Freedom To Speak Up at Moorfields
Progress Update on Delivery of Improvement

Background

Freedom to speak up (FTSU) is vitally important to the delivery of safe, excellent, equitable and kind care for our patients and our staff. A more open culture encouraging learning and improvement leads to safer care and treatment, improved patient experience and greater staff satisfaction and performance. We must support our staff to feel confidence to speak up, to feel that speaking up will result in change and to feel that speaking up will not result in disadvantage.

In recent NHS staff surveys from Moorfields, a number of questions which reflect FTSU, and the culture of the organisation have shown little improvement over the last 5 years. The board and leadership team recognised the need for change to improve this and a peer review of our FTSU arrangements was commissioned in November 2022. This was reported to the Board in January 2023 and a plan of work to deliver change was put in place.

Results of Peer Review of FTSU at Moorfields

The peer review undertaken by Liverpool Chest and Heart Hospital Foundation Trust (an exemplar FTSU organisation) found that while the current service at Moorfields had provided a good baseline for guardianship utilising volunteer FTSU guardians, there were areas that would benefit from change. The staff survey undertaken as part of the review found that 32% of staff said they would use the FTSU service, 47% indicated they might use the service with a number of reasons put forward about why that might not be their chosen route, including not knowing enough about it, fear of detriment and choosing another route in preference. The remainder (21%) said they would not use the service for a number of reasons including thinking that nothing would be done, distrust around confidentiality and fear of detriment.

Snap Survey results
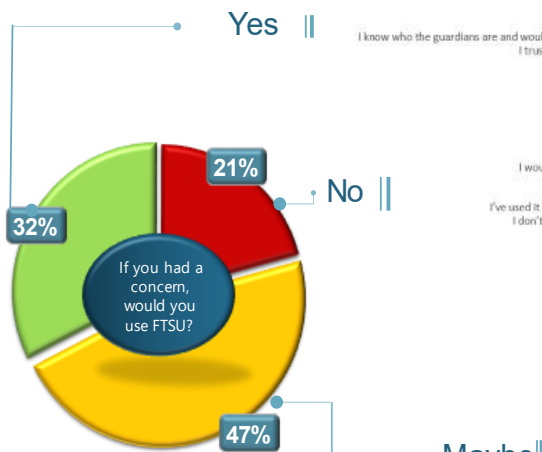
There were **409 respondents** to the survey that was issued as part of the review. They could select multiple responses for the reasons for electing their initial answer. **The number of responses rose significantly when the communication confirmed anonymity**
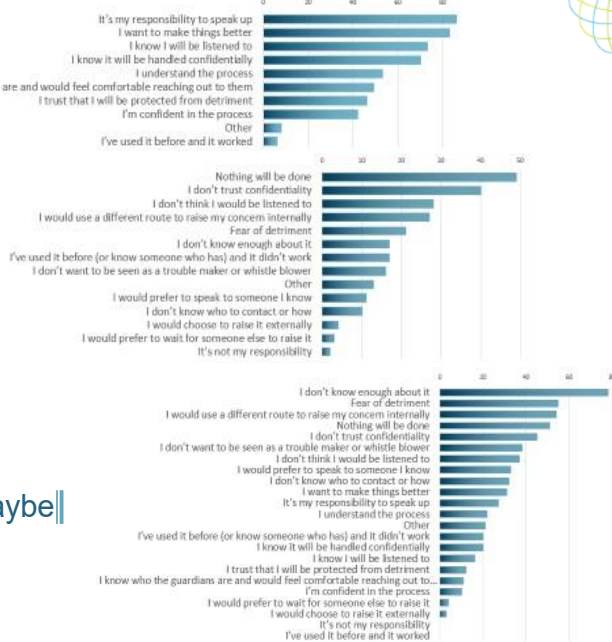
Recommendations were made in the review about priorities to improve the service going forward. These included:

- review of the FTSU model and the resources associated with it.
- development of a triangulation approach to data such as sickness levels, employee grievances etc with FTSU contact and case data to give greater insight into areas of improvement.
- enhanced training for managers in managing and responding to FTSU.

Points were also made about needing to ensure policies, guidance and processes are robust.

Approach to Delivery of Change

Co-creation of revised FTSU model with staff → Culture Change is a Priority for the Board → Enhanced training: Managers; all Staff; FTSU team → Monitoring effectiveness via multiple data sources

Co-creation involved staff focus groups to understand what would be needed in the new model and three options were developed. Following agreement by Management Executive staff were engaged for their views. The questionnaire was responded to by 346 staff and a blended option of an internal Guardian post with an anonymous reporting service (externally hosted) was preferred by 56% of staff (alternatives were a solely internal service, preferred by 11.6% or solely external, preferred by 32.4%)
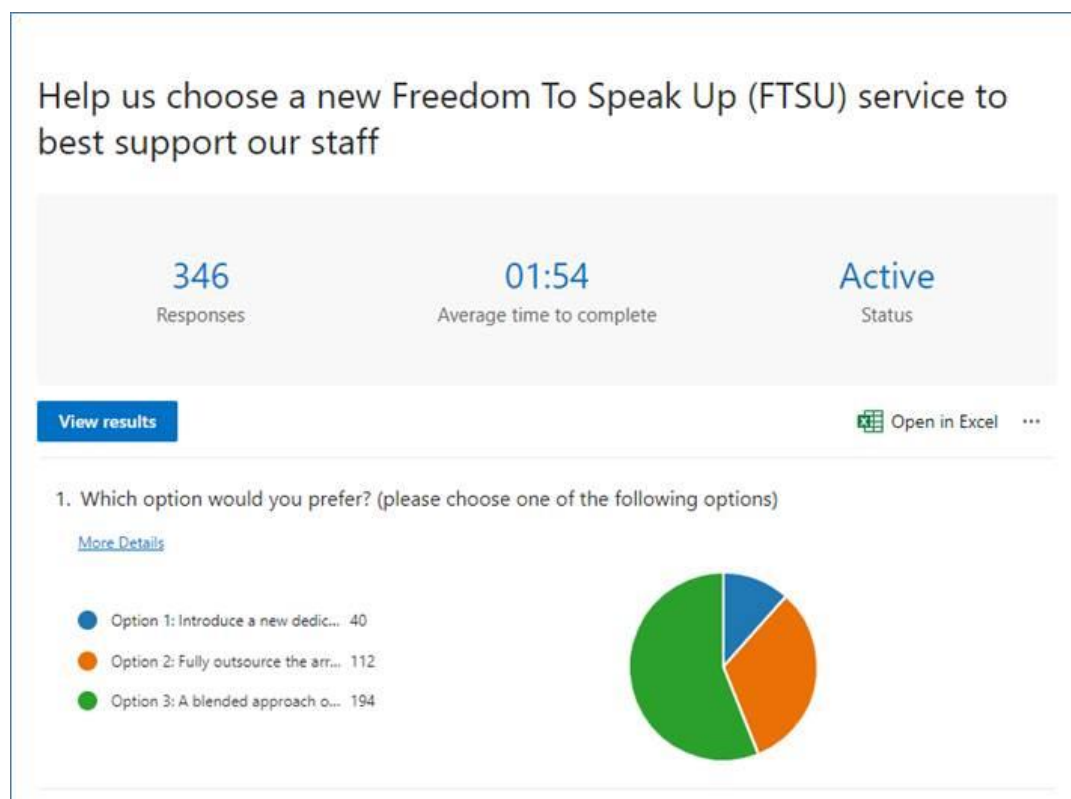
A new Freedom to Speak Up model for Moorfields

Based on a business case summarising the evidence, Management Executive have agreed to take forwards a new model consisting of:

- A service managed and led through a new substantive lead FTSU. The lead Guardian will be supported by voluntary FTSU Guardians (as per the current model).
- A new externally hosted electronic anonymous reporting system, available to staff via a mobile or any kind of laptop or tablet. The system enables staff to communicate with a FTSU guardian completely anonymously, and for a dialogue to be established between the staff member and the FTSU guardian (enabling the guardian to ask clarifying questions and/or the complainant to receive updates). The dialogue can remain entirely anonymous. The experience of other NHS organisations using this system is that gradually staff gain confidence and a reasonable proportion of initially anonymous speakers-up go on to identify themselves, typically allowing for better resolution of their issue. The system comes with flexible reporting, and can be extended to enable different types of concern (or indeed improvement suggestion) to be incorporated, enabling staff to choose where to have their concern followed up.
- A champions network across the organisation.

A recruitment process is underway for the new lead Guardian with an expectation that the individual will be in post in December/January. The new electronic reporting system is being procured and will be fully live late Autumn (experience from other organisation suggests we can implement in 6-8 weeks including staff training/guidance). The diagram in Appendix 1 provides an overview of the new Freedom to Speak Up model, the multiple access routes and an overview of how concerns will be resolved.

October is Freedom to Speak Up month nationally. This year the programme for the month will a focus on the transition to the new Freedom to Speak Up arrangements. Key for the month will be roadshows at various major sites, and other visits covering most other network sites. Following on from this will be a full communications plan about the implementation of the new FTSU arrangements. There will be multiple ways in which staff will be made of aware of the new Guardian arrangements, the new electronic reporting system and how to raise a concern if they need to.

Data comparison and triangulation

The first priority for reporting is to ensure that standalone FTSU reporting is strengthened, including time series, and time to resolution. We are now providing divisional management with data that helps ensure timely follow up and resolution on FTSU issues and resolution.

We then want to ensure that we are combining and improving the various sources of data that enable management to understand both quality/safety issues and people/culture concerns. Trust teams already have access to multiple data streams, including workforce data, quality data, and staff survey data to indicate where issues may be occurring.

Centring around FTSU and HR data, the team are working to create a dashboard as a working method to bring all of these data sources together to identify hot spots and areas of workforce concern for further action/resolution.

There is substantial work needed to ensure these data sources provide the triangulation in the way that is required, as data does not always align, we have some data attributable to individual patient pathways, some at a service level (but cross-site) and some which is

collected at a geographical site level. We also have historical changes in the organisation to take account of.

Appendix 2 contains the data sources from which we will build a dashboard that divisional teams will use to support any soft intelligence they have. In addition we are building prototype dashboards to bind the data together to understand 'hotspots' and areas of focus, using appropriate KPIs and Statistical Process Control techniques.

We will return to the next People and Culture Committee with a more mature version of this model.

Delivery governance and Oversight

People and Culture Committee has been briefed with the plans for the new model and are fully supportive and will continue to provide oversight from a Trust Board perspective.

Management oversight of progress continues through the Excellence Programme as a Category 1 project and delivery of the FTSU Improvement plan is a project under the Working Together Board. The SRO is the Chief Nurse who also chairs the FTSU improvement steering group.

Next steps

Key actions confirmed by Management Executive are summarised as:

1) Acquisition of resources for the new FTSU model: the new FTSU Guardian and the new externally hosted anonymous electronic speak up system.
2) An implementation plan based around the timing of the acquisition of resources, including staff training.
3) A communications plan to launch the new model. FTSU month in October will be used to brief the organisation about the new arrangements and to raise awareness. A full implementation communications plan will build from this linked to the timing of new resources becoming available.
4) Development of clear presentation of FTSU data to support reporting/accountability for action.
5) Development of a data comparison/triangulation model and dashboard and subsequent testing with divisions over the next 1-2 months, with subsequent versions coming to People and Culture Committee.