**REQUEST FOR INFORMATION:**

**Freedom to Speak Up Services**

**North London NHS Foundation Trust**

**Completed Responses to be submitted by:**

**31 January at 12:00 PM**

To: Dominic Caddle

Senior Procurement Specialist

VIA: <https://atamis-1928.my.site.com/s/Welcome>

REF: **C331590**

NOTE: Please respond to this request via the Atamis portal.

## **Introduction**

The North London NHS Foundation Trust (NLFT) is seeking information to review Freedom to Speak up Services with Guardians. It is expected that the provider shall take responsibility for all meetings and familiarising itself with the organisation's relevant policies, the agreed escalation process outlined in the service specification and associated policies, and engaging with all staff regarding the service and escalation process. The service provider will play a crucial role in ensuring the smooth operation and effectiveness of the Freedom to Speak Up Service.

Goals of the Freedom to Speak Up Service:

* Improvements in staff survey results
* Reduction in the number of claims of bullying
* Reduction in the number of formal grievances
* Reduction in the number of grievances becoming litigious.
* Reduction in organisational time and resources in handling complaints, grievances, etc.
* Increased staff engagement with the service provider to highlight areas of concern.

These goals aim to foster a supportive and transparent work environment, enhancing the overall wellbeing and satisfaction of the staff within the NLFT.

Suppliers are invited to submit information relative to the specification / responses to the questions posed.

The purpose of this exercise is a request for information from the market with a view to entering a procurement process and award of a contract.

Suppliers should message through the Atamis portal for queries relating to this Request for Information.

Submissions will be evaluated against mandatory requirements and indicative costings to support decision relating to next steps for the procurement.

## Trust(s) Background

The North London NHS Foundation Trust (NLFT) provide high-quality mental health care to local people across the London Boroughs of Barnet, Camden, Enfield, Haringey and Islington.

Previously two separate mental health trusts working in Partnership – Barnet, Enfield and Haringey Mental Health NHS Trust and Camden and Islington NHS Foundation Trust – we formally merged and became the new NLFT on Friday 1 November.

As the new NLFT, our ambition is to be a leading NHS mental health provider and to offer consistently excellent care across North London.

Most of our services are based in the community, but we also provide inpatient mental health services in hospitals. We provide a wide range of local services for people across North London and more specialist mental health services for a broader population.

Our services support people throughout their entire lives, from birth to old age, helping those with all types of mental health conditions to live as independently and as well as they can.

As the NLFT we are a strong and influential voice for mental health to ensure that everyone gets the most appropriate care when they need it - wherever they live and whatever their circumstances. We provide 24/7 support for local people in a mental health crisis and if inpatient care is needed, we admit to one of our beds locally, so our service users are as close as possible to their family and friends. As the new NLFT, we now have one Electronic Patient Record system across all our services, helping us improve the quality of care for local people.

We employ almost 6,000 staff and are working hard to make sure they feel valued and are supported to develop their careers and to stay with us as long as possible.

As the NLFT, we are committed to ensuring Better Mental Health, Better Lives and Better Communities across North London.

## Draft Statement of Requirements

North London NHS Foundation Trust (NLFT) are looking for a dedicated Guardian for the Organisation. The appointees will take responsibility for all meetings and will in the first instance familiarise themselves with the relevant policies of the organisation, the agreed escalation process in the service level agreement, meet with all relevant personal in respect of the service and the escalation process.

Take-up of the service determines the number of Guardians required and is reviewed constantly. Contact volumes are carefully monitored, and additional Guardians are made available as warranted.

**Strategic Mobilisation & Communication**

The provider will be expected to deliver the following requirements as part of the initial mobilisation and ongoing delivery of engagement for the contract provision:

* Provide a communication plan (monthly plan for the raising awareness of the services across the patch on site)
* Inclusion in the induction programme of all staff to the Organisation
* Targeted interventions for staff groups that are underrepresented in volumes which have traditionally accessed the service, such as the Medical Workforce
* Plan for supporting the change of perspective that FTSU does not relate to clinical/patient concerns.
* Monthly meetings with HR and Clinical operational leads to triangulate information, develop action plans and implement.
* Themed presentations with NED (Non-Executive Directors) and ED (Executive Directors) Lead and discussions on focussed work going forward.
* Monthly planned on site visits, including at the following main locations:

**St Pancras Hospital, 4 St Pancras Way, NW1 0PE**

**St Ann’s Hospital, St Ann’s Road, Tottenham, N15 3TH**

**Service Delivery**

Staff at NLFT should be offered a number of initial contact options including telephone, email and in person (face to face) appointments.

Initial contact is designed to agree a face-to-face meeting. Meetings as required take place on-site in an agreed location. However, there may be times when a member of staff prefers that the meeting take place off-site to accommodate such requests a suitable and accessible location will be identified by the Guardian and agreed with the Trust. In some instances, a staff member may wish to conduct the session by telephone (or online), and this will be accommodated according to their preference.

On completion of the initial meeting a determination should be reached on next steps which should include or limited to

1. no further action
2. for the individual to adjourn and consider matters considering the conversation and then determine next steps
3. agree a further meeting or
4. escalate in line with agreed processes.

All records of the exchange between the individual and the Guardian should be recorded securely, in passworded electronic files. Paper records should be shredded, following upload to electronic records by scanning. Each Guardian is responsible for the management of their records. . Any scanned notes required beyond a six-month period must be authorised by the Trust and FTSU managers following a written justification from a guardian. This contains the extended period and outer date for the record’s permanent removal. Coded case numbers and broad subject matter overviews should be maintained by the Guardian Service for reference purposes. No names or other identifying information should be recorded or maintained on any individual. All records and information of any form in relation to the service are confidential and expressly excluded under the Freedom of Information Act 2000 (<https://www.legislation.gov.uk/ukpga/2000/36/contents>).

At the outset and at the end of a meeting the staff member should be asked if they wish to remain anonymous. If the case needs to be escalated the staff member will be asked if they would like to provide their name. This is not essential, and escalation can take place whilst maintaining the staff members anonymity.

Where an issue is agreed for escalation a RAG (Red, Amber and Green) system is used as follows:

|  |  |
| --- | --- |
| **Red** | Relates to patient safety, safeguarding and care, staff safety, issues of potential danger to any individual including self-harm. **These scenarios require immediate escalation and response within 12 hours** |
| **Amber** | Includes bullying, harassment, and staff safety. **A response is required within 48 hours** |
| **Green** | General grievances e.g. change in work conditions. **A response is required within 72 hours.** |
| **White** | No discernible risk is identified, the contact was seeking information and/or clarification – no organisational response is required |

A response is not a resolution but is an acknowledgement by the organisation that the concern has been heard and is being dealt with. This allows the Guardian to go back to the staff member and inform them of the actions to be taken and when they can expect an outcome.

On a monthly basis, a summary report should be provided. Individual Trust requirements for specific information breakdowns are accommodated.

**Monthly Reporting**

The supplier should provide monthly reports which are cumulative in nature over a twelve-month period. This allows trends and problem areas to be identified. This is where discussions will take place in a monthly meeting between the contracted provider and the Contracting Authority. This is to ensure dealing with trends and in monthly reporting discussions correlating between the staff survey results and the Guardian data to ensure that no major discrepancies are apparent.

The report should provide information which should include, but is not limited to:

* Number of contacts
* The number of meetings
* The department
* Job type
* Nature of complaints/issues and the actions taken to resolve

Reports should provide a nominated individual. Guardian contact with a hospital or Trust is on a regular basis and should involve the HR representative for a given site, and the nominated executive in line with the agreed RAG timelines and escalation process. Any further requests for information can be made from the Trust and should be built into the report where appropriate to further show innovative practice and potential areas for improvement.

Monthly thematic reporting should present under the following headings:

* Patient Safety/Quality
* Management Issues
* Bullying and Harassment
* Systems and Processes
* Discrimination and/or inequality
* Behavioural/Relationship
* Other

**Quality Assurance**

Regular monthly meetings and detailed reporting providing assurance to the client organisation of all activity, including number of promotional visits, number of concerns raised, number of concerns resolved, number of face-to-face contacts, number of telephone contacts. The report and meeting also discuss in detail the nature and trend of concerns raised and the RAG level of each concern. Each monthly meeting should provide the opportunity for service enhancement, adjustment, redirection or specific focus.

Liaison with the Executive and Non-Executive leads – these meetings should ensure that the Board and the Senior Executive team are fully briefed on all related Guardian activity and provides the opportunity for the input of the Executive team and Board to be embraced by the Guardian.

Board reporting – ensure the organisation at the highest level is fully engaged with a Freedom to Speak Up Culture and provides the Board’s opportunity to influence the development of the service at NLFT.

Online feedback survey – ensure service users experiences of the service are fully understood and any required changes to service provision are accommodated in meeting staff needs.

**User Satisfaction Feedback**

All contacts are requested to complete feedback survey on reaching a resolution to the issue they raised.

**Key Performance Indicators**

This contract will be subject to the following KPIs and shall include the following:

|  |  |  |  |
| --- | --- | --- | --- |
| Key Performance Indicator | Target | Target Score | Actual Score |
| 24/7 365 service availability | **100%** | **2** | **-** |
| Adherence to the RAG system timelines | **100%** | **2** | - |
| Submission of monthly reports within two week of month end | **98%** | **2** | - |
| Completion of Executive, Non-Executive Lead meetings and Board reporting on agreed timelines | **100%** | **2** | - |
| Submission of month reports (cumulative) which indicate themes and trends | **98%** | **2** | - |
| Submission of annual report with comprehensive detail on themes and trends as well as benchmarking with comparator Trusts by [TBD] | **98%** | **2** | - |
| Monthly reporting on awareness raising/engagement with Trust stakeholders and locations to support activity | **98%** | **2** | - |
| Responses issued to Contract management representatives issued within 3 working days | **98%** | **2** | - |

In accordance with Key Performance Indicators above, each Key Performance Indicator set by the Authority shall have associated:

* A Performance Target; and

A target numeric score indicating full attainment of performance (“Target Score”); and

An actual numeric score indicating actual attainment of performance (“Actual Score”)

* Scoring shall be applied to each Key Performance Indicator based on the following scale and the Authority shall upon measuring the level of performance, enter the corresponding scores into a [monthly] summary report.

|  |  |
| --- | --- |
| Score | Criteria |
| 3 | Actual performance exceeds Performance Target in all areas |
| 2 | Actual performance meets Performance Target in all areas |
| 1 | Actual performance falls below Performance Target in more than one area |
| 0 | No actual performance recorded or attained |

**Outcomes of Poor Performance**

If the Supplier’s Actual Score falls below the Target Score for one or more Key Performance Indicator, then the Supplier shall prepare a remedial action plan to return performance to the Target Score levels and this will include:

* + 1. Details of the specific action(s) to be taken.
    2. Dates by when action(s) will be complete.
    3. Risks or issues associated with the remedial plan.

The Supplier’s Action Plan will be submitted to the Contracting Authority no later than two (2) weeks following formal identification (in writing) of the Supplier’s Actual Score falling below the Target Score.

The Supplier’s Action Plan will be subject to the Authority’s agreement and acceptance. If accepted, the Supplier shall have one (1) calendar month/until the next review meeting to achieve compliance with the Target Score for all Key Performance Indicators.

If the parties are unable to reach agreement on a mutually acceptable Action Plan, the Authority may reject the Supplier’s Action Plan and elect to treat the Supplier’s failure to achieve the Target Score as unsatisfactory performance.

The parties may agree variations to the Key Performance Indicator from time to time.

**Potential Observable Positive Trends:**

* Improvements in staff survey results
* Reduction in the number of claims of bullying
* Reduction in the number of formal grievances
* Reduction in the number of grievances becoming litigious.
* Reduction organizational time and resources in handling complaints, grievances etc.
* Increase in the number of contacts using the service.
* Speedier resolution times for concerns

## Request For Information – Questions

Suppliers are asked to respond to the below questions to the best of their knowledge to assist in this RFI.

|  |  |
| --- | --- |
| Question | Response |
| Are you able to deliver the services listed in the specification? | **YES/NO**  **[Please delete where appropriate]** |
| The Trust is seeking guidance from the Market on the feasibility of the draft specification. Please identify any sections that you feel may be an unrealistic expectation. |  |
| Are you part of any public procurement Frameworks for sourcing? |  |
| What is required for mobilisation and what would be the time window to mobilise this service? |  |
| How would you manage cases in which staff disclose confidential information relating to patients/service users? |  |
| How do you access advice and supervision for your staff/guardians? |  |

## Timetable and Next Steps

This Request for Information is for **market research purposes only**, any resulting competitive exercise shall be issued via the Atamis e-Tendering portal (<https://atamis-1928.my.site.com/s/Welcome>).

|  |  |
| --- | --- |
| **DATE** | **ACTIVITY** |
| 24 January 2025 | Publication of the Request for Information |
| 31 January 2025 | Deadline for submission of a RFI Response |
| 05 January 2025 | Analysis of RFI responses |