1. SPECIFICATIONS – SPEAK UP SERVICES

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1. BACKGROUND
   1. The National Guardian’s Office and the role of the Freedom to Speak Up Guardian were created in response to recommendations made in Sir Robert Francis QC’s report [“The Freedom to Speak Up”](http://freedomtospeakup.org.uk/the-report/) (2015).
   2. These recommendations were made as Sir Robert found that NHS culture did not always encourage or support workers to speak up, and that patients and workers suffered as a result. ‘Freedom to Speak Up’ and is one of a number of measures introduced to ensure health and care workers are encouraged to speak up, and do not suffer as a result.
   3. The National Guardian’s Office (NGO) helps to lead cultural change within the NHS, so that healthcare staff feel confident and supported to speak up. The NGO undertakes a variety of work to further its goals, including case review of Speak Up incidents and the creation of Speak Up training.
   4. The NGO also leads and supports a network of Freedom To Speak Up Guardians in the NHS and increasingly in social care, and ALBs. There are more than 800 FTSUGs and they cover every Trust in England.
   5. Freedom to Speak Up Guardians offer an alternative route for workers to speak up. They also promote Speak Up in their organisations, raise awareness, and try to ensure that their organisation is well equipped to support staff who speak up. It is essential that the successful contractor develops effective working relationships with the National Guardian’s Office and should seek to take part in NGO led initiatives including its working group.
   6. While this infrastructure is becoming embedded to support people who work within the NHS and primary care, there is little comparable provision for employees and workers within the adult social care environment. FTSUGs do not have the same reach in adult social care as in the NHS.
   7. Therefore, this service continues and also reinforces the government’s commitment to Speak Up as it provide independent and confidential advice in the process of Speak Up and is open to all health workers and in general to members of the public that would like to raise concerns.
2. OVERVIEW AND PURPOSE
   1. Speak Up is a priority for the Department of Health and Social Care (DHSC). Ministers have repeatedly stated their desire to see a culture across the NHS and social care sector where people are encouraged to speak up, and that concerns, e.g. about patient safety, are acted upon when they do. This service proposition supports that priority – as described in the government responses to the Freedom to Speak Up Review and Learning from Gosport - through the provision of a Speak Up helpline for the NHS and Social Care workers.
   2. The existing Speak up helpline and website has been in place since 2017 with service provision dating back to 2003. In this time, the service has provided an independent resource for NHS and Social Care workers who wish to speak up and raise their concerns.
   3. The current contract comes to an end on 30th November 2022.The current service provides signposting services through a free phone helpline, and online portal, for those who wish to speak up. The provider seeks to understand service users concern/s and then signposts them to the relevant organisation e.g. a regulator like the CQC. No advice is provided as part of this service
   4. DHSC is currently undertaking a survey to gather intelligence and feedback from users and make recommendations on future service provision requirements The survey may result in changes to the current provision, these changes may include additional deliverables or modification of the current delivery model; or may result on the discontinuation of the service.
   5. DHSC wishes to appoint a responsible, competent and flexible provider who can deliver the services both in their current form but who are also agile and able to work with DHSC in delivery of any future state and shape of the service as desired by the Authority.
   6. The service will continue being called “Speak Up” or similar and will have core requirements that comprise of:

(a) Provision of a helpline and online tool for NHS and Social care workers that understands the concern the user is raising and provides them with clear signposting information on where the user should raise their concern;

(b) A website that details the principles of Speak Up, would house the online tool and provide a means for users to contact Speak Up by email, if they chose;

(c) A plan to raise awareness of Speak Up targeted at potential users;

(d) The successful provider will also need to provide data that details a breakdown of as a minimum (but not limited to):

* Monthly user volume of the Speak Up helpline, online tool, and email contacts;
* Identification of any issues raised through Speak Up, separated by NHS or adult Social care;
* Details of which organisations Speak Up has signposted its users to, and their frequency;
* The percentage of helpline callers were answered within 30 seconds;
* The percentage of helpline callers were abandoned
  + The percentage of email correspondents were answered within 2 working days;
  + Monthly complaints raised split by helpline, online tool and email and by upheld and not upheld

1. **CONTRACT PERIOD**
   1. The contract will be for an initial term of 12 months from 1st December 2022, with an option to extend for a further 24 months in periods of 12 months
   2. DHSC or its representative shall inform the supplier of the requirement for an extension, not later than 1 month before the end of the contract period.

1. THE REQUIREMENTS

**Outline**

* 1. A Service Provider is sought to deliver the Speak Up package of services for people who work in the NHS and Adult Social Care sector and for providers of NHS services and Adult Social Care services. The objective of the service is to support people who wish to speak up about matters that affect them, and the provision of care.
  2. We require Speak Up to provide:

A telephone helpline;

A website, including a portal to identify where concerns should be raised and email contact option;

Escalation procedures where issues such as potential safeguarding situations need to be acted upon;

Performance data for regular reporting of management information; and

Active awareness raising and promotion activity.

* 1. The target customer base for the helpline service is:
     + - NHS workers (including trainees, agency staff, and those that work outside of normal working hours);
       - Staff employed in the Adult Social Care sector (including trainees, agency staff, and those that work outside of normal working hours);
       - NHS and Social Care employing organisations;
       - Contractors for the NHS and Social Care sector.

## **Helpline service**

* 1. The minimum operating time of the telephone Speak Up helpline will be normal business hours, i.e. from 0800 hours to 1800 hours Monday to Friday. During these hours the service will be manned.

**Helpline operating procedures**

* 1. The nature of the Speak Up service in particular the telephone service, is such that staff working for the successful bidder will likely be communicating with individuals who may be emotional.
  2. The successful Service Provider must handle calls to its telephone helpline by following operating guidelines that reflect good practice principles. For example:
* Opening the conversation in a welcoming manner;
* Outlining the limits of the assistance the helpline may provide, in order to manage the callers expectations;
* Identifying the nature of the call / concerns / key request to establish the caller’s needs;
* Summarising and clarifying the reasons for the call, being mindful of serious concerns and escalation procedures (where applicable);
* Signposting the caller to the organisation/s that are best placed to take forward their concerns;
* Check the caller’s understanding of the signposting information given;
* Closing the call;

## **Translation service provision**

* 1. NHS and Adult Social Care service provision is varied, employing individuals with a diverse capability and skills mix. It is recognised that some sectors might employ workers where English is not an individual’s first language.
  2. The Service Provider must have access to relevant translation services to ensure equality of access and treatment of callers’ diverse needs.

**Website**

* 1. The existing contract provides a website. Having a website is an integral part of the service provided. It will require periodic review and updating to maintain its relevance.
  2. Under the new contract, DHSC will own the website and any new intellectual property. These will be required to be transferred to subsequent service providers.
  3. We would expect that the successful Service Provider will propose how the transition from the existing website to the new Speak Up site can be most effectively delivered whilst seeking to maintain service levels and minimise user disruption. It is expected that the online traffic to the current Speak Up Direct will be re-routed to any replacement web address.
  4. The successful Service Provider will be responsible for the website support aspects related to Speak Up and keeping the website up to date. Ownership of the website may pass to another body who will also hold the intellectual property rights for work, the Speak Up helpline and its website is currently held at: https://speakup.direct/.

## **Signposting**

* 1. The nature of the Speak Up Service is such that staff working for the successful Service Provider will likely be communicating with individuals who may be experiencing a variety of emotional states. Calls can be complex and there will be a need to ask questions in a sensitive way.

* 1. The service is to provide guidance relevant to a caller’s situation, and ‘signpost’ to the appropriate organisation for the callers concern, e.g. regulators like CQC.
  2. The Service Provider will have in place a service flow (‘map’) for guidance and signposting and this will be updated in annual basis, if required. The service model must include how serious concerns raised by service users will be referred to the relevant bodies or authorities and the relevant law governing data protection.
  3. The service will not cover the provision of specific legal advice on the merits of an individual’s case nor act on individual concerns.

## **Escalation procedures**

* 1. Through initial questioning, it may become apparent that there may be safeguarding issues to consider – where serious concerns, especially those alleging criminal activity or serious patient safety concerns, are raised. The Service Provider will need to include to include in the delivery of the service consideration of the need for onward referral of such concerns. It will also be required to have Safeguarding policies in place that include effective training of all staff and volunteers involved in the delivery of the service and appropriate escalation processes of safeguarding issues.
  2. The Service Provider will need to meet the following standards:
* Access to detailed and up-to-date knowledge and information of the relevant legal framework, including the Public Interest Disclosure Act 1998, the Employment Rights Act 1996 and data protection legislation; associated case-law, local policies to implement relevant legislation and procedure in both the private and public sector to ensure that consistent advice is given.
* Provision of a secure way to log caller information and email queries that abides by current information security and data protection legislation

**Awareness raising / promotion activity**

* 1. An element of the requirement will include awareness raising/promotion activity of the Speak Up helpline. Freedom To Speak Up Guardians may be a channel for promoting the Speak Up helpline.
  2. The Service provider will need to undertake activities to raise awareness of the service, (e.g. use of Social Media)

1. CONTRACT PERIOD

The Contract will be for a period of 12 months from 1st December 2022 to 30th November 2023 with the option to extend for up to a further 24 months.

1. BUDGET
   1. The maximum contract value is £162,500 exclusive of VAT for the duration of the contract.
   2. However, during the life of the contract the scope of the service may be amended in line with heading 5.
2. **PAYMENT SCHEDULE**
   1. The authority will make quarterly payments in line with the following schedule:

|  |  |
| --- | --- |
| Q1 | End of February |
| Q2 | End of May |
| Q3 | End of August |
| Q4 | End of November |

Payments will be affected after quarterly reviews with the supplier has taken place.

1. **VARIATIONS TO THE SCOPE OF REQUIREMENTS** 
   1. DHSC is currently undertaking a service user survey seeking feedback on the current service offer. Depending on the response to this survey, we may wish to include additional deliverables, amend the delivery model or discontinue the services altogether.
   2. Such additional services will follow the variation process as set out in clause 12 of the Terms and Conditions of Contract.
   3. Additional services/variations will be of the same nature of the contract and may include but not be limited to the following:
      * + Meetings with service users
        + Hand over notes/meetings between service users and signpost organisation
   4. Any subsequent variations will not exceed the value of £200,000 exc VAT. The appointed Service Provider will be offered any additional scope of work related to this contract. In the case of any variation, the Authority will issue to the appointed Service Provider additional scope of services, and the appointed provider will submit within agreed timescales a costing for such additional services for review and approval prior to commencement of any additional or amended activity.
2. **KEY PERFORMANCE INDICATORS**

| **Key Performance Indicators** | **Good (=Target)** | **Approaching Target** | **Requires Improvement** | **Inadequacy (=Critical Service Level Failure)** | **Frequency/Evidence to be provided** |
| --- | --- | --- | --- | --- | --- |
| Percentage of Service User feedback on surveys that rates satisfaction as good or excellent | >85% | 85-80% | <80-75% | <75% | Ongoing  Annual report Evidence of survey and improvements made to Service as a result of Service User feedback |
| Number of Service Users making formal complaints about the Service (verbal or written) | 1% | >1-2% | >2-3% | >3% | Quarterly |
| Reports provided monthly with all parameters required | 100% | 90% | <90-80% | <80% | Quarterly |
| Website Accessibility for services 24 hours a day 7 days a week | 100% outside of planned downtime for maintenance | 98% | <98-95% | <95% | Annually |
| Percentage of staff delivering Services who have successfully completed safeguarding training | 100% | 90% | <90-80% | <80% | Annually  Training plan in annual report |
| At least 3 activities for promotion of the services | 3 | 2 | 2 | 1 | Annually Evidence that promotion of the service has been carried out |
| % Helpline callers are answered within 30 seconds | >95% | 95-90% | <90-80% | <80% | Quarterly |
| % Calls Abandoned after 10 seconds | <5% | 5-6% | >6-7% | >7% | Quarterly |
| Emails and online forms are responded within 2 working days | >95% | 95-93% | <93-90% | <90% | Quarterly |
| Data Breaches Reported | 100% | 99% | <99-98% | <98% | Within 2 hours of breach coming to the attention of provider |
| Social Value: Number of people-hours spent supporting local community integration, such as volunteering and other community-led initiatives, under the contract. | TBC in line with winning bidder offer |  |  |  | Annually |

1. **PERFORMANCE DATA FOR REPORTING OF MANAGEMENT INFORMATION**
   1. The new contract will require quarterly, and annual reports, containing information on key objectives and key performance indicators.In addition, theme-based and ad hoc reports may be required. For example, information about particular professional groups, geographic areas, or themes.
   2. The data listed below will be required to be reported upon as a minimum:

* Total number of calls presented (analysed by service sector; region; gender; workforce status; subject of call (specific criteria); purpose of call (specific criteria); daily performance (calls); average and maximum abandoned delay (calls);
* Insight into issues raised and how these are being handled (including whether callers have already raised an issue, feel that they have suffered detriment, etc)
* Number of calls answered
* Average answer duration
* Total number of calls abandoned
* Total number of calls presented out of hours
* Number of emails received
* Visitors to website
* Number of surveys issued, and number of surveys received including the rating given to the service.
* Any incidents occurred including data breaches; service downtime.
  1. DHSC are interested in ways that data capture might enhance our intelligence, for example in relation to vulnerable groups (e.g., ethnicity or workforce group). It is possible, therefore, that the data requirement may change over time to take account of different or emerging needs.

1. **SKILLS REQUIREMENT**
   1. The Service Provider will need to make sure that all staff are trained to the appropriate standard and have the relevant skills, competency, and knowledge to fulfil their role. The Service Provider needs to take account of the legal framework for whistleblowing, the working terminology used on a day-to-day basis within different providers, culture, language (English may not be an individual’s first language), and the skills mix of people employed within the Health and Social Care sectors. The skills requirement, therefore, for people employed by the contracting organisation needs to take account of these differences.
   2. The Service Provider will be required to have in place at all times:

* An employee base, including staff that answer calls, that have been trained to the required standard and have the relevant knowledge and understanding of the NHS and Social Care current operational practices (including safeguarding) to ensure information given is appropriate for both the sector and individuals. (Direct experience of working in the health and Social Care fields is desirable, but not essential.)
* A staffed helpline where staff are trained and have the necessary skills, knowledge and competency to answer the calls, and who have access to up-to-date sources of advice and guidance.
* Staff with the relevant skills, competency and training to deal with potentially anxious and distressed callers.
* Staff that have the ability to communicate clearly and impartially the guidance on Speak Up, appropriate to an individual caller’s needs, the legal framework on whistleblowing and available resources to individual members of NHS staff and adult social care workers or an individual representing a provider of NHS services.
* The Speak Up landscape is multifaceted and shifting, and the law on whistleblowing can be complex. Anyone working on the helpline will therefore need to keep abreast of developments and relevant case law to inform their guidance.
* Staff must be trained to understand the boundary between providing bespoke guidance and support, and advising on individual cases or providing legal advice, and they must be able to communicate this limitation of the service to each caller;
* Ability to promote the Speak Up helpline to relevant audiences

1. SERVICE CREDITS
   1. Where the supplier performs at ‘requires improvement’ level in any of the KPIs, the supplier should put in place a remedial action plan to rectify the performance and prevent a Critical Service Failure from taking place.
   2. Where the supplier performs at ‘inadequacy level’ in 3 or more KPIs in any given quarter period, the Authority will be entitled to trigger service credits equal to 5% of the quarterly payment due in that quarter in accordance with the Contract Optional Key Provision 22.
2. CONTRACT MONITORING

Frequency of contract management meetings:

During the first 2 months of the contract, meetings are likely to take place fortnightly. Thereafter, meetings will be on quarterly basis and will focus on Key Performance Indicators. Two weeks prior to each quarterly meeting the Contractor will issue reports that reflect KPIs achievement.

Location of contract management meetings: Authority or Provider site or Teams video call

1. Representatives and contact points

Name of Authority's Contract Representative(s):

Main point of contact:

**Nicholas Lambert**

Quality, Patient Safety and Maternity

In his absence:

**Tim Power**

Quality, Patient Safety and Maternity

For commercial issues:

Julia Kirk- Commercial Lead

Name of the Authority’s Contract Representative(s) for escalation process:

William Vineall

Director – NHS Quality, Safety, Investigations

1. DATA

Provision of data within the Service should flow securely and in accordance with Data Protection regulations.

## **Security**

The Service Provider shall deliver the service in accordance with the HMG Security Policy Framework.

<https://www.gov.uk/government/publications/security-policy-framework>

The Service Provider shall have a Cyber Essentials Scheme Basic Certificate or equivalent at the commencement date of the Framework. Cyber Essential Scheme requirements can be located at:

<https://www.ncsc.gov.uk/cyberessentials/overview>.

The Service Provider shall ensure that Customer’s and Service Users information and Data is secured in a manner that complies with the Government Security Classification Policy rating of OFFICIAL-SENSITIVE.

[May-2018\_Government-Security-Classifications-2.pdf (publishing.service.gov.uk)](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/715778/May-2018_Government-Security-Classifications-2.pdf)

The Service Provider shall ensure that the Government Security Classification Policy rating is also applied when information and Data is transmitted across all applicable networks and/or in line with the Authority’s requirements.

The Service Provider shall, where required, have the capability to employ encryption to information / Data which shall be sent across a network or extracted by electronic means. The Supplier shall ensure that the level of encryption complies in full with the Government Security Classification Policy rating of OFFICIAL-SENSITIVE and/or in line with the Authority’ requirements.

The Service Provider shall ensure that any suspected or actual security breaches are reported to the Customer’s representative immediately and depending on the impact of the breach, shall be included in monthly/quarterly performance reporting to the Authority.

The Service provider shall comply with all relevant legislation, organisational and cross Government policy and guidelines in relation to Data and asset security.

## **Standards**

The Service provider shall provide secure solutions that comply with any restrictions or requirements arising out of Customer’s security policies. This shall include, but not be limited to:

Cyber Essentials Scheme Basic Certificate; or

NHS Data Security and Protection Toolkit; or

ISO 27001 Information Security Management as agreed;

The service provider shall not charge a premium to Buyers for any additional standards and/or security compliance applicable to a Call Off contract, unless otherwise agreed in advance by Buyers.

1. SOCIAL VALUE

The Authority has set out what they see as the priority Social Value areas for this contract.

The contract will support Social Value Theme 5 - Wellbeing

Improve community cohesion

MAC 8.1: Demonstrate collaboration with users and communities in the co-design and delivery of the contract to support strong integrated communities.

Metrics that will be reported as part of KPIs:

Number of people-hours spent supporting local community integration, such as volunteering and other community-led initiatives, under the contract.