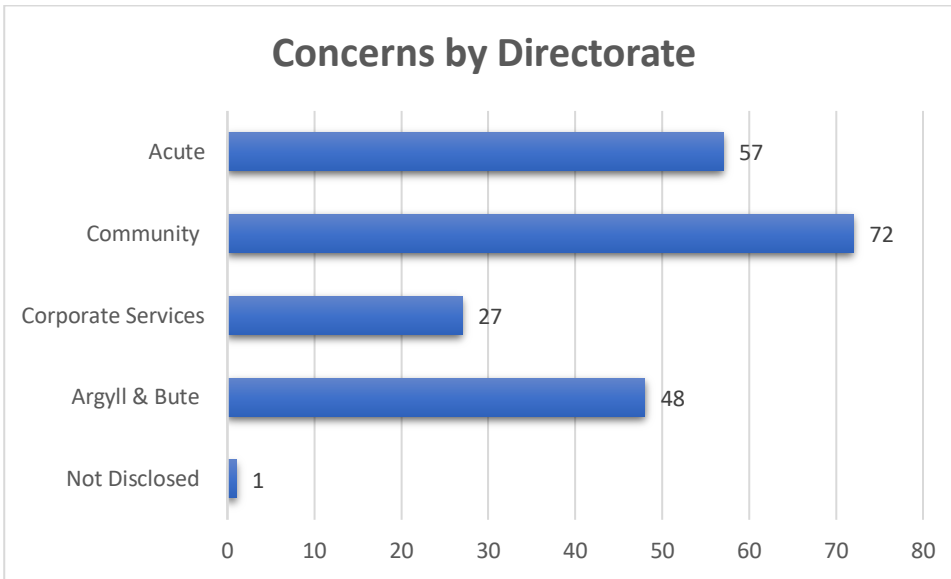
On one occasion, a concern contained an element of alleged discriminatory behaviour, but this was not the main focus of the matter raised. This case was, however, escalated and addressed by senior management. There were no other cases related to discrimination or inequality.

8.7. Other (4)

The nature of these concerns related to returning to work after a long period of absence and clarification required on reasonable adjustments, changes to shift patterns, staff wellbeing and location of work. Two cases were escalated and resolved; all four cases are now closed.

9. Statistical Graphs

9.1. Concerns raised by Directorate



Concerns raised in Argyll & Bute are not broken down beyond Directorate level to ensure that confidentiality can be maintained.

9.2. Professional Levels

Detailed below is a record of the professional level of staff who have spoken up.

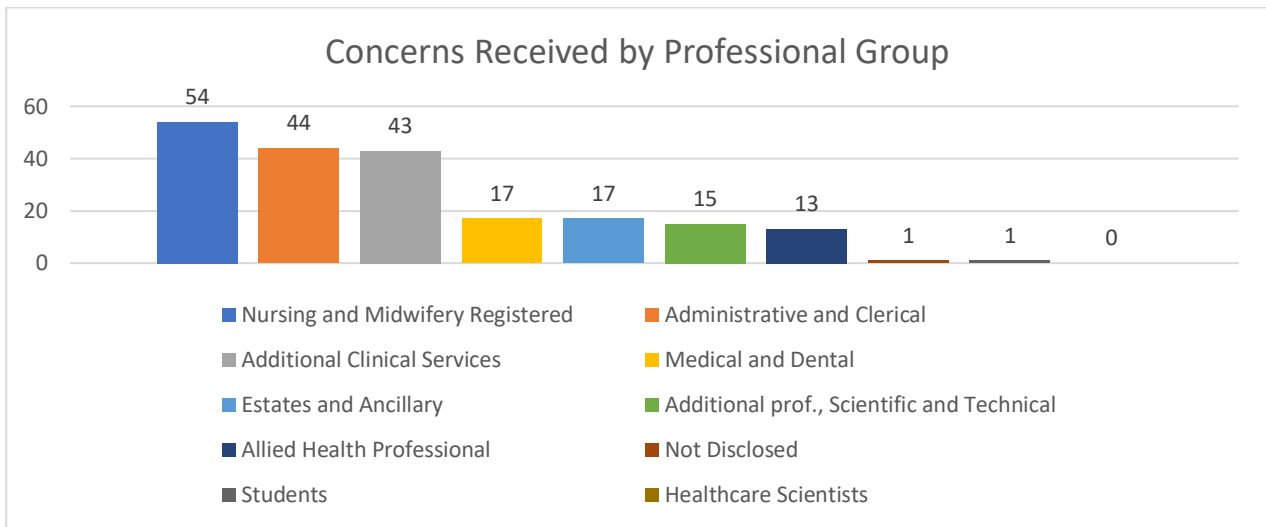


The majority of concerns originate from non-managerial employees. When the Guardians engage with staff groups, it is also emphasised that managers can raise concerns or receive support in respect of their managerial role in addition to any other concerns which they may have.

Within the management group, 19 were Management Issues, with an emphasis on concerns around quality of support provided and reluctance to take accountability. There were 11 concerns raised in relation to Behaviour and Relationship, several of these involved managers concerns around the behaviours of their staff and were looking to discuss options on how best to manage this.

9.3. Professional Groups

The table below shows the distribution of concerns raised by Professional Group.



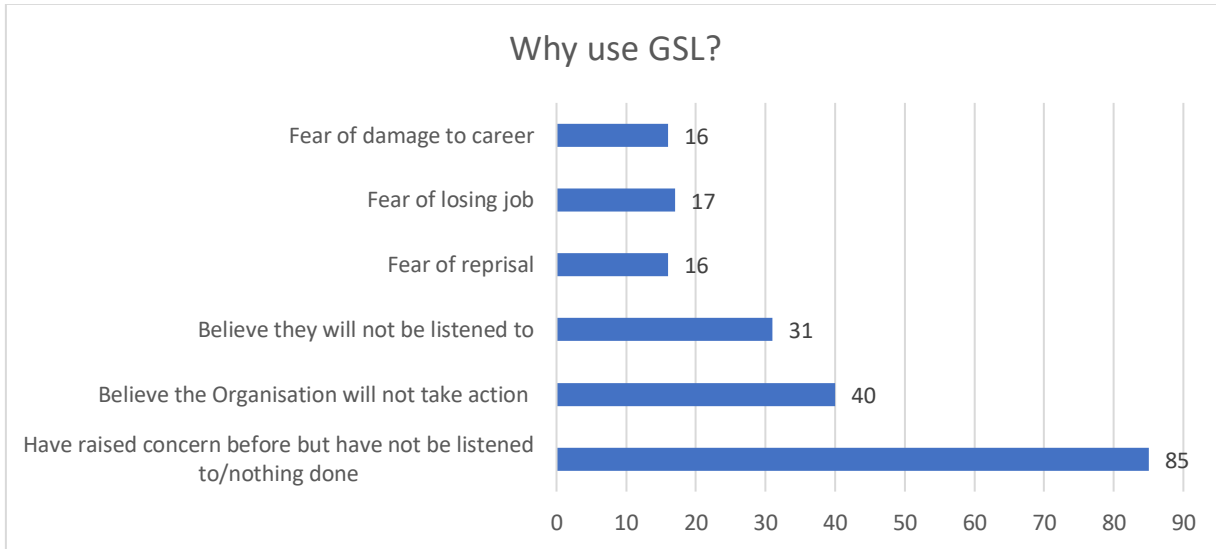
Nursing and Midwifery account for the largest portion of cases received by the Guardian Service which is to be anticipated due to the size of this staff group.

The following table gives the breakdown of concern themes for the top three professional groups.



9.4. Why use The Guardian Service?

Staff who make contact with The Guardian Service are routinely asked why they chose this route to raise a concern. The responses provided are demonstrated in the chart below;



10. Where did the staff hear about the Guardian Service?

Feedback from staff who have contacted The Guardian Service indicates that most contacts have learnt about the service from colleagues, people who used the service before, and managers. Several staff have contacted GSL after the Guardians have visited their place of work.

11. Action taken to improve the Freedom to Speak Up culture

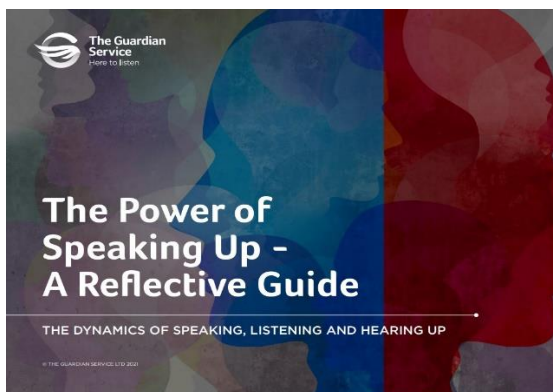
- Monthly meetings with the Director of People & Culture, Deputy Director of HR, Employee Workforce Director and People Partners to talk through the monthly activity reports which includes themes and outcome of cases. No individual can be identified by the discussion of themes therefore maintaining staff confidentiality.
- Quarterly meetings held with CEO to discuss emerging themes and learning points.
- The Guardians conduct walkabouts, visiting wards, and offices to speak to staff about The Guardian Service distribute promotional materials at different locations. The Guardians hold briefings with teams and attend meetings to talk about the service and encourage a culture of speaking up for all staff and managers.
- The Guardians assist managers in identifying issues within a specific team by offering a one-to-one session with each staff member so that they could confidentially and anonymously raise their

concerns. The Guardian Service produces a summary of themes and observations for management so that issues can be targeted and resolved.

- Corporate and departmental inductions now include reference to the Guardian Service.
- The Guardians listen and support staff to enable them to raise their own concerns. Exploring ideas & options for using existing tools, such as facilitated meetings, peer facilitation, formulating e-mails to managers, verbal communication and preparation for staff attending facilitated or one to one meetings. All of which can help an individual bring about a resolution, without instigating formal grievance procedures.
- The whistleblowing standards within NHH are promoted by the Guardians in their role as Confidential Contacts for NHH. This aspect of the Guardian's role is subject to a separate agreement, procedures and reporting with NHH.

12. Comments and Recommendations

- Concerns relating to Management Issues is the dominant theme for concerns. It is commonly raised that managers are unsupportive, have very little time to listen and can be hostile in their communication style. Staff have commented on their 'invisible' manager where working from home has become the norm and managers are rarely seen. If they are based on site, they are too busy to come out of the office. GSL suggests increased visibility of managers and conversations with staff would show support and increase staff morale.
- The Guardian Service Ltd has now developed an interactive reflective guide on "The Power of Speaking Up", working on the dynamics of Speaking, Listening & hearing Up. The Health Board may wish to promote the circulation of this useful guide to line management, to help improve effective and active listening.



This guide can be used by individuals, groups and teams.

This resource is freely available from the Guardian Service website.

www.theguardianservice.co.uk/guides-toolkits

- Many concerns received in the latter half of the reporting period relate to staffing challenges due to covid, vacancies and retirement/resignations. GSL acknowledge this is a national issue in many job groups and is not something exclusive to NHS Highland however there has been a reluctance from managers to listen to staff who repeatedly highlight dangerously low staffing levels, with many told it

is the 'same everywhere'. There are also reports of managers asking staff to reduce their expectations and standards of care when staffing levels are at a low level.

- The Guardian Service is aware that considerable efforts are being undertaken to recruit new staff but there is a breakdown in the communication of this to teams and staff on the ground. When GSL escalates staffing issues, feedback is provided but not to all staff, only those who raise the concerns. One staff member said that managers 'are constantly putting out small fires and not looking at the bigger picture', a perception that exists because staff are not aware of decisions made at a higher level. Staff are looking for reassurance that things will get better, there is perhaps further work to do in terms of communicating plans to recruit and retain staff to existing staff members.
- Staff engagement with GSL from the People and Culture team is working well, they are very supportive when GSL raises concerns. GSL are aware that some managers are reluctant to promote or use the Guardian Service in their areas of responsibility and do not see the need for the service. This is prevalent at first line management level who fail to see the Guardians as an agent to help sort issues and can be defensive at times. There is still work to be done here in terms of embedding the culture of speaking up with managers and GSL would recommend incorporating further sessions and case studies into the Management Development Programme.
- GSL have spoken to staff who have ideas on how to develop or improve a service, suggestions on how things could be done differently, and ways to improve efficiency. The barriers to hearing what people have to say are because opportunities to speak up are limited. Staff are too busy to think and plan and find time to speak up, many have tried but are not listened to and others are too fearful about coming forward with their views. The Culture Programme is rolling out the Team Conversations initiative which will encourage staff to speak up and have their opinions heard. GSL are happy to work with the continuing initiatives that the Board have undertaken as well as assist in developing new ones.
- There was a considerable number of behaviour and bullying calls made to GSL during this period. The lower numbers of escalated calls here is evidence that there is still some way to go for staff to feel comfortable calling out poor behaviour and bullying. Staff who escalate internally feel this only makes their work life more difficult and the blame is transferred to them. Civility Saves Lives and Promoting Professionalism in the workplace is a key priority for the Culture Programme in 2022 and GSL can work alongside these initiatives providing an independent route to having staff voices heard.
- It has been clear from Guardian site visits, that many staff have no knowledge of the service and support available to them from the Guardian Service. This is particularly evident among the Nursing and Midwifery profession. A continued programme of communication and engagement sessions is required to promote the Guardian Service to all staff groups wherever they are located, as there are still departments who are not aware of the service despite the work undertaken so far. This will be even more important as the Health Board works to recover from Covid-19.
- Staff have raised concerns about the recruitment process and covering for vacancies while waiting for posts to be filled. In many cases a retirement or resignation is known for a significant period before authorisation to recruit is submitted and approved. The additional pressure this creates could be avoided if prompt action was taken when resignation/retirals are submitted.
- GSL has been approached by managers who have asked us to support initiatives to improve relationships and general working within their team. This group-work approach allows for open conversations supported by GSL.

13. Lessons Learned

Case activity

- A higher number of concerns were raised in April, September (2021), and March 2022. Further investigation could be done to establish if this correlates with system pressures and hospital status during those periods. Although the quieter months such as July and December are likely to be attributable to the holiday period, staff will still require support during these times.
- There are cases where staff did not wish to escalate issues through GSL. Reasons for this are more complex than they appear as each person has different reasons for speaking to a Guardian. Staff conversations with the Guardians indicate work could be undertaken by the organisation to try and understand why employees feel they cannot escalate an issue internally and what the organisation could do to remove barriers to speaking up.

Management Issues

- Quality of support – Staff spoke of unreasonable deadlines, high workload and managers who were not visible in their place of work. The visibility of managers was perceived by staff to them receiving increased support and negative comments were made by employees about managers staying in their office or working from home. Consideration could be given to management visibility particularly within the Nursing & Midwifery job group which had the highest number of calls. Discussions with staff to find out what support looks like to them and what they expect from managers may be beneficial.
- Communication styles – Staff spoke of poor communication, and this was particularly evident in the Healthcare Assistant and Support Worker roles where staff would describe instances of being spoken to in a derogatory manner and shouted at. This staffing group is closest to patient care and how this care is delivered may be adversely impacted when staff are subjected to such behaviours. There is still a problem with language and tone used to deliver feedback, allocate work/tasks and challenge decisions or behaviours. Improving civility and respectful interactions with staff will ensure staff are happier at work, will lead to early resolution of issues and improve service delivery.
- Reluctance to address concerns – staff spoke of raising concerns which are not dealt with. Further work could be done on listening skills, how to address concerns and having difficult conversations with people. Encouraging managers to “Follow Up” after staff raise concerns will demonstrate that the organisation is promoting a consistent and effective Speaking Up culture. GSL Reflective Guide is a useful tool on listening and speaking up and could be used in department, team and individual settings. When speaking to NHS teams, etc, GSL now actively promotes support to managers such as those new to the role or who are facing challenging situations.

Patient Safety

- A low number of calls were received in respect of this theme and the organisation reacted to all calls promptly demonstrating a commitment to taking patient care concerns seriously when escalated to the NHS by a Guardian. This is encouraging and appreciated by staff and GSL.

Behaviour and Relationship

- Poor behaviours demonstrated by management and staff directly relate to NHS Scotland's core values of 'dignity and respect' and 'openness, honesty and responsibility'. Staff should be made aware of the consequences of poor behaviour and the core values reinforced. The core values are highlighted at induction but opportunities to emphasise these could be identified at different stages of an employee's career.
- Staff spoke of difficult working relationships with either colleagues or managers in a high number of calls. In some cases, failure to act early meant tensions escalated and issues became difficult to resolve. Adopting an informal resolution / early intervention approach to all concerns relating to working relationships should prevent formal complaints. Staff and managers should be encouraged to speak to an appropriate manager or a Guardian as soon as a problem arises. It is never too early to speak to a Guardian.

System/Process

- Staff contact during absence is inconsistent with some staff citing excessive daily calls and/or emails and others having little or no contact at all. There appears to be different approaches to the application of the attendance management policy and further training on what is appropriate could be introduced in ongoing management development programmes.
- Staff spoke of very little contact from management and HR when going through a formal process. GSL can be the only contact for a staff member involved in grievance, disability or conduct investigations. Whilst GSL is aware that some areas make reference to the support service available from GSL in correspondence to staff, this could be more dynamic with staff being signposted to GSL as a matter of course. Attention could also be given to reviewing the frequency of contact and level of support for staff in these circumstances.
- Recruitment concerns raised by staff to GSL, demonstrated a lack of planning when identifying vacancies at an early stage through retiral and resignation. Posts are delayed by months because paperwork is submitted late. NHS could review how managers identify vacancies early to ensure timely approval to recruit which will mitigate risk in gaps to service provision.
- There are cases where staff have requested exit interviews when leaving a post for an internal move. Staff could be signposted to GSL for a conversation to establish if there are any concerns they have that led them to leaving that role.

Bullying & Harassment

- Less than half of what staff considered to be bullying and harassment behaviours were escalated to the organisation with many staff nervous of speaking up fearing they would suffer a detriment for doing so. Staff who did escalate internally felt this made life difficult and impacted working

relationships. Staff remain unconvinced that speaking up results in a positive outcome, providing staff with cases studies through training and other communication channels would illustrate the benefits and instil confidence in the process of speaking up. The development of case studies by GSL and hosting Awareness Briefings for all staff may increase staff confidence levels when coming forward.

- Staff found managers unwilling to address perceived bullying concerns when first raised to them. These often escalated into something more complex and difficult to resolve. There is also a reliance on HR to find solutions for the manager which adds to the delay. Staff also fear a situation where they must confront a potentially senior person who is allegedly treating them badly. Developing effective leadership programmes for managers who lack the skills and confidence to deal with conflict effectively, would demonstrate a commitment to creating a safe working environment, as well as awareness sessions for workers on what constitutes bullying and the impact it can have.

Discrimination & Inequality

- There were no cases in this category, but it is unlikely that discrimination and inequality does not exist within NHH. Employee networks are a critical tool in making sure voices are heard and in supporting staff who face discrimination. The organisation could proactively target these networks and support GSL to join staff network meetings to talk about the importance of speaking up.

General points

- There are managers who perceive GSL as a threat and a few are reluctant to engage with the service until concerns are raised directly to them. The organisation could consider how best to encourage engagement at this level and reinforce the importance of listening to concerns. There is still work to do to ensure managers understand how GSL can support managers as well as front-line staff.
- Staff choose to speak up through a Guardian because most have raised concerns before but are not listened to and many believe the organisation will not take action. Confidence can be restored through promoting positive staff experiences of speaking up at work.
- There are staff at all levels in the organisation who are struggling (due to, for example, low staffing levels, poor relationships with colleagues and managers), consideration could be given to how NHH recognises this in their staff and how they are supported. Poor communication is the biggest barrier to finding out if staff are okay. With a little bit of encouragement and support, a staff member will speak up as evidenced in numbers of staff who have spoken up after a conversation with the Guardian Service.

14. Staff Feedback

"Thank you so very much to The Guardian Service for the tremendous support you have given me, without your service I am 100% sure I would have handed in my notice."

"I would highly recommend this service to anyone who may need it, the Guardian showed compassion and understanding, I was made to feel that my opinions mattered, it is good to know there is help at hand if needed."

"Excellent service."

"I have to say at a time of great stress and confusion my guardian was fantastic and was the only person that listened to my concerns when I needed it the most. Thanks to the Guardian I'm now back at work and in a much happy place mentally. I can't express how much it meant to me, the support was there at a time of great distress and the Guardian put me at ease while I was off work. They were the only person that kept in regular contact with me throughout the whole time and process and kept me very calm and addressed all the things that came up along my journey back to work. I can't thank them enough for that."

"I do appreciate that the service did support me as best it could which did give me confidence to attend meetings and come into the hospital when I was scared to however the experience has made me aware that being asked to speak up about any issues isn't actually welcomed and that no one within the NHS is willing to support you. If you do speak up you need to be a very strong person already and be willing to stand alone. I will never speak up again."

"Fantastic service, I felt listened to, understood and supported which I didn't get from any management in my workplace."

"I was glad that there was someone that I could speak to, out with my department, someone that would understand and listen to my concerns. Thank you."

"The Guardian has helped me through a very difficult time and I appreciate their help greatly. They were calm, level clear, understanding and balanced. All things I wasn't, this made the difference to me and helped me through the process. I am now in a better position to move forward."

"I wouldn't have got through a rough time at work if it wasn't for this service."

"Great help"

"The Guardian was a great listener full of empathy without sounding condescending, made me feel I could tell them anything and my thoughts and feeling were never disregarded, the advice given was very accurate and what they were not 100% sure on was able to point me in the right direction or find out for me and get back in touch promptly. They kept in touch through the whole process making sure I was okay and offering any help even to attend meetings if required. As a result of their help most of the issues I raised in the department have been resolved and it is a more pleasant environment to work in."

Appendix 1 Job Groups

Additional Prof., Scientific and Technical

Chaplain
Clinical Psychologist
Optometrist
Pharmacist
Practitioner
Psychotherapist
Social Worker
Technician
Audiologist

Additional Clinical Services

Apprentice
Assistant/Associate Practitioner
Counsellor
Health Care Support Worker
Healthcare Assistant
Healthcare Science Assistant
Healthcare Science Associate
Helper/Assistant
Nursery Nurse
Phlebotomist
Play Specialist
Pre-reg Pharmacist
Psychological Wellbeing Practitioner - Qualified
Student Technician
Technical Instructor
Technician
Trainee Healthcare Scientist
Trainee Scientist

Estates and Ancillary

Driver
Support Worker
Chef
Cook

Allied Health Professional

Art Therapists
Drama therapists
Music therapists
Chiropodists/podiatrists
Dietitians
Occupational therapists
Operating Department Practitioners
Orthoptists
Osteopaths
Paramedics
Physiotherapists
Prosthetists and Orthotists
Radiographers
Speech and language therapists

Medical and Dental

Associate Specialist (Closed)
Clinical Assistant
Consultant
Foundation Year 1
Foundation Year 2
Senior House Officer (Closed)
Specialist Registrar (Closed)
Specialty Doctor
Specialty Registrar

Staff Grade (Closed)
Trust Grade Doctor - Career Grade level
Trust Grade Doctor - SHO Level (Closed)
Trust Grade Doctor - Specialty Registrar

Students

Student Midwife
Student Nurse - Adult Branch
Student Nurse - Child Branch

Nursing and Midwifery Registered

Midwife
Midwife - Consultant
Midwife - Manager
Midwife - Specialist Practitioner
Modern Matron
Nurse Manager
Sister/Charge Nurse
Specialist Nurse Practitioner
Staff Nurse

Administrative and Clerical

Accountant
Adviser
Apprentice
Board Level Director
Chair
Chief Executive
Clerical Worker
Manager
Medical Secretary
Non Executive Director
Officer

Receptionist
Researcher
Secretary
Senior Manager
Technician

Healthcare Scientists

Biomedical Scientist (Closed)
Consultant Healthcare Scientist
Healthcare Science Practitioner
Healthcare Scientist