

Freedom to Speak Up: Raising Concerns Policy and Procedure (N-040)

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<i>Minor amendments made prior to full review date above (see appended document control sheet for details)</i>	
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Policies should be accessed via the Trust intranet to ensure the current version is used

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1. Equality and Health Inequalities Statement

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

2. Our Vision

We will all work together to provide an open and transparent culture across our Trust to ensure that all members of staff feel safe and confident to speak out and raise their concerns.

3. Our Values

Our Freedom to Speak Up procedure supports our Trust Strategy (2023) and is underpinned by our core Trust values: "Caring, Learning and Growing".

4. Speak up – we will listen

We welcome speaking up and we will listen. By speaking up at work you will be playing a vital role in helping us to keep improving our services for all patients and the working environment for our staff.

This policy is for all our workers. The [NHS People Promise](#) commits to ensuring that "we each have a voice that counts, that we all feel safe and confident to speak up, and take the time to really listen to understand the hopes and fears that lie behind the words".

We want to hear about any concerns you have, whichever part of the organisation you work in. We know some groups in our workforce feel they are seldom heard or are reluctant to speak up. You could be an agency worker, bank worker, locum or student. We also know that workers with disabilities, or from a minority ethnic background or the LGBTQ+ community do not always feel able to speak up. **This policy is for all workers and we want to hear all our workers' concerns.**

We ask all our workers to complete the [online training](#) on speaking up. The online module on listening up is specifically for managers to complete and the module on following up is for senior leaders to complete.

You can find out more about what Freedom to Speak Up (FTSU) is in these [videos](#).

5. This Policy

All NHS organisations and others providing NHS healthcare services in primary and secondary care in England are required to adopt this national policy as a minimum standard to help normalise speaking up for the benefit of patients and workers. Its aim is to ensure all matters raised are captured and considered appropriately.

6. What can I speak up about?

You can speak up about anything that gets in the way of patient care or affects your working life. That could be something which doesn't feel right to you: for example, a way of working or a process that isn't being followed; you feel you are being discriminated against; or you feel the behaviours of others is affecting your wellbeing, or that of your colleagues or patients.

Speaking up is about all of these things.

Remember that if you are a healthcare professional you may have a professional duty to report a concern. **If in doubt, please raise it.**

Don't wait for proof. We would like you to raise the matter whilst it is still a concern. It doesn't matter if you turn out to be mistaken as long as you are genuinely troubled.

This policy is not for people with concerns about their employment that affect only them – that type of concern is better suited to our [Grievance Resolution Policy](#).

Speaking up, therefore, captures a range of issues, some of which may be appropriate for other existing processes (for example, HR or patient safety or quality). As an organisation, we will listen and work with you to identify the most appropriate way of responding to the issue you raise.

7. We want you to feel safe to speak up

Your speaking up to us is a gift because it helps us identify opportunities for improvement that we might not otherwise know about.

We will not tolerate anyone being prevented or deterred from speaking up or being mistreated because they have spoken up.

8. Who can speak up?

Anyone who works in NHS healthcare, including pharmacy, optometry and dentistry. This encompasses any healthcare professionals, non-clinical workers, receptionists, directors, managers, contractors, volunteers, students, trainees, junior doctors, locum, bank and agency workers and former workers.

9. Who can I speak up to?

9.1. Speaking up internally

Most speaking up happens through conversations with supervisors and line managers where challenges are raised and resolved quickly. We strive for a culture where that is normal, everyday practice and encourage you to explore this option – it may well be the easiest and simplest way of resolving matters.

However, you have other options in terms of who you can speak up to, depending on what feels most appropriate to you and depending on the size of the organisation you work in (some of the options set out below will only be available in larger organisations).

- Senior manager, partner or director with responsibility for the subject matter you are speaking up about.
- The patient safety team or clinical governance team (where concerns relate to patient safety or wider quality), tel: 01482 301725 or email hnf-tr.governanceandpatientsafety@nhs.net
- Local counter fraud team (where concerns relate to fraud) – Nikki Cooper, nikki.cooper1@nhs.net / 07872 988939
- Our Freedom to Speak Up Guardian – Alison Flack, hnf-tr.speakup@nhs.net / 07555 380584 or Deputy Freedom to Speak Up Guardian, Nikki Titchener, hnf-tr.speakup@nhs.net / 07919 545272, who can support you to speak up if you feel unable to do so by other routes. The guardian will ensure that people who speak up are thanked for doing so, that the issues they raise are responded to, and that the person speaking up receives feedback on the actions taken. You can find out more about the guardian role [here](#).
- Our HR Team – 01482 389213.
- Our senior lead responsible for Freedom to Speak Up – Michele Moran, michele.moran@nhs.net – they provide senior support for our speaking up guardian and are responsible for reviewing the effectiveness of our FTSU arrangements.
- Our non-executive director responsible for Freedom to Speak Up – Dean Royles, dean.royles1@nhs.net – this role is specific to organisations with boards and can provide more independent support for the guardian; provide a fresh pair of eyes to ensure that investigations are conducted with rigor; and help escalate issues where needed.

9.2. Speaking up externally

If you do not want to speak up to someone within your organisation, you can speak up externally to:

- Care Quality Commission (CQC) for quality and safety concerns about the services it regulates – you can find out more about how the CQC handles concerns [here](#).
- [NHS England](#) for concerns about:
 - GP surgeries
 - Dental practices
 - Optometrists
 - Pharmacies

- How NHS Trusts and Foundation Trusts are being run (this includes Ambulance Trusts and Community and Mental Health Trusts)
- NHS Procurement and patient choice
- The national tariff

NHS England may decide to investigate your concern themselves, ask your employer or another appropriate organisation to investigate (usually with their oversight) and/or use the information you provide to inform their oversight of the relevant organisation. The precise action they take will depend on the nature of your concern and how it relates to their various roles.

Please note that neither the Care Quality Commission nor NHS England can get involved in individual employment matters, such as a concern from an individual about feeling bullied.

- [NHS Counter Fraud Authority](#) for concerns about fraud and corruption, using their [online reporting form](#) or calling their freephone line **0800 028 4060**.

If you would like to speak up about the conduct of a professionally registered member of staff, you can do this by contacting the relevant professional body such as the General Medical Council, Nursing and Midwifery Council, Health & Care Professions Council, General Dental Council, General Optical Council or General Pharmaceutical Council.

Appendix B contains information about making a 'protected disclosure'.

10. How should I speak up?

Step One

If you have a concern about a risk, malpractice, or wrongdoing at work, we hope you will feel able to raise it first with your line manager, lead clinician or tutor (for students). This may be done orally or in writing. A Datix should also be filled in if the concern is related to a patient safety concern. This could be completed by yourself or the person you are reporting your concern to if you wish to remain anonymous.

Step Two

If you feel unable to raise the matter with your line manager, lead clinician or tutor, for whatever reason, please raise the matter with:

- Our Freedom to Speak Up Guardian, Alison Flack, hnf-tr.speakup@nhs.net / 07555 380584.
- Our Deputy Freedom to Speak Up Guardian, Nikki Titchener, hnf-tr.speakup@nhs.net / 07919 545272.

If you want to raise the matter in confidence, please say so at the outset so that appropriate arrangements can be made.

The Guardian and Deputy have been given special responsibility and training in dealing with concerns. They will:

- Support you to determine whether you are raising the concern informally or wish to raise a formal concern either internally or externally.

- Treat your concern confidentially unless otherwise agreed.
- If **informal** – ensure you receive timely support to progress your concern.
- If **formal** – ensure that your concern is allocated to an independent investigator in liaison with the relevant Executive Director or if requested, direct you to the appropriate external body to raise formally (point 4 below).
- Ensure you receive a report on the outcome of the investigation in a timely manner.
- Escalate to the board, any indications that you are being subjected to detriment for raising your concern.
- Remind the organisation of the need to give you timely feedback on how your concern is being dealt with.
- Ensure you have access to personal support since raising your concern may be stressful.

Step Three

If these channels have been followed and you still have concerns, or if you feel that the matter is so serious that you cannot discuss it with the Guardian or Deputy, please contact any of the following:

- Our Chief Executive, Michele Moran, michele.moran@nhs.net, 01482 389107 and executive lead for speaking up.
- Our Executive Director with responsibility for safeguarding, Executive Director of Nursing, Allied Health and Social Care Professionals, Hilary Gledhill, hilarygledhill@nhs.net, 01482 301757.
- Our Senior Independent Director with responsibility for speaking up - Dean Royles, dean.royles1@nhs.net

Step Four

Whilst we would always welcome the opportunity to investigate your concerns internally, you can also raise concerns formally with external bodies:

- NHS Improvement for concerns about:
 - How NHS Trusts and Foundation Trusts are being run
 - Other providers with an NHS provider licence
 - NHS procurement, choice and competition
 - The national tariff
- Care Quality Commission for quality and safety concerns
- NHS England for concerns about:
 - Primary medical services (general practice)
 - Primary dental services
 - Primary ophthalmic services
 - Local pharmaceutical services
- Health Education England for education and training in the NHS
- NHS Counter Fraud Authority for concerns about fraud and corruption

11. Confidentiality

The most important aspect of your speaking up is the information you can provide, not your identity.

You have a choice about how you speak up:

- **Openly:** you are happy that the person you speak up to knows your identity and that they can share this with anyone else involved in responding.
- **Confidentially:** you are happy to reveal your identity to the person you choose to speak up to, on the condition that they will not share this without your consent.
- **Anonymously:** you do not want to reveal your identity to anyone. This can make it difficult for others to ask you for further information about the matter and may make it more complicated to act to resolve the issue. It also means that you might not be able to access any extra support you need and receive any feedback on the outcome.

In all circumstances, please be ready to explain as fully as you can, the information about circumstances that prompted you to speak up.

12. Advice and Support

You can find out about the local support available to you at [Humber](#). Your local staff networks can be a valuable source of support.

You can access a range of health and wellbeing support via NHS England:

- [Support available for our NHS people](#)
- [Looking after you: free confidential coaching and support for the primary care workforce](#)
- NHS England has a [Speaking Up support scheme](#) that you can apply to for support. You can also contact the following organisations:
- [Speak Up Direct](#) provides free, independent, confidential advice on the speaking up process.
- The Charity [Protect](#) provides confidential and legal advice on speaking up.
- The [Trades Union Congress](#) provides information on how to join a trade union.
- [The Law Society](#) may be able to point you to other sources of advice and support.
- [The Advisory, Conciliation and Arbitration Service](#) gives advice and assistance, including on early conciliation regarding employment disputes.

13. What will we do?

The matter you are speaking up about may be best considered under a specific existing policy / process; for example, our process for dealing with bullying and harassment. If so, we will discuss that with you. If you speak up about something that does not fall into an HR or patient safety incident process, this policy ensure that the matter is still addressed.

What you can expect to happen after speaking up is shown in Appendix B.

14. Resolution and Investigation

We support our managers / supervisors to listen to the issue you raise and take action to resolve it wherever possible. In most cases, it's important that this

opportunity is fully explored, which may be with facilitated conversations and/or mediation.

Where an investigation is needed, this will be objective and conducted by someone who is suitably independent (this might be someone outside your organisation or from a different part of the organisation) and trained in investigations. It will reach a conclusion within a reasonable timescale (which we will notify you of), and a report will be produced that identifies any issues to prevent problems recurring.

Any employment issues that have implications for you/your capability or conduct identified during the investigation will be considered separately.

15. Communicating with you

We will always treat you with respect and will thank you for speaking up. We will discuss the issues with you to ensure we understand exactly what you are worried about. If we decide to investigate, we will tell you how long we expect the investigation to take and agree with you how to keep you up to date with its progress. Wherever possible, we will share the full investigation report with you (while respecting the confidentiality of others and recognising that some matters may be strictly confidential; as such it may be that we cannot even share the outcome with you).

16. How we learn from your speaking up

We want speaking up to improve the services we provide for patients and the environment our staff work in. Where it identifies improvements that can be made, we will ensure necessary changes are made, and are working effectively. Lessons will be shared with teams across the organisation, or more widely, as appropriate.

17. Board oversight

The Board is given anonymous information about all concerns raised by our staff through this process and what we are doing to address any problems. We will also include this information in our annual report. The Board supports staff raising concerns and wants you to feel free to speak up.

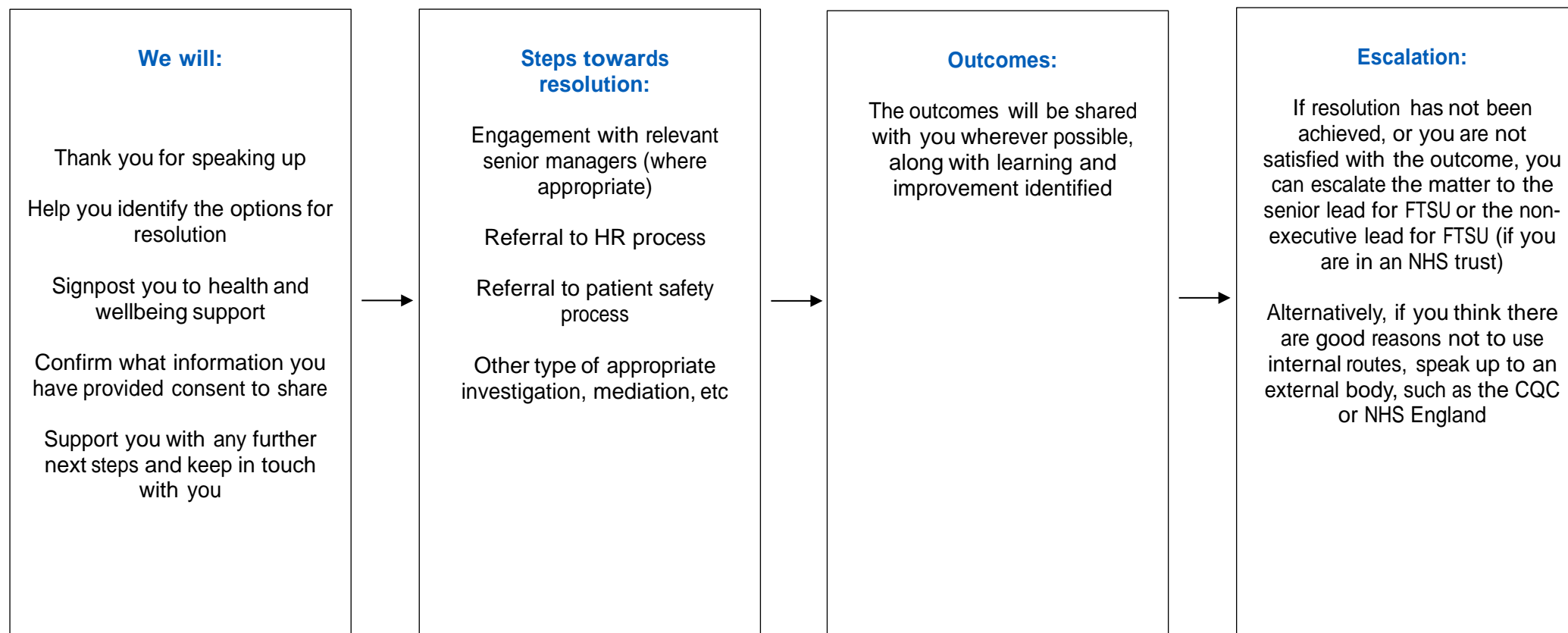
18. Review

We will seek feedback from workers about their experience of speaking up. We will review the effectiveness of this policy and our local process annually, with the outcome published and changes made as appropriate.

19. Senior Leaders oversight

Our most senior leaders will receive a report at least annually, providing a thematic overview of speaking up by our staff to our FTSU guardian(s).

Appendix A – What will happen when I speak up?



Appendix B – Making a protected disclosure

A protected disclosure is defined in the Public Interest Disclosure Act 1998. This legislation allows certain categories of worker to lodge a claim for compensation with an employment tribunal if they suffer as a result of speaking up. This legislation is complex and to qualify for protection under it, very specific criteria must be met in relation to who is speaking up, about what and to whom. To help you consider whether you might meet these criteria, please seek independent advice from [Protect](#) or a legal representative.

Appendix C – Document Control Sheet

This document control sheet, when presented to an approving committee must be completed in full to provide assurance to the approving committee.

Document Type	Policy and Procedure: Freedom to Speak Up: Raising Concerns		
Document Purpose			
Consultation/ Peer Review:	Date:	Group / Individual	
<i>list in right hand columns consultation groups and dates - ></i>			
Approving Body:	EMT	Date of Approval:	13 November 2023
Ratified at:	Board	Date of Ratification:	29 November 2023
Training Needs Analysis: <i>(please indicate training required and the timescale for providing assurance to the approving committee that this has been delivered)</i>	There are no training requirements for this document	Financial Resource Impact	There are no financial resource impacts
Equality Impact Assessment undertaken?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Publication and Dissemination	Intranet <input checked="" type="checkbox"/>	Internet <input type="checkbox"/>	Staff Email <input type="checkbox"/>
Master version held by:	Author <input type="checkbox"/>	HealthAssure <input checked="" type="checkbox"/>	
Implementation:	<i>Describe implementation plans below - to be delivered by the Author:</i>		
	As per the Document control policy.		
Monitoring and Compliance:			

Document Change History:			
Version Number / Name of procedural document this supersedes	Type of Change i.e. Review / Legislation	Date	Details of Change and approving group or Executive Lead (if done outside of the formal revision process)
1.0	Transfer to policy from Procedure	Jan-22	Transferred from Procedure (Proc448) Freedom to Speak up (Whistle Blowing) Procedure Review of document – minor changes
2.0	Review	Nov-23	Reviewed. Approved at EMT (13 November 2023) and Trust Board (29 November 2023).

Appendix D – Equality Impact Assessment (EIA)

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: **Freedom to speak up Policy and Procedure**
2. EIA Reviewer (name, job title, base and contact details): **Alison Flack, FTSU Guardian, Health House, Willerby.**
3. Is it a **Policy**, Strategy, Procedure, Process, Tender, Service or Other? **Policy and Procedure**

Main Aims of the Document, Process or Service		
To set out the process to provide an open and transparent culture across our Trust to ensure that all members of staff feel safe and confident to speak out and raise their concerns.		
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma		
Equality Target Group 1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed? Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern (Amber) High = significant evidence or concern (Red)	How have you arrived at the equality impact score? 1. who have you consulted with 2. what have they said 3. what information or data have you used 4. where are the gaps in your analysis 5. how will your document/process or service promote equality and diversity good practice

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people, Young people, Children, Early years	Low	Access to the information on and communication about the policy is equal, irrespective of age. As a result, this procedure is unlikely to have a differential impact on staff depending on age group. Age-related impairments such as degeneration in sight and hearing may affect older staff disproportionately. However, the accessible formats available to all staff will mitigate any potential negative impact this may have on older colleagues.
Disability	Where the impairment has a substantial and long-term adverse effect on the ability of the person to carry out their day-to-day activities: Sensory, Physical, Learning, Mental Health (and including cancer, HIV, multiple sclerosis)	Low	Access to information regarding the procedure is available via the Trusts intranet. All Trust communications are available in accessible formats on request as are Trust Policies e.g. in larger print. External access to the intranet is assisted through the options to increase text size and to browse Webpages 'Aloud', enabling visually impaired individuals to access information. There is no evidence that staff with a disability are differentially impacted by the implementation of this procedure.
Sex	Men/Male, Women/Female	Low	No evidence identified to lead to the conclusion that there would be a differential impact on staff through gender from the Freedom to Speak Up policy and procedures as currently drafted.
Marriage/Civil Partnership		Low	No evidence identified to lead to the conclusion that there would be a differential impact on through marriage or civil partnership arising from the Freedom to Speak Up policy and procedures as currently drafted.
Pregnancy/Maternity		Low	No evidence identified to lead to the conclusion that there would be a differential impact on staff through pregnancy or maternity arising from the Freedom to Speak Up policy and procedures as currently drafted.
Race	Nationality, Ethnic/national origins	Low	As the procedure is written in English there is a potential impact on employees whose first language is not English and therefore may struggle reading the policy. Other than the above, no evidence of differential impact on this group, the procedure aims to provide clear guidance to employees on how to raise an issue, and the support that is available to them.
Religion or Belief	All Religions Including lack of religion or belief and where belief includes	Low	No evidence identified to lead to the conclusion that there would be a differential impact on staff with differing religion or beliefs

	any religious or philosophical belief		arising from the Freedom to Speak Up policy and procedure as currently drafted.as currently drafted.
Sexual Orientation	Lesbian, Gay Men, Bisexual	Low	No evidence identified to lead to the conclusion that there would be a differential impact on staff from the LGBTQ+ community arising from Freedom to Speak Up policy and procedures as currently drafted.
Gender Re-assignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	No evidence identified to lead to the conclusion that there would be a differential impact on staff undergoing or having undergone gender reassignment arising from the Freedom to Speak Up policy and procedures as currently drafted.

Summary

Please describe the main points/actions arising from your assessment that supports your decision above The implementation of the policy will have limited differential impact on those with protected characteristics, however special care and awareness is needed when applying the policy to those who are blind or partially sighted or deaf or who have a learning disability which makes reading and understanding the documents difficult. Similarly, support needs to be available for whom English is not their first language.	
EIA Reviewer <i>Alison Flack</i>	
Date completed; <i>13 December 2023</i>	Signature: <i>Alison Flack</i>