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# EXPLORING FREEDOM TO SPEAK UP

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Supporting the introduction of the  
Freedom To Speak Up Guardian role  
in Primary Care and Integrated  
Settings



**National  
Guardian**

Freedom to Speak Up

June 2021

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# Foreword



Primary Care's unique position at the heart of patients' interaction with health is why it is so important that Freedom to Speak Up is supported, so that workers can speak up about anything which gets in the way of them doing their job. As a GP myself I am aware of the benefits that can occur when speaking up is well received. I also know what happens when managers and leaders do not listen or act.

In 2019, my office began a two-year project working with a group of organisations in primary care to understand how the Freedom to Speak Up Guardian role could be embedded in primary care and integrated settings.

We are grateful to those people who have worked with us as they develop their organisation's speaking up arrangements, which helped inform the Freedom to Speak Up models described in this report. Our vision is that these models will support any organisation looking to improve its speaking up processes and establish the Freedom to Speak Up Guardian role efficiently and effectively.

We also discovered that whilst organisations may vary in size, structure and business model, the promoters and barriers to speaking up are common to all settings and organisations. This observation requires in response a universal approach to fostering healthy speak up, listen up, follow up cultures. This will help to assure workers of the same high-quality support no matter where they are in the system. This is all the more important as we increasingly move towards more integrated working. As Integrated Care Systems become more established, leaders are presented with the opportunity to hardwire good speaking up practice into their systems so that workers are supported at the start of the journey towards more integrated working and will continue to be supported as new ways of working are developed.

The pandemic has shown how vital Freedom to Speak Up is, not just to ensure that patients receive the best care, but also to protect the safety of workers. It is essential that workers are confident that, when they speak up, they will be supported, listened to, and the appropriate actions taken.

Everyone who works in health has been under tremendous strain over the past year, under the most challenging of circumstances. The NHS Staff Survey indicates that 18 per cent of staff are considering leaving the NHS altogether<sup>1</sup>. As the sector rebuilds following the pressures of the pandemic, retaining these highly skilled,

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<sup>1</sup> <https://www.nhsstaffsurveyresults.com/>

dedicated workers has never been more essential<sup>2</sup>. Creating a supportive speak up, listen up, follow up culture will help with this by instilling a sense of unity and encouraging workers to be part of the conversation. Workers have the lived experience of delivering care through the pandemic – they will also have the solutions that will help the system rebuild.

In line with this universal approach, the [Freedom to Speak Up e-learning modules](#) my office has developed in association with Health Education England, are for everyone wherever they work in health. They explain in a clear and consistent way what speaking up is and its importance in creating an environment in which workers are supported to deliver their best. The first module – Speak Up – is for all workers. The second module, Listen Up, for managers, builds upon the first and focuses on listening and understanding the barriers to speaking up. A final module, Follow Up, for senior leaders will be launched later in the year to support the development of Freedom to Speak Up as part of the strategic vision for organisations and systems. focuses on listening and understanding the barriers to speaking up. A final module, Follow Up, for senior leaders will be launched later in the year to support the development of Freedom to Speak Up as part of the strategic vision for organisations and systems.

In a rapidly changing and integrating healthcare landscape, Freedom to Speak Up Guardians are already helping to lead changes in the systems and processes in their organisations and networks to ensure that when workers speak up to them, they can be confident of consistent support.

We will continue to work in partnership throughout the system to embed this learning, helping to sustain the growth of healthy speaking up cultures and a universal approach to making speaking up business as usual.



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**National Guardian for the NHS**

**June 2021**

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<sup>2</sup> <https://committees.parliament.uk/committee/127/public-accounts-committee/news/119378/fears-of-emerging-crisis-in-nursing-after-covid/>

# Summary

This report presents an overview and key findings of the work carried out by the National Guardian's Office (NGO) in partnership with colleagues in primary care and integrated settings to support the growth of Freedom to Speak Up and the introduction of the Freedom to Speak Up Guardian role in a complex and changing healthcare landscape.

This report follows on from the Regional Integration Plans published in May 2020 and describes the activity and associated learning from May 2019 to date.

## Objectives

In 2019, the NGO started exploratory work with provider organisations looking at how the introduction of the Freedom to Speak Up Guardian role in primary care settings could be supported and to explore an integrated approach that would promote speaking up across traditional primary and secondary care boundaries.

The primary care arena is vast, made up of general practice, community pharmacy, community dental, ophthalmic services, primary care networks, clinical commissioning groups and what were then embryonic Integrated Care Systems. The aim to describe models of effective Freedom to Speak Up arrangements and a guardian role that could work for the thousands of organisations in primary care required a creative approach. A number of 'NGO vanguards' i.e., organisations of varying size, type and specialism were selected as a means of understanding and testing processes to support:

- The introduction of the Freedom to Speak Up Guardian role in a range of settings and to promote consistency in the application of the principles underpinning the role
- Speaking up becoming business as usual throughout primary care and developing an integrated approach to speaking up across patient pathways
- Effective arrangements that ensured appropriate action in response to workers speaking up
- Effective mechanisms to ensure wider learning.

## COVID-19 pandemic

The global pandemic presented unprecedented challenge and increased pressure on workers and organisations throughout the healthcare system. Given these extraordinary circumstances, we want to thank everyone who worked with us during these difficult times, without whom this learning would not have been possible.

Unsurprisingly, the pandemic had a substantial effect on progress and the ability to proceed with agreed actions. Rising numbers of COVID-19 cases and existing winter pressures impacted considerably on the ability to engage with, in particular, front-line workers. Redeployment and reduced capacity resulted in some partners and vanguards having to put a hold on agreed plans. Nevertheless, the rapid transition to virtual interactions and the recognition from organisations that it had never been more important to support workers to speak up, made continued engagement possible, if not quite at the pace intended.

## Key Findings

Further details of learning themes can be found [below](#) but the key findings are as follows:

- Integrated working practices are a driver for the development of universal Freedom to Speak Up principles
- The existing Freedom to Speak Up Guardian role has universal application and can be implemented throughout primary and secondary care and integrated settings
- Existing Freedom to Speak Up Guardian Networks are expanding and diversifying to include primary care workers. They must remain responsive to a changing healthcare landscape.
- The development of Integrated Care System structures is an opportunity to embed Freedom to Speak Up roles and processes as fundamental organisational and system standards/requirements.

# Freedom to Speak Up in Primary Care and Integrated Settings

This section of the report reflects on the models of speaking up arrangements identified and includes observations on:

- Their benefits and challenges
- Potential settings in which they could be applied
- Potential improvements.

The vanguard models can be divided into two groups comprising four models. More detail about the models can be found below.

1. Freedom to Speak Up within an organisation  
Individual Organisation Model – such as may be applied in a large GP practice, dental surgery or CCG
2. Freedom to Speak Up within a network or other defined structure
  - a. Partnership Model – such as Primary Care Network or an alliance between opticians
  - b. Local Support Model – practices supported by their local committee, CCG or NHS Trust
  - c. Integrated Care System Model

# Learning themes

## **Universal principles of Freedom to Speak Up apply irrespective of setting**

Early work recognised that the function of the Freedom to Speak Up Guardian role in primary care was no different to that in secondary care and that a 'universal' Freedom to Speak Up Guardian role can be described.

Further exploration demonstrated that the principles of Freedom to Speak Up apply irrespective of setting. This work also showed that the development of more integrated healthcare services supported a universal approach to promote consistency in speaking up arrangements.

Embedding Freedom to Speak Up as a fundamental organisational and system standard/requirement would help to ensure that Freedom to Speak Up roles and processes adapt and develop to meet the changing needs of workers as structures and organisations evolve.

## **Support for a unified and universal approach to Freedom to Speak Up policies and documentation**

In an integrated healthcare environment, the creation of a universal Freedom to Speak Up policy and principle-based supporting governance and documentation is a logical and efficient approach to implementation. This will help ensure consistent speaking up processes and support for the Freedom to Speak Up Guardian role, and the workers they support.

It has been noted that in the past Freedom to Speak Up communications and other materials from the NGO and others have had a secondary care focus. It is therefore important to ensure that future developments in Freedom to Speak Up can be translated into any setting as more Integrated Care System structures emerge, and integrated care practices and organisations evolve. This will help support the resilience and sustainability of Freedom to Speak Up Models in a rapidly changing landscape.

## **Existing Freedom to Speak Up Guardian Networks provide the infrastructure to support integrated working and shared learning**

Increasing numbers of Freedom to Speak Up Guardians from primary care and integrated settings are attending Freedom to Speak Up Guardian Network meetings and engaging with peers throughout the system. We are encouraged by this and would urge active participation in network activities from all Freedom to Speak Up Guardians.

Freedom to Speak Up Guardians in primary care organisations reported feeling connected with and supported by their secondary care colleagues. A Network Chair commented that the inclusion of Freedom to Speak Up Guardians from primary care and clinical commissioning groups in the network has offered additional perspectives and provided a more holistic picture of their regional healthcare landscape.

Overall, the existing infrastructure continues to facilitate opportunities for networking and engagement amongst Freedom to Speak Up Guardians from a range of settings. Supportive and inclusive ways of working continue to be explored by Network Chairs. However, more can be done to ensure network meetings promote inclusivity and involvement and the NGO will work with Network Chairs to facilitate this further. All Freedom to Speak Up Guardians regardless of the organisations they support should feel empowered to get involved in network activities and to benefit from the valuable peer support and learning opportunities this provides. Leaders in organisations that employ Freedom to Speak Up Guardians must provide the time and resources needed to enable Freedom to Speak Up Guardians to participate in network activities.

### **Freedom to Speak Up Guardians were less likely to have ring-fenced time**

As in secondary care, we found that Freedom to Speak Up Guardians were not always allocated sufficient time to carry out the role fully. This was particularly the case in smaller organisations. This was in part due to a sparseness of resource but also a lack of appreciation of the nature of the Freedom to Speak Up Guardian role with its complexities and proactive and reactive elements.

The 2020 Freedom to Speak Up Guardian survey recommends that leaders should provide Freedom to Speak Up Guardians with ring-fenced time for the role, taking account of the time needed to carry out the role and meet the needs of workers in their organisation. The survey also found that over two-thirds (70%) of all respondents reported that they had some ring-fenced time. In contrast, two thirds (67%) of respondents from primary care organisations reported that they had no ring-fenced time. Respondents with more ring-fenced time to carry out their role were more confident they met the needs of workers in their organisation.<sup>3</sup> It is therefore essential that Freedom to Speak Up Guardians are supported with appropriate time and resources to avoid compromising the support available to workers.

### **Perception and understanding of Freedom to Speak Up was variable**

Engagement with primary care colleagues suggests that awareness of the Freedom to Speak Up Guardian role, training requirements and speaking up processes is

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<sup>3</sup> Seventy-two per cent (72%) of those with more than four days per week of ring-fenced time were confident in meeting needs compared to 47 per cent of respondents with no ring-fenced time.

variable and generally low throughout primary care settings. Regional mapping, stakeholder engagement and the general practice annual electronic self-declaration (eDEC) highlighted a number of individual primary care organisations with workers appointed into the Freedom to Speak Up Guardian role. However, they had not attended NGO training or registered on the Freedom to Speak Up Guardian public directory so were therefore unknown to the NGO and consequently unable to access support and guidance available from guardian networks and the NGO.

Guidance on Freedom to Speak Up in Primary Care was produced in 2016<sup>4</sup> to help organisations improve their speaking up arrangements but was not universally implemented. A large number of providers deliver services under the NHS Standard Contract, but some were unaware of the contractual obligation to appoint a Freedom to Speak Up Guardian. This and the lack of mandate for organisations not subject to the NHS Contract has resulted in unwelcome variation or a 'two-tier system' of speaking up provision for healthcare workers.

### **Freedom to Speak Up routes in primary care were more likely to cross organisational boundaries**

Due to the structure and small size of many primary care organisations, an individual's speaking up routes can move more quickly from internal to external when compared with secondary care settings. This has pros and cons but, in some situations, can help provide workers with an effective means of speaking up that circumvents conflicts and barriers that are particularly prevalent in smaller organisations. For example, we have seen arrangements put in place where a worker from one GP practice has the option of speaking up to a Freedom to Speak Up Guardian in another practice within their Primary Care Network, or to a guardian in their Clinical Commissioning Group.

Some vanguard organisations have responded to this by forming alliances among organisations and are developing regional or national structures which provide bespoke escalation routes for speaking up cases that remain within the overall organisational alliance structure.

The development of more integrated working also emphasises the need for cross organisational processes and for these to be clear and well-understood by workers, Freedom to Speak Up Guardians and leaders.

### **Accessibility and Impartiality of the Freedom to Speak Up Guardian can affect support for workers**

Several organisations that we worked with provide services across a wide geography which may pose a challenge in terms of the visibility and accessibility of their

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<sup>4</sup> <https://www.england.nhs.uk/wp-content/uploads/2016/11/whistleblowing-guidance.pdf>

Freedom to Speak Up Guardian. Comparisons can be drawn with community trusts in secondary care where there may be a single Freedom to Speak Up Guardian covering over 100 community sites across a wide geographical area. Freedom to Speak Up Guardians from these trusts have provided support for primary care Freedom to Speak Up Guardians as they explore how best to reach, and be accessible to, the workers they are supporting. The challenges they have, and the solutions they develop are the same.

Feedback drawn from speaking up cases in vanguards showed that for some individuals, a Freedom to Speak Up Guardian who was not located at the site in which they worked was the preferred option. Close working relationships and potential conflicts caused discomfort and may impact on the perceived impartiality of the Freedom to Speak Up Guardian. In this respect, geographic separation can be an asset in supporting workers to speak up as much as a challenge.

Many NHS Trusts have developed local networks of Freedom to Speak Up Champions who can support workers by raising awareness of speaking up and signposting to options available including the Freedom to Speak Up Guardian. This may address challenges posed by organisation size, geography and the nature of their work and help them support workers, especially those who may face barriers to speaking up.<sup>5</sup> There is no reason why primary care organisations, or any organisation that faces similar challenges around size and spread, cannot adopt a similar approach.

### **The transparency of reporting Freedom to Speak Up cases is proving challenging for leaders**

Freedom to Speak Up Guardians submit quarterly non-identifiable information to the NGO about the speaking up cases raised with them.<sup>6</sup> This serves many purposes, including providing a measure of the speaking up culture and the use of the Freedom to Speak Up Guardian route in organisations and across the system.

Several vanguard organisations have yet to report their speaking up data to the NGO. In some instances, this is because they are still maturing and developing their processes and arrangements. However, some senior leaders provided us with insight about their reluctance to voluntarily share this information: they consider this 'internal' information that, if shared, could have a detrimental impact on their business.

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<sup>5</sup> Guidance on developing champion and ambassador networks can be found here: <https://nationalguardian.org.uk/wp-content/uploads/2021/04/Guidance-on-Champions-and-Ambassador-Networks-2021.pdf>

<sup>6</sup> FTSU Guardians should always respect confidentiality. The details of individual cases should not be shared outside the bounds of the agreement between FTSU Guardians and the individual they support. The NGO's Guidance on Recording Cases and Reporting Data can be found on the NGO website [https://nationalguardian.org.uk/wp-content/uploads/2021/04/recording\\_cases\\_and\\_reporting\\_data\\_guidance\\_2021.pdf](https://nationalguardian.org.uk/wp-content/uploads/2021/04/recording_cases_and_reporting_data_guidance_2021.pdf)

The NGO's expectation is that all Freedom to Speak Up Guardians submit speaking up data on behalf of their organisations, whatever the setting. The NHS Standard Contract makes it a requirement to follow NGO guidance in this respect. In addition, the Care Quality Commission will consider the availability of information on Freedom to Speak Up Guardian cases as part of their inspection of the well led domain for organisations that they inspect.

This situation is the same as the journey that secondary care providers initially undertook but, now that the public reporting of cases has become business as usual, this data has become an indicator of transparency, learning, improvement and providing a positive culture of speaking up. It is not considered as something that would reflect badly on them.

The transparency journey has been furthered by NHS England and Improvement's [Model Health System](#) which now includes a 'Culture and Engagement' area. This includes data on numbers of Freedom to Speak Up cases and other measures of organisational culture. Model Health System can be accessed by all providers and commissioners in England and aims to allow organisations to compare their data with peers to understand their performance and identify areas for improvement.

### **Freedom to Speak Up Guardian Support**

The NGO has described a 'universal' Freedom to Speak Up Guardian role which can be implemented in a range of organisations. It is worth repeating the expectations around support for this unique and valuable role.

Leaders in healthcare organisations must ensure that Freedom to Speak Up Guardians are:

- Trained by and can access support from the NGO
- Listed on the NGO's Freedom to Speak Up Guardian National Directory
- Provided with ring-fenced time for the role, taking account of the time and resources needed to carry out the role and meet the needs of workers in their organisations. Leaders should be able to demonstrate the rationale for their decisions about how much time is allocated to the role
- Submitting quarterly data to the NGO
- Familiar with and comply with NGO guidance
- Receiving the necessary support from their senior leaders including the Freedom to Speak Up executive and non-executive leads (or equivalent)
- Reporting regularly to their board (or equivalent) in person on speaking up matters
- Actively participating in their Freedom to Speak Up Guardian Network and NGO events.

## Next steps

Partnership working between the NGO, NHS England and Improvement, and others will develop a programme of work to encourage system level engagement, learning and support, including at the ICS level. This will include the production of a national integrated speaking up policy that can be adopted by a range of organisations as a minimum standard and supporting guidance on a number of areas. The NGO will also work with the Care Quality Commission to continue to develop its approach towards the inspection of Freedom to Speak Up in all primary and secondary care settings and across Integrated Care Systems.

Freedom to Speak Up Guardian Networks offer valuable peer support and learning opportunities for members. The NGO plans to refresh the role of Network Chairs to support them in ensuring that the networks function well including, for example, promoting inclusivity in respect of the increasing variety of organisations appointing Freedom to Speak Up Guardians.

The NGO plans to review its guidance for Freedom to Speak Up Guardians on recording cases and reporting data to take account of the diversity of organisations expected to submit details of cases dealt with by their Freedom to Speak Up Guardians. This will include reflecting the potential sensitivities arising from the different size and structure of organisations to ensure that data continues to be reported in a non-identifying way for individuals speaking up.

# Primary care vanguard models

<p style="text-align: center;"><b>‘Within an organisation’</b></p> <p style="text-align: center;"><b>Freedom to Speak Up models</b></p> 		<p style="text-align: center;"><b>‘Within a network or defined structure’</b></p> <p style="text-align: center;"><b>Freedom to Speak Up models</b></p> 	
<b>Individual organisation model</b>	<ul style="list-style-type: none"> <li>○ GP practice</li> <li>○ Dental surgery</li> <li>○ Optician</li> <li>○ Pharmacy</li> </ul>	<b>Partnership model</b>	<ul style="list-style-type: none"> <li>○ Primary Care Networks</li> <li>○ GP confederation</li> <li>○ Alliance of pharmacies</li> <li>○ Optician practice partnership</li> </ul>
		<b>Local support model</b>	<ul style="list-style-type: none"> <li>○ Local Committees (LMC, LOC, LPC, LDC)</li> <li>○ CCG supporting Freedom to Speak Up in GP practices or ICS</li> <li>○ NHS trust supporting Freedom to Speak Up in primary care</li> </ul>
		<b>Integrated Care System</b>	

## ‘Within an organisation’ Freedom to Speak Up models



### Individual organisation model

GP practice, Dental Surgery, Optician or Pharmacy, CCG (speaking up provision for CCG workers)

#### Structure

The Freedom to Speak Up Guardian role is performed by/allocated to a practice worker such as a receptionist, practice manager or GP/dentist/pharmacist/optician. In a CCG, the role is performed by member of the Governing Body (e.g. lay member, governance lead or executive nurse) or a Senior Lead.

Internal Freedom to Speak Up escalation routes are to the line manager, practice manager, Freedom to Speak Up Guardian, partner board/practice leadership team. Additional internal routes for a CCG are to the Executive Lead, Lay Member, Clinical Lead, Accountable Office or Chair.

External routes are to the Clinical Commissioning Group, professional bodies and regulatory bodies.

The Freedom to Speak Up Guardian role is carried out in addition to a substantive post. The Freedom to Speak Up Guardian presents their reports to the practice leadership team to embed learning within the practice. The CCG Freedom to Speak Up Guardian presents reports to the CCG Governing Body.

No specific consideration as to how the Freedom to Speak Up Guardian role is funded.

#### Benefits and challenges

The model is easy to describe.

The system is close to where care is delivered, and everyone involved should have a good understanding of the issues raised.

Confidentiality and management of real and perceived conflicts of interest could be challenging in this structure.

The structure of the CCG allows numerous escalation routes, not dissimilar to an NHS trust.

Our observations suggest that potentially leaders can be too close to the issues that workers wish to speak up about and risk losing their impartiality to fairly resolve speaking up matters.

Freedom to Speak Up Guardians appointed to fulfil the role in addition to their substantive posts must be able to carry out both the reactive and proactive function of the role. This may be more achievable in smaller organisations where less time may be required.

### Future improvements

Ensure that sufficient time is allocated to the Freedom to Speak Up Guardian role.

Explore future Speaking Up alternative routes to a Freedom to Speak Up Guardian in another organisation. Speaking Up policy and arrangements must facilitate these alternative routes and the Freedom to Speak Up Guardian needs to understand reporting routes.

The aim is for speaking up to be business as usual and for leaders at all levels to foster an organisational culture where all workers feel confident to speak up about anything that is important to them, using the routes they feel are right for them. To eliminate the risk of barriers preventing speaking up, it is important to offer alternative routes for workers in these mainly small organisations.

## **‘Within a network or defined structure’ Freedom to Speak Up model**



### **Partnership model**

Primary Care Networks, GP confederation, alliance of pharmacies, optician practice partnership, etc.

#### **Structure**

A group of practices (or other providers) combine resources to support the introduction of a Freedom to Speak Up Guardian role and processes.

Internal Freedom to Speak Up escalation routes are to the line manager, Freedom to Speak Up Guardian, partner board/practice leadership team.

External routes are to the Clinical Commissioning Group, professional bodies and regulatory bodies.

A Freedom to Speak Up Guardian would provide a further route for speaking up to workers across the group of practices (or other providers).

The Freedom to Speak Up Guardian reports to the practices' joint leadership team, the PCN leadership team or to the General Practice Transformation board.

No specific consideration as to how the Freedom to Speak Up Guardian role is funded other than operating by virtue of a goodwill arrangement.

#### **Benefits and challenges**

This Freedom to Speak Up model provides practices or other providers (regardless of discipline) with speaking up routes for workers which can be either internal or separate to their organisation.

It may help foster more collegiate working between organisations within the network.

Providing network level speaking up data may help overcome barriers to sharing organisational intelligence leading to wider learning and improvement.

Freedom to Speak Up Guardians appointed to fulfil the role in addition to their substantive posts must be able to carry out both the reactive and proactive function of the role. Balancing being distanced from against working within a setting may be challenging in terms of visibility, relationship building, reporting routes and partnership working.

### **Future improvements**

Policy, escalation routes, reporting structures and feedback and learning mechanisms were still being developed but must be aligned to avoid an inconsistent approach that risks gaps in the process or support for workers.

PCN structures are increasingly including pharmacists, dentists and opticians in their structures and support for these areas is being considered as the Freedom to Speak Up structures develop.

### **Local Support model**

Local Committees within Primary Care

#### **Structure**

Local Committee member contracted to perform Freedom to Speak Up Guardian function for a group of practices.

The model would support many practices over a large geographical area and the Freedom to Speak Up Guardian may be a worker from the Local Committee, CCG or Trust.

Escalation routes are to the Line Manager, Freedom to Speak Up Guardian, practice leadership team or to CCG leads, as appropriate.

The Freedom to Speak Up Guardian reports to their organisation's governing body.

Learning can be shared via the relevant primary care leadership board, through communication with the membership or via the CCG's Primary Care Commissioning Committee.

The Freedom to Speak Up Guardian is employed by the Local Committee and the role is funded via the statutory levy payment made by practices to the committee to provide services.

The policy, escalation routes, reporting structures and learning mechanisms are in development.

#### **Benefits and challenges**

This approach allows a local committee to develop a Freedom to Speak Up mechanism for their membership or local colleagues.

The Local committee model provides a speaking up route that is separate to the organisation where the person speaking up works.

### **Future improvements**

Policy, escalation routes, reporting structures and feedback and learning mechanisms must be aligned to avoid an inconsistent approach that risks gaps in the process or support for workers.

## Emerging Integrated Care System model

### ICS

#### Structure

In general, the Freedom to Speak Up Guardian role is currently performed by a lay member/Non-Executive Director or Executive lead.

System-level speaking up model which supports all organisations within the ICS. Many NHS Trusts are currently developing full-time Freedom to Speak Up Guardian roles to support workers across their organisation and ICS structures are keen to understand how they can replicate this universal role and how it can be resourced.

Policy and escalation routes are yet to be determined although it is recognised that the ICS policy needs to reflect not just the ICS structure, but clinical discipline and primary care provider needs. The resources and requirements for Freedom to Speak Up Guardians are yet to be determined.

#### Benefits and challenges

ICS structures are currently emerging and evolving and this provides an opportune time to describe, plan and embed Freedom to Speak Up processes.

Due to size and geographical spread, successful implementation of the Freedom to Speak Up Guardian role will depend on sufficient time being allocated to Freedom to Speak Up Guardians to enable them to fulfil the reactive and proactive parts of the role. A high-impact communication and engagement strategy to instil understanding of the role and ensure visibility across the number of organisations within the ICS is also a likely requirement.

The ICS model provides a speaking up route that is separate to the organisation where the person speaking up works. This may allay concerns about confidentiality and management of real and perceived conflicts of interest in smaller organisations within the ICS structure.

Decisions about and development of the collation and analysis of speaking up intelligence are yet to be determined. It would be helpful that such processes speak to the developing Model Health System to maximise opportunities for system insight and improvement.

#### Future improvements

Freedom to Speak Up structures differ greatly according to ICS structure and maturity. For example, one ICS is currently developing a Freedom to Speak Up Guardian ICS Network, whereas another ICS is recruiting Freedom to Speak Up Guardians to represent each primary care discipline.

NHS England and Improvement, working together with the NGO, will look to identify further pilot sites throughout the system and survey all primary care specialisms to

understand what further support is required to embed and improve Freedom to Speak Up arrangements.

It is anticipated that this area of work will continue throughout 2021 as ICS structures develop.